**Briefing Paper: HOUSE OF LORDS Select Committee on HIV and AIDS in the United Kingdom**

**Key message:** New priority for prevention of HIV and AIDS called for by Lords Committee

The current priority given to preventing HIV and AIDS in the UK is "woefully inadequate" and a **new priority must be given to prevention policies** if the epidemic is to be stemmed, says the Lords Select Committee Select Committee on HIV and AIDS in the UK.

**Numbers Accessing HIV Care:** The report says that the numbers accessing care have trebled since 2000 and that HIV and AIDS remains one of the most serious  public health issues confronting the Government at the start of the 21st century.

The report is published on the 25th anniversary of the "Don't Die of Ignorance" campaign, and the select committee was chaired by Lord Fowler, who ran the original 1986 campaign. The committee spent more than eight months examining how HIV and AIDS is being dealt with inside the UK. It found that:

**Findings**

**Treatment Costs:** The problem is growing. By next year there will be over 100,000 people living with HIV. The number of patients has trebled in the last ten years. **Treatment costs have increased vastly and now approach £1 billion a year**. Although antiretroviral drugs have dramatically cut the death toll there is still neither vaccine nor cure.

**Undiagnosed HIV:** **More than a quarter of those infected have not been diagnosed** and are unaware of their condition. This affects the individual concerned and also spreads the disease further. **Better testing must be a priority.** The committee propose that the next step should be to test all new patients at GP surgeries and general medical admissions on the same basis, beginning in areas where the prevalence of HIV is highest. (High prevalence areas are those areas which have 2 or more per 1,000 population diagnosed with HIV; within Greater Manchester this would include Manchester and Salford). The committee also propose the legalisation and regulation of home testing.

**Spending on prevention:** spending levels on prevention are seriously inadequate. HIV is entirely preventable but the latest figures show that the **Government spent only £2.9 million on national prevention programmes, compared with £762 million on treatment.** In a number of cases general sexual health campaigns have made no mention of HIV. This disparity of spending persists despite the fact that preventing one infection avoids a lifetime of treatment, estimated to cost between £280,000 and £360,000.  The Government should investigate what economies in the drugs bill can be achieved by a better purchasing policy.

**Public Ignorance:** Widespread public ignorance must be tackled.  A new national campaign should be mounted to tackle the ignorance and misunderstanding which still exists in this area. A better understanding of HIV would also help tackle persisting stigma and discrimination – which prevents people coming forward for testing. The teaching of issues related to HIV and AIDS in schools is inadequate, with one survey showing that a quarter of young people had not learnt about HIV and AIDS in the classroom. New measures need to be pursued urgently.

**Proposals**

Other measures proposed by the committee include:

The introduction of clean needle exchanges has been an outstanding success and has not led to any increase in criminality. Efforts should be made internationally to make known this experience to countries where HIV spread by the use of dirty needles remains a major problem.

**The contribution of voluntary bodies should be recognised and every effort made to preserve their funding.**

**Treatment Prevention**: New attention needs to be given to HIV treatment as prevention. One research project showed that effective antiretroviral treatment could reduce the risk of transmitting the virus to an uninfected sexual partner by as much as 96%. Immediate reviews should take place into the potential of earlier antiretroviral treatment of those infected to stop the spread of infections, and into the use of antiretroviral drugs amongst uninfected persons as a possible means of preventing infection (pre-exposure prophylaxis). With any such developments, continued monitoring of viral resistance to drug treatments is essential.

The need to increase the uptake of testing is of particular importance in prisons given the relatively high prevalence of HIV. Routine opt-out testing on entry into prison should be introduced.

The committee say that the new public health body being introduced by the Government is an opportunity for a fresh start in tackling HIV and AIDS. It says: **"Prevention represents the very best investment that any government can make. It can yield significant savings by avoiding future treatment costs."**

**Comments from Lord Fowler**

Commenting on the report the chairman Lord Fowler said:

"In the last 25 years the development of new drugs has dramatically reduced the death toll but that should not encourage a false sense of security. Acquiring HIV is not remotely consequence-free. Serious medical and mental health problems remain for many with HIV. It leads to a lifetime of treatment.

Many feel themselves isolated because of their condition; there are frequent examples of discrimination, ranging from sufferers being ostracised in their communities to people losing their jobs following disclosure of their HIV status.

People can now live with HIV but all of those infected would prefer to be without a disease which can cut short life and cast a shadow over their everyday living. Prevention must be the key policy. **One essential message remains the same as in the 1980s: the more the partners, the greater the risk. Protect yourself. Use a condom."**