

**London.
Achieving 95-98-97
Lessons Learned but Miles
to Go.**

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Leadership Group**

LONDON

FAST-TRACK CITIES 2019

SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

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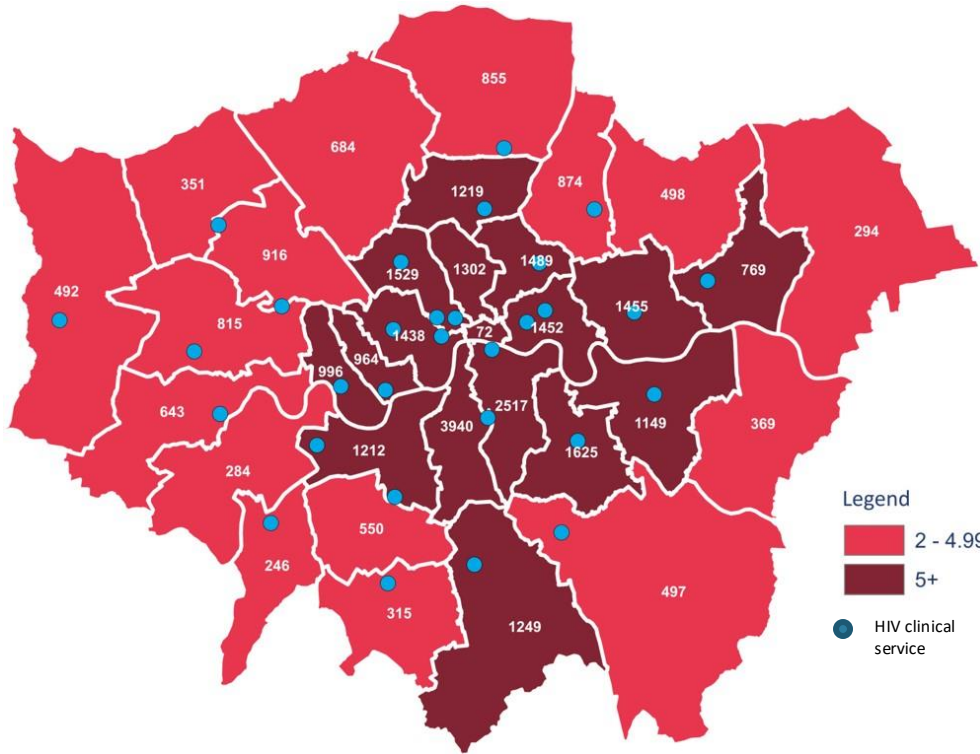


IN PARTNERSHIP WITH:



A London Landscape





8.7 million people
33 Boroughs
33 clinical commissioning groups
44 acute hospital trusts
28 HIV clinical centres
50+ HIV Voluntary organisations
1,500 general practices

38,689 people living with HIV in London

London's 2030 Ambition

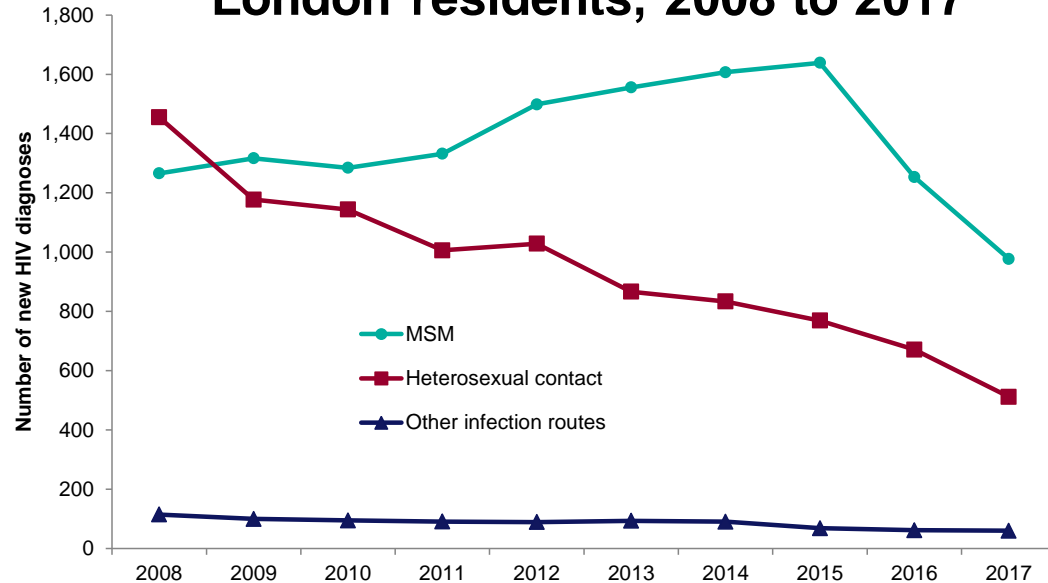
- zero new HIV infections
- zero preventable deaths
- zero HIV related stigma and discrimination
- best quality of life for Londoners living with HIV.



Headlines

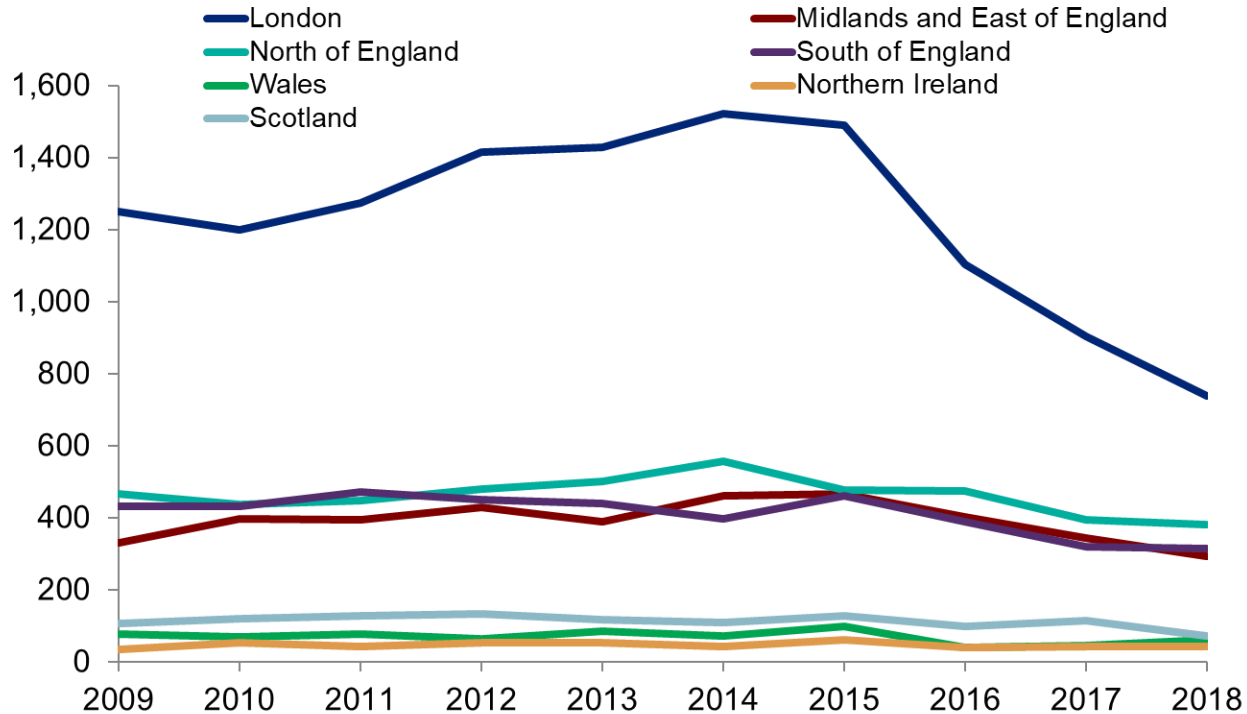
- 2017: The UK reached 92-98-97. London became the first city to meet the 95-95-95 target
- London carries a significant proportion of the UK HIV epidemic.
 - 36,689 (38%) of the 102,000 people with HIV in the UK live in London.
- Numbers of Londoners newly diagnosed with HIV are falling
 - 2016: 2041
 - 2018: 1054
- Londoners newly diagnosed with HIV are increasingly diverse
- Late diagnosis continues:
 - 37% of people newly diagnosed in London had a CD4 count <350 (48% 10 years ago)

95-98-97 : New HIV diagnoses by probable exposure category, London residents, 2008 to 2017



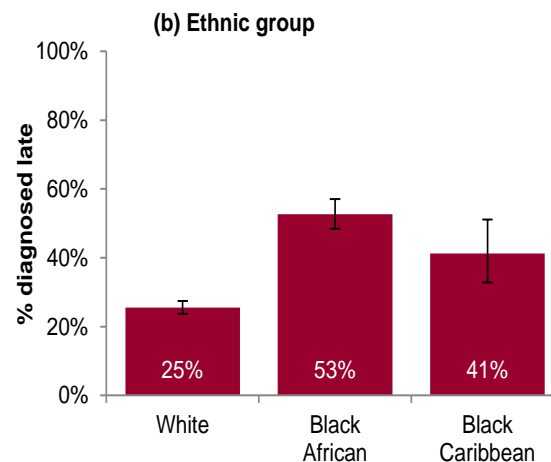
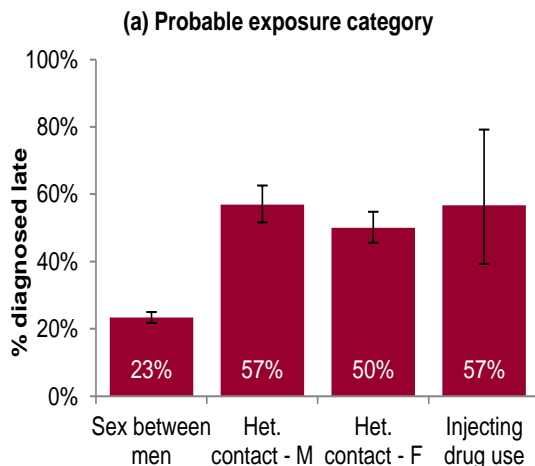
Source: Public Health England, HIV and Aids New Diagnosis Database (HANDD). The number of new diagnoses will depend on accessibility of testing as well as infection transmission.

Number of new HIV diagnoses among gay and bisexual men by area of residence: United Kingdom, 2009 to 2018



Timely diagnosis of HIV remains a challenge for London

Percentage of new HIV diagnoses that were diagnosed late by probable exposure category (A) and ethnic group (B), London residents, aged 15 years and over, 2014-2016*



Source: Public Health England, HIV and AIDS New Diagnosis Database, HIV & AIDS Reporting System * Only includes new diagnoses for which CD4 count was reported within 91 days of diagnosis; late diagnosis defined as CD4 count <350 cells/mm³. The underlying population will impact on the proportion diagnosed late, e.g. MSM are less likely to be diagnosed late.

How can London meet its ambition?

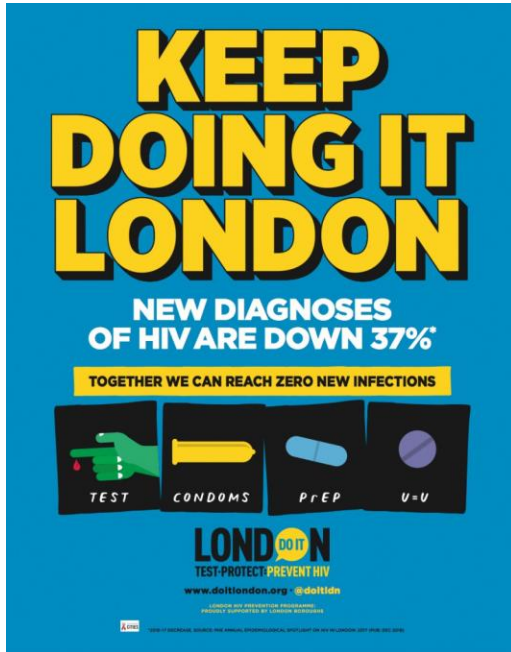
Diagnose all people with HIV as early as possible

Treat HIV effectively and rapidly after diagnosis for sustained virological suppression to maximise health and minimise transmission

Prevent new infections by using proven prevention interventions, including Pre-Exposure Prophylaxis (PrEP), condoms, and behaviour modification STI Rx, alcohol and drug treatment services

Support to attain best quality of life including prevention, diagnosis and management of HIV - related comorbidities, together with appropriate peer, social and financial support.

Reduce HIV stigma as a fundamental requirement to accelerating all the other strategic approaches and to improve the quality of life for those with HIV



- HIV prevention responsibility of local government since 2013.
- London HIV Prevention Programme - a new strategic approach
- Unique partnership of all 33 London Boroughs
- Partnership working across the system
- First official campaign to promote PrEP and U=U
- High impact and highly successful



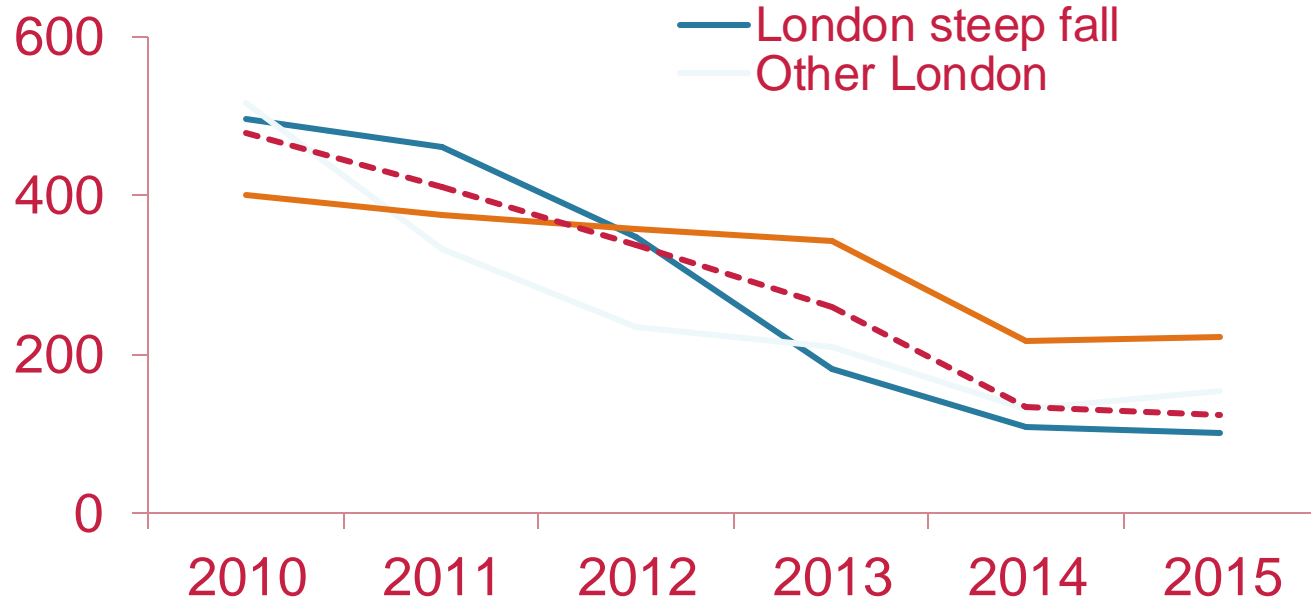
Standards of Care for People Living with HIV 2018



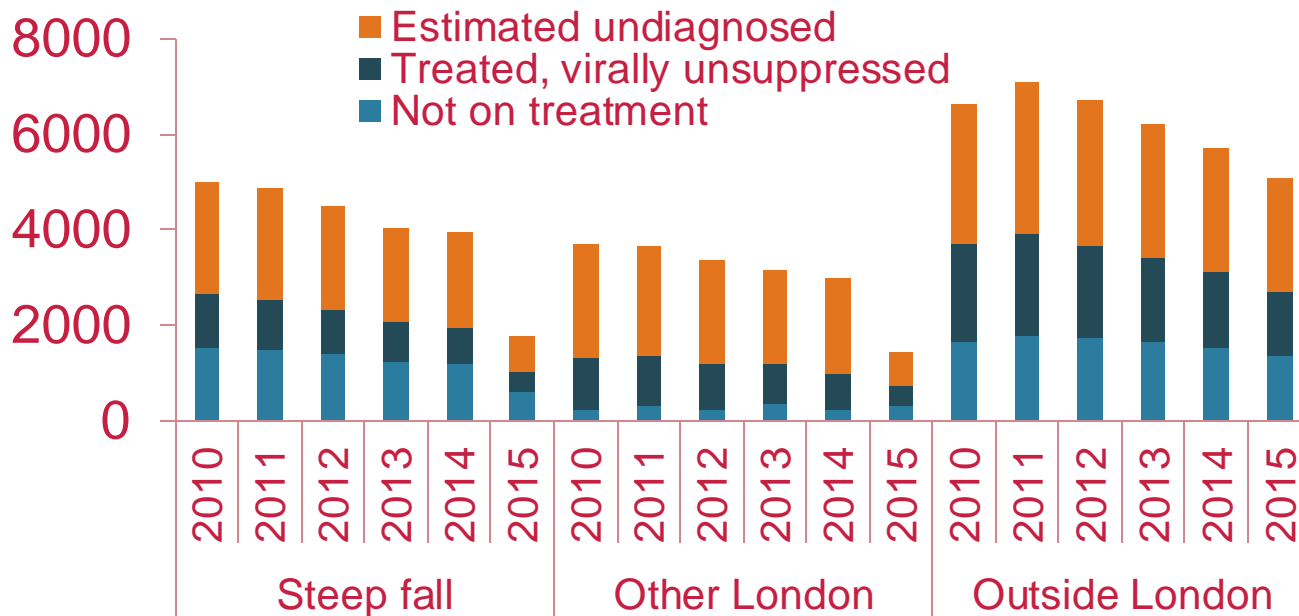
Treatment and care

- 73% of Londoners started treatment within 91 days of diagnosis.
 - Same day treatment available in some clinics
 - Continued long term engagement with care crucial. Not always easy
-
- HIV clinical care responsibility of NHS England with a single national service specification
 - Universal free HIV treatment for everyone living in the UK
 - Evidence based standards of care and treatment guidelines from BHIVA
 - BUT Linkage/ coordination/ funding/ commissioning arrangements between clinical services is complex
 - Opportunities exist within the NHS Long term plan

Reduction in median days from HIV diagnosis to ART initiation among gay men in England



Reduced HIV transmissibility: Estimated number of gay men with viral load > 200 copies/mL by clinic strata



*Estimated undiagnosed, diagnosed untreated and those treated with viral load >200 copies/mL

PrExposure Prophylaxis

- Available in London without charge **only** via a clinical trial (IMPACT) with specific enrolment criteria
- Various arrangements in place for people to buy PrEP with major support from voluntary sector organisations
- PrEP in London is mostly used by MSM.
- Support is provided by clinical services for people who are sourcing PrEP independently.
- The increase in PrEP use from 2016 onwards likely to be a contributory factor to the fall in new infections
- Work is ongoing to secure a full PrEP programme for all who could benefit

Voluntary sector organisations

- London has a wide range of non statutory organisations
- Extensive expertise across the pathway
- Crucial factor in London's response
- London HIV providers network newly established

- BUT: under severe financial pressure
- Many have closed leading to a significant loss expertise and capacity across the Capital

HIV support services –
The state of the nations

Why we need
HIV support services

A REVIEW OF THE EVIDENCE



Challenges for Diagnosis

- What are the challenges when already at (or above) 95-95-95?
- Remaining 5% may include many different people and groups, hard to reach or engage. What tools are needed?
- Is opt out testing cost effective, or should we change strategy?
- As the undiagnosed prevalence falls, and case finding becomes difficult, what changes are needed?
- Time to revitalize prevention with those who test HIV negative. Who/where/how?

Challenges for Prevention of new infections

- New models of care – digital, targeting, patient centred to meet evolving needs
- Key population/community-led, co-producing, designing, and delivering services
- Targeted marketing to reach those at risk of being left behind – homeless, migrants,
- Multi-agency working to promote collaboration and integration between HIV, GUM, mental health, alcohol and drug treatment services
- Biomedical approaches to HIV prevention critical along with supportive services for those at high risk

Challenges for best Outcomes

- Renewed focus on key populations facing complex problems that undermine sustained ARV use
- Need for person-centred care within a long term condition management model, including appropriate peer and social support, with outcomes that deliver best quality of life.
- Understanding and meeting needs of people who are growing older with HIV
- Do we have metrics to monitor whole system performance?
- Securing action beyond the health system to address financial security, housing, food poverty
- Finding ways to engage political will to tackling structural disadvantages that make people vulnerable to poorer health outcomes

Challenge for eliminating HIV stigma

- CRUCIAL to accelerating all strategic approaches and to improve the quality of life for those with HIV
- Tackle stigma in general public, in the NHS and other government services
- Continue focus on SRE in schools
- Finding new ways to work, and to work together to ensure people are living well with HIV (QoL)
- Interventions to address structural inequalities for those at risk
- Laws protecting rights of people living with HIV
- Decriminalisation – transmission, sex work etc

London as a Fast-Track City: 2018

- The HIV system in London is extremely complex
- FTCI is the only forum for the whole pathway to come together
- Political leadership within London has been a key drive
- Activism as a driver of change
- London's FTCI ambitions go beyond sustained virological suppression and need collaborative partnership working for success
- Financial investment from NHS England and industry partners

London's Fast Track City approach.

- **Systems Leadership**
 - Develop and maintain partnerships between statutory organisations, NGOs, the London HIV community, clinicians and industry as well as with other UK and international fast track cities.
- **Advocacy**
 - Acting as ambassadors for improvements to London's HIV response
- **Collaborative Delivery**
 - Delivering a centrally managed programme of work to collectively deliver on, with workstreams delivered directly, and some delivered as part of an improvement collaborative
- **Communication and Engagement**
 - Hold the narrative on London's progress in tackling its HIV epidemic, regularly engaging and communicating with London, UK and global stakeholders.

Summary

- Today's complex environment is one of constant change, requiring us to be responsive, flexible and nimble.
- There is much to learn and celebrate. We have the wherewithal and knowledge to reduce incidence of HIV and support people to live long and live well with HIV
- We must find ways to build on our 'keys to success' and understand where and how we can do things differently, more cost-effectively and with greater impact
- Recognise that as we approach the elimination of new HIV infections the things most likely to be eliminated are funding, staffing and political support
- A resolute focus on those likely to be left behind and the structural issues affecting them will become more critical. HIV stigma remains a challenge across the whole pathway

Thank you

**All the members of the London Fast
Track Cities Leadership Group.
Healthy London Partnership team.**

**Community members and
organisations**

Public Health England.

NHS England.

The London Councils.

The GLA.

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