World AIDS Day, I December 2018

Summary

World AIDS Day takes place on I December every year. According to the National Aids Trust, a charity dedicated to "transforming the UK's response to HIV", the day is an "opportunity for people worldwide to unite in the fight against HIV, to show support for people living with HIV, and to commemorate those who have died from an AIDS-related illness". As part of World AIDS Day, United Nations (UN) agencies, governments and civil society work to campaign around specific themes related to AIDS, such as universal health coverage. In 2018, the theme is "know your status", which encourages everyone to find out whether they have HIV or not.²

Background

World AIDS Day was the first ever global health day. It was established by the World Health Organisation (WHO) on I December 1988, which called on United Nations' member states to observe the occasion.³ Its annual observance was mandated by United Nations General Assembly resolution 43/15. In 2018, World AIDS Day is taking place under the theme "know your status", which encourages everyone to find out whether they have HIV or not.⁴ According to the United Nation's programme on HIV and AIDS (UNAIDS), "many barriers to HIV testing remain". They include: stigma and discrimination, which "still deters" people from taking an HIV test; and access to confidential HIV testing, which UNAIDS contends is still an "issue of concern". WHO reports that of the 36.9 million people infected with HIV globally, it is estimated that 75 percent of those people living with HIV "know their status".⁵ AVERT, an organisation focused on HIV education, argues that it is important for those with HIV to know their status as it allows them to "get onto treatment and live a long and healthy life".⁶ It also protects others around them by "reducing onwards transmission".⁷

In 2013, UNAIDS' coordinating board called on UNAIDS to support country and region-led efforts to establish "new targets for HIV treatment scale-up beyond 2015". Following consultation with stakeholder groups, UNAIDS created the 90:90:90 target and called on countries to reach the following goals by 2020:

- 90 percent of all people living with HIV know their HIV status.
- 90 percent of all people with diagnosed HIV infection receive sustained antiretroviral therapy.
- 90 percent of all people receiving antiretroviral therapy have viral suppression.

UNAIDS contends that if its goals are achieved, at least 73 percent of all people living with HIV worldwide, will be "virally supressed". 10

Prevalence

Global Figures

The WHO notes that HIV continues to be a "major global public health issue", with more than 35 million people dying from the disease, as of July 2018. In 2017, approximately 940,000 people died from HIV-related causes globally and that at the end of that year, an estimated 36.9 million people were living with HIV globally. Around 1.8 million people became newly infected in 2017, an increase on 2016 figures, with approximately 36.7 million people living with HIV globally. Figures show that Africa is the most affected region, with 25.7 million people living with HIV in 2017. This accounts for "over two thirds" of the global total of new HIV infections. In the contraction of the global total of new HIV infections.

United Kingdom

An estimated 101,200 people were living with HIV in the United Kingdom in 2015.¹³ This figure, from Public Health England (PHE), represented a decrease of 2,500 on the previous year. PHE also reported that of those living with HIV in the United Kingdom, approximately 13,500 people (13 percent) were "unaware of their infection and at risk of passing on the virus to others". Figure I outlines the estimated number of people living with HIV in England in 2016, categorised by the groups most affected by the virus. To estimate the number of people living with HIV, PHE use an evidence model, which creates estimates from a collection of census, surveillance and survey-type prevalence data.¹⁵

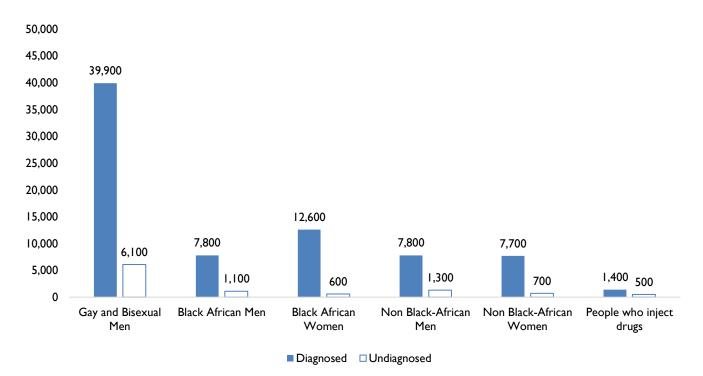


Figure 1: Estimated Number of People Living with HIV in England, 2016

(Source: Public Health England, <u>Towards Elimination of HIV Transmission</u>, <u>AIDS and HIV-related Deaths in the UK</u>, 19 January 2018, p 40)

In total, 4,363 people in the UK were newly diagnosed with HIV in 2017.¹⁶ PHE states that the figure has seen a "substantial decrease" over the past two years, with the 2017 figure representing a 17% decrease from the 5,280 diagnoses reported in 2016 and a 28% decrease from the 6,043 diagnoses in 2015.¹⁷ This

has been "mostly driven" by fewer HIV diagnoses among gay and bisexual men, which have decreased by almost a third (31%) since 2015 to 2,330 diagnoses in 2017. PHE attributes the reduction in new diagnoses among gay and bisexual men to large increases in HIV testing, such as repeat HIV testing among higher risk men, and "improvements" to the "uptake of anti-retroviral therapy". PHE also reported that new diagnoses among black African and black Caribbean heterosexuals have "decreased steadily" over the past decade, from 2,655 in 2008 to 594 in 2017. This was due to changes in migration patterns, with fewer people entering the UK from high-prevalence countries.

In 2015, the UK met two of the UNAIDS 90:90:90 goals. PHE found that:

- 87% of people living with HIV in the UK knew their status, which was less than the 90% target.
- Of those who knew their status, 83% were receiving treatment.
- Of those who knew their status and were receiving treatment, 78% were virally suppressed.²⁰

This can be demonstrated in the figure below:

100 90 80 70 Percentage 60 50 90 87 83 81 40 **78 73** 30 20 10 People Living with HIV and Know Their People Living with HIV and Receiving People Receiving Treatment and Have Viral Suppression **Treatment** ■ UK Achievement □UNAIDS 90:90:90 Target

Figure 2: United Kingdom HIV Continuum of Care: Progress Against UNAIDS Target, 2015

(Source: Public Health England, HIV in the UK: 2016 Report, 23 March 2017, p 1)

In November 2017, there were "three firsts in the 30-year history" of the United Kingdom's "HIV epidemic", with London meeting all of the 90:90:90 goals. PHE noted that in the city, 90% of people living with HIV infection had been diagnosed, 97% of those diagnosed were receiving treatment and 97% of those with HIV receiving treatment were virally suppressed. According to Dr Valerie Delpech, head of HIV surveillance at PHE, the elimination of HIV transmission, AIDS and HIV-related deaths could "become a reality" in the UK through continuing to invest in "effective preventative measures", including "condom use, expanded HIV testing, prompt treatment and the use of pre-exposure prophylaxis [PrEP]". 22

Prevention and Treatment of HIV

There is currently no vaccine for HIV. However, anti-retroviral drugs are used in many countries to treat the virus. In addition, anti-retroviral drugs have been used in both HIV-positive and negative individuals, to reduce transmission of the disease either before or after individuals have been exposed to the virus. For example, countries such as Australia, Canada, Israel, South Africa and the United States have already approved treating individuals who they deem as being 'at-risk' by giving them PrEP, such as Tenofovir.²³

Pre-Exposure Prophylaxis (PrEP)

PrEP is a drug taken by HIV-negative individuals deemed to be at risk of acquiring HIV, which reduces viral replication and minimises the chance of a permanent infection developing. The medication used for PrEP is a tablet called Truvada, which contains drugs commonly used to treat HIV, including Tenofovir and Emtricitabine.²⁴ In England, the availability of PrEP is restricted to clinical trials only, as is the case in Wales, where a three-year pilot began in July 2017. In contrast, PrEP was rolled out across Scotland by NHS Scotland from July 2017.

In February 2015, researchers from the Medical Research Council clinical trials unit and Public Health England found that the risk of HIV infection in men taking daily doses of PrEP fell by 86 percent. In March 2016, NHS England stated that PrEP could not be considered for the <u>specialised services annual prioritisation process</u> as it could "present risk of legal challenge from proponents of other 'candidate' treatments and interventions that could be displaced by PrEP, if NHS England were to commission it". In the proposed services and interventions that could be displaced by PrEP, if NHS England were to commission it.

On 13 July 2016, the National Aids Trust challenged NHS England in the High Court over the legality of NHS England's decision to remove PrEP from its commissioning process. On 2 August 2016, Mr Justice Green ruled that NHS England could fund PrEP, and that local authorities did not have sole responsibility for HIV prevention in England.²⁸ Responding to the ruling, the chief executive of the National Aids Trust, Deborah Gold, said it was "fantastic news", and a "vindication for the many people who were let down when NHS England absolved itself of responsibility for PrEP".²⁹ However, NHS England said that it would appeal the verdict, with a spokesman stating that "the court's ruling interprets the legislation governing NHS England's role and functions in a way that is inconsistent with Parliament's intention".³⁰ In November 2016, the Court of Appeal ruled that the remit of funding fell with NHS England. Following the judgment, a spokesperson for NHS England stated that it would "discuss with local authorities how NHS-funded PrEP medication could be administered by the sexual health teams they commission".³¹ In response, the chair for the Local Government Association's community wellbeing board, Izzi Seccombe, said that it was "time for NHS England to stop delaying and finally determine whether to commission this treatment, which could greatly reduce the risk of HIV infection".³²

In December 2016, NHS England announced that it would fund a "major extension" to the national HIV programme led by Public Health England.³³ NHS England also reported that from September 2017, PrEP would be provided by the NHS through an initial three-year trial to approximately 10,000 people.³⁴ In June 2018, NHS England announced that the PrEP impact trial "continues to recruit at pace" with over 7,000 participants on the trial now recruited across 139 clinics.³⁵

Post-Exposure Prophylaxis (PEP)

Post-exposure prophylaxis (PEP) is a course of anti-retroviral drugs which aims to prevent HIV infection after the virus has entered a person's body. According to the Terrence Higgins Trust, a HIV and sexual health charity, for PEP to work, it must be taken within 72 hours of infection, and "ideally should be

taken within 24 hours". For the drugs to work, they need to be taken exactly as instructed and for 28 days. This includes a person not skipping a dose or failing to complete the 28 days of treatment. If missed for more than 48 hours, the treatment will be discontinued on medical advice. In contrast to PrEP, PEP is currently available for free on the NHS, but is only given to people who meet the national guidelines about its use. These guidelines allow doctors to decide who might be offered PEP and under which circumstances. The medication now used for PEP is both Truvada and two tablets of Raltegravir. Once an individual has finished the course of PEP medication, tests for HIV and sexually transmitted infections should take place within eight to twelve weeks. ³⁷

Government Policy on Tackling AIDS

On 5 September 2016, a debate took place in the House of Lords on eliminating HIV infection in the UK. In the debate, the then Parliamentary Under Secretary at the Department of Health and Social Care, Lord Prior of Brampton, outlined the actions that the Government was taking. Lord Prior stated that the Government was investing £2.4 million annually in England on national HIV prevention. The funding was provided to three areas. These were:

- **Seven local HIV prevention projects**, including working with faith leaders to promote HIV prevention and testing among black and minority ethnic communities.
- Early testing and diagnosis, with the introduction of a new HIV home sampling service which had seen 27,173 self-sampling kits ordered between November 2015 and May 2016.
- The Terrence Higgins Trust, which was tasked with leading and managing a national partnership to deliver information and resources to "improve the proportion of individuals in highest-risk populations able to make safe and sustainable sexual health choices and reduce HIV incidence". 38

In a press release on World AIDS Day 2017, the Prime Minister, Theresa May, stated that if the Government could "succeed" in making testing and treatment available to all, an end to HIV transmission and the "reality of an AIDS free generation" was "within our grasp".³⁹ Mrs May also said that the Government sought to end the stigma towards people with HIV, which had led to social isolation and mental health damage.

On 5 December 2017, a debate took place in the House of Commons to mark World AIDS Day. In the debate, the Minister of State at the Department for International Development, Alistair Burt, stated that the Government was taking action to improve AIDS outcomes globally. He said that the Government's contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria had helped to provide more than I I million people with antiretroviral therapy by the end of 2016. He noted that the Government's "significant pledge" of £1.1 billion would "now help provide enough life-saving antiretroviral therapy for 1.3 million people living with HIV". During the debate, Mr Burt was asked whether the Government would publish a new HIV strategy. He responded that a 2013 review of the position paper on HIV in the developing world had identified the integration of HIV as a "key strategic priority" and that the Government intended to "continue that approach, rather than to develop a stand-alone strategy or conduct a further review". He is a development intended to "continue that approach, rather than to develop a stand-alone strategy or conduct a further review".

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<sup>1</sup> National AIDS Trust, 'About World AIDS Day', accessed 3 May 2018.
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⁷ ibid.

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³⁷ ibid

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⁴⁰ HC Hansard, 5 December 2017, col 366WH.

⁴¹ ibid, col 368WH.