MAYOR OF LONDON

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La Onkar,

HIV prevention in London

I would like to express my thanks to you and to all of the Health Committee for your work investigating HIV prevention in London. Your public meeting on this subject has helped to raise the profile of what is one of London's most pressing public health issues, and your proposals will be very helpful as I develop my plans.

As you know, I firmly believe that we need to renew our focus on HIV. London's rates of HIV are higher than elsewhere in the UK, so I was particularly concerned to read of the findings of the National AIDS Trust's survey showing lower levels of awareness and understanding among Londoners. The rise in new HIV diagnoses among men who have sex with men is also worrying, but we must work to ensure that members of all at-risk communities know how to reduce their risks, and feel comfortable in being tested for HIV.

This means that prevention will continue to be absolutely critical to our efforts to get to grips with HIV. London boroughs have already come together to develop the London HIV Prevention Programme (LHPP) because of the scale of the problem, and I share your view that it is vital to retain a pan-London coordinated approach in this area. The LHPP's Do It campaign is a genuinely collaborative response to a London-wide issue and boroughs have my firm support to continue to work together in this way when the campaign's funding is due for renewal in 2017.

This work is complemented by the work of the London Sexual Health Transformation Programme, which has just launched a tender for a new online sexual health service across 22 boroughs. This will make it easier for people to order self-sampling services for HIV and Sexually Transmitted Infections (STIs) online, so they will not have to visit clinics unless they really need to.

There are also other efforts to normalise and improve uptake of HIV testing across London. For example, NHS England is working with Public Health England and the National Offender Management Service to roll out testing for blood borne viruses, including HIV, in all London prisons by 1 April 2017. Recognising and building on the success of an opt-out approach in other areas, testing will be automatic for this high risk population unless people choose not to be tested.

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All of these programmes will make an important difference and have my support, but City Hall also has an important direct part to play, both in HIV prevention and wider sexual health education. I intend to help champion HIV Testing Week in November, and have asked my officials to work with the public health sector and HIV charities to help them ensure that this year's campaign reaches as many Londoners as possible. By continuing to work with boroughs, charities, employers and healthcare services, I hope to normalise HIV testing and help more people to understand the risks.

Moreover, as you say, prevention services will not succeed if they focus solely on HIV, so a broader focus on sexual health education will be critical. The GLA's work on public health is already contributing to a wider culture of awareness of sexual health and its interrelationships with other issues. For example, the Healthy Schools London programme is helping London's schools to provide an environment and culture that supports their pupils to grow up to be happy and healthy. The programme includes resources and shares best practice on sex and relationships education so that schools can enable children and young people to better understand how to make those decisions and the associated risks.

Thank you again for your work to highlight the importance of HIV prevention.

Yours singerely,

Sadiq Khan Mayor of London