

# STAND UP FOR SEXUAL HEALTH



**Sexual health and HIV manifesto for the General Election 2019**

**We are calling on the next Government to:**

- 1.** Deliver on the commitment to end new HIV transmissions by latest 2030.\*
- 2.** Commit to, and deliver, a national sexual health strategy that sets out bold ambitions to tackle STIs and improve the nation's sexual health.\*
- 3.** Commit to tackling the stigma and discrimination faced by people living with HIV.
- 4.** Invest in public health and fully fund sexual health services to meet the needs of all communities.\*
- 5.** Invest sufficient funding for training, resources and support to ensure that LGBT+-inclusive relationships and sex education (RSE) is taught to a high standard in all schools.\*
- 6.** Implement the routine commissioning of PrEP from April 2020 and in the interim ensure that no one is turned away from the PrEP Impact Trial.\*
- 7.** Ensure that the health and social care system supports people with HIV to live and age well.\*
- 8.** Guarantee that migrants living with HIV or those at risk have access to HIV prevention, testing and treatment that meets their needs, regardless of immigration status.

\*The general election is electing MPs to the House of Commons, from across the UK. The House of Commons legislates for health and social care, and education, in England only. The devolved Governments of Scotland, Wales and Northern Ireland legislate in these areas.

**#SexualHealthManifesto**

## **Deliver on the commitment to end new HIV transmissions by latest 2030**

In January 2019, the UK Government committed to ending new HIV transmissions in England by 2030.

We now have the tools to end HIV transmissions. Through regular HIV testing, condom use, access to pre-exposure prophylaxis (PrEP), prevention information and advice, and effective treatment which means people living with HIV cannot pass on the virus, we can prevent HIV.

However, new statistics have shown that progress on HIV is slowing. We need to see a robust Government HIV action plan once the Independent HIV Commission reports on its findings and recommendations in Spring 2020.

We need a re-commitment to end new HIV transmissions and concrete action to ensure that progress continues.

## **Commit to, and deliver, a national sexual health strategy that sets out bold ambitions to tackle STIs and improve the nation's sexual health**

There is currently no national cross-sector sexual health strategy and no national vision or ambition on what the country is trying to achieve around sexual health.

Rates of gonorrhoea and syphilis are soaring and the emergence of drug-resistant STIs is continuing. Clear sexual health inequalities are continuing with BAME communities, young people, people living with HIV, trans population, and gay and bisexual men, being the most affected by STIs.

We want to see a cross-system, national sexual health strategy that sets out what action is needed to improve sexual health and reinforces the need for all partners to work together if this is to be achieved.

## **Commit to tackling the stigma and discrimination faced by people living with HIV**

People living with HIV in the UK continue to face stigma and experience HIV-related discrimination. HIV discrimination is seen in all aspects of an individual's life – from employers, local community members, police and worryingly the health and social care system. UK research has shown that one in five people living with HIV have experienced verbal harassment or threats. A third reported worries about being treated differently to other patients and one in ten had been denied a treatment or procedure.

Tackling stigma is vital to improving the lives of people living with HIV and is integral to tackling new HIV transmissions, whether through sexual contact, drug use of other routes.

## **Invest in public health and fully fund sexual health services to meet the needs of all communities**

Ensuring that everyone who needs them has easy access to prevention, and testing for sexually transmitted infections (STIs) and HIV, is essential for the health of individuals as well as communities. Access to sexual health services lowers the long-term costs to the NHS, and helps to reduce onward transmission of infections.

National government cuts to public health budgets have led to a reduction in funding for local sexual health services of a quarter since 2014. Services are now unsustainable without a significant increase in funding.



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## **Invest sufficient funding for training, resources and support to ensure that LGBT+-inclusive relationships and sex education (RSE) is taught to a high standard in all schools**

Statutory high quality, age-appropriate, LGBT+-inclusive sex and relationships education needs to be taught to all young people in all schools in order to equip them with the skills, knowledge and confidence to make informed decisions about the kinds of relationships they want to have. With rising rates of STIs among young people, it is essential that RSE includes up-to-date information on sexual health and HIV.

There is a need for sufficient funding for training and resources, including comprehensive face-to-face training, support to build schools' confidence re: parental engagement, SEND and LGBT+-inclusive resources.

## **Make PrEP available to all individuals at risk of HIV in the UK**

Pre-exposure prophylaxis (PrEP) is a highly effective way to protect HIV negative people from becoming infected with HIV and involves people taking anti-HIV drugs when they are at risk of exposure to HIV.

PrEP is not currently available as part of routine sexual health services in England. It is imperative that the Department for Health and Social Care, NHS England, Public Health England and Local Authorities take action together now to ensure that PrEP is commissioned before the current Trial ends in 2020 ensuring a sustainable funding solution is in place.

In October 2017, NHS England commenced an England-wide trial for PrEP – the Impact Trial. Earlier this year, NHS England committed to doubling the places on the trial. There is therefore no excuse for anyone at risk of HIV to be turned away from being placed on the trial.

## **Ensure that the health and social care system is equipped to meet the needs of a population ageing with HIV**

With an ageing population and the success of HIV treatment, people aged 50 and over now make up over a third of all those accessing HIV care in the UK, and will make up 50% of this population by 2028. Our health and social care system is not yet meeting the lifelong needs of this group. More needs to be done to ensure that people living with HIV are able to access good quality, non-discriminatory care with dignity. All parts of the health and social care system need the right resources, information and training to provide the best care outcomes, stamp out discrimination and to meet the needs of a generation ageing with HIV.

In promoting the health and well-being of people living with HIV we must address some of the wider social determinants of health. 1 in 5 people living with HIV have needed help with loneliness and isolation, but three-quarters of them have not received it. With nobody currently responsible for commissioning peer support services this is only getting worse, access to this essential and transformative support is diminishing across the country.

A thriving HIV voluntary sector is vital to personal wellbeing and the new Government should recognise and resource this.



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**Guarantee that migrants living with HIV or at risk of HIV have access to HIV prevention, testing and treatment that meets their needs, regardless of immigration status.**

55% of HIV diagnoses are amongst migrants of which 41% are diagnosed late with poorer outcomes, and 39% acquire HIV post-migration. It is now harder for migrants to engage with the healthcare system, through expanding the charging system within the NHS and increasing surveillance and data-sharing

of migrants, adding to the stigma and discrimination they already face.

It is critical that migrants are recognised as a key population in the HIV response, with restrictions on charges alongside targeted engagement and an end to data-sharing, ensuring that prevention, testing and treatment is accessed. A free and good quality standard of HIV care must also be provided in immigration removal centres.



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