

A roadmap for eliminating late diagnosis of HIV in England

Halve It position paper

Summary briefing for parliamentarians

A roadmap for eliminating late diagnosis of HIV in England has been produced by Halve It, a coalition of agencies campaigning to eliminate late diagnosis of HIV. This briefing highlights the key messages and sets out what parliamentarians can do to support the priority actions identified in the report.

Key messages

- **Late diagnosis of HIV is the leading cause of premature death and disease among people living with HIV** – it is declining but remains high, and there is significant variation across populations, settings and geographical areas. Prompt diagnosis and treatment can give normal life expectancy, prevent HIV transmission and save NHS and social care costs.
- **Late diagnosis can be reduced by increasing testing among those at higher risk, offering testing to people earlier in the course of their infection and increasing the frequency of testing among those at higher risk.** Individual, professional and system barriers must be tackled more effectively.
- **Eliminating late diagnosis of HIV would bring significant public health benefits as well as substantial cost savings because of lower medical costs and averted new infections.** Screening in areas of high HIV prevalence and routine testing of people at higher risk has been shown to be cost-effective.
- **Evidenced-based guidelines clearly set out what needs to be done; the challenge is to ensure full implementation** – to expand testing in line with guidelines, to disseminate effective practice and to ensure NHS and local authority commissioning drives improvement.
- **Leadership and action is needed at all levels:** national and local politicians and community leaders should hold local health systems to account for the joint action they are taking towards eliminating late diagnosis, and national and local commissioning and provider organisations should act together to plan and coordinate HIV testing across the whole system.

Facts on late HIV diagnosis

- In 2016, 42% of people newly diagnosed with HIV in the UK were diagnosed late¹
- Rates of late diagnosis are highest in black African men and women, though the greatest overall numbers of late diagnoses are in gay and bisexual men
- Two-thirds of late HIV diagnoses occur in the 79 local authority areas which have a high or extremely high HIV prevalence²
- People diagnosed late have a 10 times higher risk of death within one year of diagnosis than those diagnosed promptly
- The cost of HIV care in the first year after diagnosis is twice as high for those diagnosed late, with direct medical costs remaining almost 50% higher for each year after diagnosis

¹ Diagnosis at a stage when the virus has already significantly damaged the immune system

² Areas where at least 2 in every 1,000 adults aged 15-59 has an HIV diagnosis

A call for political and system leadership

What has limited progress to date?

- Insufficient political will at government level to drive forward action on late diagnosis and eliminate the stigma that hampers action to tackle HIV at all levels
- Low or no prioritisation of HIV and late diagnosis in local partnership plans
- Lack of clarity on accountability for late diagnosis outcomes across the whole system due to fragmented commissioning responsibilities
- Lack of collaborative working and whole system commissioning on HIV testing and late diagnosis by the key commissioning bodies (local authorities, clinical commissioning groups and NHS England)
- Impact of public health cuts and reductions in local authority spending on primary HIV prevention and HIV testing

What further action is required?

- Whole system planning and action across local authorities, clinical commissioning groups and NHS England to reduce late diagnosis of HIV
- Embed HIV testing in primary and secondary care to prevent late diagnosis
- Increase the diversity of testing opportunities available for key populations, especially black Africans, people from countries of high HIV prevalence, and gay and bisexual men
- Interrogate data and use available evidence to produce tailored, highly effective and cost-effective interventions

How parliamentarians can support the action identified in the Halve It position paper, *A roadmap for eliminating late diagnosis of HIV In England*

- ✓ Advocate for the prioritisation and investment that will drive a reduction in late diagnosis at local level, bringing with it substantial savings in the short, medium and longer term
- ✓ Hold local health systems, including commissioners and providers, to account on the joint action they are taking to eliminate late diagnosis, including on access to testing for populations at higher risk, commissioning testing in primary and secondary care, benchmarking progress, and work to tackle the stigma that inhibits testing uptake and impacts on late diagnosis
- ✓ Challenge local health partnerships and commissioners on how comprehensively national guidelines on HIV testing (from NICE¹ and PHE²) are being implemented at local level
- ✓ Advocate for government to scale up action on stigma and the system barriers that inhibit testing
- ✓ Advocate for a wider government strategy for eliminating HIV, in line with the UNAIDS goal of zero new infections and zero AIDS-related deaths by 2030. This would provide the context for making further progress on late diagnosis.

*The Halve It position paper, **A roadmap for eliminating late diagnosis of HIV in England**, along with this and other summary briefings can be found at halveit.org.uk. The production of this briefing was funded by an educational grant from Gilead Sciences Ltd. Gilead had no editorial control.*

¹ NICE guideline [NG60] (2016) *HIV testing: increasing uptake among people who may have undiagnosed HIV*

² Public Health England. *HIV Testing in England: 2017 report*