BEYOND THE ACTION PLAN

NATIONAL AIDS TRUST
Securing rights
Stopping HIV

A cross-Governmental approach for achieving our goals on HIV

OVERVIEW

England can end new HIV transmissions by 2030, but it cannot be done if HIV is treated as a health issue alone. The barriers that drive HIV are rooted in poverty, insecurity, inequality, and societal stigma and discrimination.

Today the effectiveness of HIV treatment and prevention tools have taken us to a point where the ending of the HIV epidemic is more than an aspiration, but a real possibility. However, it is a possibility that will only be realised if action is taken that directly addresses the challenges that mean some people continue to be left behind.

People's ability to test, access PrEP or PEP, and start and stay on treatment, is shaped by the conditions of their lives and the attitudes and behaviour of others. Economic insecurity, unstable housing, experiences and fear of being treated differently, and mistrust of services can all push HIV prevention and care further out of reach.

That is why rights must sit – as it has always needed to – at the centre of the UK's HIV response. When people are protected from discrimination, secure in their immigration status and ability to access treatment, feel safe at work, do not fear criminalisation, and able to live with dignity, they will not avoid testing, are better able to live well with their HIV, and stay engaged in care. Action must be prioritised to remove the barriers to good health and which keep people away from services and care.

The opportunity is unique it could be one of the greatest public health achievements in history. But it is not just a campaign goal to tick off – the work to end new transmissions and prevent AIDS-related deaths has life-changing importance to thousands now – supporting everyone living with HIV to have a better quality of life.

Every government department has a part to play, from housing and welfare, immigration, education, employment and to justice. This call to action sets out the recommendations that departments should take to tackle the social determinants of HIV and turn the Government's ambition into delivery.

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WHY ACTION CANNOT WAIT

01

The next five years are decisive. If Government does not tackle the policies that keep people away from prevention, testing and care, England risks missing its 2030 goal. If it acts now this Parliament and its politicians will have a unique legacy – ending the onward transmission of a virus without a vaccine and without a cure, something that has never been done before.

The HIV Action Plan for England published in December 2025 by the Department for Health and Social Care (DHSC) is of key importance and the actions and investments it commits to are both necessary and welcome.

However, we believe that the Action Plan on its own is not sufficient. The challenges on HIV are so entrenched and pervasive across society that only a whole Government approach can lead to them being addressed. Our recommendations provide clear proposals on what is needed – we need to go beyond the action plan, and we need to do it now.

THE HIV ACTION PLAN FOR ENGLAND

The HIV Action Plan for England 2025 to 2030, is the Government's roadmap for reaching its ambition to end new HIV transmissions in England by 2030.

The Plan is organised around five core priorities:

- **Prevent:** prevent HIV transmission through equitable access to HIV prevention services.
- **Test:** scale up HIV testing to reduce transmission and protect people's health.
- **Treat**: rapidly link and retain people living with HIV in care, ensuring individuals can live healthy lives and cannot pass HIV on.
- **Thrive:** address stigma and improve the health-related quality of life for people living with HIV.
- **Collaborate**: strengthen the healthcare system to improve HIV and wider sexual health.

OUR PRINCIPLES FOR ACTION

02

Our recommendations are organised around **four key principles**. Each describes a thematic barrier that results in people being less able to access care, support, and treatment, impacting their health, wellbeing, and quality of life.

1. EQUITY AND EQUALITY

A person's identity or legal status should not negatively influence their health outcomes or prevent them from experiencing the best quality person-centred care. People should not experience or fear discrimination or bias on the basis of their identity, status, or protected characteristics

2. SOCIOECONOMIC SECURITY

Financial hardship should not prevent anyone from engaging with HIV prevention, testing or care.

3. LEGAL MARGINALISATION

Everyone should be able to access healthcare without fear of arrest or discrimination, regardless of how they earn a living, the substances they use, or the support they need.

4. INFRASTRUCTURE

There should be significant investment and commitment from the Government, Integrated Care Boards, and local authorities to ensure that HIV prevention and care are delivered through a coordinated national system with consistent standards across all regions.

EQUITY AND EQUALITY

04

OUR VISION

Everyone should be able to access HIV prevention, treatment and care without fear of discrimination. Identity, immigration status, gender, race, sexual orientation, HIV status or detention should never determine the quality of care someone receives. Government should make person-centred, anti-stigma and culturally competent care a core expectation across public services.

42%

OF TRANS PEOPLE REPORTED AVOIDING SEXUAL HEALTH CLINICS

The essential first steps to realise this vision are:

- **NHS should end all data sharing practices with the Home Office**

  ... so people do not avoid healthcare for fear NHS information could affect their immigration status

- **Home Office and Department of Health and Social Care should provide accessible information on NHS healthcare entitlements to people newly arrived in the UK. This could be delivered through Home Office centres when people are reporting, in asylum accommodation, workplace sponsors, drop-in events organised by local authorities and through digital outreach**

  ... so people who are newly arrived in the UK have clear information on HIV testing, access to PrEP & PEP, and are able to easily and efficiently move their HIV care to the UK

- **DHSC and the NHS should develop a strategy in collaboration with trans-led organisations to improve the patient experiences of trans and gender diverse people. This should include embedding gender identity and preferred pronouns in NHS records as well as investing resources to tackle the waiting lists for gender affirming care**

  ... so trans and gender non-conforming people can begin to feel that the NHS is a safe place where they will be recognised and experience person-centred care leading to continued engagement with HIV prevention and care

- **NHS should invest in increasing the number of in-person translators and ensure that translation software services are available for a greater diversity of languages**

  ... so that full information on HIV prevention, testing, and treatment is delivered in a way that is comprehensible and accessible to everyone regardless of a person's first language

- **Ministry of Justice (MoJ) should introduce a Prisons & Probations Policy Framework for HIV and BBVs. This framework should respond to the findings of the UKHSA-led audit into sexual health in prisons and set the benchmark for access to testing, treatment and care, PrEP and condoms, as well as delivery of sexual health promotion information and expectations for tackling stigma in prison settings**

  ... so all prisons are delivering the standard of HIV prevention and support that people can expect outside of prison, that people living with HIV in prison are protected from harm, and towards proper coordination upon release with clinical and community settings to avoid disruption of treatment and care

EQUITY AND EQUALITY

06

- **DHSC should work with the General Medical Council, royal colleges of medicine, and the NHS to review and improve educational resources for healthcare professionals through qualification and continued learning. These should address unconscious bias and set out clear competencies on culture, race, gender, sexuality and age**

  ... so every healthcare professional has the knowledge and confidence to provide person-centred care tailored to the experiences of key demographic communities and to overcome assumptions and behaviours that negatively impact quality of care

- **DHSC should mandate all Integrated Care Boards (ICBs) to develop action plans to reduce health inequalities for key groups including women; LGBTQIA+ people and people from Global Majority backgrounds**

  ... so local health services reflect the needs and experiences of populations who experience poorer health outcomes

- **DHSC and the Cabinet Office should lead a coordinated cross-department programme to ensure HIV competency and anti-stigma training is delivered within key public institutions, closed settings (prisons, immigration removal centres, short term holding facilities) and local authorities**

  ... so all staff are equipped with appropriate knowledge on HIV to stop discrimination and end HIV stigma

ACROSS NHS SERVICES, NEARLY HALF OF GLOBAL MAJORITY PATIENTS EXPERIENCE SOME SORT OF DISCRIMINATION WHEN ENGAGING WITH PRIMARY CARE

Why action on equality and equity is needed

Trust is the gateway to HIV prevention and care. People are more likely to seek support when they believe services will treat them with dignity, listen to their concerns and understand their lives. Too often this is not the experience of communities most affected by HIV. Across NHS services, nearly half of global majority patients experience some sort of discrimination when engaging with primary care [1] and 42% of trans people reported avoiding sexual health clinics.[2]

Medical mistrust is produced by bias, discrimination and policies that make people feel unsafe when they seek help. People do not separate their need for healthcare from fears about how they will be treated, whether that is a trans person being placed in an inappropriate ward or a migrant worrying that NHS information could be shared with the Home Office.

Health inequalities cannot be treated as an afterthought. National and local government should design strategies, research and evaluation around the specific health needs of women, LGBTQIA+ people and Global Majority communities, with an equalities-first approach built in from the start.

HIV stigma also drives people away from healthcare. When people living with HIV face unnecessary questions or different treatment from healthcare professionals, it reinforces the message that even health services may judge them. Targeted education and training across the NHS is essential to challenge HIV stigma and other forms of bias.

Closed settings such as prisons can deepen health inequalities, despite the principle that people in custody should receive healthcare equivalent to that available in the community. The next five years are a crucial opportunity to standardise HIV prevention and care in prisons, improve data, and close gaps in testing, treatment and support.

1 NHS Race and Health Observatory. (2025). Patient experience and trust in NHS primary care. https://www.nhsrho.org/wp-content/uploads/2025/03/TRUST-IN-PRIMARY-CARE-REPORT.pdf

2 Trans Lives Report 2025 (2025), TransActual, Freddy Sperring, Dr Trent Grassian https://transactual.org.uk/wp-content/uploads/TransActual-Trans-Lives-2025.pdf

SOCIOECONOMIC SECURITY

08

OUR VISION

No one should have to choose between day-to-day survival and health. People living with or vulnerable to HIV should be able to access stable housing, adequate income and welfare support when they need it, with assessors who understand how HIV and long-term conditions affect people's lives.

The essential first steps to realise this vision are:

- **The Home Office should scrap the No Recourse to Public Funds policy**

  ... so people seeking asylum do not deprioritise healthcare due to financial difficulties and people seeking asylum living with HIV are able to apply for disability benefits

- **The Home Office should remove the 12-month waiting period before people seeking asylum can apply for the right to work**

  ... so people living with HIV seeking asylum can achieve financial security and don't have to choose between accessing healthcare and affording other essentials

- **The Department for Work and Pensions should collaborate with disabled people and disability charities to restructure the Personal Independence Payment assessment and produce guidance that appropriately recognises the impact of long-term conditions, including fluctuating and episodic disabilities**

  ... so eligible people living with HIV can access essential financial support quickly and efficiently

- **Ministry of Housing, Communities & Local Government (MHCLG) should introduce a presumption that HIV be considered a vulnerability when housing authorities assess priority need**

  ... so local housing authorities understand that when people living with HIV are made homeless they are likely to be at greater risk of harm than the general population due to the complexities of managing a long-term condition and need for continued engagement in care

12,000

UP TO 12,000 PEOPLE LIVING WITH HIV IN ENGLAND ARE ALREADY DISENGAGED FROM CARE

Why is action on socioeconomic security needed

When people are struggling to make ends meet, immediate financial pressures can take precedence over healthcare needs. Poverty and insecurity can make it harder to test for HIV, access PrEP, stay engaged with prevention or remain connected to care. The result can be later diagnosis, poorer health outcomes and avoidable pressure on services.

Over half of people living with HIV in the UK do not always have enough money to meet their basic needs.[3] In these circumstances, welfare, housing and disability support become part of the HIV response. If assessors do not understand the realities of living with HIV, including fluctuating symptoms and the conditions needed to maintain treatment adherence, decisions can underestimate the health impact of financial and housing insecurity.

UK Health Security Agency estimates up to 12,000 people living with HIV in England are already disengaged from care.[4] Poverty, housing insecurity and the cost of essentials can be major drivers of disengagement. The HIV Action Plan's re-engagement and retention programme will be more effective if it is paired with reforms to benefits assessments, housing guidance and practical support.

Immigration and asylum policies can force people into poverty and insecurity, undermining their ability to manage a long-term condition. A health-first approach would assess whether policies such as No Recourse to Public Funds and the 12-month waiting period for the right to work create avoidable barriers to HIV prevention, treatment and care.

3 Aghaizu A, Martin V, Kelly C, Kitt H, Farah A, Latham V, Brown AE, Humphreys C. Positive Voices: The National Survey of People Living with HIV. Findings from 2022. Report summarising data from 2022 and measuring change since 2017. December 2023, UK Health Security Agency, London

4 'No one left behind: Re-engaging the 12,000 people not in HIV care', National AIDS Trust (2025): https://nat.org.uk/wp-content/uploads/2025/09/No-one-left-behind.pdf

LEGAL MARGINALISATION

10

OUR VISION

No one should fear punishment for seeking support. HIV policy should be rooted in public health, human rights and harm reduction, not criminalisation. Evidence, lived experience and community expertise should guide reform on sex work, drug policy, chemsex support and HIV criminalisation.

The essential first steps to realise this vision are:

- **Home Office should fully decriminalise sex work**

  ...so that people involved in sex work can access healthcare, including tailored HIV prevention and support, without fear of legal consequences

- **Ministry of Justice and Crown Prosecution Service should end the criminal prosecution of individuals for reckless transmission of HIV**

  ... so public health goals can be achieved and the harm that comes from police investigations and criminal cases is stopped, while also ending the stigma that is connected with the unintended transmission of HIV being prosecutable

- **Home Office, DHSC and Ministry of Justice should develop an evidence-based drugs policy that creates an enabling environment for the HIV response by embedding harm reduction across community and closed settings, including prisons, expanding access to evidence-based interventions, and consult on the decriminalisation of drug possession for personal use from a criminal offence to a civil matter**

  ... so the Government can reduce HIV transmission and other drug-related harms by ensuring people who use drugs can access evidence-based support without fear of stigma or criminalisation

- **Home Office and DHSC should coordinate a community-led approach to policy and research around chemsex that prioritises education for healthcare professionals and engagement in harm reduction, mental health support and HIV services**

  ...so support for people who engage in chemsex is sufficiently funded, informed by lived experience and reduces their fear of judgement or criminalisation

Why action on legal marginalisation is needed

For people who engage in sex work, use drugs or participate in chemsex, criminalisation can create powerful barriers to healthcare and support. When laws are punitive, public health messages encouraging people to seek help can lose credibility, and people may avoid services because they fear arrest, judgement or discrimination.

In countries where sex work is criminalised, sexual health outreach is harder to deliver.[5] Criminalisation can make condoms a source of legal risk, force sex workers to move more often and rush negotiation around safer sex. Until the law changes, too many sex workers are pushed into a choice between protecting their health and avoiding violence, arrest or discrimination.

Harm reduction is a lifeline for people who inject drugs or engage in chemsex. Needle and syringe programmes can be game-changing, but they rely too heavily on pharmacies with limited hours and variable levels of trust. Peer-led services, developed with affected communities, can provide accessible, non-judgemental support.

5 The Impact of Criminalisation on Sex Workers' Vulnerability to HIV and Violence, Global Network of Sex Work Projects (2017). https://www.nswp.org/sites/default/files/impact_of_criminalisation_pb_prf01.pdf

INFRASTRUCTURE

OUR VISION

Every community should have the systems, services and data needed to end new HIV transmissions. National and local government must align policy with the 2030 goal, invest in trusted HIV voluntary sector organisations, resource coproduction and build consistent standards across regions.

The essential first steps to realise this vision are:

- **DHSC and MHCLG should work with local commissioners to maximise procurement spend with HIV VCSE organisations and give them a fair chance at public contracts, including setting appropriate spending targets**

  ...so that everyone can access tailored community-based HIV testing and prevention, and people living with HIV can access holistic support that addresses both health and socioeconomic needs

- **DHSC and HM Treasury should provide multi-year settlements and a year-on-year, above-inflation increase to the local authority public health grant, to restore it to previous value in real terms**

  ... so local authorities can adequately invest in commissioning HIV prevention and support services that will effectively reach people who need HIV testing, prevention and support delivered by a sustainably funded voluntary sector and sexual health NHS workforce

- **DHSC and MHCLG should work with local authorities and Integrated Care Boards to improve referral pathways between welfare and social support services and healthcare service**

  ... so local authorities can help people living with HIV and vulnerable to HIV to meet their socioeconomic barriers and these issues do not take priority over their health

- **DHSC should conduct a review of the effectiveness of the NHS data frameworks and categories**

  ... so the Government has relevant and accurate data to shape decisions on the HIV response

- **DHSC and MoJ should mandate UKHSA to collect and provide data on the number of people living with HIV, incidence rate and number of diagnoses from opt-out testing within prisons and other closed settings**

  ... so the Government can properly resource prisons to deliver HIV prevention and support and monitor progress against recent data

- **DHSC should work with the NHS to understand barriers to people using complaints procedures**

  ... so people living with HIV are more likely to make complaints when facing discrimination, giving them a sense of agency over their healthcare and NHS Trusts and ICB leadership can understand and respond to the scale of HIV discrimination and other issues in healthcare settings

Why action on infrastructure is needed

The success of the HIV Action Plan will depend on local delivery as well as national leadership. Integrated Care Boards already have access to a vital resource: the expertise of HIV voluntary sector organisations and people with lived experience. Services and campaigns are more effective when they are designed with the communities they serve.

Living well with HIV can depend on more than clinical care. Welfare advice, housing support, social tariffs and other forms of practical help can ease financial pressure and help people remain connected to care.

Too often, fragmented systems send people back and forth between services until they fall through the cracks. Government should strengthen referral pathways and learn from integrated models that bring clinical, welfare and holistic support together.

The Government's HIV Action Plan recognises that a strong voluntary sector is vital. But financial pressures are forcing HIV organisations to close services, lose staff, draw on reserves or shut their doors. The HIV response will not reach its potential unless trusted, community-led services are sustainably funded.

Better data is essential to understanding who is most in need and where gaps remain. Complaints systems also need urgent attention: they are often poorly signposted, difficult to navigate and inaccessible to the people most likely to experience discrimination or poor treatment.

A mission-led Government should use the 2030 goal as a test of delivery: whether departments can work together, remove barriers and create the conditions for everyone to benefit from HIV prevention and care.

The question is no longer whether England has the tools to end new HIV transmissions. It does. The question is whether Government is prepared to tackle the policies that still stand in people's way.

Ending new HIV transmissions by 2030 could become a defining legacy for this Government. But it will only happen if every department acts now.

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About National AIDS Trust

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. Our expertise, research and advocacy secure lasting change to the lives of people living with and at risk of HIV.

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