



Martin Fisher **FOUNDATION**

TOWARDS ZERO HIV

BRIGHTON & HOVE

Working together towards
zero new HIV infections
zero HIV-related deaths
zero HIV stigma in Brighton & Hove



www.martinfisherfoundation.org

TOWARDS ZERO HIV: INTRODUCTION

The **Towards Zero HIV** strategy sets out three strategic aims for the resident population of Brighton & Hove. These are working together towards:

1. **Zero new HIV infections**
2. **Zero deaths from HIV-related causes**
3. **Zero HIV-related stigma**

Brighton & Hove is already doing well maintaining people living with HIV in treatment and care, and therefore the **Towards Zero HIV** delivery partnership will focus on five key activity areas that will further contribute to achieve these strategic aims:

- **Reducing HIV-related stigma**
- **Increasing HIV testing**
- **Improving access to PrEP¹**
- **Championing research and evaluation**
- **Ensuring patient involvement and peer support**

Underpinning the key activity areas is a commitment to support the ongoing delivery of treatment and care services for people living with HIV across the city in order that high quality standards of care can be maintained.

To explain **what has been achieved in Brighton & Hove**, the strategy sets out the context of the work and provides the HIV evidence to support it.

To illustrate **what needs to be done**, the strategy defines our ambitious strategic goals and associated activity areas.

To demonstrate **how we are going to do this**, the strategy describes how stakeholders will work together and provides SMART² objectives with calls for action and advocacy from professional stakeholders, people living with HIV and the public, recognising that behaviour change will be required not only by individuals but also by organisations and society if we are to achieve success by 2025.

The **Towards Zero HIV** strategy provides a framework for working collaboratively to create effective and sustainable behaviour change. The strategy acknowledges there will be obstacles to overcome. To be successful, support will be needed from people living and working in Brighton & Hove as well as from others outside of the city.



¹ Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it, to prevent HIV infection by taking a pill every day.

² SMART - Specific, Measurable, Assignable, Realistic, Time-related.

WHAT BRIGHTON & HOVE HAS ACHIEVED

Work on the **Towards Zero HIV** strategy has taken place against a background of major government legislative changes across the NHS and Local Authorities. The key change has been the transfer of responsibility for Public Health (including the responsibility for commissioning HIV prevention) from the NHS to Local Authorities and the separation of commissioning for HIV prevention and HIV treatment and care. This and other changes have demonstrably challenged the way in which HIV and associated sexual health, reproductive health and social care services are commissioned and delivered locally.

Brighton & Hove City Council has taken on a role for local health improvement at a time of growing demand and diminishing resources.

There is now a greater need than ever to communicate effectively and work collaboratively in order to define and implement health and social care strategies that meet the needs of local populations and provide seamless care across diverse commissioning pathways.

The complex and fragmented sexual health, reproductive health and HIV commissioning environment is challenging but has opened up opportunities for transformational change in provision leading to improved health outcomes and needs to remain a priority for all in public health and provider leadership roles.

The Martin Fisher Foundation recognises that locally commissioned sexual health, reproductive health and HIV prevention services are already delivering against the 'Government's Framework for Sexual Health Improvement in England'³ which sets out the following five objectives to ensure local service delivery can achieve excellent sexual health, reproductive health and HIV related outcomes:

- Access to accurate, high-quality and timely information that helps people to make informed decisions about their relationships, sex and sexual health.
- Preventative interventions that build personal resilience and self-esteem and promote healthy choices.
- Rapid access to confidential, open access integrated sexual and reproductive health services in a range of settings, accessible at convenient times.
- Early accurate and effective diagnoses and treatment of Sexually Transmitted Infections (STIs) including HIV, combined with the notification of partners who may be at risk.
- Joined up provision that enables seamless patient journeys across a range of sexual and reproductive health and other services - this will include community gynaecology, antenatal and HIV treatment and care services in primary, secondary and community settings.

This strategy supports local commissioners and service providers and will, in addition, promote and facilitate ownership of the **Towards Zero HIV** strategic aims by other local stakeholders and communities. The strategy encourages innovative approaches using the latest advances in science, research, technology and communication. It promotes an integrated health and social care approach that encourages novel ways of delivering a combination of services that offer choice in how services are accessed. These can range from self-management (self-testing and self-sampling kits via vending machines or online sources), to more traditional face-to-face services that address the local population needs.

³ Department of Health, 2013

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

THE POPULATION OF BRIGHTON & HOVE AND LOCAL HIV EPIDEMIOLOGY

The overall population of Brighton & Hove is estimated at 277,000 with a 50/50 split between men and women. Residents are generally younger than the national average, with a substantial student population. Rates of Sexually Transmitted Infections (STIs) and unintended pregnancies remain high. The burden of sexual ill-health however, is not shared equally as younger people (under 25 years old) and men who have sex with men (MSM) are disproportionately affected. Studies have suggested that undiagnosed HIV, repeat sexual partnerships, and young and high-activity MSM were the most important drivers of the HIV epidemic in UK. Trans women are also a key group with a high burden of HIV. Additional local epidemiology includes:

- Brighton & Hove HIV service currently care for 2,400 individuals (Dec 2016) of whom:
 - 82% are men who have sex with men
 - 9% heterosexual males
 - 9% heterosexual females
- It is estimated that 19% of trans women in Brighton & Hove are living with HIV with less than 1% prevalence in trans men
- Brighton & Hove mirrors national and London trends, in that despite a decline in undiagnosed HIV infections, there is evidence that rates of ongoing HIV transmission remain high
- Brighton & Hove had an undiagnosed rate of 33% (2007) and 23.7% (2014) respectively but there is no recent local published data for the proportion of people with undiagnosed HIV in the city (although estimates suggest around 18%)
- Brighton & Hove has the highest HIV prevalence outside London⁴ with the overall prevalence of diagnosed HIV in Brighton and Hove being 8.02 per thousand population aged 15-59 years
- Over the last five years the Brighton & Hove HIV clinic (the Lawson Unit) has seen an average of 96 new patients each year
- Since 2002, the proportion of individuals diagnosed late nationally has decreased significantly from 60% in 2002. The decrease in late diagnoses has however slowed in more recent years and a steady downward trend continues⁵



Late diagnosis rates are lower in Brighton & Hove than have been achieved nationally or in the South East region

The proportion of HIV diagnoses made late in England, the South East and Brighton and Hove, 2009/11 to 2011/13

	Brighton & Hove %	South East %	England %
2009-11	34	50	50
2010-12	34	47	48
2011-13	31	46	45

TREATMENT AS PREVENTION

Treatment as Prevention (TasP) refers to HIV prevention methods that use antiretroviral treatment (ART) to decrease the risk of HIV transmission. ART reduces the HIV viral load in the blood, semen, vaginal fluid and rectal fluid to undetectable levels, thereby reducing the risk of onwards HIV transmission.

The PARTNER Study provides good evidence that people who are taking HIV medication as prescribed, with an undetectable viral load for over six months, cannot pass HIV onto a partner during unprotected sex.

Having undetectable virus in the blood means HIV cannot be passed on to another person. NHS England now commissions early treatment for preventative purposes.

In Brighton & Hove, TasP has been adopted for several years. Ninety-three per cent of regular attendees at the Lawson Unit are now taking antiretroviral therapy, and 96% have undetectable viral loads.

The **Towards Zero HIV** strategy recognises the continued importance of support for health services to deliver TasP and the need to keep people living with HIV engaged and retained in care.

- Retention of people in care is exceptionally high, with less than 1% of patients seen in the previous year lost to follow-up. This is significantly lower than the British HIV Association audit (2011) where the estimated figure was 2.6% nationally
- Over the last decade an increasing proportion of the cohort are taking antiretrovirals (93% in 2016), and 96% of those on treatment for more than 6 months have an undetectable viral load
- Brighton & Hove is already above the benchmark for antiretroviral treatment and undetectable virus as set out by UNAIDS 90-90-90 target by the year 2020 and while there is further work to be done in relation to increasing HIV diagnosis, the city is in a very realistic position to reach zero new HIV infection, zero deaths and zero stigma by 2025
- Current HIV testing rates in the sexual health clinic for MSM are 94% being offered a test and 79-83% accepting
- Anonymous testing between 2012-2014 showed that of 716 men who declined an HIV test, 7 had HIV and of those 4 had positive urine samples for ARVs (suggesting lack of disclosure rather than undiagnosed HIV), and 3 were missed leaving a true undiagnosed rate of 0.4%
- The proportion of new diagnoses where HIV infection has been acquired in the last 6 months is around 30% for MSM, compared to 11% in heterosexuals. This decreased from a peak of 45% in MSM a decade ago, which may represent a greater knowledge and access to testing by men engaging in risk behaviour, as well as better education and recognition of seroconversion illness amongst men and health care providers
- The average CD4⁶ count at new HIV diagnosis is high in Brighton & Hove, with the proportion of people with late diagnosis correspondingly low. This mainly reflects that most of the patients in Brighton & Hove are MSM, who are less likely to present late, although may also indicate widespread availability of HIV testing methods

⁴HIV in the United Kingdom: 2014 Report

⁵Brighton & Hove Health and Wellbeing Report: Reducing Late Diagnosed HIV Infection, 2015

⁶CD4 cells are white blood cells that are an essential part of the human immune system.

WHAT NEEDS TO BE DONE: THE CASE FOR CHANGE

Until recently attempts to prevent HIV transmission and acquisition (new HIV infection) in the general population have focused on encouraging consistent condom use, increasing the frequency of HIV testing and accessing post-exposure prophylaxis (PEP) where appropriate. Other more specific prevention programmes have been highly successful e.g. needle exchange programmes and mother-to-child transmission interventions, however, for many risk groups annual HIV incidence has remained unchanged, especially in MSM. This is despite a 3.7-fold expansion of HIV testing and an increase in antiretroviral therapy uptake from 69% (2001) to 90% (2015).

THE CASE FOR REDUCING NEW HIV INFECTION IN MSM

It is difficult to accurately measure how many male Brighton & Hove residents are gay or bisexual as there is no census of the city where a question about sexual orientation is asked. Of the 138,000 men living in Brighton & Hove, it is thought that at least one in ten (10%) (n=14,000) are likely to be MSM - this is higher than the estimated 3.4% of men for England overall. This estimate is supported by other sources of information such as data from the geosocial networking app, Grindr, which reports 20,000 unique monthly male users in Brighton and the surrounding area.

Further evidence to support increased targeting of MSM in Brighton & Hove (in order to achieve zero HIV new infections) includes:

- It is estimated in Brighton & Hove that around 82% of people living with HIV are aware of their diagnosis, and approximately 18% are unaware. As we know there are 2,400 individuals diagnosed (82%), this would leave an estimated further 500 (18%) undiagnosed, giving a total of A total of 2,900 (diagnosed and undiagnosed)
- The HIV population prevalence in Brighton & Hove is 1% (2,900/277,000 - this is considered a high prevalence by the World Health Organisation). As the large majority of the cohort are male (91%) this gives an even higher prevalence in men of 1.9% (2,639/138,000)
- The 2,400 (82%) people diagnosed with HIV in Brighton & Hove represents an extremely high diagnosed prevalence (8/1,000) (well above the threshold for expanded HIV testing, outlined in the new NICE⁷ guidelines (2016). Given that the epidemic is skewed towards MSM, it is recommended that all men who come in contact with the health care system, should be offered and recommended an HIV test at every opportunity
- The HIV prevalence **among MSM** living in Brighton & Hove is estimated at 17%, including diagnosed and undiagnosed individuals. This is based on a small bio-behavioural survey in 2012/13 reported by Sialon II⁸. Further research to gain representative and accurate estimates must be prioritized over the next 12 months
- There has been an average of 96 new diagnoses of HIV per year in Brighton & Hove over the last 5 years, of which >90% have been in MSM. It is estimated therefore that the incidence (new cases per year) of HIV among MSM to be around 0.56% (8670/14,000) which is considered very high
- **Towards zero** means reducing incidence down to 1 per 1,000 (0.1%) which is an 84% reduction on the current incidence estimate. Incidence among other men and women is currently very low (<0.1%) so the focus to reduce transmission should principally be among MSM

⁷ <https://www.nice.org.uk/guidance/conditions-and-diseases/infections/hiv-and-aids>

⁸ <http://www.sialon.eu/en/news/the-sialon-ii-project---reports-available.html?id=139>

OTHER (Condoms, Post-exposure prophylaxis (PEP), Serosorting

CONDOMS

Male condoms are 98% effective at preventing HIV and other sexually transmitted infections (STIs). In order for condoms to work well, they have to be used correctly the whole time and every time during sex. Condoms can take a bit of getting used to and they are not an effective HIV prevention tool for people who find condom-use difficult.

POST-EXPOSURE PROPHYLAXIS (PEP)

A month-long course of HIV drugs that someone takes very soon after sex which had a risk of HIV transmission. The drugs are the same ones taken by people with HIV. The sooner PEP is started, the more likely it is to work; within 24 hours is best, but no later than 72 hours (three days). After 72 hours PEP is unlikely to work.

SEROSORTING

Where people openly discuss whether they are HIV positive or negative, taking HIV treatment or not, have an undetectable viral load or not etc. and then match up their health scenarios before agreeing to have condomless sex (options are complex and diverse).

Unprotected sex with partners believed to be of the same HIV status is, however, considered unsafe. For the HIV positive person, there is a high risk of acquiring other STIs and hepatitis. For the HIV negative person, there is a high risk of acquiring HIV infection, as well as of acquiring STIs and hepatitis.

Achieving Zero HIV new infection, will mean reducing HIV incidence to 1 per 1,000 (0.1%) which is a 84% reduction on the current local HIV incidence estimate.

As MSM diagnosed HIV prevalence is extremely high in the city (8 per 1,000) and as incidence among other men and women locally is currently very low (less than 0.1%), the focus to reduce new HIV infection to zero should principally be among MSM. The **Towards Zero HIV** strategy however, aims to achieve zero HIV new infection across the whole population of Brighton & Hove, particularly with vulnerable communities that may be of higher risk of infection.

MSM AND THE NEED FOR A STRATEGIC FOCUS

In order to achieve **Towards Zero HIV** incidence for MSM, mathematical models indicate:

- **90% of all men who acquire HIV are diagnosed within a year of infection (national figures indicate the figure currently is 36% and it is likely to be the same in Brighton & Hove)**

RECOMMENDATION: All MSM in Brighton & Hove (around 14,000) should test **annually** for at least the next 3 years to reduce undiagnosed infections and early diagnosis and that local data is collected on MSM that test more than once in a given year.

- **Treatment as prevention (TasP) is an important part of the strategy. It is crucial that all people diagnosed with HIV receive antiretroviral therapy (currently 93%) promptly**

RECOMMENDATION: All people newly diagnosed with HIV, including MSM should start treatment immediately within 90 days with a target of undetectability within 9 months of diagnosis.

- **The benefit of detecting persons in primary infection**

RECOMMENDATION: Heightened HIV testing of men presenting in clinical settings (including General Practice and at Accident and Emergency) with symptoms that could represent primary infection (often mimicking glandular fever or flu-like illnesses).

- **The impact of pre-exposure prophylaxis (PrEP) at a population level**

RECOMMENDATION: Establish the proportion of the 11,100 HIV negative MSM (14,000 — 2,900 = 11,100) in Brighton & Hove who are at high risk (a definition of risk will be required to facilitate this) and promote Pre-Exposure Prophylaxis (PrEP) to this group (targeting men who present to STI clinic with an acute STI and/or 5 casual partners or more in last 6 months).

The **Towards Zero HIV** strategy notes:

- Condoms remain important as protection from infection with HIV and other STIs
- Peer support can reduce high risk behaviour such as chemsex¹¹
- There are dangers associated to sero-sorting between negative men, as most HIV infections occur from a person unaware of their infection who believe they were HIV negative at the time based on their last test

As shown, to achieve the **Towards Zero HIV** strategic aims, 'testing initiatives will need to be more strategically focused to effectively reach those at greatest risk'⁹ and 'use multiple strategies, such as community-based testing campaigns, provider initiated testing and counselling and self-testing'¹⁰ to ensure that people living in Brighton & Hove know their HIV status.

Reaching the goal of zero new HIV infections will not only require improved access to HIV testing, treatment and care services but will also need to ensure appropriate follow-up support services are available and sustainable for all people living with HIV beyond their diagnosis.

The **Towards Zero HIV** strategy emphasises the need for high impact, appropriately tailored combination prevention strategies and programmes. By combining the **Towards Zero HIV** strategies, Brighton & Hove aims to reduce new HIV infections to zero by 2025.

⁹ UNAIDS (2014) 'Fast Track Strategy' ¹⁰ UNAIDS (2014) 'Fast Track Strategy'

¹¹ Sex whilst under the influence of drugs, which have been taken immediately before or during a sexual session



TOWARDS ZERO HIV

STIGMA

STRATEGIC GOALS:

1. HIV to be viewed in the same way as other chronic health conditions across the wider community of Brighton & Hove
2. To empower people living with HIV to develop skills in addressing stigma related to their condition

REDUCING HIV-RELATED STIGMA

"Being diagnosed with HIV didn't have any immediate effect on my sex-drive but even though I still felt horny, I felt concerned that I might accidentally pass on HIV to someone else. I spoke with my HIV doctor and we decided that I go straight onto HIV treatment. It wasn't long before my viral load was undetectable and I was feeling much more comfortable and prepared to have sex again. I took a decision that I would let guys know I was positive before we had sex but what I wasn't prepared for was the rejection from some. At first it was like going out on any other weekend, couple of pints and the usual friendly chat up lines, then as soon as I mentioned my status, they would freak out. Some would be politer than others but the message was still the same...Sorry mate you're unclean. The worst reason for these rejections was always it's not you, it's me".

(HIV positive gay man)



Reducing HIV-related stigma

The need to tackle the stigma and discrimination associated with HIV was identified in the National Strategy for Sexual Health and HIV in 2001. Whereas progress has been made, HIV stigma continues to have a negative impact on the lives of both people living with and affected by HIV, particularly the most vulnerable, and marginalised, groups such as sex workers, people who inject drugs (PWIDs) or MSM.

The 'Department of Health Action Plan: HIV related stigma and discrimination' research shows, that healthcare is one of the areas where people living with HIV are more likely to encounter discrimination. There is still evidence from research (People Living with HIV Stigma Index, 2015) that HIV discrimination remains across society as a whole and sadly even in health and social care services. The interventions outlined in the DH Action Plan have been used in formulating this strategy.

Case for reduced HIV-related stigma

"From a public health perspective, HIV stigma also acts as a major barrier to HIV testing. It discourages people from coming forward for testing and can be a barrier to doctors recommending tests to people who may be at risk. This undoubtedly has an impact on the numbers of people who receive a late diagnosis in the UK." (Brighton & Hove HIV Stigma Statement, 2014).

To address the ongoing HIV stigma there is a need for:

- A city wide HIV stigma campaign that includes attitudes to sex, sexuality, race and our ideas of social and cultural norms
- Facilitated training and education on HIV stigma for key organisations and businesses
- Continued support and empowerment of people living with HIV (both newly diagnosed and those living longer term) to address stigma and develop skills to address internalised stigma and to navigate actual and perceived stigma

Towards Zero HIV strategy will reduce HIV-related stigma through:

- Disseminating information, as most severely affected communities, still harbour inaccurate and prejudicial views on HIV and well-targeted, culturally appropriate and factually accurate campaigns will remain necessary for some time
- Acquiring skills as those suffering the effects of stigma and discrimination can learn from each other, ways of coping with and, in time, challenging these ideas and practices
- Counselling approaches as stigmatisation can produce harmful effects on self-image, feelings of self-worth and even deeply rooted ideas about identity, quite apart from the real physical and mental challenges posed by a positive diagnosis
- Meaningful involvement of people living with HIV as prejudicial attitudes and stigmatisation very often result from, or certainly are amplified by, the invisibility of people with HIV in local communities and that invisibility is, of course, in turn a response to the prejudicial attitudes themselves. Invisibility and negative images, either sad, helpless victims or irresponsible and culpable individuals, can only be challenged by interventions and long-term programmes that promote positive images and views of people living with HIV
- Challenging discrimination, as individuals and communities affected by HIV have been effective in challenging laws, policies and everyday practice that affect them negatively. Such challenges pre-suppose that those involved have overcome, to some extent at least, the effects of stigma, in particular the feelings of isolation that stigma cultivates. Coming together as a group and forming alliances with, for example, specialist lawyers, lobbyists and (in the broadest sense of the term) advocates, can produce significant changes in the legal and administrative structures that encourage discrimination and stigma



TOWARDS ZERO HIV

TESTING

STRATEGIC GOAL:

Everyone in Brighton and Hove is aware of their HIV status and specifically 100% of sexually active MSM test for HIV at least once per year

INCREASING HIV TESTING

"I was sick and a non-productive citizen for about a year. It was an incredibly traumatic experience for people around me who loved me. It wasn't pleasant for me. This could have been prevented. Many opportunities to test me passed by before I ended up in the Intensive Therapy Unit. If someone had looked at the symptoms rather than the person, I might have been offered an HIV test earlier and avoided hospitalisation. The trauma as a medical practitioner of saying to somebody, "Would you like an HIV test?" or "Can we do an HIV test to rule this out?" is nothing compared to what a patient might go through if they're HIV positive and undetected."

(Heterosexual woman who was diagnosed very late)



Increasing HIV testing

It is estimated that around 18% of people living with HIV remain undiagnosed. These individuals are more likely to unknowingly transmit the virus to others, and risk poor morbidity and mortality outcomes themselves. Prompt diagnosis remains a priority for all people living with HIV and therefore increased HIV testing, through a range of settings, must be a central component of any HIV prevention strategy. Frequent HIV testing combined with prompt introduction of antiretroviral therapy following diagnosis ('test and treat') should substantially reduce HIV transmission, providing high levels of engagement and retention in care can also be secured.

High testing rates (at least annual testing) plus immediate treatment (90% on treatment by 90 days) will have a major impact on HIV incidence. 'Towards zero' means reducing incidence to <1 per 1,000 (0.1%) which is an 84% reduction on the current incidence estimate.

It will be important that all people should be offered testing according to the new NICE guidelines - in a variety of settings and using novel diagnostics such as self-sampling and self-testing, targeted at key populations to eliminate late diagnosis (30% currently) and AIDS deaths in Brighton & Hove.

Case for increased HIV testing

Brighton & Hove has the highest HIV prevalence (8.02/1000 population age 15-59) outside London. The city has a strong track record of partnership working across health and community and voluntary organisations to target at risk populations. For nearly 20 years, specialist services have engaged with primary care through bespoke education courses and Locally Commissioned Services. A robust network of GPs with a special interest represent over half the practices in Brighton & Hove. These practices are contracted to review patients annually, take part in regular training, have a good understanding of HIV issues and understand the repercussions of missed opportunities for HIV diagnosis. Multiple HIV testing initiatives since 2000 have been associated with a greater proportion of diagnoses being made in the community setting amongst the traditionally 'harder to reach' population who do not consider themselves at risk or present to sexual health clinics. Missed opportunities however, to test undiagnosed individuals in primary and secondary care still remain.

'Each new HIV infection costs the NHS between £280,000 and £360,000 in lifetime treatment costs. Direct medical costs are almost twice as high for late presenters compared to patients who are diagnosed early. It is therefore very clear that there are significant benefits to individual health, the public health and the health and care economy in ensuring the timely diagnosis of HIV infection' (Brighton & Hove Health and Wellbeing Report: Reducing Late Diagnosed HIV Infection, 2015).

Towards Zero HIV strategy will increase HIV testing by:

- Developing an evidence base through comprehensive programme of research and evaluation
- Fundraising to support discrete pieces of work to 'fill the HIV testing gaps' within our community
- Exploring ways to work with the local community to develop targeted initiatives to increase the frequency and numbers of HIV tests, which will in turn reduce the number of people with undiagnosed HIV infection (especially recent HIV infection).
- Improving screening rates in sexual health and other traditional services (drug dependency, those caring for HIV indicator diseases, termination of pregnancy, antenatal) by ensuring knowledge and skills are maximised
- Increasing testing in the hospital setting e.g. accident and emergency, Increased access to community self-testing opportunities e.g. saunas, gay clubs, youth services, Black Minority Ethnic (BME) groups, Community Base and other outreach sites
- Increasing awareness of testing opportunities e.g. www.test.hiv, and ensure the 'menu of testing' (is available on the MFF website) is comprehensive and up-to-date
- Using peer mentors and 'testing champions' to promote HIV testing,
- Using social media and a range of resources to place testing as a public health priority
- Working with stakeholders to co-ordinate a city wide awareness of testing in all settings
- Working with pharmacies to promote HIV testing across the city



TOWARDS ZERO HIV

PrEP

STRATEGIC GOAL:

Everyone in Brighton and Hove with a clinical indication for PrEP is able to access affordable medication with appropriate support

IMPROVING ACCESS TO PREP



Improving access to PrEP

Trials have now consistently shown that Pre Exposure Prophylaxis (PrEP) is effective in protecting HIV negative people from acquiring HIV (see: IPReX, Partners PrEP, Ipergay, and PROUD studies). PrEP is indicated for people who are at high risk of HIV acquisition through sexual behaviour or injecting drug use e.g. MSM engaging in chemsex, MSM with rectal STIs or syphilis, MSM accessing PEP or with HIV positive partners who are not on treatment. Provision of PrEP should be part of a harm reduction package around safer sex, safer drug & alcohol use including injecting practices and chemsex, as well as a mental health assessment if appropriate.

PrEP could prevent a large number of new HIV infections if other key strategies including HIV testing and treatment are simultaneously expanded and improved. It has been estimated that if as few as 25% of 'high-activity' MSM adopted these strategies, around 44% of new infections could be averted by 2020. Without PrEP however, HIV incidence in MSM in the UK is unlikely to decrease substantially by the end of this decade.

Case for improved access to PrEP

At risk MSM in Brighton & Hove have a broad awareness of PrEP via social media, appropriate advertising and signposting from voluntary and 3rd sector agencies. Although we are not currently in a position in the UK to prescribe PrEP, we have an opportunity to ensure men at risk of acquiring HIV are well informed. Should they wish to access PrEP from the internet or private prescription, the clinical staff are able to offer support through PrEP monitoring services which are run in collaboration with Terence Higgins Trust.

PrEP monitoring is an important opportunity to engage this group of patients with sexual health services for regular risk assessment, HIV testing, STI screening and vaccination.

Towards Zero HIV strategy will improve access to PrEP by:

- Facilitating access to PrEP for the local health economy
- Clarifying PrEP access pathways across the city
- Creating joint partnerships to apply for PrEP funding and monitoring across the city
- Exploring ways to provide information about and deliver PrEP safely and effectively
- Developing local PrEP peer mentors
- Obtaining endorsement of the local PrEP monitoring service by national organisations
- Support the infrastructure to monitor people on PrEP



TOWARDS ZERO HIV

RESEARCH AND EVALUATION

STRATEGIC GOALS:

All stakeholders work together to ensure activities are based on the best available evidence and that our work contributes to and is aligned with high quality research

CHAMPIONING RESEARCH AND EVALUATION

“Martin provided truly inspirational leadership for his team at Royal Sussex County Hospital and in later years at the Brighton and Sussex Medical School and established Brighton & Hove as a world renowned centre of excellence for research in HIV medicine. The participation of people living with HIV in major international research trials, many designed and led by Martin, has made a huge contribution to the development of new treatments and Brighton & Hove has been at the forefront of research and development of policies across HIV testing, ‘HIV and Ageing’ and co-infection with hepatitis amongst other areas”.

“As an active participant in the Towards Zero HIV strategy, Brighton and Sussex Medical School is committed to working with the community to support achievement of our new ambitious goals. We will provide support to ensure activities are based on the best available evidence, are evaluated so learning can be shared beyond the city and that they are aligned with our high quality research programme”.

(Professor Malcolm Reed, Dean, Brighton and Sussex Medical School)



Championing research and evaluation

In keeping with the work of Martin Fisher, we will work with our academic partners to embed research and evaluation throughout the delivery of the strategy.

Case for research and evaluation

Although the majority of the strategy goals are based on robust evidence, we are in a unique position to add to the evidence base by identifying and evaluating unique approaches to working **Towards Zero HIV**.

Towards Zero HIV strategy will champion research and evaluation by:

- Highlighting the extraordinarily valuable clinical research on HIV and sexual health done in the city
- Utilising up-to-date evidence based approaches to meet our aims
- Ensuring that baseline measures are fully collated prior to interventions
- Acting as an interface between the community and researchers at the city's Universities
- Ensuring patients and service users are actively involved in the research and evaluation related to **Towards Zero HIV**
- Evaluating the impact of increasing numbers of people diagnosed with HIV on current service delivery models
- Identifying research opportunities with the community and clinicians in taking forward our implementation plan





TOWARDS ZERO HIV

PATIENT INVOLVEMENT AND PEER SUPPORT

STRATEGIC GOAL:

Ensure people living with HIV in Brighton & Hove have access to peer support to promote their meaningful engagement in the development, delivery and evaluation of the **Towards Zero HIV** strategy and implementation plan.

ENSURING PATIENT INVOLVEMENT AND PEER SUPPORT

"When I first learned of my HIV positive diagnosis it consumed my every thought. I spent months feeling my life was finished. I became overwhelmed with it and I resigned from my job as I just couldn't cope with anything. Life on benefits was very hard for me. I didn't earn a huge salary and was unable to save. I became more and more depressed. One day I reached out to a friend and I was surprised to hear that they were also HIV positive. They told me they had been volunteering at a local HIV organisation and encouraged me to come along and meet some other people like me that attended a peer support group there. Whereas I was initially nervous and a bit shy, I soon found the more I went, the more I enjoyed it. I know it's not for everyone but for me, it was like having a new lease of life. I didn't feel quite so lonely. I could share my concerns and my confidence returned and I now even volunteer my time to help out here and there. I'm thinking of getting some career advice as I feel I'm managing my life once again and it is now time for me to get back to work."

(HIV positive volunteer)

The importance of local patient involvement and peer support

Locally commissioned sexual health and HIV prevention services, organisations and community groups have wide reach within the community.

Local organisations provide opportunities to develop partnerships and engage with and involve people living with HIV and other volunteers.

The **Towards Zero HIV** strategy would like to acknowledge the work being done by the existing local peer support organisations - Lunch Positive, Sussex Beacon and Peer Action. The strategy would like to engage with established networks to enhance different types of peer support, provided in differing ways in different settings, to help inform, embed and implement the strategy. People living with HIV have had a role in the development of this strategy, and it will be equally important for people living with HIV to be involved in the development and delivery of the implementation plan, particularly as informed expert community advocates.

Case for patient involvement and peer support

National research from Positively UK indicates peer support services contribute to helping people manage HIV, as a long-term condition, by improving a number of aspects of life including:

- Improving emotional wellbeing
- Improving understanding and management of HIV
- Supporting access to services that support people living with HIV

Standard 6 in the British HIV Association (BHIVA) Standards of Care for People Living with HIV indicates that 'people living with HIV should receive care and support which promotes their mental, emotional and cognitive well-being and is sensitive to the unique aspects of living with HIV.'

Standard 9, in the BHIVA Standards of Care for People Living with HIV, identifies the need for 'self-management services including access to peer support' and it is evident that 'peer-led support can complement the role of clinical staff in supporting patients and improving patient outcomes' already works well as an effective model of partnership working in Brighton & Hove.

Towards Zero HIV strategy will involve patients and encourage peer support by:

- Engaging individuals, not currently represented by existing community groups, particularly young people and the trans community.
- Ensuring patient involvement in HIV prevention planning, evaluation and research, including assessment of maintaining excellence in clinical care.
- Supporting continued close working between people living with HIV and organisations providing HIV prevention and HIV peer support services to people living with HIV.
- Working productively with the existing local community and voluntary sector including volunteers and 'expert patients' that already have a strong grounding in the city.
- Normalising HIV testing and encouraging people to know their HIV status is key to changing attitudes about HIV to help reduce stigma and discrimination in the city.
- Mobilising community volunteers as 'real people using local language' to make the necessary city-wide changes in attitude towards HIV.
- Delivering a locally focused and targeted HIV prevention campaigning by local community based volunteers.
- Supporting a far greater embedded involvement of the Community & Voluntary Sector, smaller organisations, community groups, and an exploration of opportunities that already exist in current work and initiatives.
- Promoting the use of patient and service user involvement mechanisms to ensure other hard to reach groups, both living with HIV and also at risk of HIV infection, are included.

HOW WE ARE GOING TO DO THIS

ROLE OF THE MARTIN FISHER FOUNDATION

The Martin Fisher Foundation is facilitating the development of the **Towards Zero HIV** strategy and delivery partnership with stakeholders across the city of Brighton & Hove.

ROLE OF INDIVIDUALS, ORGANISATIONS AND SOCIETY

A CALL TO ACTION FOR INDIVIDUALS



We each have an important role to play in delivering this **Towards Zero HIV** strategy in Brighton & Hove.

Those who are not diagnosed with HIV, can help keep themselves and others healthy by:

- **Knowing the facts about the risks of HIV / STI infection**
- **Keep testing for HIV and other Sexually Transmitted Infections**
- **Using condoms**
- **Taking PEP to help prevent infection after exposure to HIV**
- **Getting PrEP as a way to prevent infection with HIV during higher risk sex**
- **Challenging HIV stigma and discrimination whenever and wherever it occurs**



Those living with HIV, also have a role to play and can keep themselves and others healthy by:

- **Knowing the facts about the risks of HIV / STI infection**
- **Keep testing their HIV viral load and for Sexually Transmitted Infections**
- **Using condoms**
- **Staying engaged with HIV care including taking HIV Treatment as prescribed**
- **Negotiating safety (sero-sorting) with sexual partners before having sex**
- **Challenging HIV stigma and discrimination whenever and wherever it occurs**



A CALL TO ACTION FOR ORGANISATIONS

The **Towards Zero HIV** strategy calls on organisations in the city of Brighton & Hove to engage with the strategy and take a proactive stance to support the strategic aims by:

- **Knowing the facts about the risks of HIV / STI infection**
- **Promoting HIV prevention and testing for HIV and other Sexually Transmitted Infections - Ensuring staff, volunteers, customers and service users are well informed and comfortable discussing HIV and sexual health**
- **Challenging HIV stigma and discrimination whenever and wherever it occurs**

The **Towards Zero HIV** strategy has adapted priority actions from the former National Strategy for Sexual Health & HIV and, in addition to the above call to action, it calls for organisations to:

- **Prioritise HIV as a key public health issue and also sustain high-level leadership at local, regional and national levels**
- **Build strategic partnerships**
- **Commission for increased HIV diagnosis and improved treatment and care**
- **Invest more in HIV prevention**
- **Support the delivery of joined up HIV treatment and care services that reflect local needs, maintain achievement against targets and quality standards and that are fit for purpose**



A CALL TO ACTION FOR SOCIETY

The **Towards Zero HIV** strategy calls for a unified voice across the city of Brighton & Hove, championed by leadership and owned by all that support the goal of 'zero HIV' by:

- **Knowing the facts about the risks of HIV / STI infection**
- **Promoting HIV prevention and testing for HIV and other Sexually Transmitted Infections - having the conversation with our friends, family and co-workers**
- **Challenging HIV stigma and discrimination whenever and wherever it occurs**
- **Promoting HIV prevention and testing for HIV and other Sexually Transmitted Infections**

The **Towards Zero HIV** strategy organisations to create safe and healthy workspaces that ensure staff, volunteers, service users can learn about HIV prevention and feel comfortable discussing HIV and sexual health as they feel necessary.

The **Towards Zero HIV** strategy also challenges us as a society to talk about HIV prevention and how to reduce the risk of HIV infection openly and honestly with our friends, family and our co-workers in the workplace.

GOVERNANCE

Successful implementation of this strategy requires effective, adequately resourced governance with clear lines of accountability. These arrangements are being finalised with Brighton & Hove City Council based on the provisional model below. It is proposed that the Towards Zero Board is a 'lean' group having two Co-Chairs (one from the Martin Fisher Foundation and one from Brighton & Hove City Council). The remaining membership would be Co-Chairs from the Implementation Groups. It is planned that the Board would meet quarterly, have an overview on budget decisions and report to the Health and Wellbeing Board and Martin Fisher Foundation Board. It would also communicate with the Fast Track Cities programme, although, as signatory to the Paris Declaration reporting would be through the City Council. The Implementation Groups would be formed for each priority area: Stigma, Testing, PrEP, Research & Evaluation and Patient Involvement & Peer Support and be action focused and responsible for delivery of the Implementation Plan. Each would meet monthly and report to the Towards Zero Board. They would have two Co-Chairs, one from a community stakeholder group and one from the Martin Fisher Foundation. An annual Stakeholder Meeting would take place to scrutinise and support overall delivery of the **Towards Zero HIV** strategy and implementation plan.

IMPLEMENTATION PLAN

The Martin Fisher Foundation has facilitated development of the **Towards Zero HIV** Implementation Plan following engagement with stakeholders from across Brighton & Hove. This is available as a separate document, which will be updated regularly.



FAST TRACK CITIES AND A LOCAL TIMELINE TOWARDS SUCCESS

The Martin Fisher Foundation has worked with Brighton & Hove City Council to 'sign-up' to the UNAIDS Fast-Track Cities Initiative. This commits cities to the Paris Declaration, 2014 and achieving the associated 90-90-90 targets by 2020. These targets are:

- 90% of people living with HIV knowing their HIV status
- 90% of people who know their HIV-positive status on treatment
- 90% of people on treatment with suppressed viral loads

This commitment is now projecting forward to a new set of 95-95-95 targets by 2030 and the implementation plan for this **Towards Zero HIV** strategy is not only aligned with these new aspirations but aiming to achieve our 'zero' strategic aims by 2025.

ENGAGEMENT AND GETTING INVOLVED

The Martin Fisher Foundation has engaged with a range of stakeholders to develop this strategy, including Brighton & Hove City Council and other local organisations represented on the Brighton & Hove Sexual Health Programme. A complete list of clinical and public health experts, academics and scientists in the field of HIV prevention as well as patients, service users and organisations that have contributed to this strategy are listed in the **Towards Zero HIV** Resource Document. The strategy now sets out how we aim to build upon the collaborative work taken place to date.

Building strategic partnerships with organisations and individuals

A core objective of the Martin Fisher Foundation is to facilitate partnership working. This strategy aims to provide a leadership framework that allows local HIV and other organisations to unite in support of a shared strategic HIV prevention objective. A key objective is also to engage with individuals, not currently represented by existing community groups, particularly young people and the trans community.

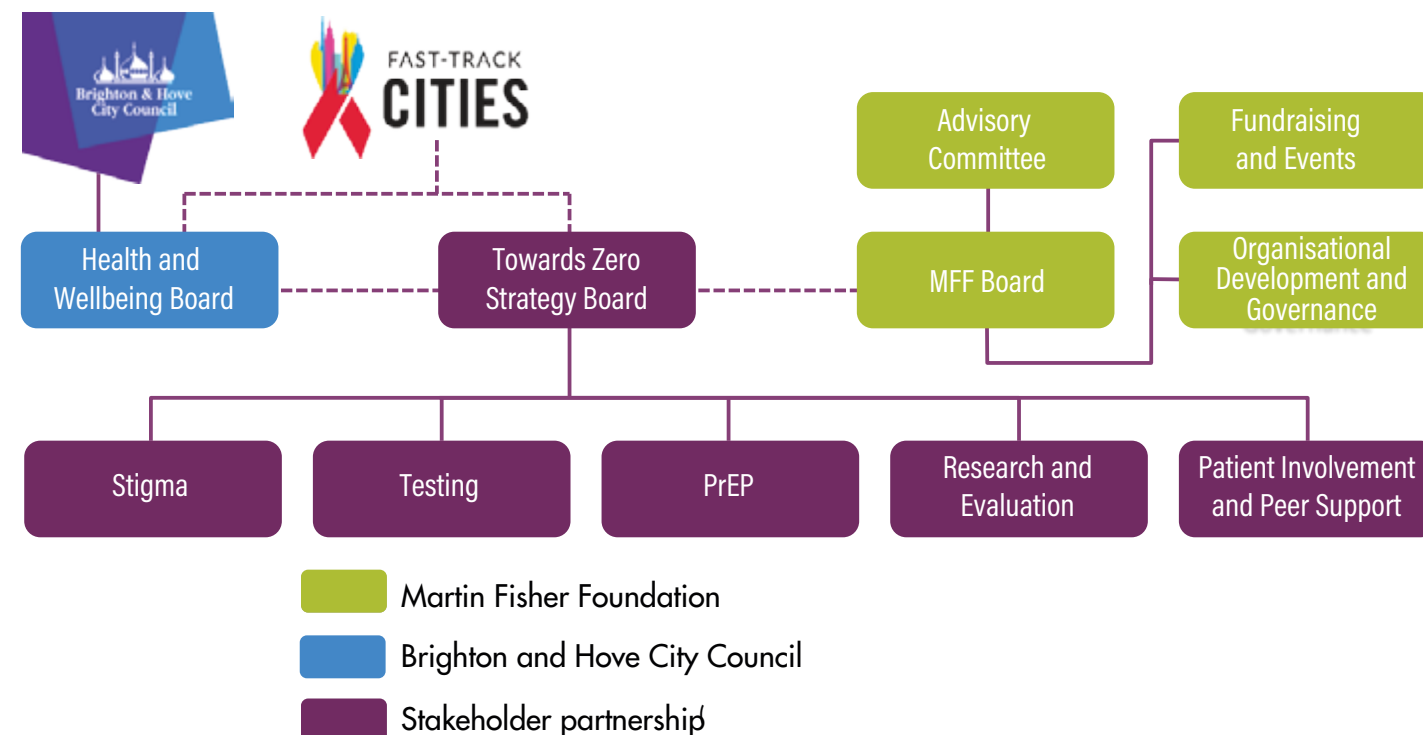
The strategy not only recognises that leadership from local HIV organisations, such as THT for their HIV prevention work, will be key to success but also that 'getting the support of political leaders, religious leaders and other influential figures in society can help to raise awareness and influence norms regarding HIV prevention.'¹²

To ensure that local strategic HIV prevention planning is cohesive throughout Brighton & Hove this strategy supports continued close working between people living with HIV and organisations providing HIV prevention and HIV peer support services to people living with HIV, so that organisational strategies can be shared and developed to augment each other, so that opportunities for collaborative working can be identified including innovative approaches to improve access to information and services for vulnerable groups around areas of chemsex, alcohol, drugs and substance users.

The **Towards Zero HIV** strategy supports a far greater embedded involvement of the Community and Voluntary Sector (CVS), smaller organisations, community groups, and an exploration of opportunities that already exist in current work and initiatives. As part of this, consideration should be given to the benefit of a dedicated HIV Community Representative as part of Community Works¹³ representation activities.

HOW THE TOWARDS ZERO HIV STRATEGY WAS DEVELOPED

The Martin Fisher Foundation **Towards Zero HIV** strategy has been developed in partnership with a range of stakeholders, including Brighton & Hove City Council and other local organisations represented on the Brighton & Hove Sexual Health Programme Board. Stephen Bitti of Nudge Associates has co-ordinated development of the document. Stakeholder engagement has been extensive and has included an Advisory Committee of clinical and public health experts, academics and scientists in the field of HIV prevention as well as patients and service users. This document is now open for public consultation until 25th February 2017.



¹² UNAIDS (2015) 'Fast-Tracking combination prevention'

¹³ www.bhcommunityworks.org.uk

In addition to locally commissioned sexual health and HIV prevention services, there are locally grant funded (often voluntary funded, not statutory) organisations and community groups that have wide reach within the community, and effective outcomes addressing these 'beyond clinical' determinants.

WORKING WITH VOLUNTEERS

This strategy advocates working productively with the existing local community and voluntary sector. This includes volunteers and 'expert patients' that already have a strong grounding in Brighton & Hove.

Normalising HIV testing and encouraging people to know their HIV status is key to changing attitudes about HIV and can only help reduce stigma and discrimination in Brighton & Hove.

The **Towards Zero HIV** strategy will work across Brighton & Hove to mobilise community volunteers as real people using local language is key to making the necessary city-wide changes in attitude towards HIV transmission, acquisition, treatment and care. This strategy calls for locally focused and targeted HIV prevention campaigning delivered by local community based volunteers.

WORKING WITH PEOPLE LIVING WITH HIV

There are three groups of people living with HIV in Brighton & Hove (82% are MSM / 9% heterosexual males / 9% heterosexual females). There is a core role for people living with HIV as community champions, particularly in communicating the aims and objectives of this strategy to, and in challenging stigma and discrimination in, the wider community across Brighton & Hove. People living with HIV have had a role in the development of this strategy, and it will be equally important for people living with HIV to have a voice in the development of the implementation plan and the delivery of the initiatives to achieve the goals, particularly as informed expert community advocates.

The strategy recognises that reducing HIV transmission and acquisition in MSM living in Brighton & Hove is key if we are to move towards achieving zero new HIV infections. We acknowledge however that reaching zero will require our messaging not be restricted to MSM, because this might only deliver 90% of our goal. If we want to reach zero, we also need to include the other high risk groups.

It will be important to ensure that anyone living with HIV is engaged. Epidemiology shows the largest group living with HIV (and therefore at greatest risk of HIV infection) in Brighton & Hove are MSM but this strategy promotes the use of patient and service user involvement mechanisms to ensure other hard to reach groups, both living with HIV and also at risk of HIV infection, are included.

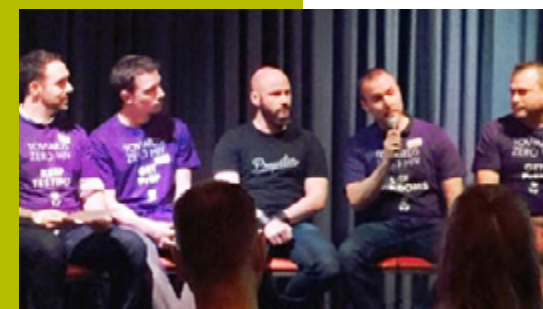
ABOUT THE MARTIN FISHER FOUNDATION

The Martin Fisher Foundation works in Brighton & Hove to take forward the work of Professor Martin Fisher. The Foundation continues Martin's ethos of treating people living with HIV with dignity, compassion and respect, and focuses on the development of new strategies for effective HIV prevention, treatment and care.

The Martin Fisher Foundation is working together with stakeholders to explore how, through whole-system integrated health and social care partnerships, we can accelerate towards zero HIV stigma, zero new HIV infections (both acquisition and transmission), and zero deaths from HIV in Brighton & Hove.

The Martin Fisher Foundation engages with the community in Brighton & Hove in various ways to raise awareness and build social understanding of the local issues with, and social ownership of, the benefits associated with HIV prevention. These include, the launch of the Foundation in September 2015, stakeholder engagement meetings, the 'Towards Zero HIV: Get PrEP Pre-Pride' film and discussion event, marching with 'Towards Zero HIV' volunteers, as part of the Brighton & Hove Pride Parade 2016 and a presence at the Sexual Health and Contraception Community Stall in Preston Park. Most recently the Foundation has partnered with local HIV clinical and community providers to deliver a sauna-based, HIV testing kit pilot and is now working to implement the **Towards Zero HIV** strategy.

The Martin Fisher Foundation operates through a voluntary Board of Trustees that is supported by an independent Advisory Committee, chaired by Baroness Gould of Potternewton.



THE MARTIN FISHER FOUNDATION MISSION, VISION & VALUES

The Martin Fisher Foundation vision is to accelerate **Towards Zero HIV** stigma, zero new HIV infections and zero deaths from HIV in Brighton & Hove.

The Martin Fisher Foundation mission is to promote, preserve and protect the health and wellbeing of people with, or at risk of, HIV, by:

- Increasing access to HIV testing
- Supporting innovation in HIV prevention and care
- Advancing public and professional awareness and education of HIV to reduce stigma, reduce new HIV infections and deaths from HIV-related illness
- Improving the quality of life for people living with HIV

The Martin Fisher Foundation values are inspired by Martin and describe the underlying principles that matter to us about how we work and what we do and as such, we hope others will see us as:

- Community-centred - Everything we do is for the benefit of people living with, or at risk of, HIV
- Determined - We won't give up until we've reached our ambitious goals
- Inclusive - We embrace diversity and promote equity and equality for all people living with, or at risk of, HIV
- Inspirational - We always strive to inspire others to take action through our innovative approaches



TOWARDS ZERO HIV BRIGHTON & HOVE



www.martinfisherfoundation.org