

Investment in HIV prevention and testing in England

18 May 2017

Deborah Gold, Chief Executive, NAT (National AIDS Trust) & Kat Smithson, Senior Policy and Campaigns Manager



Who are NAT?

The UK's leading charity dedicated to transforming society's response to HIV (since 1987)

Our goals:

Equitable access to
treatment, care &
support



Eradication of
HIV-related
stigma and
discrimination



Early diagnosis of
HIV



Effective HIV
prevention



Enhanced
understanding of
HIV



Introduction: HIV prevention and testing in a wider public health context

Deborah Gold

Chief Executive, NAT

Health and Social Care Act 2012:

Local authorities responsible for:

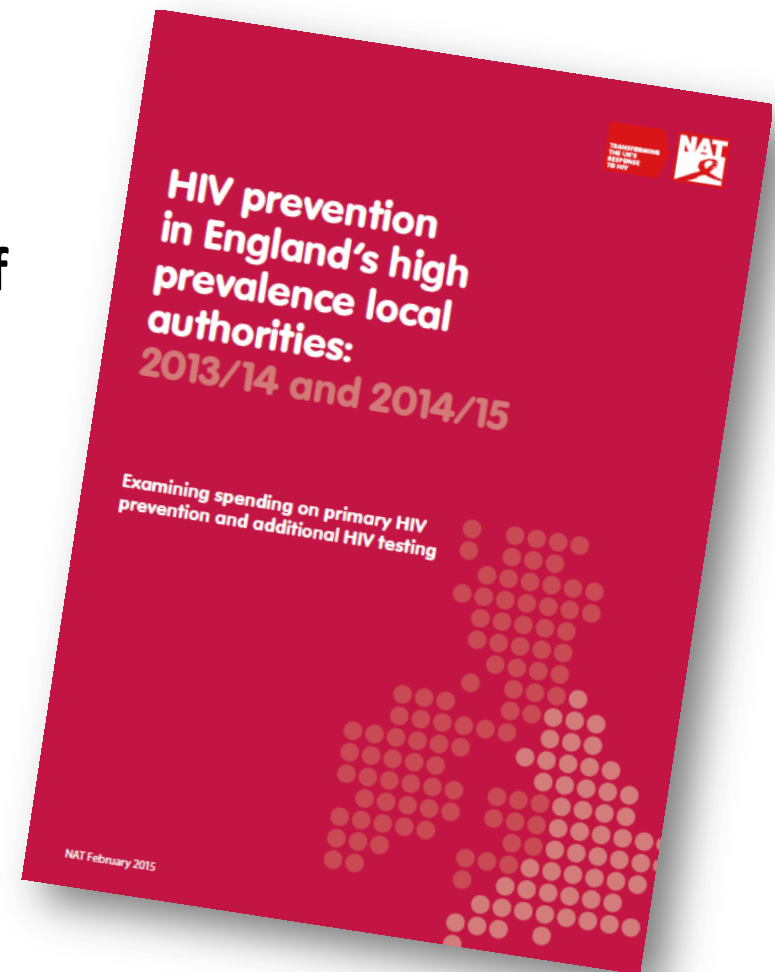
- Open access sexual health clinic services
- HIV prevention services
- HIV testing services

NHS bodies responsible for:

- HIV treatment and care
- HIV testing when clinically indicated

Data from all local authorities in England with a high prevalence of HIV

Reported what local authorities spent on **primary HIV prevention and HIV testing**.



What we found in 2015



We estimated: around **£10 million** was spent per year on HIV prevention and testing in local authorities with a high prevalence of HIV.

Compare this to

£55 million in 2001/02

£38 million in 2005/06

Since then...



- Public health budget cut in-year by **£200m in 2015/16**
- Further year-on-year cuts of **3.9%**
- PrEP trial

“The proposed in-year cut of £200 million from the public health budget will inevitably mean a cut to clinical services ...

Cuts to public health budgets will increase further the burden of disease and ill-health and undermine efforts to secure a sustainable NHS.”

The NHS England Five Year Forward View:

“...the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.”

The Health Committee:

“Failing to promote prevention with sufficient vigour will mean increasing operational and financial pressure on the NHS.”

“Cuts to public health are a false economy. The Government must commit to protecting funding for public health. Not to do so will have negative consequences for current and future generations and risks widening health inequalities.”

The Lords Committee on the Long-Term Sustainability of the NHS:

“...continued failure to both protect and enhance the public health budget is not only short-sighted but counter-productive...”

The Government should restore the funds which have been cut in recent years and maintain ring-fenced national and local public health budgets, for at least the next ten years...”

- Local authority cuts
- April 2019: end of the public health ring-fence
- 100% business rates retention

And an uncertain future for HIV prevention



- Cuts are having an impact on HIV prevention and testing
- PrEP?
- Infrastructure and expertise
- Can we afford to do intensive, targeted interventions?

- A follow-up survey on investment in HIV prevention and testing
- Went to **all areas across the UK**
- **151** upper tier or unitary local authorities in England



Thank you!

We would like to take this opportunity to thank all of those who responded to our information request.

Today's data



UK investment in HIV prevention 2015/16 and 2016/17

**Exec summaries available
today on the NAT stand**

Full report: w/c 12 June 2017

www.nat.org.uk



UK investment in HIV prevention 2015/16 and 2016/17

Report findings

Kat Smithson

Senior Policy and Campaigns Manager

NAT

- FOI requests
- Expenditure on primary HIV prevention and HIV testing (excluding sexual health clinic testing) for 2015/16 and 2016/17

Primary HIV prevention: Services which have as an exclusive aim or as one of their primary aims the prevention of HIV transmission and as their intended recipients people identified as at significant risk of acquiring HIV.

Testing: We include in this definition HIV testing services directly commissioned by local authorities but excluding those provided by GU/sexual health clinics.

How the data was provided



Intervention type	Service Description and other information (e.g. description of KPIs)	Expenditure in 2015/16	Is this contract commissioned for 2016/17 and if so what is the value of the contract
Primary HIV prevention (health promotion activity) for:			
Men who have sex with men (MSM)			
BME groups			
Other (please specify)			
HIV testing services (not including sexual health clinic services)			
Primary care			
Secondary care			
Community (if targeting specific groups, please describe)			
Home sampling			

- **Target groups were often not specified**

“Outreach Programme that provides health education and HIV prevention messages, targeting specifically high risk individuals that include MSM and BME groups in local areas of high HIV prevalence. Facilitates the sign up to specific free condom schemes for MSM & BME as appropriate.”

**A London borough programme commissioned at £25,000 in
2015/16.**

- **Contracts also included HIV support services**

*“HIV Prevention and Support annual contract value 2016/17
£156,810 (one contract to provide HIV prevention and support)”*

Local authority in north east England

- **HIV prevention was part of an integrated sexual health service (ISHS)**

“...commissioned an Integrated Sexual Health Service (ISHS) through a Prime Provider model, therefore the content of the contract and the budget has been incorporated into the ISHS service specification. The ISHS are subcontracting the third sector provider...”

Local authority in north west England

UK spending on HIV prevention and testing

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THE UK'S
RESPONSE
TO HIV



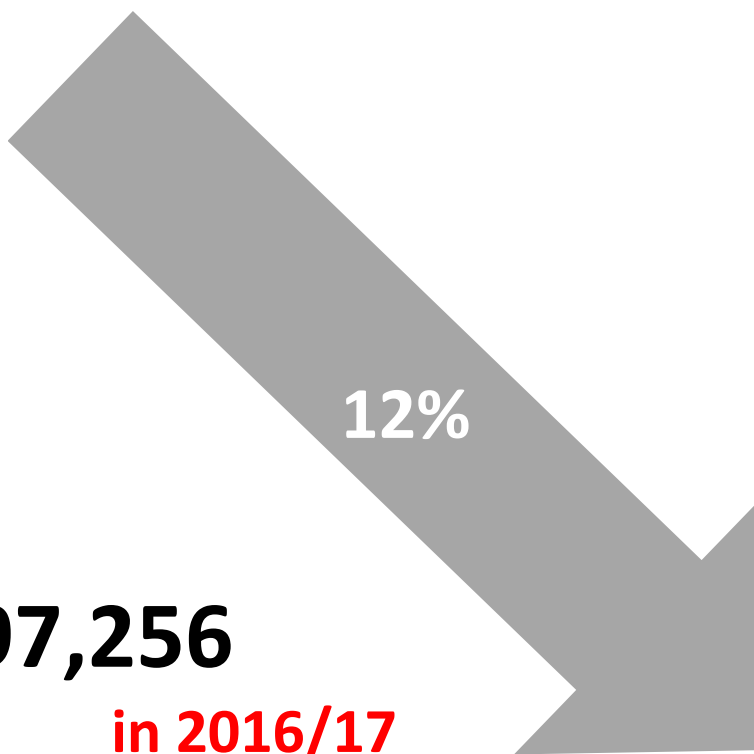
£18,886,709

in 2015/16

12%

£16,797,256

in 2016/17





Includes:

- Local authority spending
- National HIV Prevention Programme
- London HIV Prevention Programme

Total spend: **£14,165,825**

Proportion including HIV support services: **26%**

41 local authorities reported no expenditure, **but**
16 of those said that these services were within
their ISHS

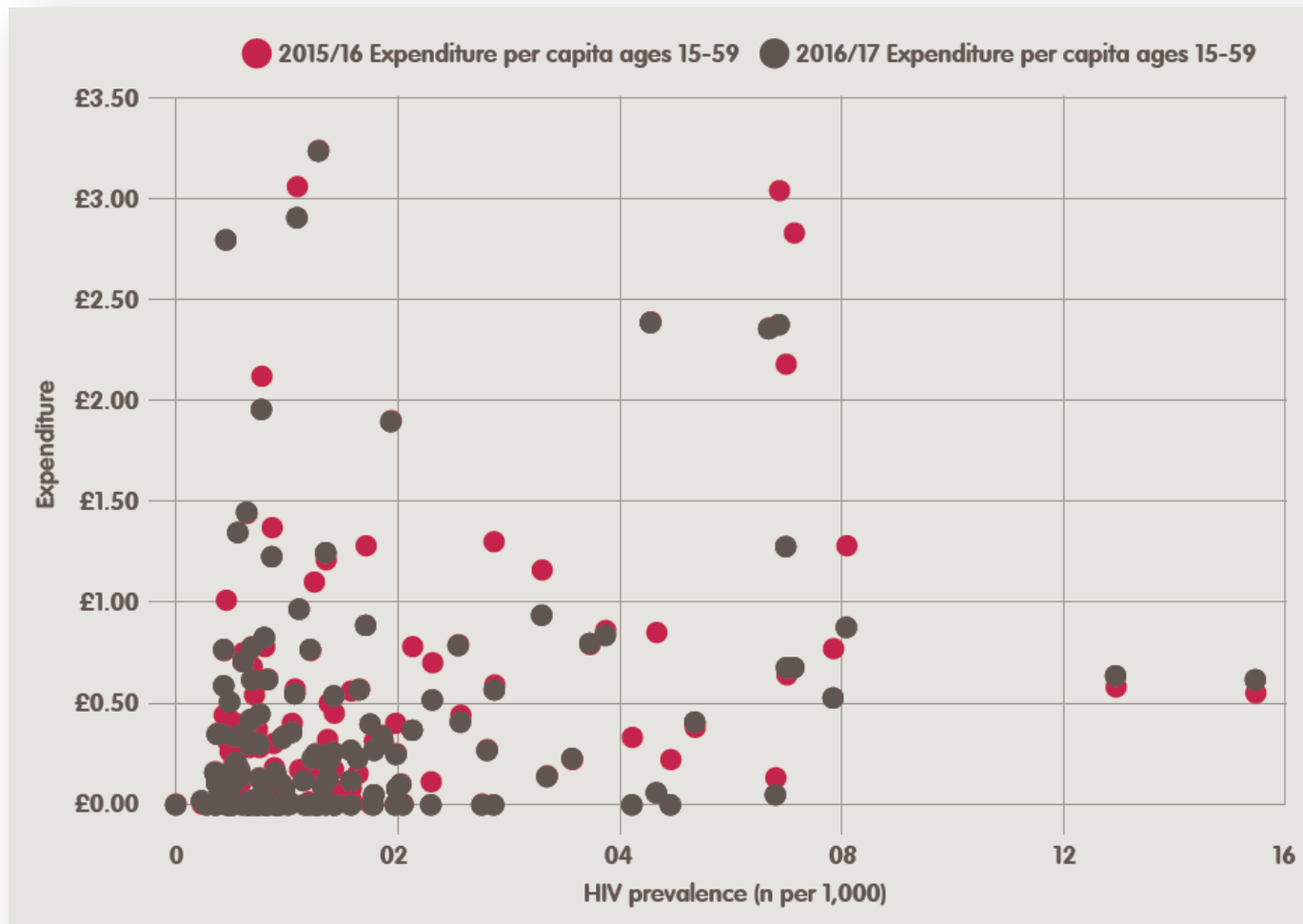
Total spend: **£12,355,738**

Proportion including HIV support services: **28%**

53 local authorities reported no expenditure, **but**
23 of those said that these services were within
their ISHS

England local authority spending 2016/17

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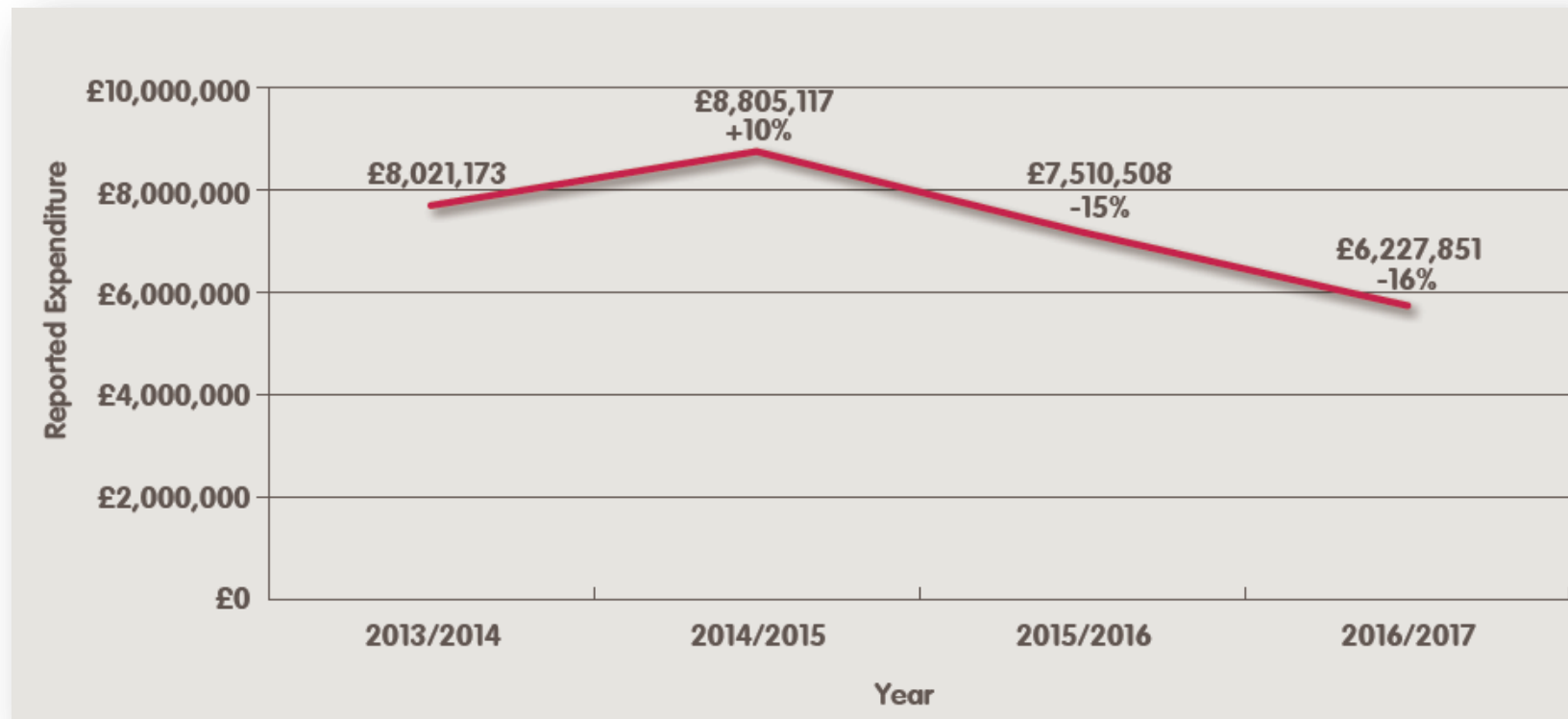


**Average per
cap
expenditure:**

£0.51 in
2015/16

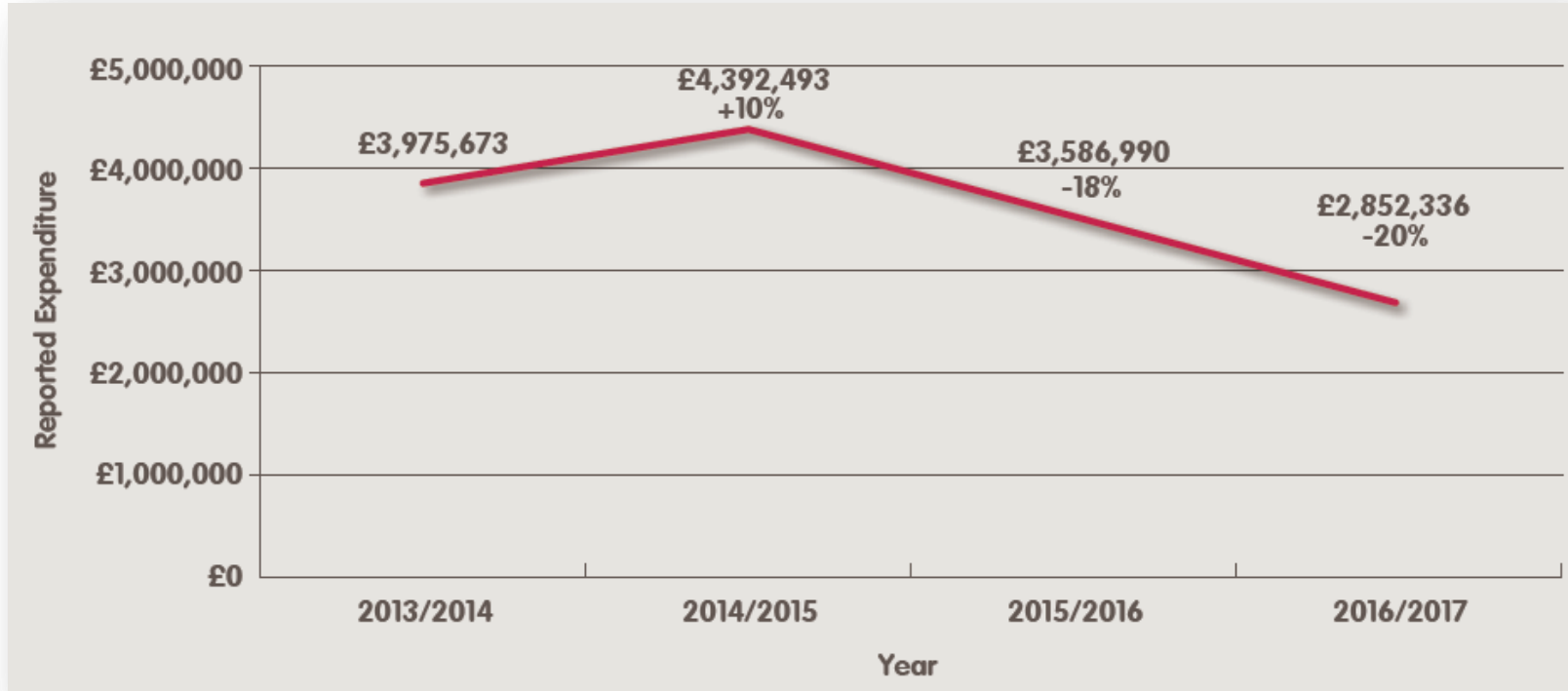
£0.44 in
2016/17

High prevalence areas



29% reduction in LA expenditure in two years

High prevalence areas – London only



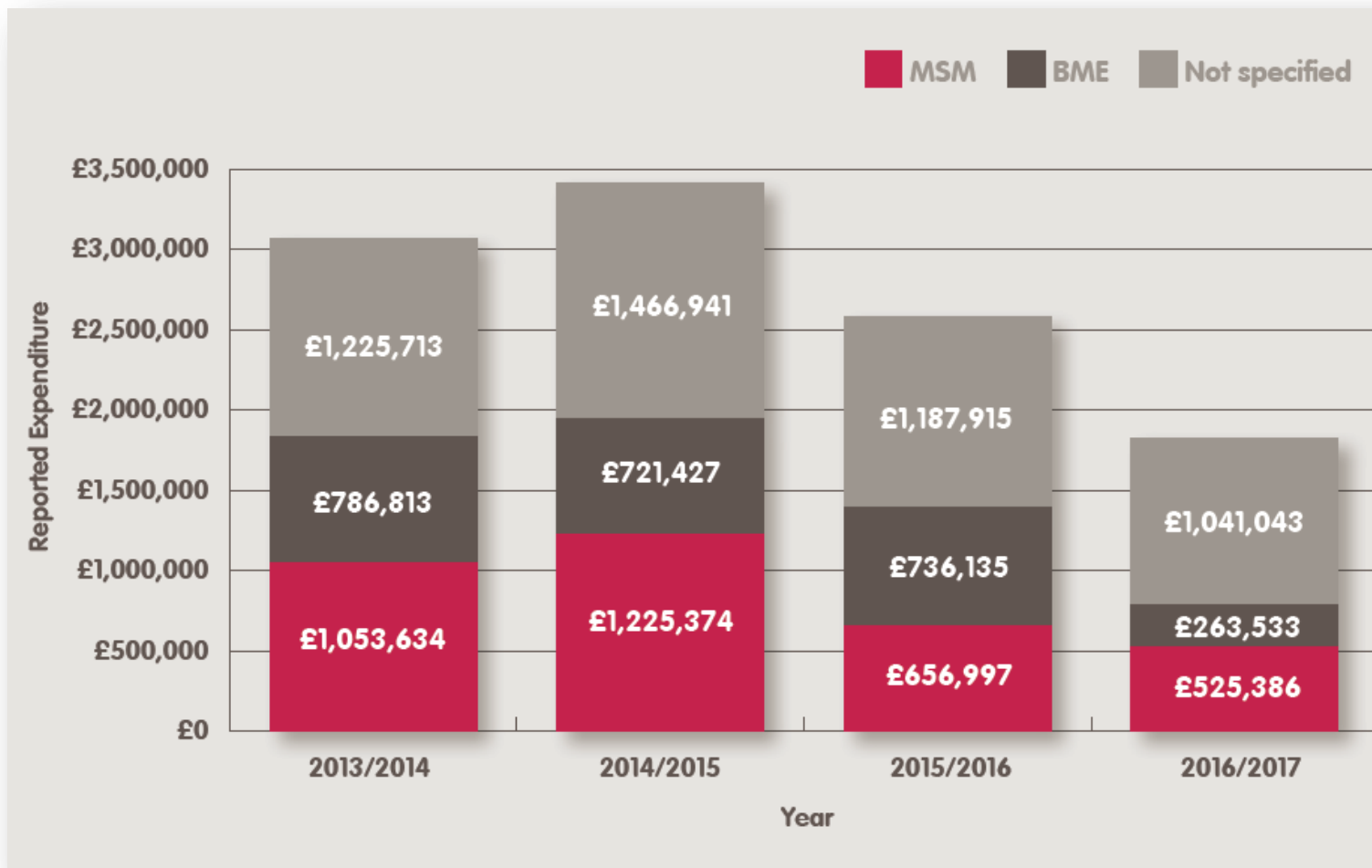
35% reduction in London LA expenditure in two years

Proportion of London LAs commissioning health promotion for HIV prevention:

91% in 2015/17 and **84%** in 2016/17

London health promotion

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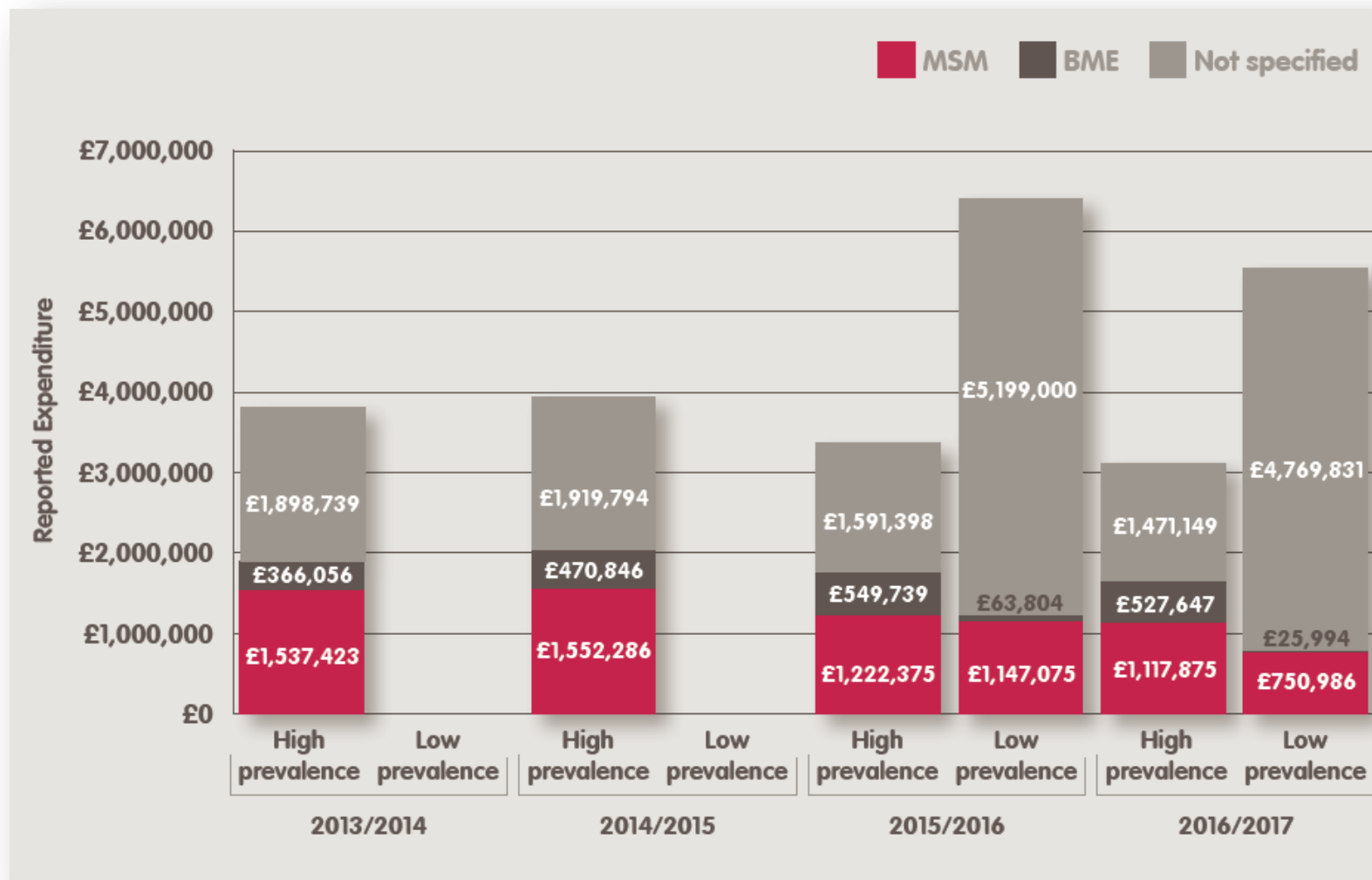
Proportion of LAs commissioning health promotion for HIV prevention:

66% in 2015/17 and 55% in 2016/17

(77% in 2015/16 and 65% in 2016/17 of LAs with a high prevalence of HIV)

Health promotion in the rest of England

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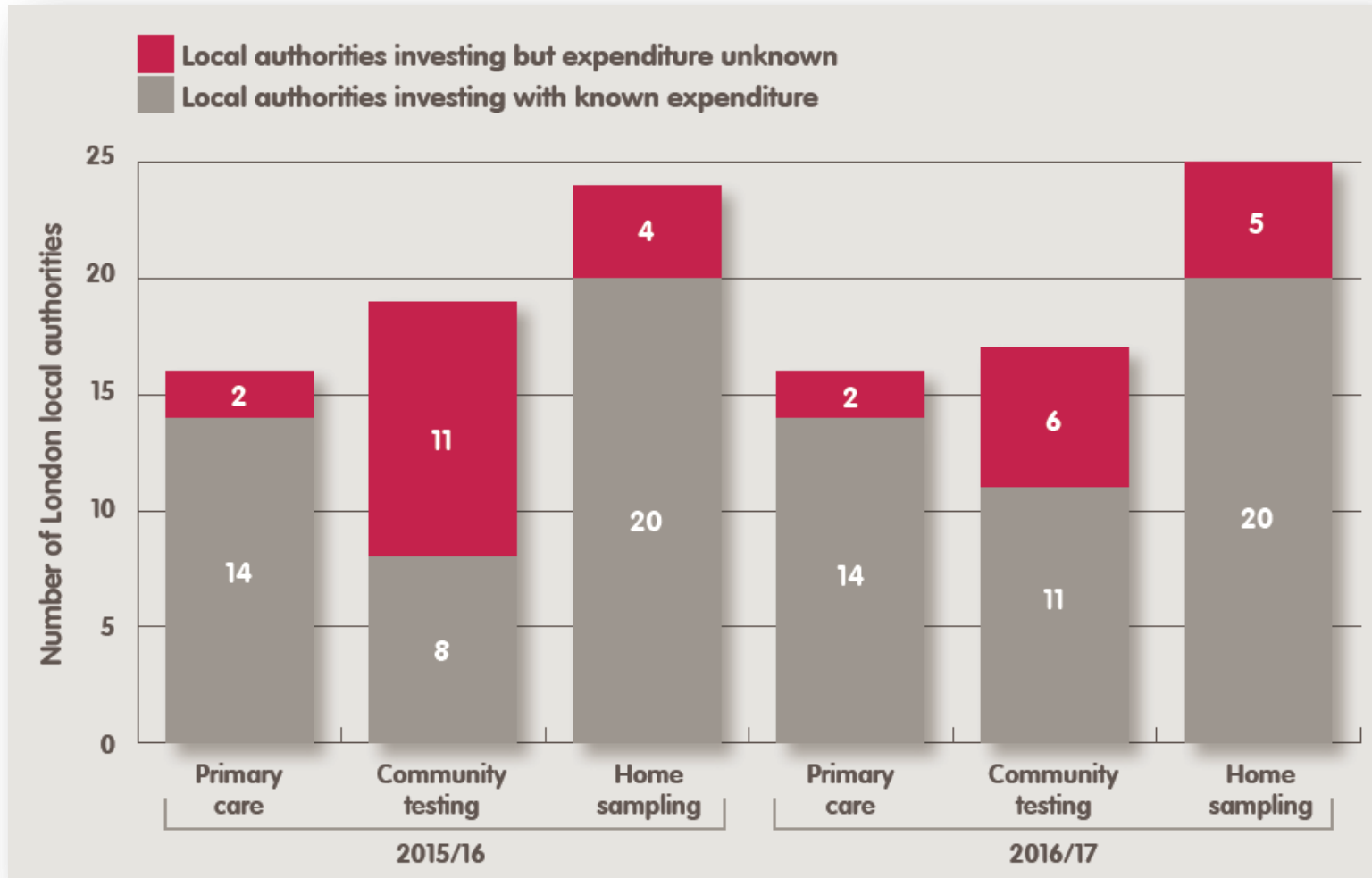


Proportion of LAs in London commissioning
HIV testing services:

88% in 2015/17 and **84%** in 2016/17

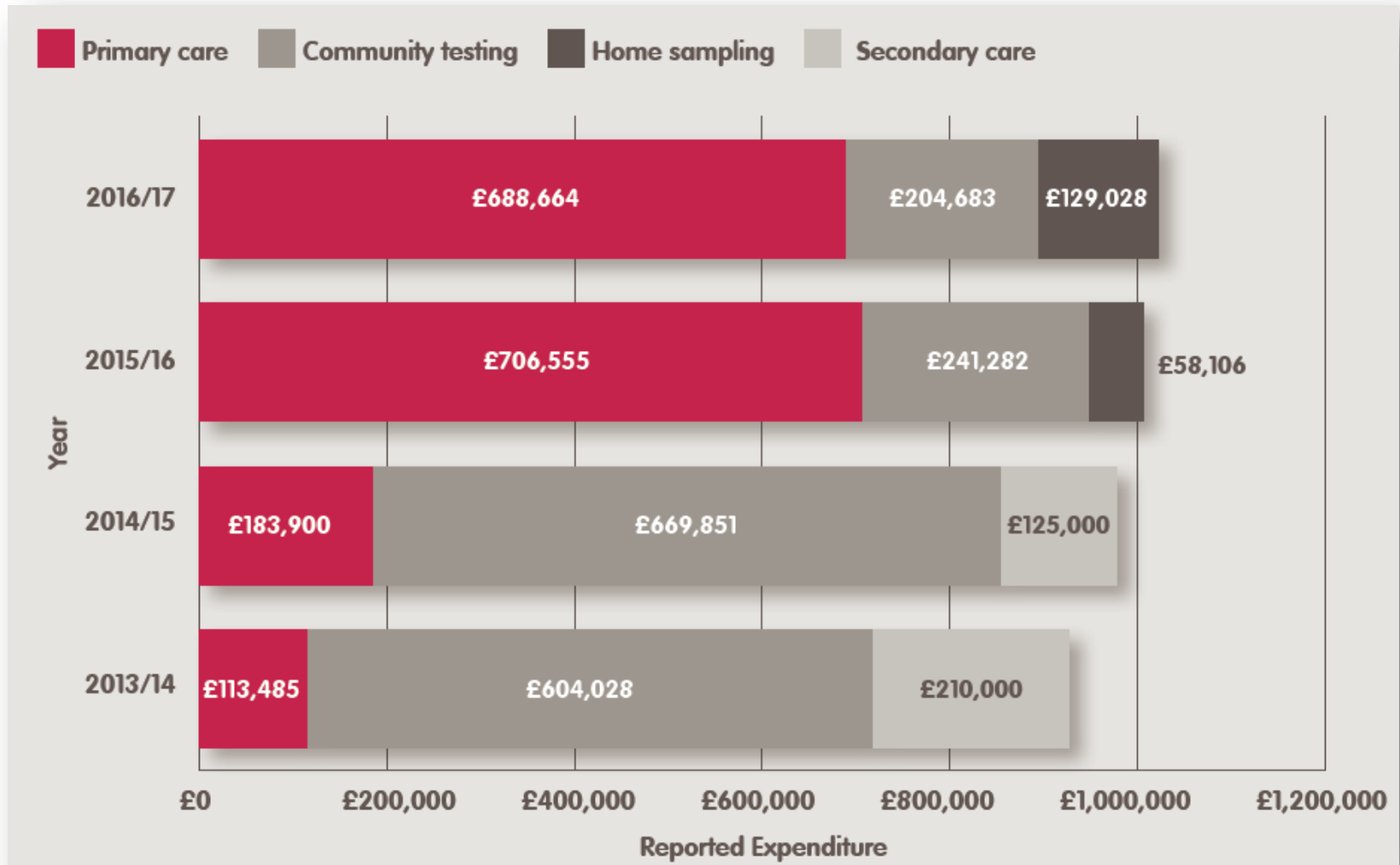
HIV testing in London

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HIV testing in London

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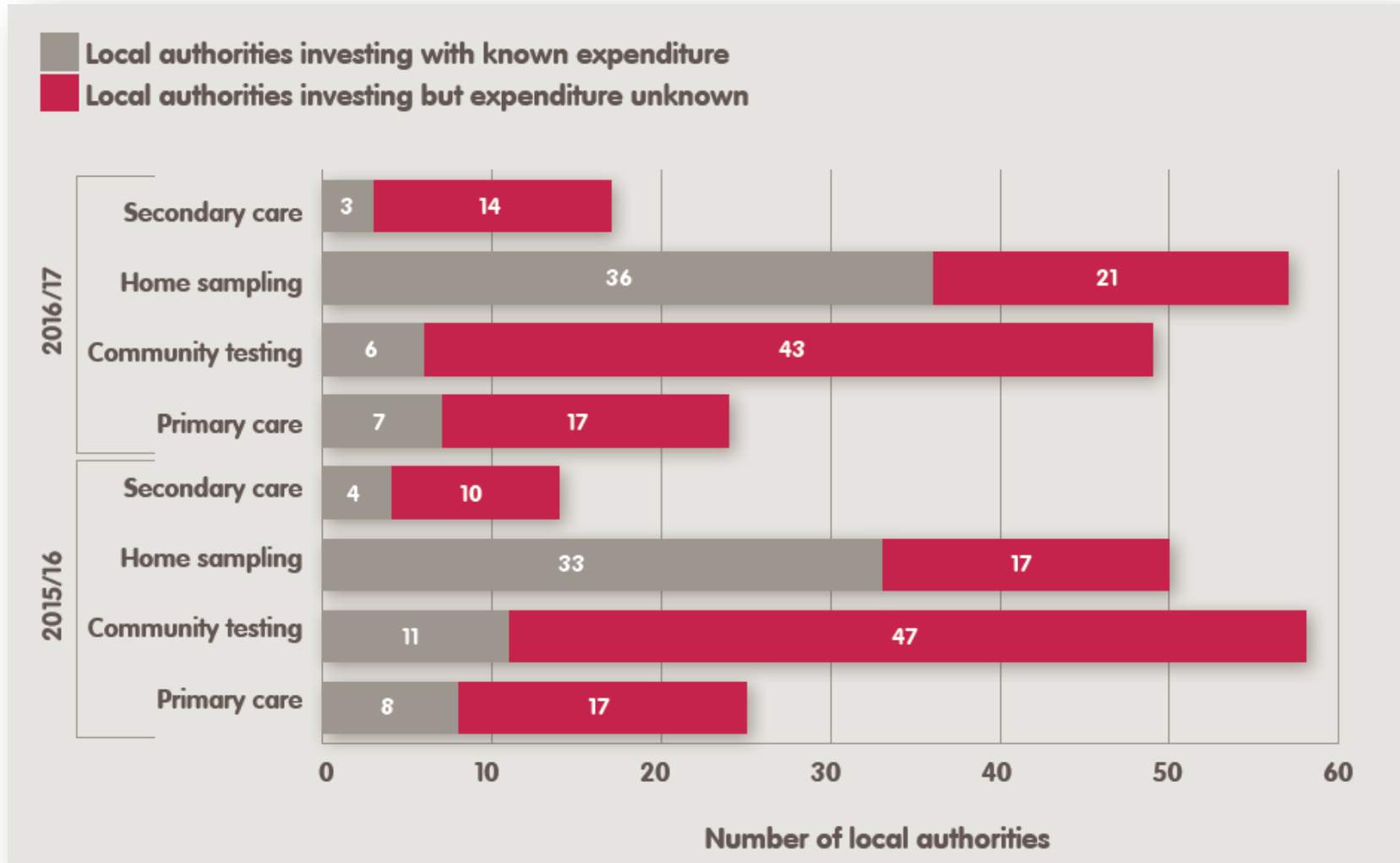


Proportion of LAs commissioning HIV testing services:

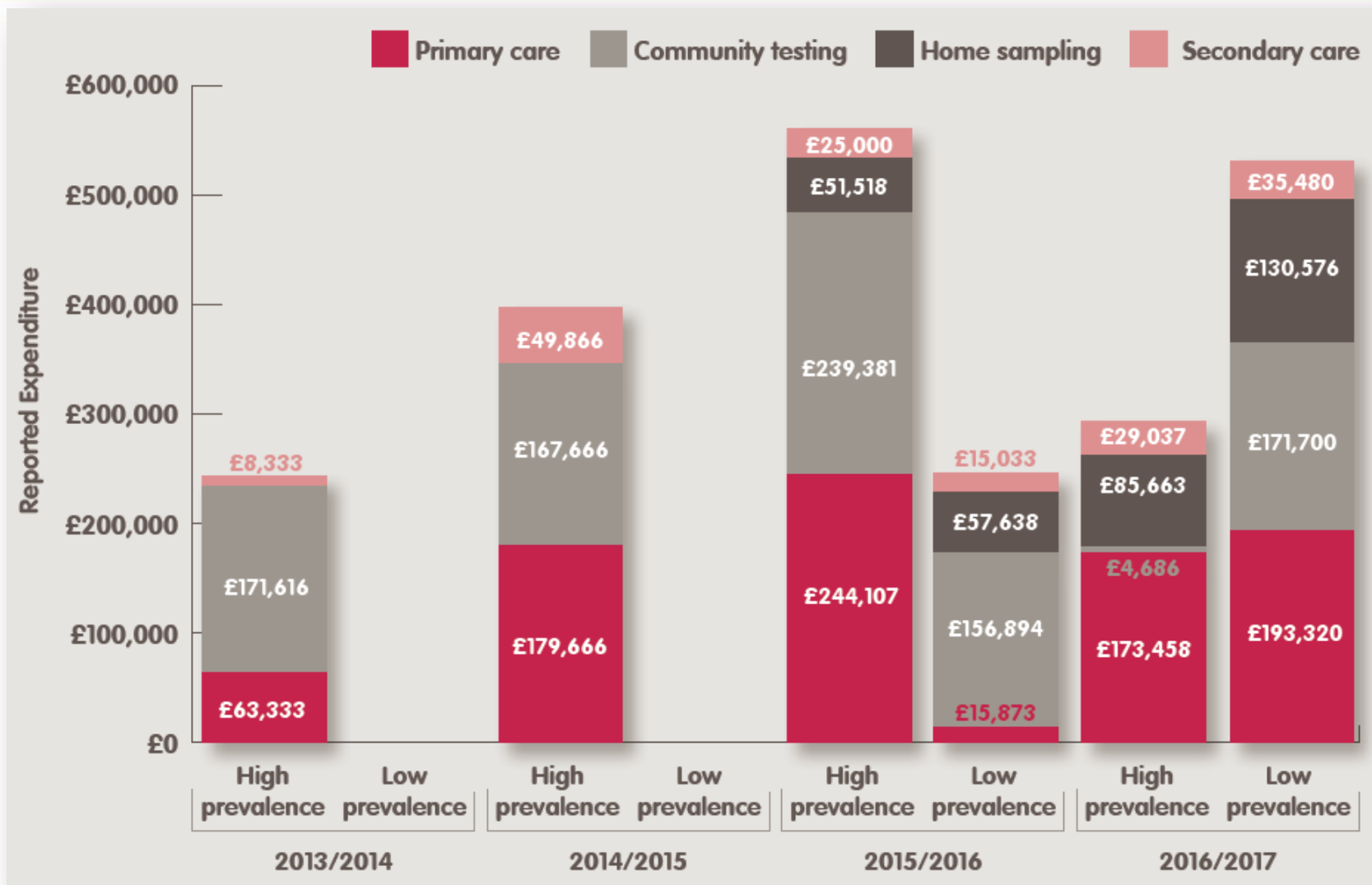
72% in 2015/17 and 70% in 2016/17

(85% in 2015/16 and 81% in 2016/17 of LAs with a high prevalence of HIV)

HIV testing in the rest of England



HIV testing in the rest of England



- In high prevalence areas overall expenditure is down by around a third
- Contracts are being consolidated and cut
- The National HIV Prevention Programme and the London HIV Prevention - increasingly significant role simply because the local investment is shrinking.
- These programmes are important but cannot substitute for consistent needs-based services at a local level.

- Consolidation of services – what are the risks?
- Risks to accountability?
- How do we do more/better with less?
- What does combined HIV prevention look like in a world with PrEP?

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www.nat.org.uk

SHAPING ATTITUDES



CHALLENGING INJUSTICE



CHANGING LIVES

