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TOGETHER WE CAN HALVE IT

Foreword

The Rt Hon David Cameron
The Prime Minister



The **Halve It** campaign is tackling one of the biggest obstacles in our fight against the spread of HIV in the UK – undiagnosed and late diagnosed HIV. I'm in no doubt that identifying and supporting those who don't know they have HIV is vital to tackling this epidemic. If they are unaware they have the virus they may not take the necessary steps to avoid passing it on and aren't benefitting from effective treatment to prolong their life and good health. We also now know being on treatment reduces the risk of HIV transmission.

We should all be very proud of the excellent HIV care provided by the NHS – but there is more we can do. We need to ensure we are offering HIV tests in a range of NHS settings – not just STI clinics, that people are aware of the early symptoms of HIV and that people at increased risk of HIV make having an HIV test part of their regular routine.

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Foreword

The Rt Hon Nick Clegg
The Deputy Prime Minister



Early diagnosis is still the best chance for those living with HIV – but taking that first step can be difficult. Some people aren't aware of the risks. Others, understandably, may not want to face the news. Yet, the right medication and support – if taken early enough – can make a huge difference. Thousands of people, however, are still leaving it too late. That limits their chances of survival and of living healthier for longer. Late diagnosis also potentially puts others at risk and sets us back, as a society, in the bigger fight against this disease.

But by increasing people's understanding of HIV, we can cut infection rates, ensuring that those at risk get tested and, if they need it, receive treatment sooner rather than later. That work is hugely important and I'm proud to support the **Halve It** campaign and the efforts of its coalition members.

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Foreword

The Rt Hon Ed Miliband
Leader of HM Opposition

More than 25 years after the UK's first public health campaign on HIV, it remains a huge national challenge. Around a quarter of those with HIV are unaware they have it, and almost half of those diagnosed are diagnosed late. This is just not good enough. It means people are not getting the crucial treatment they need and may not be taking precautions to avoid passing their infection on to others.



Early diagnosis and treatment prevent HIV progressing to AIDS and reduce the risk of onward transmission. This is not only better for individuals and for public health, but can save large amounts of public money too by preventing avoidable illness.

So reducing undiagnosed and late-diagnosed HIV must be a national priority. That requires tackling stigma around HIV testing and offering tests more widely. We know it is possible. Some of the best programmes around the country already show us what can be achieved when the will is there.

That's why I am proud to support the **Halve It** campaign – to reduce undiagnosed and late-diagnosed HIV across the UK.

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About Halve It

Halve It is a coalition of national experts working with all levels of government and the NHS to reduce the proportion of people undiagnosed and diagnosed late with HIV through public policy reform and implementation of good practice.

HALVE IT GOALS

Halve the proportion of people diagnosed late with HIV (CD4 count $<350\text{mm}^3$) by 2015

Halve the proportion of people living with undiagnosed HIV by 2015

Halve It represents people with HIV and those responsible for their care.

The **Halve It** coalition meets on a regular basis to discuss future actions to support the campaign.

The Department of Health (DH) and Public Health England participate in the **Halve It** campaign as observers, offering advice to the group on evidence and how to influence decision-making.

What part can you play to help achieve the Halve It goals?

Halve It asks

We call upon all levels of Government and their agencies to ensure that HIV is a public health priority both locally and nationally:

1. Fully implement National Institute for Health and Care Excellence (NICE) public health guidance on HIV testing.
2. Support the delivery of the Public Health Outcomes Framework (PHOF) by ensuring that local health organisations are equipped to realise the benefits of early detection of HIV.
3. Offer incentives to test for HIV in a variety of healthcare settings, for example through the Quality and Outcomes Framework (QOF) and Commissioning for Quality and Innovation (CQUIN) frameworks.
4. Ensure that people diagnosed with HIV have access to antiretroviral therapies (ARTs) to prevent onward transmission in line with the joint recommendations of the Expert Advisory Group on AIDS (EAGA) and the British HIV Association (BHIVA).
5. Ensure quality-assured (ie CE marked) self-testing kits for HIV when available, are integrated into local HIV testing strategies along with home sampling kits.

EARLY TESTING SAVES LIVES

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HIV in the UK – The facts

- 96,000 people were living with HIV at the end of 2011¹
- 4.92% annual increase in the number of people living with HIV between 2010 and 2011¹
- 24% (22,600 people) were unaware of their condition¹
- 47% (2,950 people) of those diagnosed in 2011 were diagnosed after they should have begun treatment¹
- 26% were diagnosed when they were severely immunocompromised¹
- 6,280 new infections diagnosed in 2011¹

Why we should Halve It

The sooner HIV is diagnosed, the sooner appropriate care can begin. Thanks to antiretroviral combination therapy, the life expectancy of someone living with HIV has increased markedly.

Today, an individual diagnosed with HIV at the age of 35 years, with prompt access to effective treatment, can expect to live on average to the age of 72, only a few years less than a person of the same age without HIV.²

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Why we should Halve It

Scaling-up testing will ensure timely diagnosis and treatment, reduce the number of people likely to progress to AIDS, and improve quality of life and life expectancy for the HIV-positive population.

These changes will lead to significant long-term savings including lower care costs in addition to the financial benefits of people avoiding activities that put others at risk, such as unprotected sex and injection use.

- HIV infection is a serious and incurable condition^{3,4}
- Without treatment HIV results in the destruction of the body's immune system and a progressive increase in illness^{3,4}
- Ultimately, it can cause premature death^{3,4}
- Reducing HIV late diagnosis improves individual health
- Reducing undiagnosed HIV means better prevention which leads to fewer new infections

What Halving It means

Reducing undiagnosed HIV means fewer new infections

It is important for people to know their HIV status because, once they are diagnosed, they can access appropriate care. Effective treatment significantly reduces the likelihood of transmitting HIV to others by reducing infectiousness.

Those who are aware that they are living with HIV are more likely to take precautions (such as using condoms) to prevent transmission to partners. A negative HIV test, on the other hand, provides an opportunity to offer preventive education and advice and may also lead to changes in behaviour.

When people are aware of their HIV status, there are long-term cost savings since the cost of care is significantly lowered.

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What Halving It means

HIV testing saves money

- £1.9 billion – the potential saving that could have been made by preventing all UK-acquired infections in 2011¹
- Each new HIV infection is estimated to represent between £280,000 and £360,000 in lifetime costs for treatment alone⁵
- People diagnosed with HIV early are more likely to remain in work, keep paying taxes and participate in society
- Cost of detection in most healthcare settings is within NICE cost effectiveness parameters^{6,7}
- £63,061 – NHS saving from one early HIV diagnosis⁷

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A wealth of evidence

Several high profile bodies have identified the need to perform HIV testing within a wide range of settings to tackle this condition.

The Department of Health has funded pilot projects to try out new approaches to routine HIV testing in primary and secondary care, in areas of high prevalence for HIV. These settings included general practice, hospital admission units, emergency departments, community settings and an acute care unit.

In addition, the Gilead UK & Ireland Fellowship Programme has provided grants to over 50 locally-based HIV testing initiatives over the last three years. The following case study was part of this programme.

Case study – HIV testing in primary care

The project was based at an inner city practice, the largest in central Manchester, with a practice population of 18,000 patients. Patients were offered HIV tests as part of a new patient health check which included testing for hepatitis B and C and screening for cholesterol and diabetes. Two hundred and fifty seven patients were screened over a 10-month period with a 66% uptake for HIV tests. A total of four newly diagnosed patients were found.

The project found that routine testing for blood-borne viruses is acceptable to primary care patients, as shown by the high uptake rate. This project also helped to raise awareness among clinicians about blood-borne virus screening.

Dr Archana Griffin

Robert Darbshire Practice, General Practice,
Central Manchester

A wealth of guidance

- September 2007 – Letter from Chief Medical Officer Sir Liam Donaldson urges all doctors to improve the ‘detection and diagnosis of HIV’
- September 2008 – UK National HIV Testing Guidelines
- March 2011 – NICE guidance PH33 ‘Increasing the uptake of HIV testing among black Africans in England’
- March 2011 – NICE guidance PH34 ‘Increasing the uptake of HIV testing among men who have sex with men’
- January 2012 – Public Health Outcomes Framework
- November 2012 – BHIVA Standards of Care for People Living with HIV
- March 2013 – NAT (National AIDS Trust) Commissioning HIV testing services toolkit
- March 2013 – DH Framework for Sexual Health Improvement
- August 2013 – DH announces legalisation of sale of CE-marked HIV self-testing kits (from April 2014)



How we can Halve It

HIV testing should be routinely offered to people at increased risk of HIV

- People with HIV indicator conditions. These are medical conditions associated with a higher risk of having HIV
- People attending sexual health, termination of pregnancy, antenatal, and drug treatment services⁸
- People with risk factors for HIV – gay and bisexual men, people who have injected drugs, people from countries where HIV is very common and people who have had sexual partners from any of these groups⁸
- People registering with a GP or being admitted to hospital in areas of the United Kingdom where HIV is known to be common (more than two diagnosed cases per 1,000 people in that area)

Self-testing kits

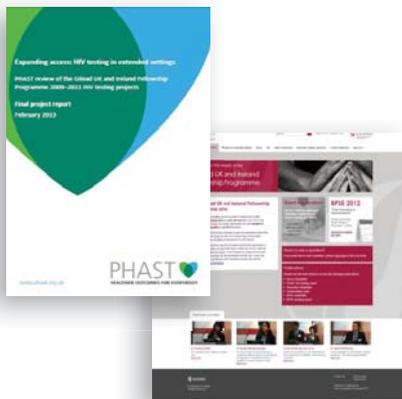
From April 2014, people in the UK will be able to buy self-testing kits, once they meet EU quality standards. The **Halve It** campaign welcomes this development. When the kits become available for sale, this will increase choices on how individuals choose to get tested and access NHS testing services for any confirmatory testing if a home test result is reactive.

How we can Halve It

Evidence base for HIV testing in extended settings

A significant body of UK evidence, from over 50 demonstration projects funded by the Department of Health⁶ and the Gilead UK & Ireland Fellowship programme between 2008 and 2011, suggests HIV testing in extended healthcare and community settings is:

- Feasible and acceptable to individuals offered HIV tests in all evaluated settings^{6,9}
- Effective: in newly diagnosing previously undiagnosed individuals⁹
- Cost-effective: the proportion of positive HIV tests is well above the required cost-effectiveness threshold for HIV screening⁹



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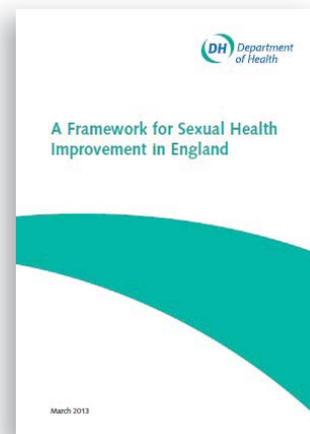
How we can Halve It

Treatment as Prevention (TasP)

Antiretroviral treatment as prevention of HIV (TasP) is a major contribution to the solution for the HIV epidemic.

“Doctors should offer antiretroviral treatment as prevention to all patients with HIV to enable them to protect their partners from the risk of HIV infection – even if they have no immediate clinical need for treatment themselves.”⁸

Department of Health, 2013



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How we can Halve It

Commissioning HIV testing services in Local Authorities

Public Health England

- Provide support, information and intelligence around HIV services and HIV epidemiology in England
- Set and monitor the Public Health Outcomes Framework, which includes an indicator on rate of HIV late diagnosis

Directors of Public Health

- Responsible for all respective Local Authority duties to improve public health – including HIV testing services
- Responsible for meeting Public Health Outcomes Framework expectations

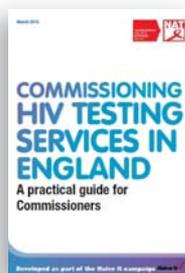
Health and Wellbeing Boards

- Undertake Joint Strategic Needs Assessments (JSNAs) and local Health and Wellbeing Strategies
- Help to integrate commissioners, service providers and users for diseases such as HIV

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How we can Halve It

Supporting Local Authorities in their new role



NAT (National AIDS Trust)
Commissioner's Toolkit



APPG (All-Party Parliamentary Group)
HIV and AIDS: HIV and Sexual Health – Guide of NHS changes for MPs

NATIONAL HIV TESTING WEEK

Aims to increase HIV testing for those most at risk of HIV

Happens annually – In 2013, National HIV Testing Week is 22–29 November 2013

“Fighting HIV is a public health priority in all high HIV prevalence local authorities. It is vital that HIV testing services are given appropriate funds to ensure that patients diagnosed with HIV can receive the right treatment as early as possible and so that costly health inequalities are avoided.”

Councillor Simon Williams
Harrow Council



Halve It asks

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Supporters of early HIV testing

“ Every year thousands of individuals in the UK are infected with HIV. Lives are being needlessly damaged. The longer that somebody with HIV remains undiagnosed the more likely it is that they will require complex and expensive treatment. Early diagnosis and prompt treatment can also reduce onward transmission.

This not only avoids illness and early deaths but has the potential to produce huge financial savings.

David Furnish
Elton John AIDS Foundation
Halve It member

”

“ Diagnosed early the vast majority of people living with HIV can expect a near normal life expectancy thanks to the benefits of effective treatment and the excellent care provided by the NHS.

Early diagnosis is also important so that people can make behavioural changes to prevent onward transmission to their partners. Late diagnosis of HIV, that is after the point at which treatment is recommended, is also more costly to the NHS.¹⁰

Sir Bruce Keogh
NHS Medical Director

”

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Halve It Steering Group

Members

Anne Aslett – Elton John AIDS Foundation

Prof Jane Anderson – Public Health England

Nathaniel Ault – National HIV Nurses Association

Dr Simon Barton – British Association for Sexual Health and HIV

Prof Nick Bosanquet – Imperial College London

Mark Davis – Gilead Sciences

Dr Simon Edwards – British Association for Sexual Health and HIV

Dr Martin Fisher – British Association for Sexual Health and HIV

Prof Brian Gazzard – Royal College of Physicians

Susie Grady – All-Party Parliamentary Group on HIV and AIDS

Deborah Jack – (NAT) National AIDS Trust

Dr Philippa James – Sex Drugs and BBV Group of the Royal College of General Practitioners

Francis Kaikumba – African Health Policy Network

Stelios Karagiannoglou – Gilead Sciences

Ruth Lowbury – MEDFASH (Medical Foundation for HIV and Sexual Health)

Dr Philippa Matthews – NHS Islington

Mohamed Osman – Elton John AIDS Foundation

Dr Adrian Palfreeman – British HIV Association

Sacha-Marie Pires – HIV Pharmacy Association

Dr Keith Radcliffe – British Association for Sexual Health and HIV

Dr Murad Ruf – Gilead Sciences

Paul Ward – Terrence Higgins Trust

Observers

Dr Valerie Delpech – Public Health England

Baroness Joyce Gould – Department of Health Forum on Sexual Health and HIV

Dr Anthony Nardone – Public Health England

Kay Orton – Department of Health

Dr David Yirrell – Scottish HIV and AIDS Group

Secretariat

Rob Walton – Wisper Public Affairs

Dina Theodoridou – Wisper Public Affairs

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