

African Health Policy Network

Policy briefing

8 September 2011

“No Vaccine, no cure: HIV and AIDS in the United Kingdom”

Report by the House of Lords Select Committee on HIV and AIDS in the United Kingdom (published 1st September 2011).

Background

The House of Lords Select Committee, chaired by Lord Fowler, spent eight months collecting evidence from stakeholders to compile a [report](#) of recommendations to the Government.

The report makes over 50 recommendations on diverse subjects, from the sex and relationships education curriculum to guidance on how PEP should be issued.

Though committee findings are not binding on government, they usually have an impact on forthcoming policy and some recommendations have already been [debated](#) in Parliament.

Implications for the UK's African population

The implications of this report will remain unknown until the Government decides which recommendations it will act upon.

However, while some proposals will have an impact on anyone who is accessing HIV services and care (for example, the ability to buy a home-testing kit for HIV), some proposals will have unique impacts for the UK's African population if they are legislated. Two recommendations which the AHPN supports are discussed here:

Key Recommendations

1. HIV and AIDS should be a public health priority.
2. More resources should be allocated to HIV prevention work.
3. The national prevention programmes should receive greater investment.
4. HIV should be included in all national sexual health campaigns.
5. Targeted HIV prevention campaigns should still be coordinated at the national level, but there should be a new campaign from the DH containing general prevention messages.
6. The ban on home-testing kits should be lifted: kits for sale should be licensed and regulated.
7. Routine opt-out testing should be part of GP registration and medical admission, beginning in high-prevalence areas then expanding.
8. The law charging those of irregular immigration status for HIV treatment should be repealed.

Recommendation: The NHS should stop charging people with irregular immigration status for HIV treatment (Paragraph 257).

“Charging people for their HIV treatment and care is wrong for public health, practical and ethical reasons.”

Paragraph 256

The AHPN has campaigned for the repeal of this law, so this recommendation is especially welcomed.

The report articulates arguments that AHPN has used to advocate for change: charging for treatment and care is a deterrent to testing, misses the opportunity for treatment as prevention and is unenforceable.

It is unknown how many African people the current policy affects because charging regulations are only enforced at the discretion of the service provider and estimates for irregular immigrants in the UK vary. However, given HIV prevalence statistics and immigration data, it is reasonable to assume that the UK’s African population will be among the most affected by this recommendation.

A recent [briefing](#) from NAHIP details more about immigration and HIV prevention.

Recommendation: “More resources should be allocated to HIV prevention work” (Paragraph 52).

The National African HIV Prevention (NAHIP) Programme, which is managed by the AHPN, is delighted that the Committee asks the Government to realise the long-term savings that prevention can provide in treatment costs. This will have a unique benefit for the UK’s African population if, as the Committee suggest, more is invested into the national prevention programme serving this population. NAHIP would like to see more intensive intervention, as recommended, and more resources directed to evaluation, prevention research and campaigning.

“Investment in preventing future infections has the potential to ensure huge savings in future costs”

Paragraph 9

AHPN’s involvement

The Committee considered the AHPN a ‘key’ organisation in the development of the report, for contributing oral and written evidence presenting AHPN and NAHIP’s positions.

One recommendation, to continue “vital” faith work, was specifically addressed to AHPN. We look forward to working with the Government on the implementation of this recommendation and others.

The report praised the work of voluntary sector organisations, like AHPN and its members, who have been involved in the response to HIV, and it supports ongoing collaboration. AHPN will continue to be at the forefront of the response, working with the membership network to ensure that African voices are represented in the future of HIV prevention.

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