



HIV
Schools
Pack



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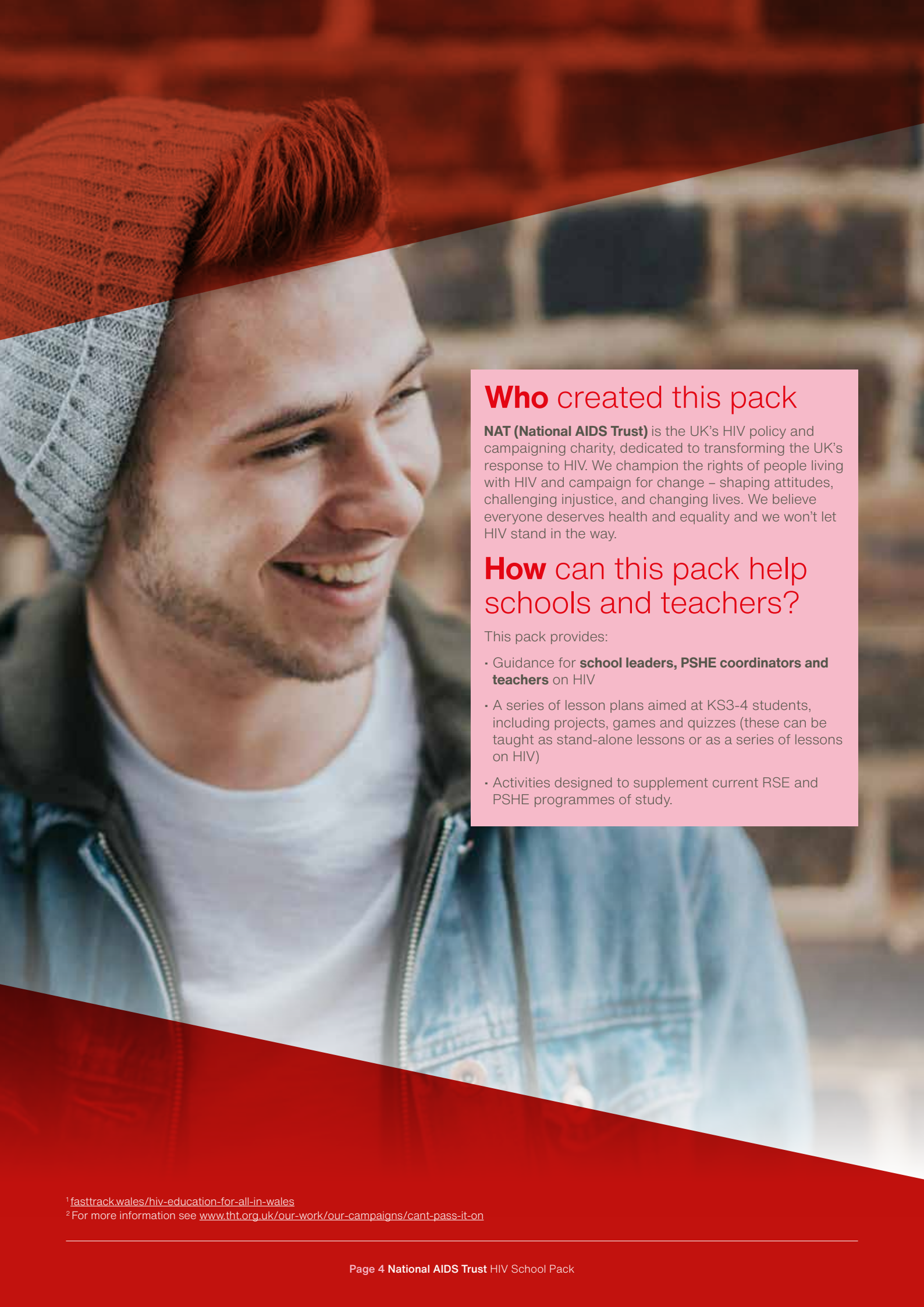
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Who created this pack

NAT (National AIDS Trust) is the UK's HIV policy and campaigning charity, dedicated to transforming the UK's response to HIV. We champion the rights of people living with HIV and campaign for change – shaping attitudes, challenging injustice, and changing lives. We believe everyone deserves health and equality and we won't let HIV stand in the way.

How can this pack help schools and teachers?

This pack provides:

- Guidance for **school leaders, PSHE coordinators and teachers** on HIV
- A series of lesson plans aimed at KS3-4 students, including projects, games and quizzes (these can be taught as stand-alone lessons or as a series of lessons on HIV)
- Activities designed to supplement current RSE and PSHE programmes of study.

¹ fasttrack.wales/hiv-education-for-all-in-wales

² For more information see www.tht.org.uk/our-work/our-campaigns/cant-pass-it-on

Introduction

We hope this pack will provide teachers and other educators with the tools to:

- Engage students in an exciting and informed discussion about HIV;
- Enable them to understand the need for empathy and understanding towards people living with HIV;
- Help them get involved in the fight to stop new transmissions of HIV and end stigma and discrimination

This resource is complemented by a range of Guidance and Toolkits that have been developed by Chiva – a charity in the UK and Ireland working to ensure that children and young adults growing up with HIV become healthier, happier and more in control of their own futures.

In Wales, Fast Track Cities Cymru have created a set of bilingual resources on HIV for all education providers, parents and carers¹

Living with HIV in the UK: the reality

There are over 110,000 people living with HIV in the UK today. Effective treatment now means people living with HIV in the UK can have a normal life expectancy and they can't pass the virus on.²

However, HIV remains a serious issue. Many people still don't know how to protect themselves and others from HIV. And people living with HIV continue to experience stigma & discrimination that can really impact their quality of life, mental health, and wellbeing.

For example, almost half of people living with HIV said they felt ashamed of their HIV status and 1 in 3 people reported low self-esteem due to their HIV status.

There are around 5,000 people living with HIV in the UK who are unaware of their HIV status. This really matters, as the longer someone is undiagnosed with HIV, the greater the health risk is to them, and it also means they could pass HIV on to others. While PrEP (the medication that someone can take which means that they cannot acquire HIV) is hugely effective and available on the NHS, there are still misconceptions about how HIV is transmitted to others. National AIDS Trust's 2021 Public Knowledge and Attitudes report found that only 8% of people could identify all the correct routes of HIV transmission without misidentifying any incorrect routes and 26% were unable to identify any of the correct routes of HIV transmission.

Improved awareness of the realities of living with HIV today and how the virus is and is not transmitted are vital to increase knowledge, reduce stigma, ensure people living with HIV are treated fairly and with respect, and prevent people from acquiring HIV.

Why should schools teach about HIV?

Schools are in a unique position to shape the next generation's response to HIV. It is important that schools provide comprehensive relationships and sex education (RSE) so that young people have the knowledge and confidence to make informed decisions that support their health and wellbeing. But schools can also help to prevent HIV stigma and discrimination. Schools should recognise and proactively challenge HIV prejudice. Teaching about HIV is also a way of talking about equality and discrimination, with HIV being recognised as a protected characteristic under the Equality Act 2010.

HIV is a health inequality which disproportionately affects already marginalised groups in the UK. HIV stigma intersects with other important issues, including racism, homophobia, and women's rights. Learning about HIV can and should go beyond the scientific facts. It is a topic that can frame and introduce other useful and challenging discussions amongst young people in the safe environment of the classroom.

How is HIV relevant to schools and teachers?

School leaders and PSHE/RSE coordinators

HIV is explicitly referenced as being curriculum content in the statutory guidance set out by Department for Education 'Relationships Education and Relationships Sex Education (RSE) and Health Education'³:

“How the different sexually transmitted infections (STIs), including HIV, are transmitted. How risk can be reduced through safer sex (including through condom use). The use and availability of the HIV prevention drugs Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) and how and where to access them. The importance of, and facts about, regular testing and the role of stigma.”

Under the law, HIV is classified as a disability from the point of diagnosis – this is important to know as it means anyone living with HIV at a school (whether a pupil, staff member, or volunteer) is protected from discrimination under the Equality Act 2010.

Schools have additional duties under the Public Sector Equality Duty to have due regard to:

- Eliminate unlawful discrimination
- Advance equality of opportunity between people who share a protected characteristic and those who don't
- Foster or encourage good relations between people who share a protected characteristic and those who don't

HIV is also categorised as 'special category' data under data protection legislation. That means that any information that you might hold related to someone's HIV status (for example a pupil living with HIV) has to be held to stricter standards and cannot be shared with others without a valid legal basis.

It is worth bearing in mind that HIV is not a notifiable disease. So, in any cases where people share an HIV status with you, there is no requirement for you to report or notify any other authority.

Becoming an HIV-friendly school

There are still instances of children who are growing up living with HIV being treated unfairly when their HIV status is known, or experiencing HIV-related stigma. Many children that Chiva supports say that they hear incorrect information about HIV/AIDS, or that the words HIV/AIDS are used in an offensive way.

This is often left unchallenged by teachers, and means that stigma is experienced and continues, rather than being addressed. Being an HIV-friendly school can help children living with or affected by HIV feel like they have nothing to be anxious about and that they will not be the subject of playground gossip or bullying. As part of every school's Public Sector Equality Duty, they can teach students to challenge HIV stigma and discrimination and be supportive towards people living with HIV.

For further guidance on becoming an 'HIV-Friendly' school, see Chiva's website (www.chiva.org.uk/education) which includes:

- 'HIV in Schools' guidance – including developing policies and procedures to follow when a pupil shares their HIV status.⁴
- Education Toolkit – uses the short film 'Life Growing Up' www.youtube.com/watch?v=L8eElt1rLg8 as a stimulus for activities exploring the themes raised in the film about young people living with HIV
- Poster to challenge pupils to sort the HIV myths from the facts



Teachers

In the UK, around 97% of HIV acquisition is through sexual activity. Schools can play an important role in preventing sexual acquisition of HIV by providing young people with accurate, relevant information about HIV. Schools should cover HIV in RSE, including:

- The different routes of HIV transmission – including how HIV can be acquired outside of sexual transmission
- How risk can be reduced through safer sex (including through condom use)
- The importance of and facts about testing
- Key information about treatment (including U=U)
- The impact of HIV and HIV stigma on those living with it
- How to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment

Teaching about HIV also provides opportunities for discussion around sexuality, gender identity, healthy and unhealthy relationships, prejudice and discrimination, equality, and a range of other topics that could be touched upon in Science, PSHE and Citizenship lessons.

Top tip ‘RSE for Schools’ – a private Facebook group created exclusively for UK teachers that allows teachers to:

- Access peer-to-peer advice on statutory RSE
- Share ideas and experiences on teaching great RSE in schools
- Learn how colleagues have approached their objectives
- Access links, resources and useful tools
- Access free expert support
- Participate in member-only discussion threads on key topics.

www.facebook.com/groups/RSEforSchools

³ assets.publishing.service.gov.uk/media/68b8499e11b4ded2da19fd92/Relationships_education_relationships_and_sex_education_and_health_education_-_statutory_guidance.pdf

⁴ You can find this guidance at www.chiva.org.uk/wp-content/uploads/2024/01/HIV-Schools-Guidance-2022-final.pdf

Case study: Ash's story

I have perinatally acquired HIV which means I got it from my mum when I was baby.

I remember one day when I was like 11 or 12 years old, I decided to start shaving my legs. And I pricked myself and I was bleeding. I washed the blade and put it back, and I thought I was gonna get in trouble because I wasn't supposed to be touching my aunt's razor. I didn't say anything to anyone. And then I worried I might have given HIV to my auntie. I remember asking my nurse about it. And she was like, 'No, I don't think you would have passed it to her'.

When I got a bit older and was mixing a bit more with boys and stuff, it held me back massively. It felt very scary to even consider kissing a boy. Do I give HIV to the boy if we kiss? All these questions were in my head. And the nurse, to be honest, did answer a lot of my questions and she said, 'it's such a small amount in your saliva that you can't pass on HIV through kissing'. I had to second guess everything I was doing. Was I contagious? I felt really dirty. It's this thing that kind of stained me.

And then I started going to the summer camp organised by the charity Chiva, for people growing up with HIV. And it was just really nice that we could talk about HIV and be open about it with one another. And we really understood what we were going through as young people. I think for me, the biggest impact was seeing the older kids, and how they were like, interacting with life and having relationships and doing normal things. It just kind of gave me a bit more hope that like, HIV doesn't stop me doing anything in life and things might not be that bad.

Note: HIV cannot be transmitted through normal day to day activities such as kissing or shaving with a razor

Ash's story comes from part of Chiva's Positively Spoken Oral History Project. Listen to more extracts of life stories of young people growing up with HIV at www.chiva.org.uk/our-work/positively-spoken

FAQs

FAQs about HIV

Are HIV and AIDS the same thing?

No. When someone is described as living with HIV (Human Immunodeficiency Virus), they have the HIV virus in their body. A person is considered to have developed AIDS (Acquired Immune Deficiency Syndrome) when the immune system is so weak it can no longer fight off a range of diseases with which it would normally cope.

How is HIV passed on?

HIV can be passed on through some bodily fluids: semen, vaginal fluids, blood, breast milk, and rectal secretions. The most common way HIV is transmitted is through sex without a condom, however if someone is taking HIV medication and has an 'undetectable viral load' they cannot pass on HIV through sex. It can be passed on through direct sharing of needles or other drug injecting equipment. Discarded needles are not considered an HIV risk as HIV does not survive well outside the body.

A small number of people living with HIV in the UK acquired it before or soon after birth ('perinatal' transmission). Testing for HIV during pregnancy is now routine in the UK, and there are steps taken to help stop HIV being passed from a mother (or birthing parent) living with HIV to their baby. This includes HIV medication for the mother during pregnancy and for the baby in the first few weeks after birth. There is now a less than 1% chance of HIV being passed from mother to baby in the UK.

What is not an HIV transmission risk?

HIV cannot be passed on through casual or day-to-day contact, or kissing, spitting, sharing a cup or plate. HIV is not passed on through mutual masturbation such as fingering or hand-jobs. HIV cannot be passed on through saliva, sweat or urine, because these bodily fluids do not contain enough of the virus to infect another person.

How is HIV transmission prevented?

When used correctly, condoms worn on the penis or condoms worn in the vagina or anus are effective against HIV transmission when having vaginal or anal sex. A condom or dental dam can also be used during oral sex, although the risk of HIV transmission in oral sex is extremely low. Free condoms are available at sexual health clinics, which can be located via the FPA website (www.fpa.org.uk).

A person can also take Pre-Exposure Prophylaxis (PrEP) to prevent themselves from acquiring HIV. PrEP is a medication which is highly effective at preventing HIV transmission. It can be taken regularly – every day – or on an 'event' basis, for example during the day before having sex in the evening.

Top tip

There is also a lot of information about HIV in the information sheet provided for Lesson 1 – HIV: The Facts on pg 15 in this pack. If you can't find the information you're looking for here, make sure you check there.

It is available on the NHS and most commonly accessed by people through a sexual health service. Unlike condoms, PrEP does not protect against other STIs or pregnancy.

Post-Exposure Prophylaxis (PEP) is a treatment that can stop an HIV infection after the virus has entered a person's body. It must be taken as soon as possible after exposure but within 72 hours. PEP is not a 'morning after pill' for HIV, and it's not guaranteed to work. It's meant as an emergency measure to be used as a last resort, such as if a condom fails during sex.

PEP is available on the NHS for free, but is only given to people who meet guidelines about its use.

The best place to get PEP is a sexual health or HIV clinic. If you need PEP over the weekend or outside of office hours, when clinics will often be closed, the best place to go is an Accident and Emergency department.

For injecting drug users, HIV transmission can be avoided by always using clean needles, syringes or any other injecting equipment.

Who is at risk of HIV infection?

Anyone who has sex without a condom could be putting themselves at risk. However, some groups in the UK are disproportionately affected by HIV.

- Around 1 in 25 men who has sex with men (including gay men and bisexual men) is living with HIV compared to around 1 in 525 people in the UK population overall. This is because the likelihood of HIV transmission is higher through anal sex versus vaginal sex.
- Among heterosexuals, black African and Caribbean women and men are disproportionately affected by HIV.
- People who inject drugs are at risk of acquiring HIV, if they share injecting equipment.

While it is important to understand the impact of HIV on specific groups, **remember that 25% of people diagnosed with HIV in the UK are not in any of these groups.**

Is the risk of HIV transmission always the same during sex?

There are varying degrees of risk in relation to HIV transmission, depending on the sexual activity and how much HIV is in the body of the person living with HIV (the 'viral load').

If a person has recently acquired HIV and is not yet on treatment, the level of HIV in their body will be higher and the chances of passing HIV on to another person are therefore higher.

If a person is diagnosed with HIV and is on treatment, the level of HIV in their body will be greatly reduced and, in most cases, will reach what is clinically referred to as an 'undetectable viral load'. This means they cannot pass on HIV, even during sex without a condom.

What should someone do if they think they've been exposed to HIV and where can they get an HIV test?

If someone thinks they have been exposed to HIV, they should take a test. There are many different ways people can access an HIV test for free and confidentially. Someone can get one at their local sexual health clinic, or can do a test at home. The ways and settings that people can access an HIV test for free and confidentially, including at a local sexual health clinic or taking a test at home.⁵

If it is within 72 hours of possible exposure to HIV, they can ask for Post Exposure Prophylaxis (PEP) treatment from a sexual health clinic or A&E. PEP is not guaranteed to prevent HIV infection but the sooner it is taken the more effective it can be.

How long does it take to get test results?

It is possible to get an HIV test with accurate results from 4 weeks after potential infection. Results can be returned between 60 seconds and 2 weeks, depending on the type of test.

Why it is important to get tested?

If someone thinks they have been exposed to risk of HIV, they should not wait— there are vital benefits to finding out they have HIV as soon as possible. Firstly, they will be able to start treatment as soon as they need it, which makes it more effective in helping them live a long, healthy and active life. Secondly, if they know they have HIV, they can take the right steps to prevent passing it on to others by practising safer sex. Once treatment has reduced their viral load to undetectable levels (this usually takes around six months) there is no longer any risk of them passing on HIV, even when having sex without condoms.

What are the benefits of HIV treatment?

HIV treatment is known as anti-retroviral therapy (ART) and is extremely effective. A person living with HIV on treatment can lead a full and active life and, if diagnosed promptly, it will not affect their life expectancy.

HIV treatment also has preventive benefits. People who take HIV medication daily as prescribed can achieve an 'undetectable' viral load. Achieving and maintaining an undetectable viral load means they cannot pass the virus on to others, even if they are not using condoms (this is known as U=U or Undetectable = Untransmissible). 96% of people living with HIV who are on treatment in the UK have an undetectable viral load. This has been really important in preventing the further transmission of HIV.

There may be some side effects from treatment, but these are less common with newer treatments and are increasingly well-managed. Treatment also prevents perinatal transmission of HIV from mother to baby. In the UK today, most women with HIV will give birth to HIV negative babies because they are receiving HIV treatment during their pregnancy.

Why do some people find it difficult to tell others they have HIV?

Not everyone wants to talk about their personal health information, and that includes some people with HIV. Unfortunately, there is also still a lot of stigma around HIV and many people hold myths and misconceptions about HIV and how it is transmitted. In public polling, 83% of the public agreed that people living with HIV often face negative judgment from others in society. This means many people living with HIV prefer not to tell others about their HIV status because they fear how people will react.

Can people with HIV still work?

Yes, absolutely. Effective HIV treatment means most people diagnosed nowadays with HIV are able to work just like everyone else. It is illegal to discriminate against someone in recruitment or employment because they are living with HIV.

People living with HIV can do almost any job, including working in the medical profession, although there is a very small number of specific roles where different rules apply.

Can people living with HIV have relationships with people who are HIV negative?

There is no reason why a person living with HIV cannot enjoy a relationship with someone not living with HIV, and many do.

HIV treatment is now so effective, most people living with HIV in the UK have an undetectable viral load and cannot pass on HIV during sex, even when not using condoms. If someone living with HIV doesn't have an undetectable viral load, they can use condoms or their partner can take PrEP to prevent HIV transmission.

Everyone should also consider using condoms and undergo regular sexual health checks, regardless of HIV status. This is particularly important when embarking on new relationships, to protect against other STIs.

⁵ You can read more about HIV testing at www.nhs.uk/conditions/hiv-and-aids/diagnosis

FAQs about teaching with **this resource**

Is it likely that I will have a student living with, or affected by, HIV in my class?

There are just under 2,500 children and young adults growing up with HIV in the UK – around 70% of them are 18-25. The number of children affected by HIV – i.e. they have a family member living with HIV – is estimated to be much higher, at around 25,000. So it is certainly possible that you may have a student living with or affected by HIV in your class. A survey of paediatric HIV health teams in 2015 showed that in 89% of cases, schools had not been informed that they had a pupil living with HIV. It is therefore important when teaching RSE to be aware that there may be students living with or affected by HIV in the room and to ensure the correct information is provided in a non-stigmatising manner.

For further information about children living with HIV in the UK and resources and guidance around support for them please see [Chiva.org.uk](https://www.chiva.org.uk)



What should I do if a student tells me that they or a family member has HIV?

Firstly it is important to be aware that a child living with HIV in a school:

- Poses no risk
- Presents no additional insurance issues
- Requires no additional resources.

It is important to be aware of the impact that stigma can have on their well-being, and the additional complications that managing a long-term health condition may present to a family. The teacher should reassure the child that this information will be kept confidentially amongst specific staff in the school. Only the headteacher and one other designated staff member needs to know. The Chiva guidance on 'HIV in Schools' gives useful information on the policies and procedures that should be in place to respond to this kind of situation, including: confidentiality; establishing consent if the information has been shared by a third party; holding a meeting to discuss the student's support needs; and drawing up a support plan if required.⁶

I'm worried I might get inappropriate questions from students if I teach about HIV, what should I do?

You can create a safe learning environment for all pupils and ensure questions are answered appropriately by establishing a group agreement with your class. If a question is appropriate, but you don't know the answer, it's absolutely okay to say you don't know but you can help them to find out. You can also field difficult questions by responding with other, more open questions, or by having an anonymous question box for students which gives you more time to review and think of a suitable answer.

⁶ This guidance is available at www.chiva.org.uk/wp-content/uploads/2024/01/HIV-Schools-Guidance-2022-final.pdf



I'm not an expert on HIV, is it ok for me to teach it?

Absolutely! You don't need to be an expert to teach about HIV. This pack will give you plenty of the information needed to teach about HIV and related areas, such as stigma & discrimination, and if you'd like to know more you can check out the resources below:

NAT www.nat.org.uk

Browse our 'Reports and publications' section for information and policy reports about HIV-related issues

Chiva www.chiva.org.uk

Has a range of guidance, training, and resources to support the health and wellbeing of young people living with HIV.

aidsmap www.aidsmap.com

Has a range of booklets and information pages providing accessible, comprehensive and accurate information about HIV

UNAIDS www.unaids.org

Provides useful information and data on HIV in the international context

Training can also help you become a more confident teacher and it's a great opportunity to meet other teachers who are in the same place as you.

What are **key things to remember** when talking about HIV?

Do

DO say HIV and, if relevant, HIV and AIDS.

DO refer to 'people living with HIV' and to HIV as a long-term condition, remembering that people diagnosed and on treatment can have the same life expectancy as anyone else.

DO say 'acquisition' and 'acquired' when referring to HIV transmission.

DO remember lots of people living with HIV are heterosexual (roughly half in the UK) and that HIV disproportionately affects groups that face wider prejudice such as gay and bisexual men, trans people and people from Black, Asian and Minority Ethnic (BAME) groups.

DO emphasise that people living with HIV can't pass it on if they're on effective treatment.

Don'ts

DON'T say AIDS (unless you really mean it) or HIV/AIDS.

DON'T refer to 'HIV sufferers' or 'HIV victims' or to HIV as a 'death sentence' or a 'terminal disease'.

DON'T say 'infected', 'contracted' when talking about HIV transmission.

DON'T imply that only gay men can acquire HIV.

DON'T say that people living with HIV must always use condoms if they want to have sex.

Before you get started

Establishing a Group Agreement

Teachers and students feel safer and work more effectively if they have worked together to decide upon a group agreement or set of ground rules. This helps reduce anxiety and embarrassment but also sets the tone for the programme of lessons, allowing everyone to feel that they can participate if they wish. It also reduces the risk of unintended personal 'disclosure' from both students and teachers – it's not appropriate for a teacher to disclose details about their sex life (though some teachers do choose to be open to students about their sexuality).

This group agreement should be one of the very first things you do before you start working through lesson plans. You can either ask students to come up with their own group agreement or use the example below as a guide.

Top tip It's much better to get students involved in creating the group agreement. So maybe start with a couple of ground rules and then ask students to complete the rest e.g. 'What behaviours would you not like to see happen during the programme?'

Example Group Agreement

We will be open

We can talk openly and honestly but we shouldn't talk about our own or others' personal/private lives. We can discuss general situations as examples but must not use names or identifying descriptions.

The classroom is a safe space

We can feel safe discussing general issues relating to relationships and sex within this space. And we know that, as long as we are not at risk, our teachers will maintain a certain level of confidentiality. Outside of the classroom, we are aware that other people may feel uncomfortable with such discussions.

We will be nice and respectful

It's okay for us to disagree with another person's point of view but we will not judge, make fun of, or put down anybody.

We won't be forced to get involved

We'll always encourage everyone to get involved in the lesson but no-one will be forced to do anything they don't want to, and no-one will be put on the spot.

Remember, we are all different

We all have different identities, backgrounds and experiences so try to remember that during the lessons.

We will listen to others and share our points of view

Everyone has the right to share their point of view and it will be listened to.

We will try to use respectful language

Nobody should be intentionally disrespectful to others. If we use disrespectful language unknowingly, we will discuss this in class to help each other understand why it's disrespectful.

Asking questions

We know that there are no stupid questions. It's okay not to know everything and it's okay to get things wrong – even if you are the teacher.

Self-reflection exercise

Teaching about HIV can be challenging because of the topics, opinions and questions that may arise.

But the skills it can help to develop are essential and exploration of values and attitudes through the lens of HIV can be highly rewarding for teachers and students. Reflecting on your own personal feelings about HIV, relationships, sex, education and society before entering the classroom, can greatly enhance your teaching.

This self-reflection exercise has been created to make you comfortable about preparing and delivering quality lessons about HIV; it is designed to be used ahead of teaching with this pack.



Activity

Think carefully about what you know about HIV and write down your thoughts. This could include:

- What you were taught at school about HIV
- How HIV is passed on
- Who has HIV
- What HIV is and what AIDS is
- What people living with HIV can and can't do
- What effect HIV has on someone living with HIV.

Once you have written down everything you can think of, have a read through the FAQs about HIV and think about:

- Was there anything that surprised you?
- Have you learned anything new?
- Where were you right and where were you wrong?
- If you were wrong, what might have influenced your thinking?
- If you were right, where did you get this information?

Take home message

Unpacking what we know about HIV – particularly in terms of the messages we received in our own relationships and sex education – can help us evaluate where prejudice may have influenced our understanding of the condition.



Lesson plan #1

HIV: The Facts

HIV is not well understood in the UK. Research conducted by Britainthinks found that only 8% of the public can correctly identify all correct routes of HIV transmission without misidentifying incorrect transmission routes.⁷ The survey also found an alarming increase in the numbers of people who believe in myths about how HIV is transmitted.

Myths about HIV strengthen stigma and discrimination against people living with HIV. Teaching students the facts about HIV enables them to stay healthy in their relationships and combat stigma. This is particularly important for students who may be at greater risk of acquiring HIV, including LGBT+ students.

Resources and links

Aidsmap – ‘About HIV’ www.aidsmap.com/about-hiv

NAT ‘HIV Statistics’ www.nat.org.uk/we-inform/HIV-statistics/UK-statistics

Sexual Health Sheffield, ‘HIV – The Facts’
www.sexualhealthsheffield.nhs.uk/info-and-advice/hiv/hiv-the-facts

HIV: The Facts

Key learning aims

- Understand the transmission routes of HIV and the various methods that can protect people from acquiring HIV.
- Increase feelings of responsibility for maintaining and monitoring personal physical health.
- Identify, evaluate and independently access reliable sources of information, advice and support for sexual health.

Key learning objectives for students

Write the lesson objectives on the board (without ALL, MOST, SOME) so you can refer to them later

- ALL students will be able to: explain what HIV is and how it can be passed on

- MOST students will be able to: recognise that risk of acquiring HIV can be reduced and are able to identify different HIV prevention methods
- SOME students will be able to: identify and access local health services for advice and support for HIV prevention and testing.

Equipment

- Whiteboard or flipchart.
- Print outs of prompt cards (one card per group of 5-6 students).
- Access to computers or print outs of information sheet (2-3 copies per group of 5-6 students).
- Paper, felt-tip pens and collage materials.

Teachers notes

- Ensure you have ground rules set up with the class .
- Familiarise yourself with FAQs on HIV provided in this pack. You can use these as a reference during class in case you’re asked a question that you’re not sure about.
- Be mindful of the possibility that you may have a student living with or affected by HIV in your classroom.
- The aim of this lesson is to impart the key facts about HIV in an engaging way that encourages students to use their own research skills to find out information.
- Consider including the before/after assessment/ evaluation activity.

⁷NAT (2021) HIV: Public Knowledge and Attitudes, 2021

Available at: nat.org.uk/wp-content/uploads/2024/06/HIV-Public-Knowledge-and-Attitudes.pdf

Activities

Starter

Activity 1: Structured discussion (5-10 mins)

1. Explain to the class that a recent survey has found that less than half of the general public in the UK know how HIV is passed on.
2. Write on the board 'Why might this be a problem?' Ask students to call out their responses and write them on the board.
3. Briefly review the responses and make sure these key points have been picked up:
 - So that people know how to protect themselves from acquiring HIV.
 - So that people don't treat others unfairly.
 - To reduce fear (and stigma) around HIV.

Main

Activity 2: Independent research (20-30 mins)

1. Explain to the class that the Government has decided that a new public health campaign is needed to address the lack of knowledge about HIV amongst the UK population. They want young people to help with the campaign, and so the class is going to conduct a research project to examine some key topics about HIV in the UK. Mixed ability groups of 5 or 6 are going to be allocated a key topic which they must research. The key topics will be:
 - What is HIV?
 - HIV in the UK.
 - How HIV is passed on.
 - How to find out if you have HIV.
 - How HIV is treated.
2. Depending on the amount of time you have and whether you have access to the internet, you can ask students to conduct their research using the information sheet provided or using the internet. You could also ask the class to do the research at home for homework and bring to the next session.

If conducting research on the internet, they should use the following websites to find out information on their topics (there is a lot of misinformation on the internet so it is best to use these verified sources):

National AIDS Trust www.nat.org.uk

Chiva www.chiva.org.uk

Body and Soul 'The FACTory' videos www.youtube.com/playlist?list=PLIdK_I6ZraQf4EeBqUDPyJ9Y0T_uXjmJE

NHS 'HIV and AIDS' www.nhs.uk/conditions/hiv-and-aids

Terrence Higgins Trust www.tht.org.uk

NAM Aidsmap www.aidsmap.com

3. Hand out the prompt cards for each key topic (and details of the reputable websites if the task is set for homework)

and ask the students to use the information sheet or search the internet links provided to find information on their key topics.

Top tip It may be helpful to instruct participants to assign specific roles to each group member to encourage participation (e.g. group leader, researchers, designers, creatives, etc.) This also works to support individual participants either to strengthen or develop a particular skill or to differentiate by ability where some roles may be too challenging for some lower ability or SEN students. Support and check that this is happening.

4. If using the internet, show students how to save the search results to use in their presentation so that they have a log of the sources they have used; explain that these can later be used as references. Encourage students to make judgments about sources and their accuracy while choosing subject matter to support their stance.
5. Ask students to review what they have gathered to see if it has given them the information they need.

Activity 3: Presentation Design (30 mins)

1. Once the research is complete, ask students to think about how they could present their findings to the public and prepare a short presentation. Their presentation could take the form of an infographic, a short video (they could film on their phones), a comic strip, poster or anything else that is visual, eye-catching and can get information across to the public in an accessible way.
2. Students should then create their visual presentation in the time remaining with the equipment available. They could also do this task for homework if needed.

Plenary

Activity 4: Sharing their findings (30 mins)

1. Ask each group to present to the class. When they present what they find they should also be asked to explain where they found their information from, either verbally or as references.
2. During the presentations, take note of anything you think is not correct or has been misunderstood. At the end of all the presentations return to these points and discuss the facts to ensure that all students are given correct information on all the topics.

Answers to the questions within the prompt cards are provided in the worksheet. You can use this information to check the accuracy of the answers that students provide in their presentations. You can also use the FAQs provided at the beginning of this pack for further reference.

3. You can then explain that by conducting their own research, students have contributed to improving their knowledge about HIV. (You may find it useful to come back to the idea of a public information campaign when teaching Lesson 3 – Taking Action on HIV).

Assessment and Evaluation

Assessment: Ask students to complete the sentence: 'One thing I know now that I didn't know before this lesson is...'

Evaluation⁸: When one group is presenting their research findings, ask the other groups to assess their peers by either completing a peer assessment sheet below OR considering the following questions and providing verbal feedback:

- Did the presentation contain accurate and relevant information?
- Was the information presented in an interesting and engaging way?
- Did the presentation include well-articulated personal reflections and ideas?
- Were questions answered appropriately?

Top tip The peer assessment sheet below enables students to rate their own performance and their peers. Peers should assess first, with the student conducting their own self-assessment at the end. Students should choose an overall verdict of basic, better, or best based on whichever category they have used most for the assessment criteria. For the final level, you can then use your own judgement based on the presentation, self and peer assessment grades to determine the overall grade.

Optional Extension Activities

1. The presentations which your students have designed can be used to form a classroom display which will reinforce their learning and act as a reminder of the key facts about HIV.
2. Ask students to conduct research with other classes or their family and friends to find out their levels of HIV knowledge. They could test them by asking them to complete a quiz, or design a questionnaire to get their views.
3. Contact your local sexual health clinic and ask them to visit the school to speak to students in more detail about how they can access HIV prevention methods and testing.

⁸With thanks to Alice Hoyle and Esther McGeeny for allowing us to adapt this activity from their forthcoming book Great Lesson Ideas for RSE (2019).



Assessment criteria for HIV presentation

Name		Final Level	
Self-Assessment Level Awarded		Peer Assessment Level Awarded	
Comments:			

	Basic	Better	Best
Appropriate selection of relevant information	Contains little or none of the required information	Contains most of the required information	Contains all or almost all of the required information
Appropriate interpretation of relevant information	Shows weak understanding in selecting and interpreting appropriate information	Shows fair understanding in selecting and interpreting appropriate information	Shows clear understanding in selecting and interpreting appropriate information
Design	Information is presented but not in a logical, visually attractive or clear way	Information is clearly laid out with mostly suitable design/ presentation to enhance presentation	Information is well supported with suitable design/ presentation. If a visual presentation style is chosen, it is visually appealing using appropriate pictures that complement the text/ narrative
Keywords	Some keywords are incorrectly explained	Most keywords are explained	Most keywords are explained
Referencing	Some inappropriate or inaccurate sources of information used	Recommended websites used	Recommended websites used as well as additional, appropriate sources of information which are clearly explained

	Peer Assessment Level	Peer Assessment Level	Peer Assessment Level	Self Assessment Level	Final Level
Verdict on presentation overall (Basic, Better, or Best)					

Prompt cards

(handout)

Group 1

What is HIV?

- What do the letters 'HIV' stand for?
- Are HIV and AIDS the same thing?
- What does the HIV virus look like under a microscope?
- What symptoms might someone experience if they have recently acquired HIV?
- What are the symptoms of HIV if left untreated?

1

Group 2

HIV in the UK

- When was the first case of HIV diagnosed in the UK?
- How many people are living with HIV in the UK?
- How has this changed over time?
- How many people were diagnosed with HIV last year?
- How does HIV affect young people?

2

Group 3

How HIV is passed on

- What are the different ways that HIV can be passed on?
- How can HIV not be passed on?
- What are the different ways to prevent HIV from being passed on?
- What else can HIV prevention methods protect you from?
- Where can you go to access HIV prevention methods?

3

Group 4

How to find out if you have HIV

- Why might someone think they might have HIV?
- Where can you go to find out if you have HIV?
- How long does it take to find out if you have HIV?
- How often should you be checking if you have HIV?
- Should some people be checking more often than others?

4

Group 5

How HIV is treated

- What is HIV treatment called?
- How does HIV treatment work?
- What are the benefits of taking HIV treatment?
- What does U=U mean?
- Are there any side-effects of HIV treatment?

5



Facts about HIV (handout)

The Human Immunodeficiency Virus (HIV) was **first discovered in 1987**

Scientists identified it as the cause of AIDS (Acquired Immune Deficiency Syndrome) – a disease which had been killing people by the thousands across the world.

HIV and AIDS are not the same thing. When someone has HIV, this means the virus is living in their body. A person is considered to have developed AIDS when their immune system is so weak it can no longer fight off a range of diseases with which it would normally cope.

When a person first gets HIV, their symptoms might resemble those of a heavy cold or flu. They commonly involve multiple symptoms that all occur at the same time. They last about a week and then resolve.

The symptoms of HIV can differ from person-to-person and some people may not get any symptoms at all for many years.

Without treatment, the virus will get worse over time and damage the immune system. A person living with HIV at a late stage of infection is more likely to get serious infections that they would otherwise be able to fight off. If a person develops certain serious infections, they are said to have AIDS.

Symptoms **can include**

- weight loss
- chronic diarrhoea
- night sweats
- a fever
- a persistent cough
- mouth and skin problems
- regular infections
- serious illnesses or diseases



Clean Needles

People who inject drugs should always use clean needles to avoid acquiring HIV from others.

Condoms

When used correctly, condoms worn on the penis or condoms worn in the vagina or anus are effective against HIV transmission when having vaginal or anal sex. Condoms can also protect against other STIs and pregnancy. Free condoms are available at sexual health clinics. Condoms can also be purchased online or in pharmacies and supermarkets.

Testing

Getting tested regularly for HIV if you are sexually active means that you can be sure of your HIV status.

If you know you are living with HIV you can access treatment to prevent you passing HIV on to others and to stop you from getting sick. If you are HIV negative then you can continue to take steps to protect your sexual health. Tests are free and confidential at sexual health clinics. Self-testing kits can be ordered online for those who would rather test at home.

How to prevent HIV

PrEP and PEP

PrEP and PEP are pills that you can take to avoid getting HIV. PrEP is taken before having sex, and it stops transmission of HIV even if having sex without condoms. However, unlike condoms, PrEP does not protect against other STIs or pregnancy.

PEP is taken if you've had sex without a condom and think there was a risk that you've been exposed to HIV. It is effective up to 72 hours after exposure to HIV.

PEP is available on prescription from your GP or hospital. PrEP can be used by anyone from a community or group that is most at risk of HIV. It is available from NHS sexual health clinics.

Undetectable

If a person living with HIV has an 'undetectable' viral load because they are on treatment and can't pass HIV on.

HIV organisations across the world are supporting a campaign called 'U=U' which means 'Undetectable equals Untransmittable'. This is a campaign to publicise the fact that a person living with HIV who has undetectable viral load cannot transmit HIV to their partners.

Testing for HIV

If someone thinks they may have been exposed to HIV, they should get an HIV test. They can get this for free at their local sexual health clinic or order a testing kit that they can do at home. Someone may believe they have been exposed to HIV if they have had sex without using a condom or PrEP, or if they have injected themselves using a needle previously used by someone else.

It is possible to get an HIV test with accurate results from 4 weeks after potential infection. Results can be returned from between 60 seconds to 2 weeks, depending on the test type.

Guidance recommends that people in high-risk groups who are having unprotected sex with new and casual partners should test every 3 months. High-risk groups include black African people and gay and bisexual men. However, anyone who is sexually active should be getting an HIV test at least once a year.

HIV Treatment

HIV treatment is called anti-retroviral therapy (ART for short). It may also be referred to as anti-retroviral treatment or highly-active anti-retroviral therapy/treatment (HAART).

ART stops the HIV virus from growing so it cannot damage the immune system. ART suppresses the virus to very low levels to the point where it can no longer be picked up by a test – this is when someone is described as having an ‘undetectable’ viral load.

HIV treatment is extremely effective and a person living with HIV on treatment can now lead a full and active life and has a normal life expectancy.

There may be some side effects from treatment, but these are less common with newer treatments and are increasingly well managed. Common side effects include diarrhoea, nausea or vomiting, headache, rash and tiredness. Some people living with HIV also experience problems which can't be helped by their HIV treatment (such as emotional and psychological difficulties) but the benefits of being on treatment are huge.

Those who do not know they have HIV until they've had it for a long time are at a much higher risk of other long-term illnesses and may not live as long as other people. This is why it's always best to know your HIV status and get tested if you think you could have been exposed to HIV.

HIV treatment also has preventive benefits. Effective HIV treatment reduces the level of HIV in the body to what is clinically referred to as an ‘undetectable viral load’ (this normally takes around six months from starting treatment). If someone's viral load is undetectable, that means that they cannot pass on HIV, even when having sex without condoms.

Treatment also prevents perinatal transmission of HIV –in the UK today, most women with HIV will give birth to HIV negative babies because they are receiving HIV treatment during their pregnancy.

According to Collaborative HIV Paediatric Study [CHIPS], in 2020 a total of 2,210 of children were reported to be living with HIV in the UK. The majority of these young people acquired HIV through perinatal transmission and have lived with it since birth.

Growing up with HIV can be difficult for young people. They may feel unable to talk about HIV with friends, siblings and other family members for fear of stigma. It can also present extra concerns when considering relationships, school and accessing healthcare.

HIV Timeline

1981

The first case of AIDS was reported in the UK

1987

The HIV is discovered by scientists in France and the USA

1990s

The number of people living with HIV increased significantly due to the introduction of HIV treatment which meant that people were no longer dying of AIDS.

2005

People continued to acquire HIV so new diagnoses steadily increased reaching a peak of almost 8000 in 2005.

2017

It was reported that there has been a significant decline in new diagnoses of HIV for the first time, as a result of increased testing, using HIV treatment as a prevention method, and the use of PrEP by HIV negative people.

2019

The UK Government set the goal of eliminating new HIV transmissions by 2030.

2020

PrEP is now available on the NHS at sexual health clinics across the UK.

2022

New long-acting injections are now available as treatment for people living with HIV, meaning that some people have the choice to not take a daily pill.

2024

There are now around 113,500 people living with HIV in the UK. The latest figures show that 6,402 people were diagnosed with HIV in the UK in 2024.

Lesson plan #2

Life with HIV



HIV is a highly stigmatised condition and experiences of direct discrimination are common amongst people living with HIV. Many people living with HIV choose to keep their HIV status private as a result of this. Encouraging students to empathise with the experiences of people living with HIV gives them the opportunity to consider how their own identity is influenced by other people's perceptions of them, understand the right to privacy, and recognise the impact of stereotyping, bullying and discrimination on individuals and communities.

Resources and links

Chiva's 'Life Growing up' film www.youtube.com/watch?v=L8eElt1rLg8 is a short film made with young people growing up with HIV, it shares the real thoughts and experiences shared by the young people but is performed by Actors.

NAT Personal Stories of people living with HIV
www.nat.org.uk/personal-stories

BBC Three video 'Things not to say to someone who's HIV positive' provides insight into the questions people living with HIV would rather not be asked
www.youtube.com/watch?v=EDpFXxGdAXE

Bish 'How Do You Feel About You' discusses self-esteem more generally www.bishuk.com/about-you/self-esteem-how-do-you-feel-about-you

Life with HIV

Key learning aims

- Recognise that identity is affected by a range of factors, including the media and a positive sense of self.
- Understand the impact of stereotyping, prejudice, bigotry, bullying, and discrimination on individuals and communities living with HIV.
- Exhibit respect and supportive behaviour towards people living with HIV.

Key learning objectives for students

Write the lesson objectives on the board (without ALL, MOST, SOME) so you can refer to them later.

- ALL students will be able to: identify things that make people living with HIV feel good or bad about themselves.
- MOST students will be able to: demonstrate empathy and be able to model positive behaviours towards people living with HIV.
- SOME students will be able to: champion the rights of people living with HIV to live without stigma and encourage others to be good allies.

Equipment

- Whiteboard or flipchart
- Print outs of scenario cards (two copies of each)
- Coloured pens and paper
- Post-it notes

Teachers notes

- Ensure you have ground rules set up with the class.
- Familiarise yourself with FAQs on HIV provided in this pack. You can use these as a reference during class in case you're asked a question that you're not sure about.
- Be mindful of the possibility that you may have a student living with or affected by HIV in your classroom.
- Let students choose their own partners for the activities in this lesson.
- The aim of this lesson is to encourage students to empathise with the experiences of people living with HIV.
- Consider including the before/after assessment/evaluation activity.

Activities

Starter

Activity 1: Structured discussion (10-15 mins)

1. In pairs, ask students to think about two questions – the first is 'Why are people sometimes judged?' and the second is 'Why do people sometimes judge others?'. Ask them to discuss what might happen and how that person might feel. Explain that they might have some personal experience of this which they can use as inspiration, but they should describe these as general situations without using names or identifying descriptions (as per the ground rules).
2. Ask students to share the examples they've come up with and write these on the board.
3. Ask students the following questions:
 - Are you surprised by any of these examples?
 - Why do you think people behave in this way?
 - How might they behave differently?

Top tip When students are discussing the questions you've posed to them, you can use this as an opportunity to explain the term 'stigma' to them. If they give examples of people judging others on the basis of their gender identity, skin colour, sexual orientation, etc. you can explain that these are all examples of prejudice and that there are different names for different prejudices – e.g. transphobia, racism, sexism, homophobia etc. When people living with HIV are judged and treated badly because of prejudice and assumptions about HIV, we call this 'HIV stigma'.

Main

Activity 2: Scenario Cards (15 mins)

Below is an in-depth realistic scenario with a series of questions which students should answer. The questions should encourage students to feel empathy with the characters and understand the impact that stigma can have on individuals and groups of people. There are also notes available for you for every scenario to aid the discussion.

Note: the characters in the first two scenarios are purposefully non-gendered, and none of the scenarios make any reference to ethnicity or sexual orientation. This is to give students the chance to think about how they imagine the characters, and consider any assumptions they may make about them.

1. Ask the students in pairs to join another pair so they are now in groups of 4. Print off copies of each of the scenarios and place them in different parts of the room.
2. Each group will take turns at a different scenario (there will probably be two groups per scenario), discuss their answers and then draw a picture of the person featured and write their responses to the questions inside or around them in thought bubbles.
3. After having spent about 5-6 minutes on each scenario, ask students to return to their seats. Each group should present their drawings to the class and display them at the front for comparison.
4. Ask the class to discuss the similarities and differences between their responses, and whether any of the other group's responses has changed their mind about a particular question. For each scenario discuss what identity the students imagined the person might have, e.g. ethnicity, sexual orientation, gender identity etc. Challenge assumptions and encourage students to explore why they might think this.

Plenary

Activity 3: Self-reflection (10 mins)

1. Ask students to reflect on what they have learned in this lesson about the impact of judging others and treating people badly because they are different.
2. Ask them to write on a post-it note one way they will try to be mindful of this in the future. You can give them example phrases such as:
 - I will be mindful to...
 - I will always try to...
 - I will take care to...
 - I will take care not to...
 - I need to...
 - I will celebrate...
3. They can take a photo of the post-it on their phones [if they have them] and share it with us on social media **@NAT_AIDS_Trust** (X/Twitter), **@nat.org.uk** (Bluesky), **@nationalaidstrust** (Instagram), @nationalaidstrust (TikTok) or NAT (National AIDS Trust) (Facebook). You can use the hashtag **#MyHIVPledge**. The post-its could also form a classroom display to serve as a reminder to the class.

Assessment and Evaluation

Assessment: The plenary activity is a great way of assessing what students have learned from the lesson. Alternatively, you could also ask students to complete post-it notes with 'Think', 'Feel', and 'Do' on as they exit the lesson. They should share one thing they think as a result of the lesson, one thing they feel as a result of the lesson and one thing they will do as a result of the lesson.

Evaluation: Ask participants to respond to simple evaluation questions using their bodies. For example; hands up/hands down; thumbs up/thumbs down; stand up/sit down; stand in different corners of the room with each corner representing a different response (e.g. great/good/ok/not very good).

Try using questions such as:

- What did you think of today's lesson? (Good, OK, Not so good)
- Did you learn anything new in this session? (Yes, No)
- Which activity did you find most useful? (List of activities)

If you need evidence of learning / impact you can nominate someone to count and write down numbers of responses.

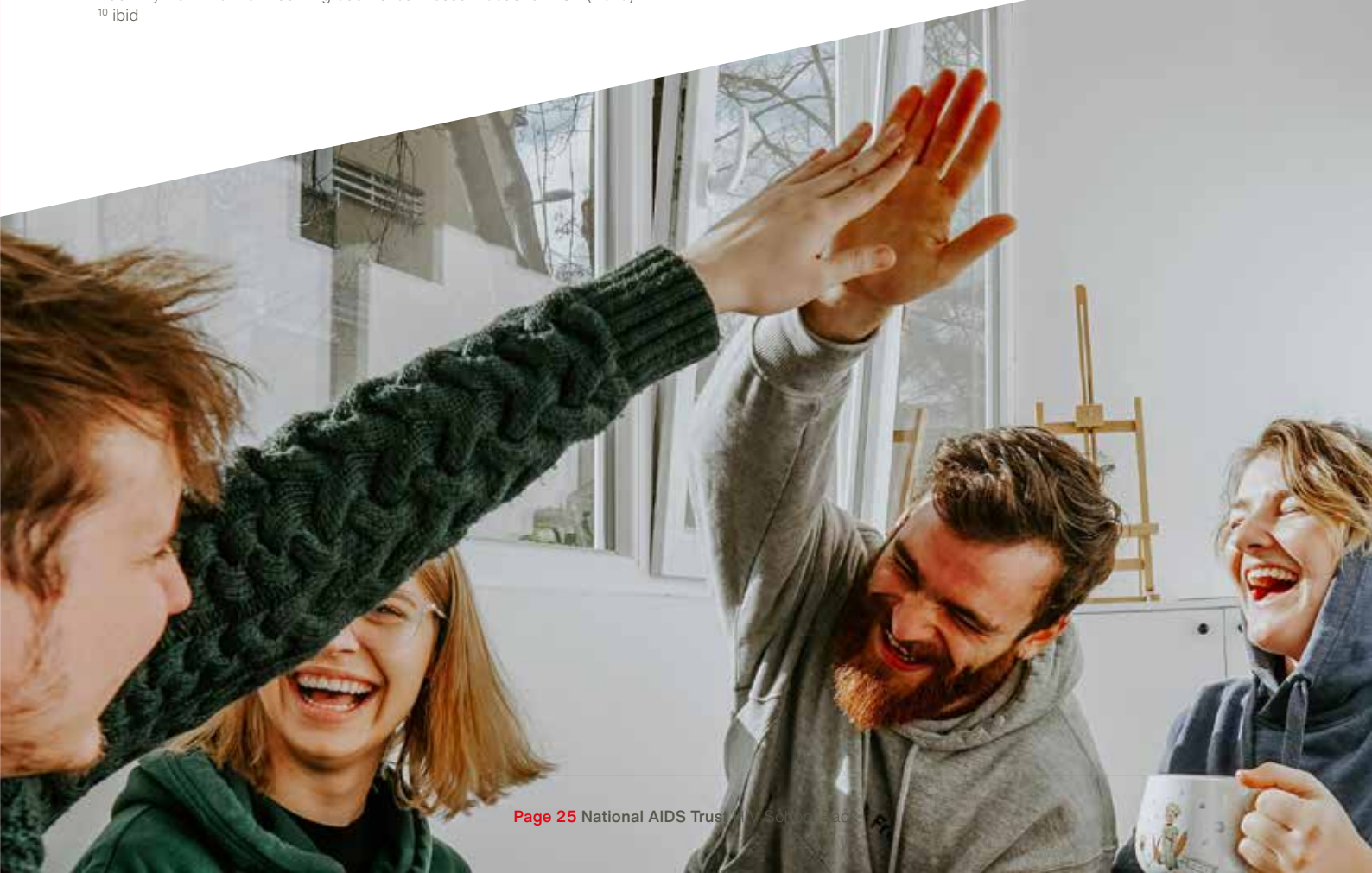
Optional Extension Activities

1. Invite a guest speaker living with HIV to talk to students about their experience of living with HIV. If you are based in London, Brighton or Glasgow you could get in touch with THT's Positive Voices project to arrange a speaker: www.tht.org.uk/our-work/community-projects/positive-voices. Alternatively, see if there is a local HIV organisation in your area that might be interested in visiting your school
2. Body & Soul's educational resource 'Life In My Shoes' consists of a central film; 'Undeclared' and a comprehensive set of activities associated with the film that can be used either independently or as a learning journey through 5 distinct stages. You can develop what students have used in this lesson further by watching the film and having a class discussion, or using some of the activities in their pack.

You can access the resource and watch the film at www.youtube.com/watch?v=yIYlknP6Z-0&list=PLldKl6ZraQfLjN7Mid1SAmGJfy8gG37P&index=1

⁹ With thanks to Alice Hoyle and Esther McGeeny for allowing us to adapt this activity from their forthcoming book Great Lesson Ideas for RSE (2019)

¹⁰ ibid



Scenario 1 Jordan (handout)

I've been living with HIV for 6 years now. When I got the test result back as positive, I was so upset.

I hated myself at first, but I've now come to terms with my diagnosis and I have stopped feeling bad about myself because of it. It helps knowing that HIV isn't a death sentence anymore – in fact, I have a normal life-expectancy and because I have an undetectable viral load, I can't pass on HIV, even if I have sex without condoms.

My family are super supportive and I haven't felt the need to tell my employer because I'm really healthy and my HIV doesn't affect my work. One thing that is tough though is the way the media talks about HIV. The only time I ever see HIV in the news is either when there's a feature about an African country (you'd think that HIV doesn't exist in the UK!) or if someone living with HIV has done something criminal – I don't understand why, even when the story has nothing to do with HIV, the person is often identified as being HIV positive. It's depressing because there are so many people living with HIV in the UK who are just leading normal lives and our stories never get told.

Saying that, I try not to get too down about the lack of understanding about HIV. I go to a support group at my clinic every fortnight and I always leave feeling great about myself and ready to take on the world. I've also started volunteering with a charity to speak to young people about HIV – I think education is key to tackling the fear and ignorance that surrounds HIV.

Think about

Who (or what) in this story is making Jordan feel good?

Who (or what) in this story is making Jordan feel bad?

Why do you think Jordan has told some people about their HIV and not others?

Why do you think how people living with HIV are talked about in the media is important to Jordan?

What are your feelings towards Jordan after reading their story?



Scenario 2 Ali (handout)

I've had a terrible week. **I'd been switched onto some new meds a couple of weeks ago**, and they've taken some getting used to.

I decided I would tell my boss about my HIV, so that I can get time off to go to my GP and clinic whilst I was still adjusting to my new treatment. I was a bit nervous about how they would react but I knew that HIV is classified as a disability under the law and they're not allowed to discriminate against me.

Seems they didn't know about that though. When I told my boss his face went pale. He told me that I'd put our customers at risk by not telling him earlier, and that they'd need to conduct a risk assessment. I knew that was completely unnecessary – you can't get HIV from day-to-day contact – but they insisted. Yesterday I was called into the office and fired.

I know I could take them to court for discrimination, but I'm not sure if I can face the stress and the expense. The most frustrating thing is that it shouldn't have to come down to taking people to court – if people were just better educated, they wouldn't be scared of HIV. It's so exhausting having to deal with prejudice every day.

Think about

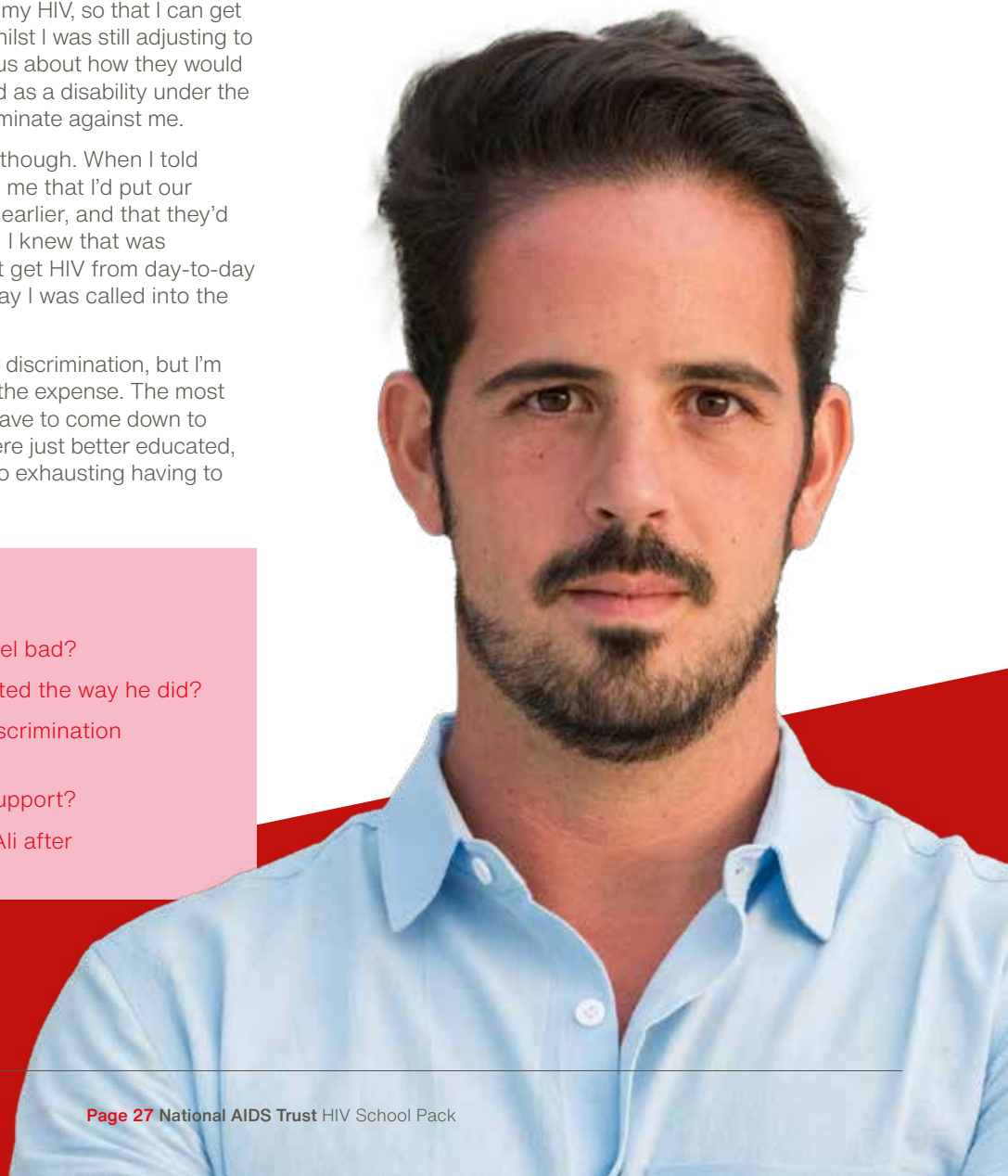
Who in this story is making Ali feel bad?

Why do you think Ali's boss reacted the way he did?

What impact do you think this discrimination has had on Ali?

Where might Ali be able to get support?

What are your feelings towards Ali after reading their story?



Scenario 3 Kaya (handout)

When I was diagnosed with HIV 18 years ago I was devastated: I thought I wouldn't live to see my young children grow up and that HIV would have a terrible impact on my life.

I realise now how wrong I was. HIV has never been a barrier to me doing anything – in fact I've had two more children, both of whom are HIV negative and I expect to live into old age like anyone else.

Telling other people can still be hard, because I'm worried about how they'll react. You can be pleasantly surprised though. My best friend was fantastic when I told her – she said that she loved me and that she was there to support me in whatever way I wanted. She was also really conscious of the fact that this was my personal information and she didn't tell others about my HIV status without my permission.

The people who don't react well are usually like that because they don't know anything about HIV and they're scared. That's understandable, but it's not fair that people living with HIV should have to do all the educating. I think the Government needs to do more to educate people about HIV.

Think about

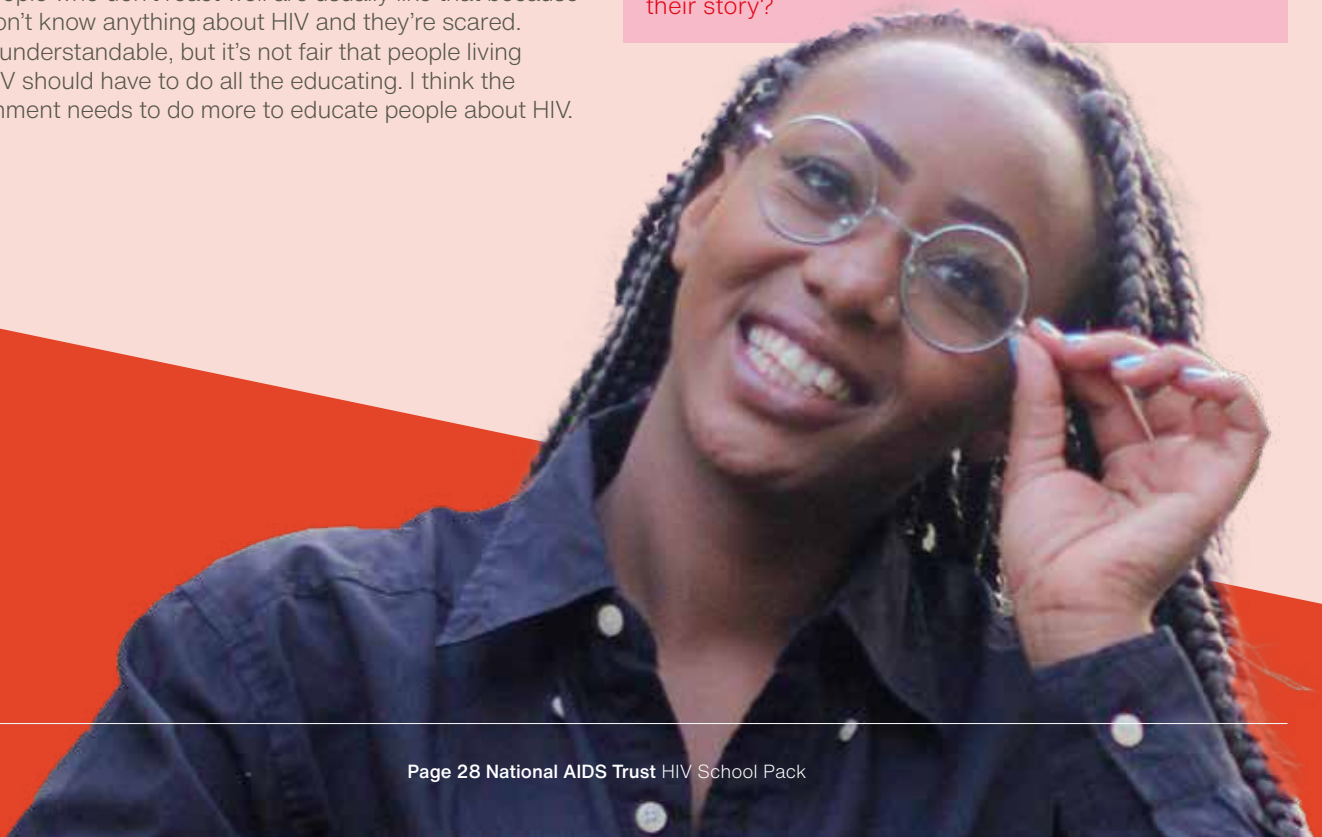
Who (or what) in this story is making Kaya feel good?

Who (or what) in this story is making Kaya feel bad?

Why might Kaya be worried about how people will react when she tells them she has HIV?

What was good about the way Kaya's best friend reacted when told about HIV?

What are your feelings towards Kaya after reading their story?



Teachers notes

These notes will help you to break down the scenario into various topics so that **you can identify areas to explore in more depth** with your students. Topics you could consider discussing relating to the scenario are in [square brackets] and further discussion prompts are included below.

Scenario 1 Jordan

I've been living with HIV for 6 years now. When I got the test result back as positive, I was distraught. I hated myself at first [self-stigma], but I've now come to terms with my diagnosis and I have stopped feeling bad about myself because of it. It helps knowing that HIV isn't a death sentence anymore – in fact, I have a normal life-expectancy and, because I have an undetectable viral load, I can't pass on HIV, even if I have sex without condoms.

My family are super supportive and I haven't felt the need to tell my employer because I'm really healthy and my HIV doesn't affect my work [right to privacy]. One thing that is tough though is the way HIV is portrayed in the media. The only time I ever see HIV in the news is either when there's a feature about an African country

(you'd think that HIV doesn't exist in the UK!) or if someone living with HIV has done something criminal – I don't understand why, even when the story has nothing to do with HIV, the person is often identified as being HIV positive [impact of media on identity]. It's depressing because there are so many people living with HIV in the UK who are just leading normal lives and our stories never get told.

Saying that, I try not to get too down about the lack of understanding about HIV. I go to a support group at my clinic every fortnight and I always leave feeling empowered and ready to take on the world. I've also started volunteering with a charity to speak to young people about HIV – I think education is key to tackling the fear and ignorance that surrounds HIV [ignorance feeds stigma].

Teacher's prompts

Who (or what) in this story is making Jordan feel good?

Students should recognise the support that Jordan has received from their family and their support group, and how this has helped increase their self-worth. It's likely that Jordan gets different kinds of support from these different people – knowing that their family love them regardless of their status is really important, but it can also be really helpful to speak about their experiences of HIV with others who know how Jordan feels because they are living with HIV too. Students might also discuss how Jordan's understanding of HIV makes them feel better because they know that they can still live a long and healthy life, and effective treatments mean they can't pass on HIV.

Who (or what) in this story is making Jordan feel bad?

Students should be able to recognise that Jordan does not like the narrow way that the media portrays people living with HIV. Students might also recognise that Jordan initially experienced self-stigma after their diagnosis – "I hated myself at first". Self-stigma arises when people living with HIV internalise the prejudicial messages they receive from peers and society. Ask students why they think people living with HIV might experience self-stigma.

Why do you think Jordan has told some people about their HIV and not others?

Students might discuss that Jordan doesn't feel they need to tell their employer because their HIV doesn't affect their work. Jordan shares this information with people who can offer them support, such as their support group and family. Students should recognise that people living with HIV have a right to privacy and do not need to tell others about their HIV unless they think it's relevant.

Why do you think the portrayal of people living with HIV in the media is important to Jordan?

Ask students how they think the media might influence young people like them – whether it's how young people are portrayed, photo-shopped images of models or pressure to have the right phone/clothes etc. Following this discussion, students should identify that Jordan feels that the media provides limited representation of people living with HIV. This might make the public think that HIV doesn't exist in the UK, or only bad people get HIV. How might the media portray people living with HIV in a more positive light? What impact would this have on people living with HIV?

What are your feelings towards Jordan after reading their story?

Students should empathise with Jordan because the media can shape their identity and influence their feelings too. They might also be supportive of Jordan's decision to educate others about HIV in order to tackle stigma.



Scenario 2 Ali

I've had a terrible week. I'd been switched onto some new meds a couple of weeks ago, and they've taken some getting used to [treatment side-effects]. I decided I would tell my boss about my HIV, so that I can get time off to go to my GP and clinic whilst I was still adjusting to my new treatment. I was a bit nervous about how they would react but I knew that it's illegal for them to discriminate against me for having HIV [Equality Act].

Seems they didn't know about that though. When I told my boss his face went pale. He told me that I'd put our

customers at risk by not telling him earlier, and that they'd need to conduct a risk assessment. I knew that was completely unnecessary – you can't get HIV from day-to-day contact – but they insisted. Yesterday I was called into the office and fired [employment discrimination].

I know I could take them to court for discrimination, but I'm not sure if I can face the stress and the expense. The sad thing is I'm probably going to be more cautious about telling anyone about my HIV now. It's so exhausting having to deal with prejudice every day [impact of discrimination].

Teacher's prompts

Who in this story is making Ali feel bad?

Students should recognise that Ali's employer has discriminated against them. Discrimination against people living with HIV is illegal under the Equality Act 2010 (and previously under the Disability Discrimination Act 1995). Students might recognise that this treatment is unfair because there is no risk of Ali passing on HIV to their customers. They might also mention that Ali's boss did not consider Ali's feelings or try to find out more about HIV.

Why do you think Ali's boss reacted the way he did?

Students might suggest that Ali's boss is scared of HIV and worried that Ali is a risk to his customers. They might also suggest that Ali's boss had preconceptions about people living with HIV that may have affected the way he treated Ali. Some people believe inaccurate myths about HIV and how it is passed on. Students should recognise that fear and ignorance contribute to discrimination.

What impact do you think this discrimination has had on Ali?

Students will see that Ali's experience has made them more nervous about being open about their HIV status. Students should also mention how Ali feels "exhausted" by the stigma; they might discuss the impact that discrimination can have on people's mental health.

Where might Ali be able to get support?

Students can discuss this with each other and use their phones to do some research about support services. Ali might want to seek legal advice. Also, HIV support organisations usually offer a range of support, including 1-2-1 peer support, workshops on telling others about your HIV and various social activities that can make people feel better about themselves and reduce isolation. Support can also be found through online services or helplines like THT Direct.¹¹ Ali might also find it useful to read information and guides online for people living with HIV.

NAT run a free service offering support and advocacy for people who experience unlawful discrimination that Ali could contact nat.org.uk/about-hiv/discrimination-advice-and-support-service

What are your feelings towards Ali after reading their story?

Students might talk about feeling sorry for Ali because of the horrible experience they've had at work. How do they think people or organisations might make it easier for people living with HIV to tell others about their HIV status? For individuals, this could include discussing HIV openly with others, wearing a red HIV ribbon, or posting on social media about HIV. For organisations, it could include having HIV-friendly policies, displaying posters and information about HIV in public, and providing HIV training to their staff.

¹¹ For more information, see www.tht.org.uk/our-services/phone-and-post/tht-direct-helpline

Scenario 3 Kaya

When I was diagnosed with HIV 18 years ago, I was devastated: I thought I wouldn't live to see my young children grow up and that HIV would have a terrible impact on my life [misconceptions about HIV]. I realise now how wrong I was. HIV has never been a barrier to me doing anything - in fact I've had two more children, both of whom are HIV negative [ability to have children] and I expect to live into old age like anyone else.

Telling other people can still be hard, because I'm worried about how they'll react [stigma]. You can be pleasantly

surprised though. My best friend was fantastic when I told her - she said that she loved me and that she was there to support me in whatever way I wanted. She was also really conscious of the fact that this was my personal information and she didn't tell others about my HIV status without my permission [right to privacy and confidentiality].

The people who don't react well are usually like that because they don't know anything about HIV and they're scared. That's understandable, but it's not fair that people living with HIV should have to do all the educating. I think the Government needs to do more to educate people about HIV.

Teacher's prompts

Who (or what) in this story is making Kaya feel good?

Students should identify that Kaya's best friend made her feel good by supporting her and protecting her confidentiality. They might also discuss how Kaya's realisation that she can have children and live a long life whilst living with HIV will make her feel good.

Who (or what) in this story is making Kaya feel bad?

Students should recognise that the stigma surrounding HIV makes Kaya feel bad because she finds it difficult to tell others about her condition. Some people react badly, and Kaya doesn't think it should be her responsibility to educate all of them. She thinks the Government should be doing more.

Why might Kaya be worried about how people will react when she tells them she has HIV?

Encourage the students to think back to the first activity they did in this lesson - why do they think people judge others? Kaya mentions that people who react badly are those who don't know enough about HIV. There are clearly a lot of people who don't know very much about HIV, and this can make it difficult for people living with HIV to be open about their status.

What was good about the way Kaya's best friend reacted when told about HIV?

Kaya's best friend responded in a loving and supportive way - this was really important because Kaya had already mentioned that she finds it tough telling other people about her HIV and she is nervous about how they might react. Kaya's best friend clearly understood this and behaved with empathy. She also protected Kaya's right to confidentiality - this is really important for people living with HIV as their HIV status is private information and should only be shared with their permission.

What are your feelings towards Kaya after reading their story?

Students might express understanding towards Kaya's fears about confidentiality and telling others, and recognise that they should model the behaviour of Kaya's best friend should anyone tell them they are living with HIV. They might also agree with Kaya that more needs to be done to educate others about the realities of HIV today, and that responsibility shouldn't lie solely with people living with HIV.

Lesson plan #3

Taking action on HIV stigma

Schools can contribute to the efforts to end stigma and discrimination by providing information on HIV and adopting participatory learning approaches that can help students to identify and challenge HIV stigma. Teaching that HIV stigma can manifest at the individual, community and societal level enables students to recognise the multifaceted nature of discrimination and how they, as active citizens, can oppose and reduce HIV stigma.

Resources and links

Youth Stop AIDS are a youth-led movement campaigning for a world without AIDS youthstopaids.org

Taking Action on HIV

Key learning aims

- Understand the unacceptability of HIV stigma and discrimination.
- Learn the history of HIV activism and recognise their role as active citizens in countering HIV stigma and discrimination.
- Recognise the need to challenge stigma and discrimination and know of ways to safely do this when they witness or experience it in their own lives.



Key learning objectives for students

- Write the lesson objectives on the board (without ALL, MOST, SOME) so you can refer to them later.
- ALL students will be able to: recognise how other forms of stigma and discrimination, such as homophobia and racism, have influenced attitudes towards people living with HIV.
- MOST students will be able to: explain the role of activism in changing attitudes towards people living with HIV within society at large.
- SOME students will be able to: act upon this knowledge by engaging in their own HIV activism.

Equipment

- Video screening equipment.
- Print outs of HIV timeline cards (one per group of 4 students).
- Flipchart paper and pens.

Teachers notes

- Ensure you have ground rules set up with the class.
- Familiarise yourself with the FAQs on HIV provided in this pack. You can use these as a reference during class in case you're asked a question that you're not sure about.
- Be mindful of the possibility that you may have a student living with or affected by HIV in your classroom.
- The aim of this lesson is to enable students to become active citizens in challenging HIV stigma and discrimination.
- Consider including the before/after assessment/evaluation activity.

Activities

Starter

Activity 1: Video discussion (15-20 mins)

1. Explain that you are going to be discussing how we, as individuals, can make a difference in the fight against HIV. HIV has a long history of activism, and the following videos give a taste of what that activism has looked like and why it has taken place.
2. Ask students to consider the following questions whilst watching the videos:
 - How do you think people felt at the time when HIV first appeared in the US?
 - Why do you think the US government was so slow to respond to the HIV epidemic?
 - What different tactics can you see the activists using?
 - What impact do you think the activism featured in these videos has had?
 - How do you think activism might have changed since the 1980s?
 - How did the videos make you feel?
3. Play the following videos to the class (they are both around 2 mins long):
 - a. The first is a trailer to the documentary 'United in Anger', which highlights the work of activist group ACT UP who demanded access to HIV treatments and protested the inaction of government and pharmaceutical companies in the 1980s and 90s. You can access the video at www.youtube.com/watch?v=X4ZacAyc4b8
 - b. The second is a clip which showcases the campaign for PrEP by NAT alongside other activists when the NHS refused to fund the drug. This video demonstrates that there are still barriers to ending the HIV epidemic and activism is necessary to overcome these. You can access the video at www.youtube.com/watch?v=PgTFiPMUAis
4. Once you have watched the videos, lead a discussion with the class based on the questions posed above.

Teachers notes

The discussion should highlight that the slow response to the HIV epidemic was largely due to who HIV predominantly affected – gay and bisexual men, black Africans and people who inject drugs – people who are already marginalised in society. Discuss how historical, cultural and religious attitudes towards sex and LGBT people influenced the response to the HIV epidemic and enabled stigma to flourish. Consider how these attitudes persist today and may have influenced the controversy around PrEP. Students may also highlight how the current economic climate and public service cuts have influenced funding decisions by the Government and the NHS.

HIV activists have used a range of tactics to achieve their goals. ACT UP used protest, direct action (such as 'die-ins', road blocks and banner drops) and taught themselves about the latest scientific developments around HIV so they could challenge pharmaceutical companies and the medical community. In the fight for PrEP, activists bought PrEP online and doctors supported them to take it safely, NAT took the NHS to court, and people protested in the streets. Changes in technology have influenced how activism is carried out, with many HIV activists utilising social media to call for PrEP on the NHS and challenge HIV stigma.

HIV activists have played a crucial role in holding governments to account over their response to the HIV epidemic. The work of ACT UP and other activists in the 1980s and 1990s meant that people knew how they could protect themselves from acquiring HIV, those living with HIV could access treatments more quickly, and they knew about the latest developments in treatment and testing. This work continues today with activists and patient advocates working alongside clinicians and NGOs to promote the best possible care for people living with HIV and the elimination of HIV acquisition.

Main

Activity 2: Timeline sort (10-15 mins)

1. Put students into groups of up to four. Give each group a copy of the HIV timeline in the accompanying handout. If you have time, print them onto card, cut them up and keep each set separate. If you don't have time to cut them out, just give each group a copy to use as a handout.
2. Explain that each card represents an event in the history of HIV, but the cards aren't in the right order. The students need to consider what is happening on each card and when they think it may have taken place. Ask them to note a possible year of occurrence on each of their cards.
3. Give them 5 minutes to sort the cards into the right order. You can then ask students to share the order in which they've placed cards on the timeline (either by asking a student to come to the front of the class and put them in order by blu-tacking them to the whiteboard, or by doing this yourself and asking students where each card should go).
4. You can then share the correct order (below). You can surprise students with the 'Yet to happen' events, emphasising the ongoing need for action on HIV and HIV stigma.

1982 Within the UK over 100 people are diagnosed with AIDS and scientists identify the virus which will later become known as HIV.

1987 ACT UP (AIDS Coalition to Unleash Power) protests are held across the USA in response to the high cost of HIV treatment.

1987 Princess Diana opens the first HIV ward in a UK hospital and is pictured holding hands with a man living with HIV.

1991 The red ribbon is chosen as the symbol of HIV awareness.

1993 A giant pink condom is placed on the Luxor Obelisk in Paris to raise HIV awareness.

2010 The Equality Act is passed and gives further legal protection against discrimination for people living with HIV.

2016 The National AIDS Trust successfully challenge NHS England in the courts, overturning their decision not to consider providing the HIV prevention pill, PrEP.

2017 For the first time, London clinics report a drop in new cases of HIV. The success is put down to increases in testing and treatment and people buying PrEP online.

2019 The UK Government set the goal of eliminating new HIV transmissions by 2030.

2020 PrEP is now available on the NHS at sexual health clinics across the UK.

2022 Injectable HIV treatment available on the NHS for eligible adults.

Yet to happen HIV transmission is eliminated in the UK.



Activity 3: Actions against HIV stigma (20-25 mins)

1. Place three large pieces of flipchart paper around the classroom (either stuck on the wall or on different tables). One should have 'What can you do?' written at the top, the next 'What can you ask your community to do? E.g. churches, schools, local businesses', and the third 'What can you ask your government to do?'
2. Still in their groups, ask students to go to each piece of paper in turn and answer the question at the top of the paper by writing at least one thing that could be done to take action on HIV and HIV stigma.
3. Make sure groups spend an equal amount of time at each sheet of paper. At first, they might struggle to come up with ideas so give them some prompts:
 - Teaching their friends and parents about HIV.
 - Using social media to educate others.
 - Challenging HIV stigma when they see it in person or online.
 - Creating a campaign or fundraising activity for World AIDS Day.
 - Supporting local HIV organisations by fundraising or volunteering.
 - Asking their school to become an 'HIV-Friendly School'.
 - Writing to their MP about the need to address HIV stigma and discrimination.
 - Signing online petitions about HIV related issues.
 - Going on a protest.
 - Joining in hashtag campaigns against HIV stigma – you can suggest they go away and research #LetsEndIt, #ItAintOver, etc.

- Challenge other forms of prejudice linked to HIV stigma, like homophobia and racism, when they come across it.
- You can also find other ideas and national days of action in the 'Get Involved!' section of the pack on p48.

Top tip HIV activism over the years has stood out because of its creativity. You can inspire students by sharing with them examples of ACT UP posters, the work of artist Keith Haring, the AIDS memorial quilt, amongst many others. It's easy to find images online, and you might even be able to find an exhibition of HIV activist art which you could visit on a school trip.

Plenary

Activity 4: Becoming an HIV activist (10 mins)

1. Display the flipchart paper in front of the class and ask students to read out the actions they have suggested.
2. Ask the students to each choose their favourite action from the three sheets of paper that they think they would like to do as an individual, for their community and government.
3. In groups of four, students should then discuss the strength, weaknesses, opportunities and obstacles for each action (see diagram below for how they can record this discussion for each action). Each group should then vote on which action they should take forward.
4. Encourage students to share the actions they have voted for and the key points from their discussion with the rest of the class.

STRENGTHS

WEAKNESSES

OPPORTUNITIES

OBSTACLES

Assessment and Evaluation

Assessment: Ask the students to complete the following sentence: 'If someone asked my advice on how to take action on HIV and HIV stigma, I would tell them...'

Evaluation:¹² Create a diagram or poster of a scale from 1-10. Ask students to rate their experience of the lesson by placing different coloured stickers on the scale. For example, they could rate how likely they are to take action on HIV and HIV stigma as a result of the lesson. You could also ask them to do the same at the beginning of the lesson and then see if they feel differently at the end of the lesson.

Optional Extension Activities

1. Ask students to research and write a profile on an HIV activist or activist group who has achieved change at the individual, community or societal level. You could let them choose anyone they want or suggest the activists below and ask them to choose one:

- Mercy Ngulube
- ACT UP
- Sir Elton John

- Prudence Nobantu Mabele
- Treatment Action Campaign
- Marsha P Johnson
- Magic Johnson
- Diana, Princess of Wales
- Annie Lennox
- NAT (National AIDS Trust)
- Keith Haring
- Elizabeth Taylor

2. If students identify a campaign or activity they would like to do to take action on HIV stigma, encourage them and provide support to facilitate this. For example, you could help them to write to their MP, speak to the school governors or present an assembly to the wider school.



¹² With thanks to Alice Hoyle and Esther McGeeny for allowing us to adapt this activity from their forthcoming book Great Lesson Ideas for RSE (2019).

Timeline (handout)

The red ribbon is chosen as the symbol of HIV awareness.

Princess Diana opens the first HIV ward in a UK hospital and is pictured holding hands with a man living with HIV.

HIV transmission is eliminated in the UK.

New long-acting injections are now available as treatment for people living with HIV, meaning that some people have the choice to not take a daily pill.

The National AIDS Trust successfully challenge NHS England in the courts, overturning their decision not to consider providing the HIV prevention pill, PrEP.

ACT UP (AIDS Coalition to Unleash Power) protests are held across the USA in response to the high cost of HIV treatment.

For the first time, London clinics report a drop in new cases of HIV. The success is put down to increases in testing and treatment and people buying PrEP online.

The Equality Act is passed and gives further legal protection against discrimination for people living with HIV.

A giant pink condom is placed on the Luxor Obelisk in Paris to raise HIV awareness.

Within the UK over 100 people are diagnosed with AIDS and scientists identify the virus which will later become known as HIV

PrEP is now available on the NHS at sexual health clinics across the UK.

The UK Government set the goal of eliminating new HIV transmissions by 2030.

Quiz

You can use this quiz as an additional resource.

KS3 Quiz

1. HIV stands for...

- a. Human Illness Virus
- b. Human Immunodeficiency Virus
- c. Harmful Illness Vector

2. HIV can be passed on by...

- a. Sex without condoms or without PrEP
- b. Sharing needles
- c. Vertical transmission (during pregnancy or breastfeeding without treatment)
- d. All of the above

3. How many people are living with HIV in the UK?

- a. Around 100,000 people
- b. Around 2 million people
- c. Around 6000 people

4. How can you protect yourself from HIV?

- a. Not sharing cups and cutlery
- b. Condoms, PrEP and PEP, getting tested for HIV regularly
- c. Not kissing anyone

5. Where can you access free condoms and support about HIV?

- a. Your doctor
- b. Your local sexual health clinic
- c. Both of the above

6. Can you get tested for HIV?

- a. Yes
- b. No

7. What are the benefits of HIV treatment?

- a. It prevents sickness and gives you a normal life expectancy
- b. It suppresses the virus so that you can't pass it on
- c. Both of the above

8. Can someone living with HIV have a baby that is HIV negative?

- a. Yes – With the right medical care, your baby can be born without HIV
- b. Yes – but the baby needs to be delivered by surgery
- c. No

KS4 Quiz

1. HIV stands for...

- a. Human Immune Virus
- b. Human Immunodeficiency Virus
- c. Harmful Immunodeficiency Virus

2. HIV can be passed on by...

- a. Sex without using condoms or PrEP
- b. Sharing needles and injecting equipment
- c. Vertical transmission (during pregnancy or breastfeeding)
- d. All of the above

3. How many people are living with HIV in the UK?

- a. Around 100,000 people
- b. Around 2 million people
- c. Around 6000 people

4. How can you protect yourself from HIV?

- a. Only condoms can protect you from HIV
- b. Condoms and PEP
- c. Condoms, PrEP and PEP, getting tested regularly

5. Where can you access free condoms and support about HIV?

- a. Your doctor
- b. Your local sexual health clinic
- c. Both of the above

6. How often should you get tested for HIV if you are sexually active?

- a. At least once a year
- b. Every four weeks
- c. You don't need to test for HIV unless you're at high-risk

7. What are the benefits of HIV treatment?

- a. It prevents sickness and gives you a normal life expectancy
- b. It suppresses the virus so that you can't pass it on
- c. Both of the above

8. Can someone living with HIV have a baby that is HIV negative?

- a. Yes – they just need to make sure they're on HIV treatment
- b. Yes - but the baby needs to be delivered using surgery
- c. No

Get Involved!

If you and your students are feeling inspired by the information and lessons in this pack, there's more you can do!

Fundraise for National AIDS Trust

National AIDS Trust is completely independent, so we can challenge injustice wherever we see it – always led by the issue and not where the money is. However, this also means our work is only possible because of the generosity of our supporters.

Hundreds of schools and colleges hold fundraising events for National AIDS Trust on World AIDS Day each year and it couldn't be easier to do. Take a look at worldaidsday.org/fundraising and get ideas from our fundraising resources. You can also order our free pack, containing our iconic red ribbons and other fundraising materials at nat.org.uk/fundraise-us-using-iconic-red-ribbons-and-other-inspiring-fundraising-materials

If you can't find what you need or need some inspiration, contact our fundraising team at fundraising@nat.org.uk or call us on 020 7814 6767 – they'll be happy to help.

Be a student Ambassador

We know it's important that young people have access to information about HIV. This means we can ensure that they will know how to protect themselves and others, and also how to combat the stigma that is still experienced by so many people living with HIV.

Your students can be a part of raising this awareness with their peers, while also helping to raise vital funds to help us to stop HIV from standing in the way of health, dignity and equality, and to end new HIV transmissions.

Being your school or college's student ambassador by committing to represent and raise awareness of HIV and the work of National AIDS Trust, is an opportunity for young people to make an impactful and lasting difference to people in your community.

What activities your students will be involved in:

- Raising awareness of HIV and of the work of National AIDS Trust.
- Organising their own fundraising events.
- Leading on making sure students in your community can access information about HIV.

Being a student ambassador will not just be an achievement for your students' CV, they'll gain valuable skills, meet new people, get hands-on experience and know they're making a real difference in the fight to end new HIV transmissions by 2030.

Volunteer with us

If you or your colleagues think you can spare some time, please get in touch and let us know how you'd like to help. We'd love to hear from you!

Find out more at nat.org.uk/how-you-can-support-us/volunteer

National days of action There are many annual awareness raising and remembrance dates each dedicated to addressing issues affecting people living with, affected by or vulnerable to HIV. Relating your own activity to one or more of the annual awareness raising or remembrance dates will raise the profile of your activity and present an opportunity to explore important issues with students. You can find out more about each awareness day by researching them online.

JANUARY

FEBRUARY

LGBT History Month
Mid-February¹³:
National HIV Testing Week
20th: World Day of Social Justice
28th: HIV Is Not A Crime awareness day

MARCH

Women's History Month
1st: Zero Discrimination day
8th: International Women's Day
31st: International Transgender Day of Visibility

APRIL

17th: World Health Day

MAY

17th: International Day Against Homophobia, Transphobia, and Biphobia

JUNE

LGBT Pride Month
Mid-June¹⁴: Men's Health Week

JULY

Late July: Trans Pride, London
Disability Pride Month
19th: Zero HIV Stigma Day

AUGUST

12th: International Youth Day

SEPTEMBER

5th: International Day of Charity

23rd: Bi Visibility Day
Late September – Sexual Health Week

OCTOBER

Black History Month
10th: World Mental Health Day

NOVEMBER

16th-20th: Anti-bullying Week
Mid-November¹⁵: Trans Awareness Week
19th: International Men's Day
20th: Transgender Day of Remembrance

DECEMBER

1st: World AIDS Day
10th: International Human Rights Day

¹³ As dates change slightly each year, check exact dates at www.hivpreventionengland.org.uk/campaigns/national-hiv-testing-week

¹⁴ As dates change slightly each year, check exact dates at www.menshealthforum.org.uk

¹⁵ As dates change slightly each year, check exact dates at www.glaad.org/transweek

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We're the UK's HIV rights charity. We work to stop HIV from standing in the way of health, dignity and equality, and to end new HIV transmissions.

Contact us

Call us: **020 7814 6767**

Email us: **fundraising@nat.org.uk**

Visit our website: **nat.org.uk**

Follow us on social media:



Registered charity no. 297977. If you would like to change the way we contact you, please email or call us. Our Privacy Policy explains how we use personal information. For more details please visit: nat.org.uk/privacy-policy

