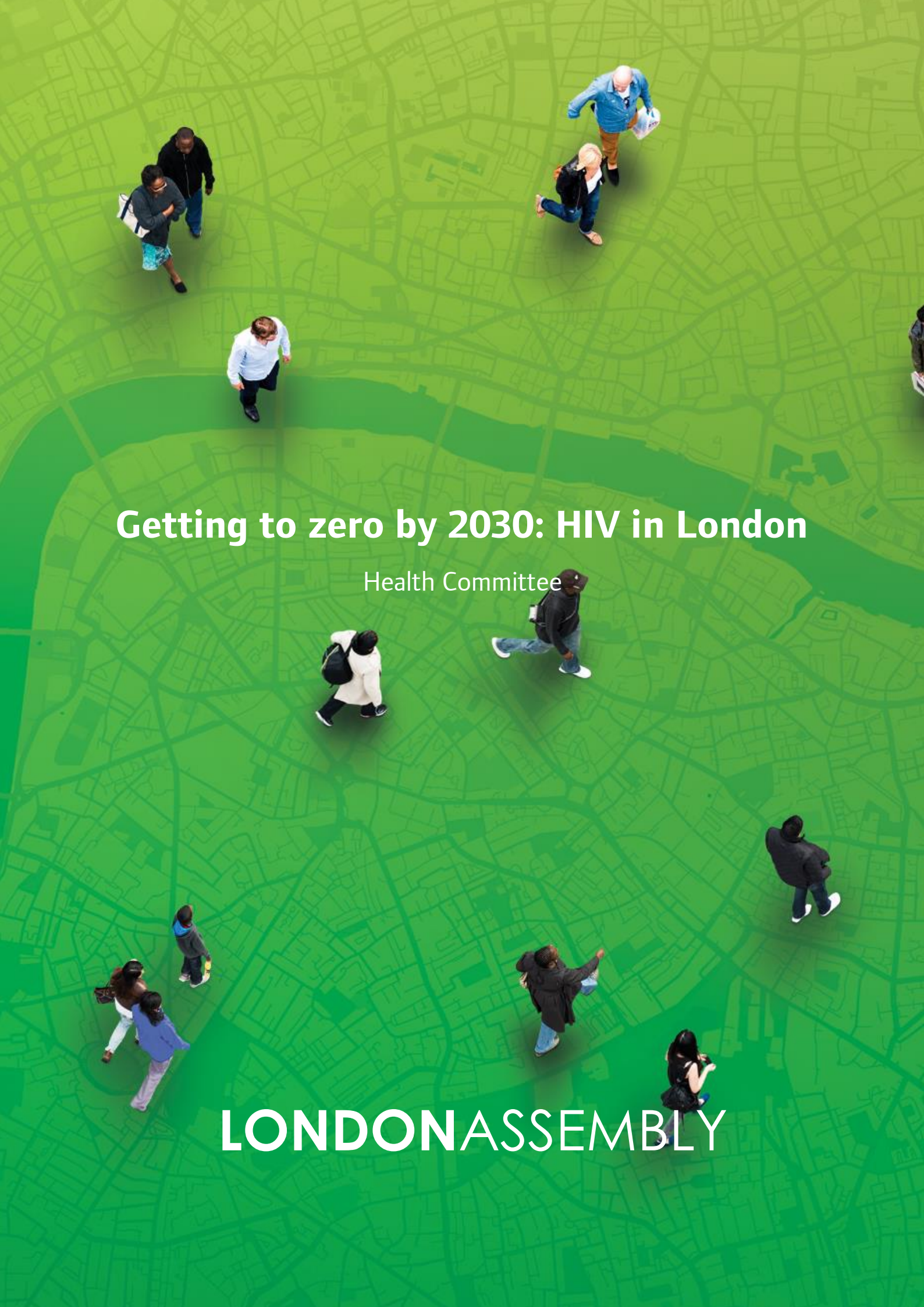


An aerial photograph of several people walking on a large, green-tinted map of London. The map shows the city's street grid and the River Thames. The people are scattered across the map, some walking in groups and others alone. The overall tone is green, and the image is used as a background for a report cover.

Getting to zero by 2030: HIV in London

Health Committee

LONDONASSEMBLY

Health Committee



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Foreword



Krupesh Hirani AM
Chair of the Health Committee

We have made huge progress across the globe in HIV treatment and prevention in recent decades.

HIV was once considered to be a death sentence, but people with HIV are now able to live long, healthy lives, and medical advances mean that we have all the tools we need to end new cases of HIV.

London has led the way in many areas of this progress. In 2018, the Mayor, London Councils, Public Health England and NHS England signed up to the Fast-Track Cities Declaration to reach zero new HIV infections, zero HIV-related stigma and zero HIV-related deaths by 2030.

Reaching the target of ending new HIV cases by 2030 is a formidable challenge. As things stand, London is a long way off doing so. After many years in which there was a year-on-year decline in new HIV cases, there has been an increase in cases in London and England since 2020.

This is why I thought it was vital for the London Assembly Health committee to undertake an in-depth investigation into HIV in the capital.

Over the past year, we have dedicated the Assembly's first podcast to this topic, interviewing Ash Kotak, founder of the campaign for a permanent AIDS memorial in London; we held two committee meetings on the topic, hearing from London's leading experts in the field, including clinicians, public health specialists and charity representatives about the state of HIV treatment in London and the steps we need to take to meet the 2030 target; the committee members also visited Kings College hospital to hear about their innovative approach to re-engage patients in care.

This was an eye-opening visit and it was great to hear firsthand from people living with HIV and how the service here had gone above and beyond the call of duty to re-engage people with services.

This report is the result of all this work. It contains many important recommendations to improve HIV treatment and prevention which wouldn't have been possible without the input from all those who gave evidence to our investigation – thank you to everyone who was involved. I'd also like to extend my thanks to my fellow committee members for their enthusiasm, dedication, and challenge during this investigation.

Executive Summary

Huge strides have been made globally in treating people living with HIV and preventing its onward transmission in recent decades. HIV was once considered to be a death sentence, but people with HIV are now able to live long, healthy lives, and medical advances mean that we have all the tools we need to end new cases of HIV.

This progress has meant that local and national leaders have set ambitious targets, in particular the target to end HIV transmission by 2030. In 2018, the Mayor of London, alongside key partners in London's health system, signed up to the Fast-Track Cities Declaration to reach zero new HIV infections, zero HIV-related stigma and zero HIV-related deaths by 2030 in London. In January 2019, the Government made a commitment to end transmission of HIV in England by 2030.

It is in this context that the London Assembly Health Committee set out to investigate HIV in London, with a particular focus on how we can achieve those 2030 goals. We wanted to understand what progress London has made towards those targets and what further action is required to get to 2030. Through meetings and written evidence, as well as a visit to King's College Hospital, we heard from London's leading experts in the field, including clinicians, public health specialists and charity representatives.

Our report aims to assess the current picture in relation to HIV in London and set out recommendations for how to reach the 2030 targets. With the Government due to publish an updated HIV Action Plan this summer, we hope that our findings and recommendations will influence action at national as well as regional level. London has significantly higher rates of HIV than the rest of the country, and getting things right in London will be critical to ending new HIV cases nationally by 2030. We therefore make several recommendations in this report which are directed towards central government rather than the Mayor of London.

We reached several **key findings** as part of our investigation, which are summarised below:

- London has made significant progress in ending new HIV cases over the last 40 years. There is fantastic work going on across the city in supporting people living with HIV and preventing onward transmission, and the capital is seen as a world leader in providing these services. We welcome London's ambition to end HIV transmission, and it could become the first major global city to achieve this aim.
- Despite this, reaching the target of ending new HIV cases by 2030 is a formidable challenge. As things stand, London is a long way off reaching this target. After many years in which there was a year-on-year decline in new HIV cases, there has been an increase in cases in London and England since 2020. There are important caveats to this: the data reflects an increase in testing in emergency departments, as well as an increase in diagnoses amongst people who were previously diagnosed with HIV abroad, which therefore don't represent transmission in England. But the steady, year-on-year decline in HIV diagnoses in London appears to have stalled.
- For London to make progress towards its zero-HIV targets, transmission and new diagnoses will have to come down amongst all demographic groups. This is not the

current trend. Whilst there has been a decrease in transmission amongst gay and bisexual men and other men who have sex with men (GBMSM), transmission is continuing amongst heterosexual men and women. There are also stark ethnic health inequalities, in particular a rise in cases in London amongst people of Black African ethnicity. We repeatedly heard that to reach these groups, services need to be 'culturally competent' and tailored to the specific needs of communities.

- HIV prevention and treatment services in London are provided by a range of statutory and voluntary organisations. We heard that many of these are facing significant financial challenges, which is limiting their ability to achieve the step change that is needed to meet the 2030 targets. Particularly, cuts to the public health grant have meant that London's sexual health services are at breaking point.
- As well as impacting statutory sexual health services, cuts to the public health grant are having a knock-on impact the voluntary sector. Voluntary sector organisations play a key role in providing services which are often tailored to specific communities but have come under strain due to a lack of funding. For London to have any chance of reaching its 2030 targets, cuts to the public health grant need to be urgently reversed.
- We repeatedly heard that all the 'tools' exist in London to end new HIV cases. These include quick and easy testing, the medication Pre-Exposure Prophylaxis (PrEP), and effective treatment which means people with HIV can live healthy lives without passing it on. But people are not accessing these services on the scale that they need to. This is partly to do with limits in the provision of these services, such as the availability of PrEP. It is also because not everyone who needs these services is currently accessing them. In some cases, this is due to the impact of stigma, and because of various other challenging life circumstances which prevent them from engaging in care.
- For London to meet its 2030 targets, it will have to scale up existing activity so it reaches more people and communities. The Government's upcoming HIV Action Plan provides the perfect opportunity to commit to this. We would like the Action Plan to include commitments to increase testing, in particular to expand 'opt-out testing' to various healthcare settings as well as Emergency Departments; increase the availability of PrEP, using both community pharmacies and an online platform; and invest in a re-engagement and retention programme for people with HIV who have been 'lost to care', based on the excellent work that has taken place in south east London.
- The Mayor of London has no direct powers over the delivery of health services in London. However, the Mayor signed up to the 2030 HIV targets on behalf of London, and he has a powerful role in convening key stakeholders and advocating for further progress on HIV. We would like to see him take further action by promoting the HIV Confidential charter which aims to tackle HIV-related stigma; ensure that the HIV/AIDS memorial which he funded is unveiled on time and is used to raise awareness about HIV; and by providing free advertising space on the TfL network for public health messaging related to HIV.

Recommendations

Recommendation 1

The Mayor should write to the Health Secretary and request that he increases the public health grant to 2015 levels in real terms during the course of this parliamentary term (2024-2029).

Recommendation 2

Following the delegation of HIV services to Integrated Care Boards (ICBs), the Mayor should convene a meeting with London's ICBs and leading partners working on HIV in London. The purpose of this meeting should be to discuss how ICBs plan to commission HIV services in London, and to secure a commitment from London's ICBs to prioritise HIV services in order to meet the 2030 targets.

Recommendation 3

The Mayor's upcoming Health Inequalities Strategy implementation plan should give greater prominence to the issue of HIV, with a focus on what key actions he will support and deliver to help London reach its 2030 goals.

Recommendation 4

The Mayor of London should write to the Health Secretary to request that funding is provided for opt-out HIV testing in other healthcare settings in London such as GP surgeries. This funding should be prioritised in areas with the highest HIV prevalence.

Recommendation 5

As part of its HIV Action Plan, the Government should set clear targets for a year-on-year increase in levels of HIV testing, including in London. This should include a focus on groups most at risk of acquiring HIV and a set of actions for reaching these targets. These could include the expansion of HIV testing through a combination of sexual health clinics and online services.

Recommendation 6

As part of its HIV Action Plan, the Government should provide funding for programmes which re-engage HIV patients who have been lost to care. These programmes should include funding for multidisciplinary teams and peer support workers, and should draw on the best practice work that has taken place in South East London. These programmes should be sufficiently funded to be delivered across all of London's hospitals.

Recommendation 7

As part of its HIV Action Plan, the Government should include commitments to increase PrEP access through community pharmacies.

Recommendation 8

As part of its HIV Action Plan, the Government should increase funding for digital solutions to PrEP access, drawing on evidence from use of the PrEP EMERGE app piloted in Brighton.

Recommendation 9

As part of its HIV Action Plan, the Government should commit to making PrEP available in prisons.

Recommendation 10

The Mayor should require all GLA Group organisations to sign up to the HIV Confident Charter. He should also promote the charter in London and advocate for more organisations to sign up to it in 2025, including the councils, healthcare settings and businesses.

Recommendation 11

Given that he has provided funding for the HIV/AIDS memorial in London, the Mayor should advocate to ensure that construction of this is completed by the end of 2027. When the memorial is unveiled, he should use this as an opportunity to work with partners to promote anti-stigmatising initiatives and public health messaging in relation HIV.

Recommendation 12

The Mayor should introduce HIV public health messaging on Transport for London's estate, with the aim of normalising information about HIV and addressing HIV-related stigma. He should work with HIV charities and health partners in London to do this. This should occur within the current Mayoral term (2024-28).

The HIV picture in London

London's progress to date

Huge strides have been made globally in treating people living with HIV and preventing its onward transmission in recent decades. HIV was once considered to be a death sentence, but people with HIV are now able to live long, healthy lives, and medical advances mean that we have all the tools to end new cases of HIV.

Speaking to the Health Committee at our meeting in January 2025, Professor Kevin Fenton, Statutory Health Advisor to the Mayor and the GLA, outlined this progress, stating that:

“The last four decades have been remarkable in terms of the journey that we have had in diagnosing, treating, managing and supporting people living with HIV, and we are now at a phase where we can speak about the decline of HIV incidence, both here in the UK and around the world, and we can even be bolder in setting bold targets to work towards ending HIV transmission by 2030 in the UK.”¹

This progress has meant that local and national leaders have set ambitious targets, in particular the target to end HIV transmission by 2030. In 2018, the Mayor of London, London Councils, Public Health England and NHS England signed up to the Fast-Track Cities Initiative to reach zero new HIV infections, zero HIV-related stigma and zero HIV-related deaths by 2030.² In January 2019, the previous government made a commitment to end transmission of HIV in England by 2030, which was followed by a set of interim targets for 2025, including a target to reduce new HIV infections by 80 per cent by 2025.^{3 4}

London has historically had – and continues to have – higher rates of HIV than the rest of the country. But it has also led the way globally to end new HIV cases and is seen as a leading international example through its HIV prevention and treatment programmes.⁵ London was the first city in the world to exceed the Joint United Nations Programme on HIV/AIDS (UNAIDS) ‘95-95-95 targets’, meaning that 95 per cent of people living with HIV have been diagnosed, 95 per cent of those diagnosed are accessing treatment and 95 per cent of people on treatment have suppressed viral loads.⁶ Jonathan O’Sullivan, Director of Public Health at Islington Council and Chair of the London HIV Prevention Programme for London Association of Directors of Public Health (London ADPH), told us that “it is difficult to think of other long term public health challenges which have seen such significant progress over the past decade.”⁷

¹ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

² Fast-Track Cities London, [About Us](#); Fast Track Cities is a global partnership between cities and municipalities around the world and four core international partners. These partners are the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the City of Paris.

³ Department of Health and Social Care, [Health Secretary announces goal to end HIV transmissions by 2030](#), 30 January 2019

⁴ House of Commons Library, [National HIV Testing Week](#)

⁵ London Assembly Health Committee, [transcript](#), Panel 3, 30 January 2025

⁶ Fast-Track Cities London, [About Us](#)

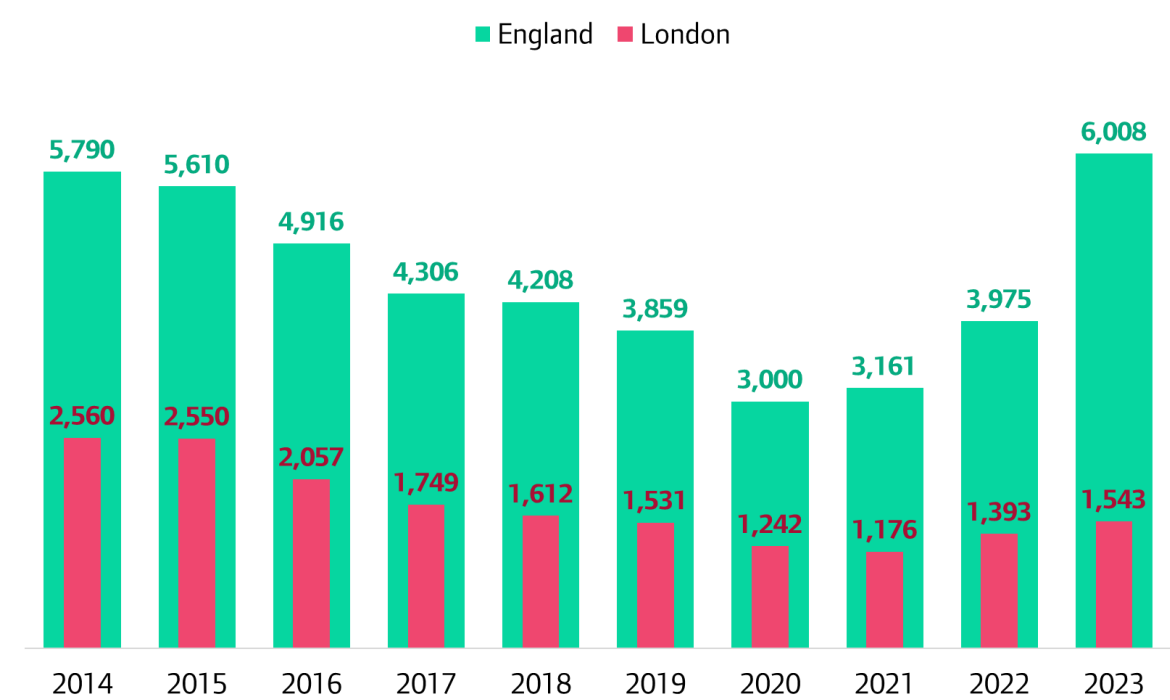
⁷ Jonathan O’Sullivan, [Call for Evidence submission](#)

We welcome the significant progress that has been made in London, both in treating people living with HIV and preventing further transmission. Throughout our investigation, we heard about the fantastic work that is already underway in London, involving a wide range of services and organisations. But it is also clear that – with five years to go until 2030 – ‘getting to zero’ will be a formidable challenge, and concerted action is needed throughout London to meet this.

What is the data telling us?

After several years in which there was a progressive decline in HIV diagnoses in both London and England, there has recently been a significant increase, as **Figure 1** shows.⁸

Figure 1: New HIV diagnoses in England and London, 2014 to 2023⁹



The data in Figure 1 suggests that the annual number of new HIV cases in England has doubled since 2020, with a much smaller rise seen in London. However, Alison Brown, Consultant Scientist at the UK Health Security Agency (UKHSA) told us that the data for new diagnoses is “not as bad as it looks.”¹⁰ One reason for this is that the data includes people who were first diagnosed with HIV abroad and were subsequently re-diagnosed after arriving in England. Therefore, these cases do not represent new transmissions in England.

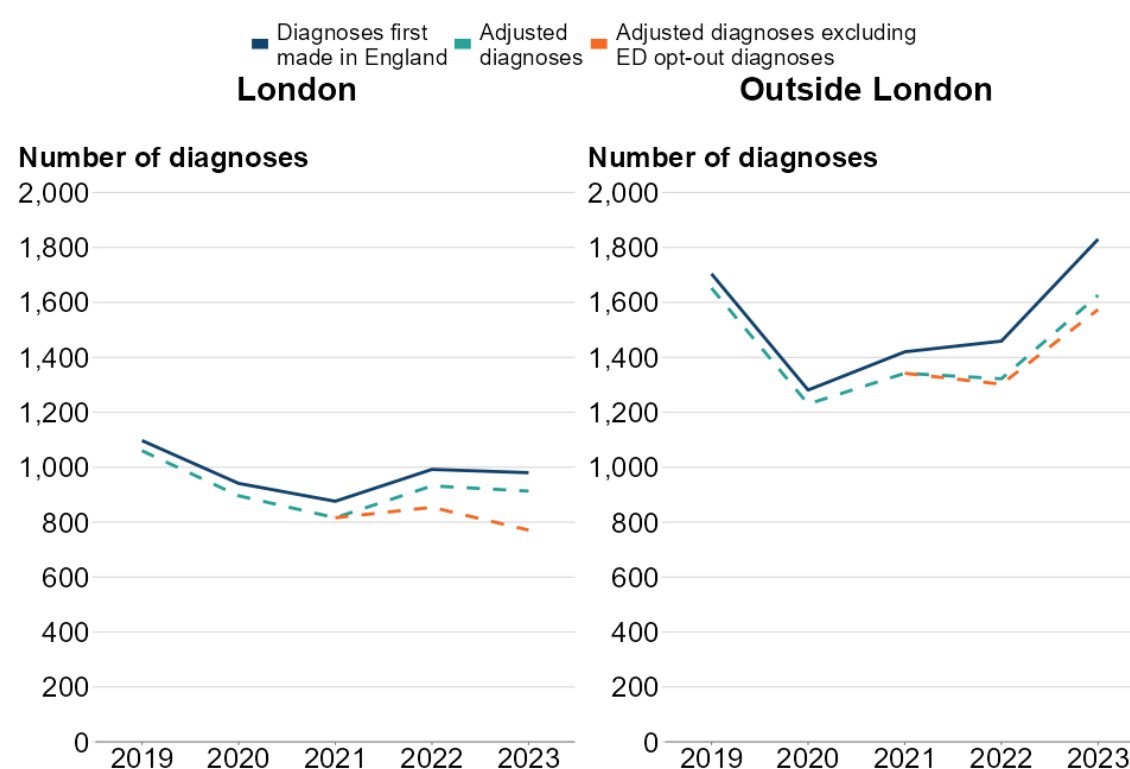
⁸ UKHSA, [HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2024 report, 1 October 2024](#)

⁹ UKHSA, [HIV new diagnoses, AIDS, deaths and people in care: country and region tables, United Kingdom, 2024](#). These include all reports of HIV diagnoses made in the UK, regardless of country of first HIV positive test. An individual's HIV diagnosis is assigned to the location of residence regardless of where the diagnosis took place. England figures are inclusive of London. Chart produced by London Assembly Research Unit

¹⁰ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

Another reason for the overall rise in new cases captured by the data is an increase in testing, in particular the introduction of ‘opt-out testing’ in NHS Emergency Departments (ED) (which will be discussed later in this report). UKHSA shared data with us showing that once op-out ED testing diagnoses are removed from the data, there was a fall of 10 per cent of those diagnosed for the first time in London in 2023 compared to 2022.¹¹ Figure 2, which was shared with the committee by UKHSA, demonstrates the fall in cases once ED opt-out testing data is removed and once only those diagnosed for the first time in England are taken into account. This trend was not replicated outside London, which saw increases in new diagnoses even when ED testing data is removed.¹²

Figure 2: Number of people diagnosed for the first time in London and outside London, including adjustments for new diagnoses occurring because of opt-out ED testing¹³



It is reassuring that the apparent rise in HIV diagnoses in London does not necessarily reflect a rise in transmission. Furthermore, the increase in testing, and the fact that this testing is identifying people who had not previously been diagnosed, is also something that should be welcomed. However, it is still worrying that the steady fall in the number of new cases in London appears to have stalled. A closer look at the data relating to different demographic groups also reveals causes for concern.

¹¹ UKHSA, [HIV in England](#), 18 November 2024

¹² UKHSA, [HIV in England](#), 18 November 2024

¹³ UKHSA, [HIV in England](#), 18 November 2024

HIV health inequalities

For London to make progress towards its zero-HIV targets, transmission and new diagnoses will have to come down amongst all demographic groups. Unfortunately, we heard that this is not the case at present. According to UKHSA, the most recent data reveals “widening inequalities”, as the rise in diagnoses has “disproportionately affected ethnic minority groups”.¹⁴ Kat Smithson, Chief Executive Officer at the British Association for Sexual Health and HIV (BASHH) told the committee that it is “very difficult to say we are on track when we are seeing deepening inequalities”.¹⁵

We were pleased to hear that new cases have declined amongst some key groups of people. Alison Brown told us that “the good news is that in gay and bisexual men we do think there is a real fall in HIV incidence”.¹⁶ However, she explained that “we are seeing most of the fall in White gay men”, and that “in London, we have seen small increases in diagnoses of Black African and Asian gay men”.¹⁷ She also explained that HIV transmission is continuing amongst heterosexual men and women in London, and highlighted an increase amongst Black African heterosexual men and women.¹⁸

The rise of cases amongst the Black African population was highlighted throughout the evidence we received. Kevin Fenton told us that “while we have maintained the relatively strong declines of new HIV diagnoses among gay men in London, we are seeing new patterns emerging of which the most recent increase in infections acquired through heterosexual intercourse, especially in Black people from high-prevalence countries in sub-Saharan Africa, has been a key feature”.¹⁹

Figure 3 below shows this notable rise in London in the number of diagnoses amongst Black African people, while new diagnoses amongst White people has continued to fall.²⁰

¹⁴ UKHSA, [HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2024 report](#), 1 October 2024

¹⁵ London Assembly Health Committee, [transcript](#), Panel 2, 30 January 2025

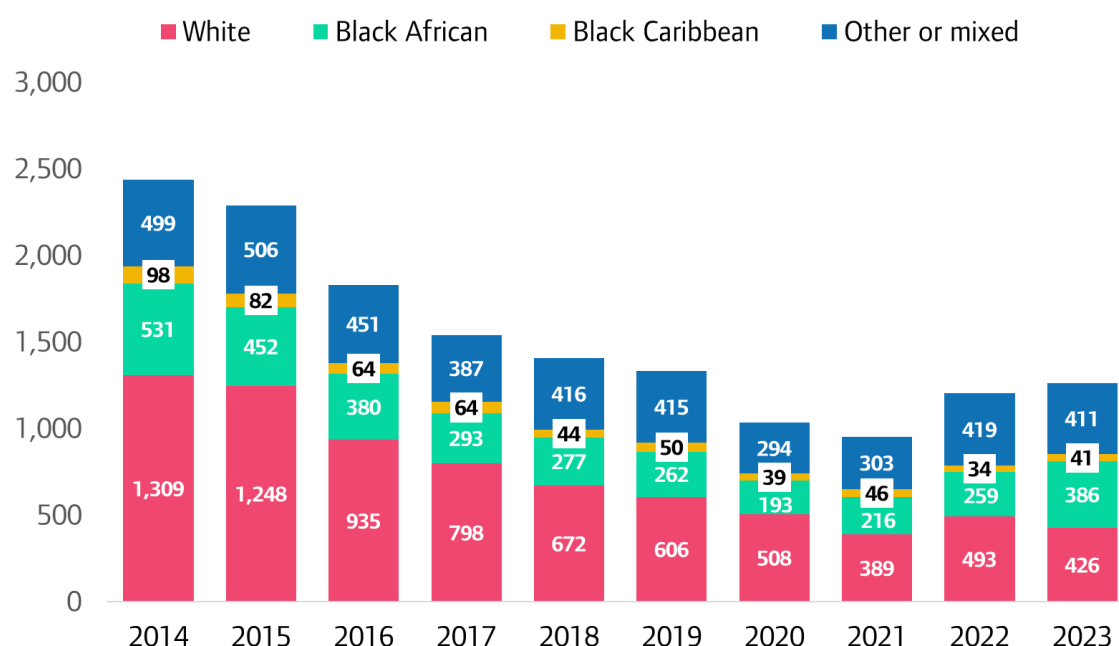
¹⁶ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

¹⁷ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

¹⁸ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

¹⁹ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

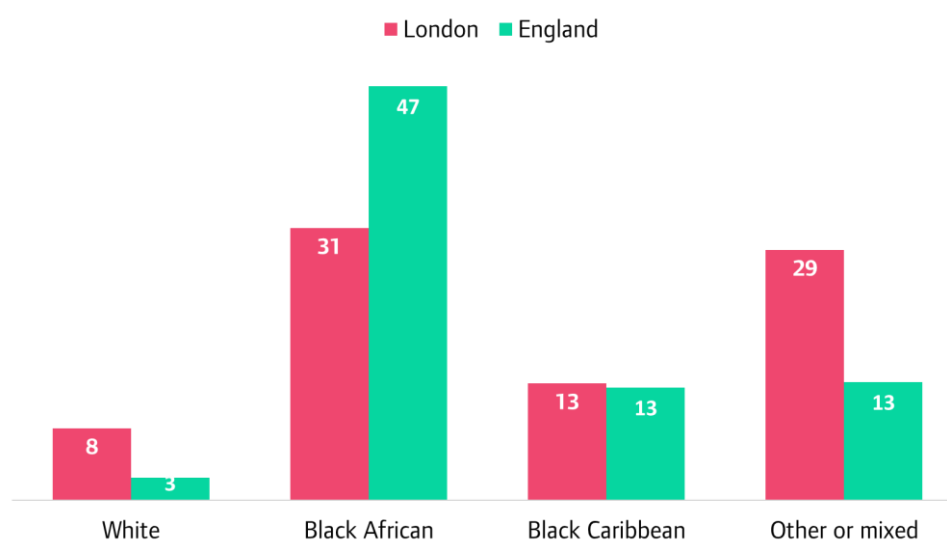
²⁰ UKHSA, [2024 HIV statistics by region](#)

Figure 3: HIV diagnoses by ethnicity in London, 2014 - 2023²¹

As **Figure 4** below highlights, Black African people in England have a considerably higher rate of diagnoses per 100,000 population than other ethnic groups.²² However, this rate is notably lower in London than in England as a whole. The data also reveals substantial health inequalities in relation to other key metrics, including testing and PrEP access, which will be discussed later in the report.

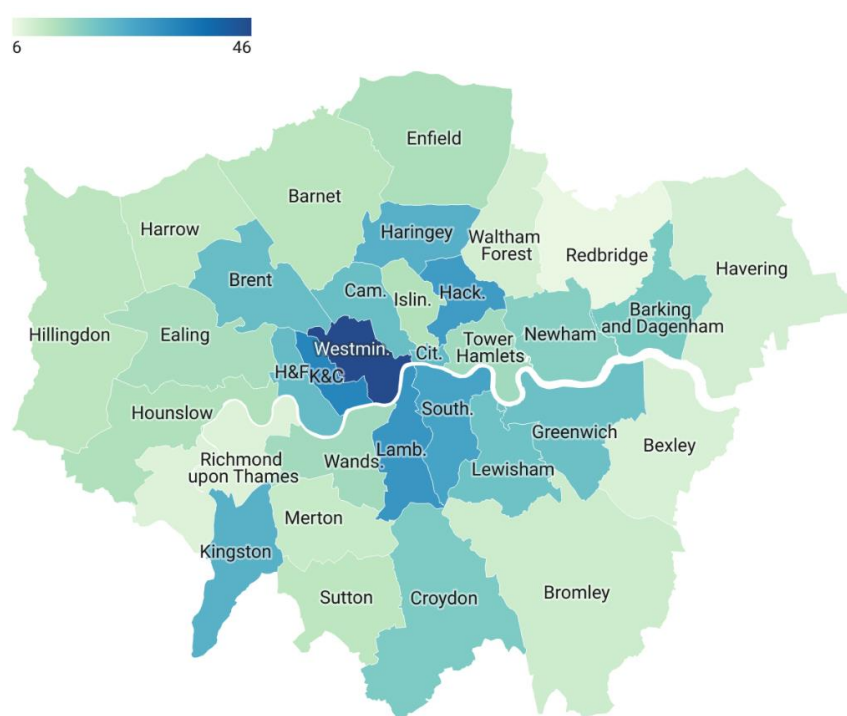
²¹ UKHSA, [HIV new diagnoses, AIDS, deaths and people in care: country and region tables, United Kingdom](#), 2024. The category 'other or mixed' includes ethnicities other than the ones listed and therefore may sometimes include categories such as 'black other'. An individual's HIV diagnosis is assigned to the location of residence regardless of where the diagnosis took place. Chart produced by London Assembly Research Unit.

²² UKHSA, [HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2024 report](#), 1 October 2024

Figure 4: New HIV diagnoses by ethnicity per 100,000 population, 2021²³

There are also variations in levels of HIV diagnoses in different parts of London. As **Figure 5** shows, the more central boroughs recorded higher rates of new diagnoses per 100,000 of the population in 2023, with Westminster recording the highest.

²³ UKHSA, [HIV new diagnoses, AIDS, deaths and people in care: country and region tables, United Kingdom](#), 2024. Chart produced by London Assembly Research Unit.

Figure 5: New HIV diagnosis rate per 100,000 2023²⁴

It is clear from the data that the current picture in London is a mixed one, with falls in HIV prevalence amongst some groups but increases amongst others. Kevin Fenton stressed that it is important not to focus on a single demographic group, because “as we get to 2030, new populations are emerging” which could see rises in transmission.²⁵ Overall, whilst we recognise the progress London has made in its journey ending new HIV cases, further concerted action is required to address these health inequalities. Without tailored approaches to target these communities, we will fail to serve those in most need of support, and we will fail to reduce transmission and meet the 2030 goals.

Challenges and opportunities in getting to zero

We repeatedly heard that all the ‘tools’ exist in London and across the country to end new HIV cases. Evidence from Terence Higgins Trust highlighted the following as the central components of this work:

- Quick and easy HIV testing technologies
- The pill PrEP which prevents people from getting HIV
- Effective medication that means people living with HIV can’t pass it on and can have a normal life expectancy.²⁶

We also heard praise for the work which has taken place and is still underway in London in relation to HIV. Dr Elske Hoornenborg, Head of the Center for Sexual Health, Public Health Service of Amsterdam, told us that “London is really a leader in the approach to HIV. We have

²⁴ UKHSA, [HIV new diagnoses, AIDS, deaths and people in care: country and region tables, United Kingdom](#), 2024.

Chart produced by London Assembly Research Unit.

²⁵ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

²⁶ Terence Higgins Trust, [Call for Evidence submission](#)

seen it with PrEP. We have seen it with emergency department testing and the fast-track city approach.”²⁷ Alison Brown stressed that “we are world leaders in national HIV surveillance” and highlighted the “excellent care and excellent prevention activities across the UK.”²⁸

Despite London’s strengths and the undoubted progress that has been made, we caution against complacency, due to scale of the challenges that remain. We know that what works is testing, PrEP and effective treatment – but people are not accessing these services to the extent that they need to. Alison Brown stated that ensuring these initiatives are “accessible for all populations is particularly challenging”.²⁹ Kevin Fenton stressed that current approaches would need to be strengthened and scaled up to reach all communities:

“As we progress towards 2030, the ambition to end HIV transmission is the right one, but it means that what got us to this point will not be sufficient to get us to 2030. It will require strengthening and scaling our HIV testing efforts, really expanding our work on HIV pre-exposure prophylaxis (PrEP) access and utilisation, because we know PrEP is so powerful in preventing acquisition of HIV. More people need to benefit from PrEP, including young gay men, gay men from Black, Asian and minority ethnic (BAME) backgrounds, and heterosexual populations. It also means we have to do a far better job of managing people living with HIV and ensuring that they are retained in care as a core part of using the powerful effect of treatment on preventing onward transmission.”³⁰

At both of our committee meetings, guests highlighted the fact that many people living with HIV face multiple challenges in their lives which prevent them from engaging in care and treatment. Kevin Fenton told us that “as new infections decline, we can expect to see the people who do acquire HIV are more likely to have complex lives”.³¹ These groups “may be having higher levels of risk behaviours, they may be poorly engaged with existing treatment and care services, they may be dealing with many of the social and structural drivers of transmission, including poverty, insecure immigration status, and other key structural factors.”³²

Juddy Otti, Head of HIV Services at Africa Advocacy Foundation explained that her organisation focuses primarily on migrant communities, some of whom have been victims of trafficking and are experiencing trauma.³³ Joel Robinson, Chief Executive Officer at Spectra, highlighted challenges in working with marginalised communities such as sex workers and those who identify as transgender and non-binary.³⁴ All of these groups face specific challenges in engaging with HIV services, and therefore services need to be targeted accordingly.

Furthermore, we heard that there is a concerning rise of chemsex in London, which refers to intentional sex under the influence of psychoactive drugs.³⁵ We heard that chemsex use acts as a barrier to people engaging in HIV care and puts people at higher risk of acquiring HIV,³⁶ which was also reflected during our site visit to King’s College Hospital in south London. We heard

²⁷ London Assembly Health Committee, [transcript](#), Panel 3, 30 January 2025

²⁸ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

²⁹ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

³⁰ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

³¹ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

³² London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

³³ London Assembly Health Committee, [transcript](#), Panel 2, 30 January 2025

³⁴ London Assembly Health Committee, [transcript](#), Panel 2, 30 January 2025

³⁵ British Medical Journal, [What is chemsex and why does it matter?](#), 2015

³⁶ Chelsea and Westminster Hospital NHS Foundation Trust, [Call for Evidence submission](#)

from clinicians that this practice is increasing due to the availability of drugs such as crystal methamphetamine (crystal meth), and that concerted efforts are needed from health services to ensure people engaging in chemsex are accessing the HIV treatment they need.

For London to reach its 2030 targets, we believe that we need to scale up levels of testing and access to PrEP and ensure that everyone living with HIV with London is accessing the treatment they need. It is critical that these efforts are tailored to specific communities and people's circumstances, and that this tailoring of services is agile enough to adapt as new populations at risk emerge. Otherwise, many people will fall through the gaps. There are multiple challenges to this, particularly the funding situation for services in London, which we will explore in the following chapter.

HIV-related stigma

Throughout our investigation, we heard how critical it is to address the issue of HIV-related stigma. Despite progress in attitudes towards HIV, we heard that HIV-related stigma remains prevalent in London and the UK. In evidence submitted to the committee, The London HIV Prevention Programme noted that "stigma around HIV remains entrenched", particularly "among some ethnic minority groups, some religious communities and older people".³⁷ In 2022, according to UKHSA's Positive Voices survey - a national survey of people living with HIV - almost half (45.1 per cent) of those with HIV felt ashamed of their HIV status and only one in eight (12.9 per cent) people had shared their HIV status with most people in their lives.³⁸

*"We have the tools; we have the resources. However, we know that an awful lot of people are not accessing the treatment and care they need, they are not accessing the testing services they need, for all sorts of reasons. One of those big reasons is stigma and discrimination and fear. We have got an enormous piece of work that we need to do for people to feel safe and comfortable accessing the services, to know they are there."*³⁹

Professor Jane Anderson, Consultant Physician in HIV Medicine at Homerton University Hospital; Co-Chair, Fast-Track Cities London leadership group

Many people living with HIV experience internalised stigma, which has a severely detrimental impact on their mental health and wellbeing. But crucially, stigma also discourages individuals from getting tested, seeking treatment, or openly discussing their HIV status. This means that they are less likely to receive the care they need and increases the risk of transmission. Dr Lisa Hamzah, Consultant at St George's University Hospitals NHS Foundation Trust and Co-Chair of the London HIV Clinical Forum, stated that it "impacts the physical and mental wellbeing of people living with HIV, it causes poorer health outcomes for people living with HIV, and we know it is a barrier to both prevention and HIV testing."⁴⁰ She went on to conclude that "this is our main challenge as we move forward in the next few years."⁴¹

³⁷ London HIV Prevention Programme, [Call for Evidence submission](#)

³⁸ UKHSA, [Positive Voices 2022](#)

³⁹ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

⁴⁰ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

⁴¹ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

We were particularly shocked to hear that many people experience stigma in healthcare settings. Robbie Currie, Chief Executive Officer of National AIDS Trust noted that the 2022 Positive Voices survey findings “point to the healthcare service as being an area that people experience untold levels of prejudice, discrimination and stigma.”⁴² Richard Angell OBE, Chief Executive Officer of Terrence Higgins Trust, highlighted specific practices such as ‘double gloving’ in parts of the healthcare system, which are contributing to an environment of stigma.⁴³ On our visit to King’s College Hospital, we heard that stigma amongst those with HIV can be caused by previous negative experiences in other healthcare settings, leading to distrust and disengagement from HIV care. Clinicians explained that fear of stigma and discrimination can prevent people from disclosing their HIV status and engaging in care.

“HIV stigma kills. It prevents people who are diagnosed or at risk of HIV from getting HIV tested. It prevents people who have been diagnosed from remaining in care. It prevents people who are diagnosed and living with HIV sharing their diagnosis with those who they love and are able to get the mental health and social support that can allow them to thrive. It prevents them from engaging in the workforce and being able to support themselves to have long and fulfilling and healthy lives and economically secure lives.”⁴⁴

Professor Kevin Fenton, Statutory Health Advisor to the Mayor of London

The severity of HIV-related stigma cannot be overstated, and addressing this will be paramount to achieving London’s zero-HIV targets. Kevin Fenton told us that “we will not get to zero by 2030 if we fail to address stigma”, while Marc Thompson agreed that “we are not going to get to zero unless we truly do address HIV stigma as a central part of what we do.”⁴⁵

Are we on track for 2030?

The previous government’s HIV Action Plan, published in 2021, included an interim target of reducing new HIV infections in England by 80 per cent by 2025.⁴⁶ In our first committee meeting, Alison Brown told us that “we are unlikely to meet the 2025 targets.”⁴⁷ Although the latest published data is from 2023, it is clear that we are a long way off reaching a reduction in new diagnoses on this scale in London or in England as a whole, particularly for certain demographic groups. In relation to the 2030 targets, Richard Angell said that “meeting the 2030 goal is possible, but not probable, and we are not yet doing enough to get there”.⁴⁸ Kat Smithson stated that “I think it is impossible to say that we are on track to reach 2030”.⁴⁹

We believe it is important to maintain the ambition to end new HIV cases by 2030 in London, but we are in no doubt that this is an immense challenge. Concerted action will be required to

⁴² London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

⁴³ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

⁴⁴ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

⁴⁵ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

⁴⁶ Department of Health and Social Care, [Towards Zero: the HIV Action Plan for England - 2022 to 2025](#)

⁴⁷ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

⁴⁸ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

⁴⁹ London Assembly Health Committee, [transcript](#), Panel 2, 30 January 2025

increase testing, improve access to PrEP, ensure that everyone with HIV is accessing the care they need, and tackle HIV-related stigma. Crucially, these services need to reach people and communities who are currently missing out on them. Given the prevalence of HIV is so much higher in London than in the rest of England, preventing and treating HIV in London will be critical to achieving targets at national level. The following chapter will explore the service landscape for HIV in London, and how this can be supported and strengthened to put us on track for 2030.

HIV services in London

HIV prevention and treatment services in London are provided by a range of statutory and voluntary organisations. These include sexual health services commissioned by boroughs (which provide most testing and prevention activity), specialist HIV treatment services delivered by the NHS, and services provided by the voluntary sector which are often targeted at specific communities. All these organisations are doing vital work across London. But throughout our investigation we heard that they are facing significant financial challenges, which is limiting their ability to achieve the step change that is needed to meet the 2030 targets.

Sexual health services commissioned by local authorities

Since 2013, local authorities have been responsible for commissioning sexual health services.⁵⁰ All London boroughs commission a range of sexual health services, which may be delivered by the NHS or by community and voluntary sector organisations. These include sexual health clinics which offer contraception and testing, including testing for HIV.⁵¹ They also include additional prevention services such as sexual health education and outreach efforts with excluded or marginalised groups.⁵²

Local authority-commissioned sexual health services are funded through the public health grant, which is distributed to local authorities by central government. The public health grant is therefore a key source of funding for HIV testing and prevention efforts in London. But this budget has experienced substantial cuts in recent years. According to research from the Health Foundation in 2024, the public health grant in England has been cut by 26 per cent on a real-terms per person basis since 2015-16.⁵³ It estimates that during this period local authorities have reduced spending on sexual health services by 32 per cent.⁵⁴ In 2022, the Mayor stated that since 2015/16, 10 sexual health clinics in London had closed while eight new clinics had opened.⁵⁵

Concerns about cuts to the public health grant and the impact this is having on HIV services in London were raised repeatedly with the committee. We heard from Jane Anderson, Consultant Physician in HIV Medicine at Homerton University Hospital and co-chair of the Fast Track Cities London Leadership Group, that the funding situation is “really precarious” and the “public health grant is not adequate to do the sort of level of work that we need”.⁵⁶ Lisa Hamzah told us that “our sexual health services are at breaking point... We are seeing year-on-year increases in numbers of people coming to sexual health services with year-on-year decreases in funding.”⁵⁷ A submission to the committee from the London Sexual Health Provider Group, a forum of lead clinicians from local authority-commissioned sexual health services, stated: “We wish to flag our concern that London will not reach the aims of the HIV Action Plan given the

⁵⁰ London Councils, [Sexual health](#)

⁵¹ Jonathan O’Sullivan,, [Call for Evidence submission](#)

⁵² Jonathan O’Sullivan,, [Call for Evidence submission](#)

⁵³ The Health Foundation, [Investing in the public health grant](#), 7 February 2025

⁵⁴ The Health Foundation, [Investing in the public health grant](#), 7 February 2025

⁵⁵ MQT 2022/2026, [Sexual Health Clinics in London](#), 23 June 2022

⁵⁶ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

⁵⁷ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

state of sexual health service funding in the capital... sexual health clinics are at breaking point.”⁵⁸

Reaching the 2030 targets will involve increasing rather than just maintaining current service provision in London. But we heard that the lack of funding is preventing London from doing this. When asked about cuts to the public health grant, Kevin Fenton told us that “there is a real danger that we may fall behind, even with the innovation and greater productivity, of not being able to fund [HIV] control efforts at scale.”⁵⁹ Jonathan O’Sullivan, Director of Public Health at Islington Council and Chair of the London HIV Prevention Programme for London Association of Directors of Public Health (London ADPH), told the committee that:

“The long-term reduction in the value of the Public Health Grant means there is very little room for investment in new activities or initiatives, and indeed there are pressures on maintaining existing levels of provision, particularly given increasing cost pressures in recent years in many services.”⁶⁰

As well as funding statutory services such as testing in sexual health clinics, the public health grant is also the core source of funding for many of the other services discussed in this chapter, including the London HIV Prevention Programme and initiatives delivered by the voluntary sector. It is therefore integral to London’s efforts to reduce rates of HIV. The current funding environment is creating a precarious position for local authorities trying to deliver HIV services. We believe that cuts to the public health grant are preventing vital progress in reaching zero-2030 targets and need to be reversed with urgency.

The written submission from the London HIV Prevention Programme argued that “an essential part of the Mayor’s role should be to advocate and support an increase in the public health grant”.⁶¹ We support this view, and believe the Mayor should demonstrate his support for London’s efforts to end new HIV cases by lobbying the Government in the strongest possible terms for a restoration of previous funding levels of the public health grant.

Recommendation 1

The Mayor should write to the Health Secretary and request that he increases the public health grant to 2015 levels in real terms during the course of this parliamentary term (2024-2029).

The London HIV Prevention Programme

One pan-London initiative funded through the public health grant from all boroughs is the London HIV Prevention Programme (LHPP). First established in 2014, it has been renewed several times, and the current contract runs until 2027.⁶² The LHPP runs the Do It London campaign, which promotes HIV testing amongst Londoners, with a particular focus on gay and bisexual men and other men who have sex with men (GBMSM).⁶³ It also runs an outreach and

⁵⁸ London Sexual Health Provider Group, [Call for Evidence submission](#)

⁵⁹ London Assembly Health Committee, [Transcript](#), Panel 1, 30 January 2025

⁶⁰ Jonathan O’Sullivan, [Call for Evidence submission](#)

⁶¹ London HIV Prevention Programme, [Call for Evidence submission](#)

⁶² London Assembly Health Committee, [Transcript](#), Panel 1, 30 January 2025

⁶³ London Assembly Health Committee, [Transcript](#), Panel 1, 30 January 2025

engagement service targeted GBMSM; Marc Thompson, Lead Commissioner for the LHPP, told us that this outreach programme has engaged 60,000 GBMSM over the last four years.⁶⁴

Marc Thompson explained that the next stage of the LHPP's development is a programme specifically focused on Black heritage communities, including Black women.⁶⁵ The LHPP is currently conducting a needs assessment on HIV prevention for these communities in London, which will inform a new service due to launch in summer 2025.⁶⁶ Given the rise in diagnoses amongst the Black African population discussed in the previous chapter and the resulting need for targeted intervention, we welcome this piece of work.

We heard concerns about the level of funding currently available for the LHPP, which can be traced back to constraints in boroughs' public health spending. Robbie Currie, Chief Executive Officer of National AIDS Trust, observed that the programme is on "flat funding", and that the new programme targeting Black African people in London "has been created from within existing resources, which has diminished the reach of the communications arm and the arm for gay and bisexual men".⁶⁷ He concluded that "while it is fantastic that [the LHPP] is now looking more broadly, it is still not adequately resourced to be able to address the things that we need it to."⁶⁸ The submission to the committee from the LHPP noted that cuts to the public health grant is "severely undermining efforts to improve sexually transmitted infections and improving HIV outcomes".⁶⁹ This underscores the funding challenges faced by London's HIV and sexual health services in trying deliver new services and reach communities who are not always accessing those services at present.

The committee recognises the LHPP as a key programme to address HIV amongst target groups at higher risk of acquiring HIV in London but acknowledges the funding pressures it faces. We welcome the new service focused on what the LHPP refers to as Black heritage communities. We look forward to reviewing the progress of this programme and understanding its impact. We would welcome an update from the LHPP once information on the programme's impact is available, which could relate to areas such as HIV testing, HIV diagnoses, data on those linked to HIV care and PrEP access amongst these communities.

The London Sexual Health Programme

Another service funded jointly by multiple boroughs is the London Sexual Health Programme. This is a partnership of London boroughs that coordinates strategy and planning of sexual health services in the capital, and jointly commissions certain sexual health services that are available across London. These include services for the screening and treatment of sexually transmitted infections (STIs), including HIV testing and diagnosis, and a full range of contraception.⁷⁰ The programme is hosted by the City of London Corporation. Adrian Kelly, Lead Commissioner for Sexual Health London, emphasised the importance of people being able

⁶⁴ London Assembly Health Committee, [Transcript](#), Panel 1, 30 January 2025

⁶⁵ London Assembly Health Committee, [Transcript](#), Panel 1, 30 January 2025. Marc Thompson told the Committee that 'Black Heritage' includes people of Black African and Black Caribbean descent.

⁶⁶ London Assembly Health Committee, [Transcript](#), Panel 1, 30 January 2025

⁶⁷ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

⁶⁸ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

⁶⁹ London HIV Prevention Programme, [Call for Evidence submission](#)

⁷⁰ London Councils, [Sexual Health London](#)

to attend services outside of their area, due to the “stigma around STIs generally and HIV specifically”.⁷¹

The partnership has also rolled out an e-service, known as Sexual Health London (SHL.UK), which is an online sexual health service for Londoners.⁷² The programme includes a free STI testing service, which is intended for people who have mild or no STI symptoms, and would like to get themselves checked. Londoners can also request free regular and emergency contraception as part of the programme.⁷³ All London boroughs other than Hillingdon, Croydon and Greenwich (who run their own online testing services) are part of the programme.⁷⁴ In the year before the pandemic, SHL.UK accounted for approximately one third of all STI tests in London, but this rose to nearly 60 per cent during the pandemic.⁷⁵ Richard Angell told us that “online testing is one of the things that London has absolutely got right” and that SHL.UK “is definitely the leading service in the country”.⁷⁶ While online testing should not be seen as a replacement for in-person testing, it is vital for increasing overall testing levels, and therefore we welcome the continuing work of SHL.UK and the London Sexual Health Programme.

The voluntary sector

The voluntary sector is a key partner in London’s work on HIV, playing a prominent role in supporting people living with HIV and delivering HIV prevention services. Larger national charities – such as Terence Higgins Trust, National AIDS Trust, and the Elton John AIDS Foundation – have supported specific programmes in London, as well as carrying out vital campaigning and advocacy work. London also has a well-developed ecosystem of smaller charities delivering services on the ground, such as Positive East, Spectra and Metro.

All of the grassroots charities we spoke to stressed their ability to deliver ‘culturally competent services’ and connect with communities that statutory services cannot reach. Mark Santos, Executive Director, Positive East told us that charities have “relationships of trust” with these communities, who are involved in the design and the delivery of services.⁷⁷ Joel Robinson, CEO of Spectra, told us that Spectra works with “a very diverse group of sex workers, people from Black and global majority communities, trans communities”, and that often these services are “peer-led”, meaning that they are led by people from these groups.⁷⁸ Services tailored to these communities, as Joel Robinson argued, “can be outside of a role of what a doctor and nurse can do.”⁷⁹

⁷¹ London Assembly Health Committee, [Transcript](#), Panel 1, 30 January 2025

⁷² [Sexual Health London](#)

⁷³ [Sexual Health London](#)

⁷⁴ Sexual Health London, [About SHL.UK](#)

⁷⁵ London Councils member briefing provided to the Committee by the London Sexual Health Programme

⁷⁶ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

⁷⁷ London Assembly Health Committee, [transcript](#), Panel 2, 30 January 2025

⁷⁸ London Assembly Health Committee, [transcript](#), Panel 2, 30 January 2025

⁷⁹ London Assembly Health Committee, [transcript](#), Panel 2, 30 January 2025

“Organisations, such as Positive East, are rooted in our local communities and have therefore developed relationships of trust with the communities and groups that carry the burden of HIV. Our staff and volunteers are mostly from the communities that we are working with and as such this builds in a cultural sensitivity and competence in our approach.”⁸⁰

Submission from Mark Santos, CEO, Positive East

Examples of these services include Positive East’s Women 4 Women project, a programme which trains up women from Black African and Black Caribbean communities to be HIV and Sexual Health Champions and Community Researchers, in order to raise awareness about PrEP and good sexual health within their communities.⁸¹ Africa Advocacy Foundation’s Community Axis For Sexual Health (CASH) aims to engage Black communities with relation to HIV awareness, prevention, testing and treatment.⁸² Juddy Otti, Head of HIV Services, Africa Advocacy Foundation told us how this programme had helped to re-engage people back into HIV care, stating that “this is something that the community can do that cannot be done by statutory organisations”.⁸³

Another example of this approach is Positive East’s “Chat Bot Pat”, which answers questions about HIV and sexual health and can be used to book HIV testing and screening appointments. The script has been developed with people from minoritised communities to engage effectively with these groups.⁸⁴ We believe that examples such as these highlight the tailored approach charities take in collaboration with the communities they serve, which is critical to increasing trust and engagement in HIV services.

Charities working on HIV prevention and care are funded through a variety of sources but are particularly reliant on having their services commissioned by local authorities through the public health grant. Tony Wong, CEO of Metro, told us that “the funding is not looking good” and is “having a real impact on our delivery models to be able to deliver what is needed for communities”.⁸⁵ Mark Santos noted that “our contract values are either frozen or cut” owing to the pressure on local authority public health budgets.⁸⁶ We remain very concerned that London’s HIV charities may have to limit or even cease to provide services due to funding pressures, impacting the delivery of vital HIV services to those groups most in need of support.

The work of the voluntary sector will be integral to London’s efforts to reach its 2030 goals. The stark health inequalities discussed in the previous chapter highlight the need to tailor services towards specific communities and ensure that they are ‘culturally competent’. Our findings show that the voluntary sector is often best placed to do this. Yet, without sufficient funding, their work to engage with key demographics will not be sustainable. The funding

⁸⁰ Positive East, [Call for Evidence submission](#)

⁸¹ Positive East, [Women 4 Women](#)

⁸² Africa Advocacy Foundation, [CASH](#)

⁸³ London Assembly Health Committee, [transcript](#), Panel 2, 30 January 2025

⁸⁴ Positive East, [Call for Evidence submission](#)

⁸⁵ London Assembly Health Committee, [transcript](#), Panel 2, 30 January 2025

⁸⁶ London Assembly Health Committee, [transcript](#), Panel 2, 30 January 2025

challenges faced by London's voluntary sector reinforce our call for the public health grant to be increased.

NHS services

Most HIV treatment and care services in London are delivered by the NHS. The London HIV Clinical Forum told us that "treatment outcomes for people with HIV in London and across the UK remain excellent", highlighting the high proportion of Londoners diagnosed with HIV who are receiving care and a high proportion of this group with an undetectable viral load.⁸⁷ Effective treatment is essential to supporting people with HIV to live healthy lives. But it is also a key form of prevention, given that treatment can prevent further transmission of HIV. Some specific initiatives delivered by the NHS in London – which will be critical to achieving the 2030 goals – are explored in the following chapter.

From April 2025, responsibility for commissioning HIV treatment and care services will be delegated from NHS England to London's five integrated care boards (ICBs).⁸⁸ National AIDS Trust told us that:

"Whilst devolving commissioning could introduce welcome changes, by helping to ensure that systems are more responsive to the health-related quality of life needs of local populations living with HIV, it is by no means a given and could result in a loss of momentum in the HIV response".⁸⁹

Jane Anderson told us that there is "real concern" about the changes, and they risk a "postcode lottery" in the delivery of services.⁹⁰ She stressed the importance of having "HIV accountable officers" within each London ICB. Lisa Hamzah explained that "our main concern as clinicians is really that ICS priorities do not align with HIV".⁹¹ Submissions from the London HIV Clinical Forum and Chelsea and Westminster Hospital NHS Foundation Trust also raised concerns that HIV is not viewed as a priority area by all ICBs.⁹²

Using his convening powers, the Mayor has an important role in bringing partners together to ensure that ICBs prioritise HIV services, in order to meet London's 2030 goals.

Recommendation 2

Following the delegation of HIV services to Integrated Care Boards (ICBs), the Mayor should convene a meeting with London's ICBs and leading partners working on HIV in London. The purpose of this meeting should be to discuss how ICBs plan to commission HIV services in London, and to secure a commitment from London's ICBs to prioritise HIV services in order to meet the 2030 targets.

⁸⁷ London HIV Clinical Forum, [Call for Evidence submission](#)

⁸⁸ London HIV Clinical Forum, [Call for Evidence submission](#)

⁸⁹ National AIDS Trust, [Call for Evidence submission](#)

⁹⁰ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

⁹¹ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

⁹² London HIV Clinical Forum and Chelsea and Westminster Hospital NHS Foundation Trust, [Call for Evidence submission](#)

Fast-Track Cities London

The Fast-Track Cities initiative is a partnership of organisations, including the Mayor of London, the NHS, UKHSA, Integrated Care Systems, London Councils, the voluntary sector and people living with HIV committed to reaching the 2030 goals in London.⁹³ Professor Jane Anderson, who co-chairs Fast-Track Cities London's leadership group, emphasised the importance of this work as "all the various bits of the HIV treatment and care pathway are quite scattered and dispersed and it is really important to join everything up".⁹⁴ Chelsea and Westminster Hospital NHS Foundation Trust told us that "London has demonstrated excellent collaboration across all sectors and Fast-Track Cities London have led the way to form many of these invaluable partnerships".⁹⁵ Fast-Track Cities London has also delivered initiatives including the HIV Confidential anti-stigma charter mark with National AIDS Trust and recruiting 16 GP HIV champions.⁹⁶

Given the complexity of London's health system and the number of organisations involved in providing HIV services, effective collaboration is essential, and we welcome the work of Fast-Track Cities London in enabling this.

Role of the Mayor of London

The Mayor of London has no direct powers over the delivery of health services in London. However, he has a powerful role in convening key stakeholders and advocating for further progress on HIV. In 2018, the Mayor of London, alongside other key health partners, signed up to the Fast Track Cities Declaration to reach zero new HIV infections, zero HIV-related stigma and zero HIV-related deaths by 2030.⁹⁷

Kevin Fenton told us that the Mayor can play an important role in three key areas:

- Being an advocate for HIV and sexual health issues
- Promoting collaboration between various programmes
- Working with leaders in London's health sector and being an advocate for key issues with national and local government.⁹⁸

Guests at our meetings were positive about the work of the Mayor and the GLA to date, but stressed the need for this to continue if London is to reach its 2030 goals. Jane Anderson told us that "we have had immense support from the Mayor and from his public health team".⁹⁹ Mark Santos from Positive East said that the Mayor should "raise awareness that 'we're not done yet'" as, despite progress, "if we don't continue with investment and our focus we will not achieve the Fast-Track City Goals."¹⁰⁰ The London HIV Clinical Forum explained that "the Mayor of London has already provided considerable support for HIV", and went on to argue that:

"The Mayor's ongoing leadership and support to empower local councils, integrated care systems and wider organisations such as education and the police to tackle stigma and

⁹³ Fast-Track Cities London, [About Us](#)

⁹⁴ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

⁹⁵ Chelsea and Westminster Hospital NHS Foundation Trust, [Call for Evidence submission](#)

⁹⁶ Fast-Track Cities London, [Our work](#)

⁹⁷ Fast-Track Cities London, [About Us](#)

⁹⁸ London Assembly Health Committee, [Transcript](#), Panel 1, 30 January 2025

⁹⁹ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

¹⁰⁰ Positive East, [Call for Evidence submission](#)

to hold these bodies to account will be pivotal in influencing change at a societal and institutional level.”¹⁰¹

It is vital that the Mayor uses all his available powers to help London achieve its 2030 goals. These are the focus of our recommendations throughout this report. One key lever the Mayor has is his Health Inequalities Strategy, and an updated implementation plan for this strategy is due to be published shortly. Tamara Djuretic from UKHSA said she would like to see the Mayor’s Health Inequalities Strategy include “HIV and STIs much more prominently than it has been featuring so far.”¹⁰² We support this view and would like to see HIV referenced prominently in the Mayor’s upcoming Health Inequalities Strategy implementation plan.

Recommendation 3

The Mayor’s upcoming Health Inequalities Strategy implementation plan should give greater prominence to the issue of HIV, with a focus on what key actions he will support and deliver to help London reach its 2030 goals.

¹⁰¹ London HIV Clinical Forum, [Call for Evidence submission](#)

¹⁰² London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

Getting to zero – the path to 2030

Strategic action at national level

The Government has committed to publishing an updated HIV Action Plan in 2025.¹⁰³ If London and the rest of the country is to meet the 2030 goals, it is critical that this action plan contains measures which produce a step change in HIV prevention and treatment. Throughout our investigation we heard evidence about what areas should be included in this plan. These include the need to expand opt-out testing in various healthcare settings, the provision of adequate funding for sexual health services, and the expansion of programmes to re-engage people into care. We believe that these reforms will be crucial in navigating London's journey to zero.

Increasing testing

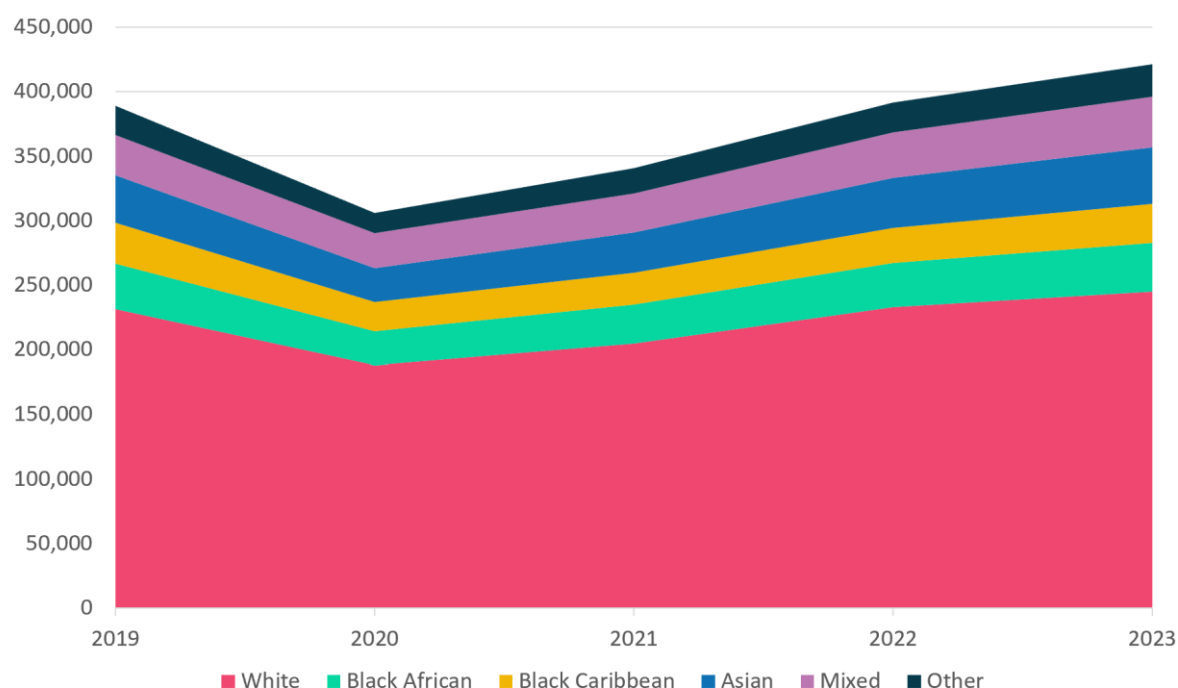
The importance of testing cannot be overstated. An estimated 1,200 people in London have HIV but are unaware of their HIV status, meaning that they are not accessing vital treatment, and risking further transmission.¹⁰⁴ We heard from Alison Brown that testing is a fundamental first step in accessing HIV prevention services or treatment: "Testing is the key to everything because an HIV diagnosis gives access to PrEP, if you are HIV negative, and sexual health advice. If you are positive it leads to treatment, which means you can no longer pass on HIV."¹⁰⁵

The number of people taking HIV tests in London decreased during the pandemic, but has now increased to above pre-pandemic levels, as shown by **Figure 6**.

¹⁰³ UK Parliament, [Publication of the HIV Action Plan Monitoring and Evaluation Framework 2024 Report](#), 2 December 2024

¹⁰⁴ UKHSA, [HIV Action Plan monitoring and evaluation framework 2024 report](#), 17 February 2025

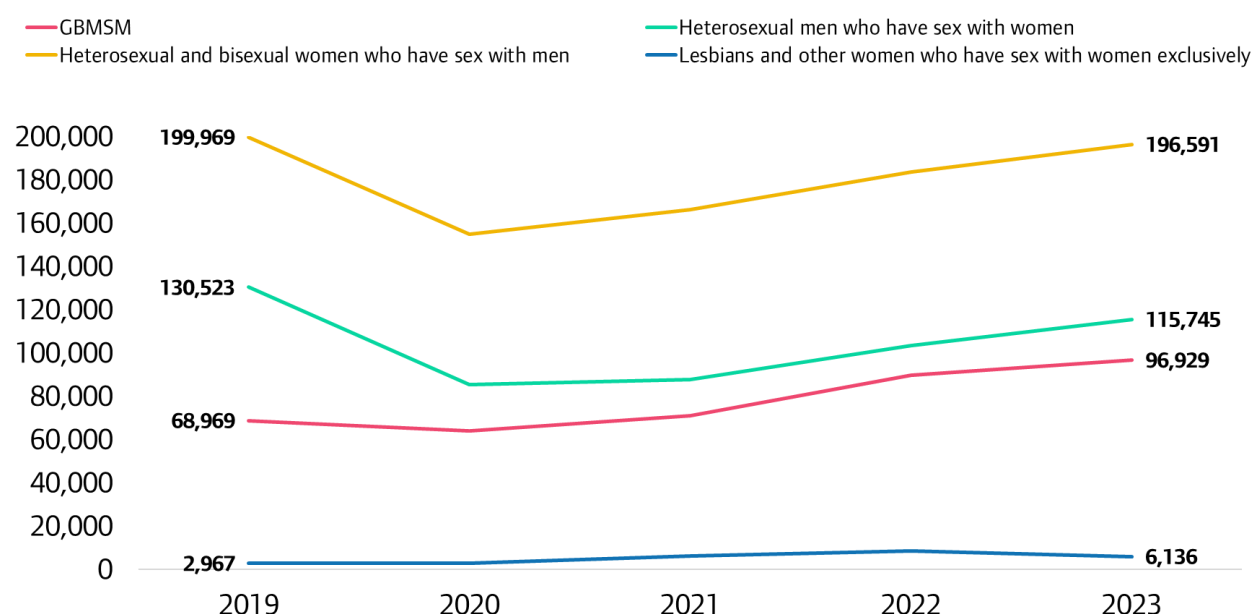
¹⁰⁵ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

Figure 6: Volume of people tested in London by ethnicity, 2019-2023¹⁰⁶

This is a promising development, although there is still much more to be done, especially to ensure that there is an increase in testing amongst key demographic groups. Despite increases in testing amongst gay, bisexual, and other men who have sex with men (GBMSM), Alison Brown explained that the number of heterosexual men and women taking an HIV test has not recovered to pre-pandemic levels, as shown by **Figure 7** below.¹⁰⁷

¹⁰⁶ UKHSA, [HIV: annual data](#), 2024. Chart produced by London Assembly Research Unit.

¹⁰⁷ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

Figure 7: Number of people tested for HIV at all sexual health services in London by gender identity and sexual orientation, 2019 to 2023¹⁰⁸

We also heard that significant proportion of people in London (40 per cent) are diagnosed late in their HIV infection, which increases complications and the risk of transmission.¹⁰⁹

We heard about innovative solutions to increasing testing, and we believe there is an opportunity for these to be expanded across London. Richard Angell gave the example of how a 'click-and-collect' approach to accessing HIV tests may be preferable for those living in Homes of Multiple Occupancy (HMOs).¹¹⁰ In Bristol in 2022 and 2023, a pilot scheme made HIV testing kits available from vending machines, which addressed some barriers to testing as they were convenient, easy to use and accessible.¹¹¹ Whilst this is not an example yet replicated in London, it shows that new approaches can be taken to expand access.

Whilst new and innovative testing solutions can play a key role, routine sexual health services are critical to driving up testing. Lisa Hamzah attributed the reduction of testing amongst certain groups to "the challenge faced by our sexual health services" and argued that "adequate funding for sexual health services will be key to help drive testing forward".¹¹² Adrian Kelly stressed that "we could survive without an online testing service. We cannot survive without clinics."¹¹³ This reinforces our earlier recommendation to increase the public health grant, which will enable our sexual health services to be better resourced.

¹⁰⁸ UKHSA, [HIV new diagnoses, AIDS, deaths and people in care: country and region tables, United Kingdom](#), 2024. Chart produced by London Assembly Research Unit.

¹⁰⁹ London HIV Prevention Programme, [Call for Evidence submission](#)

¹¹⁰ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

¹¹¹ National Institute for Health and Care Research, [Tackling HIV by expanding innovative testing programmes](#)

¹¹² London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

¹¹³ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

The Government has stated that the new HIV Action Plan “will include a focus on scaling up HIV testing”.¹¹⁴ We welcome this commitment, but we believe it is vital that the measures in the Action Plan lead directly to an increase in testing in London. When asked about the upcoming HIV Action Plan, Richard Angell argued that there needs to be an “all-year, always-on online testing service”. We support this view.¹¹⁵

We also support the expansion of ‘opt-out testing’ in emergency departments (EDs). Opt-out testing refers to a scenario in which patients attending EDs automatically have their blood samples tested for HIV, hepatitis C and hepatitis B, unless they choose not to.¹¹⁶ Lisa Hamzah explained that, to date in London, 2.2 million tests have been carried out, identifying 792 people with a new HIV diagnosis and a further 542 people who knew their diagnosis but were not in care.¹¹⁷ She also noted that more than 90 per cent of those newly diagnosed were now linked to care.¹¹⁸

Lisa Hamzah told the committee of the effect on reducing stigma amongst those receiving a test, which is leading to higher uptake rates:

“It avoids any kind of clinician input into the decision-making process and that really is key. In all these frontline services, everybody is incredibly busy and if you have to think an extra step above and beyond what you are already doing to help somebody in an ED, you are not going to see that uptake in ED testing, whereas in most EDs we have more than 90 per cent uptake.”¹¹⁹

She also explained that opt-out testing has been very successful as it has successfully diagnosed those from vulnerable communities:

“The people that we are picking up are by and large women, heterosexual, coming from Black communities and also predominately from areas of deprivation. They are living within the bottom few deciles of the Index of Multiple Deprivation, so people who are at risk of health inequalities.”¹²⁰

In November 2024, the Government announced £27m of funding to expand opt-out testing for HIV in NHS emergency departments, which it states will support its mission of ending new transmissions of HIV by 2030.¹²¹ We welcome this funding, and it is vital that it continues into the long-term. The Government has also stated that it has no plans to extend opt-out testing beyond emergency departments.¹²² We believe this is a missed opportunity. We heard evidence from key stakeholders including Terence Higgins Trust and Chelsea and Westminster Hospital NHS Foundation Trust that there is potential to increase opt-out testing in other healthcare

¹¹⁴ UK Parliament, [Written questions and answers – Written questions, answers and statements – UK Parliament](#), 11 December 2024

¹¹⁵ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

¹¹⁶ House of Commons Library, [HIV Testing Week, 7 February 2025](#)

¹¹⁷ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

¹¹⁸ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

¹¹⁹ London Assembly Health Committee, [Transcript](#), Panel 2, 18 November 2024

¹²⁰ London Assembly Health Committee, [Transcript](#), Panel 2, 18 November 2024

¹²¹ UK Government, [“I am determined this generation will be the one that ends new cases of HIV within England by 2030”, Prime Minister said ahead of World AIDS Day](#), 29 November 2024

¹²² UK Parliament, [Written questions and answers – Written questions, answers and statements – UK Parliament](#), 11 December 2024

settings, in particular GP surgeries.¹²³ Terence Higgins Trust also highlighted the fact that HIV testing is not being offered on an opt-out basis in all sexual health services.¹²⁴

We believe that increasing rates of testing across London, particularly amongst key demographic groups, will be an essential step in reaching HIV targets by 2030. We were pleased to hear about the success of the ED opt-out testing programme and welcome the additional funding that was recently announced for this. However, we believe that the Government should explore expanding this programme to other healthcare settings such as GP surgeries. It is also essential that opt-out testing for HIV is provided routinely in sexual health services.

Recommendation 4

The Mayor of London should write to the Health Secretary to request that funding is provided for opt-out HIV testing in other healthcare settings in London such as GP surgeries. This funding should be prioritised in areas with the highest HIV prevalence.

Recommendation 5

As part of its HIV Action Plan, the Government should set clear targets for a year-on-year increase in levels of HIV testing, including in London. This should include a focus on groups most at risk of acquiring HIV and a set of actions for reaching these targets. These could include the expansion of HIV testing through a combination of sexual health clinics and online services.

Re-engaging people with HIV who are ‘lost to care’

Despite the high standard of HIV treatment that is available in London, we were concerned to hear how many Londoners are aware of their HIV diagnosis but are not accessing care. UKHSA’s lower estimate is that 3,000 people living with HIV in London are not accessing the life-saving treatment they need.¹²⁵ Chelsea and Westminster Hospital NHS Foundation Trust explained that “reasons for difficulty in engagement in care include HIV-related stigma, mental health issues, difficulties with immigration, housing, welfare and chemsex use”.¹²⁶ The consequences of discontinuing HIV care include increased risk of severe illness, an increased proportion of people who have transmissible HIV, and increased costs to health and care systems.¹²⁷

In our meetings and on our visit to King’s College Hospital, we learnt about the innovative work that has taken place in south east London to re-engage patients in care. This requires complex work through multidisciplinary teams in the NHS, involving specialists who work with people on areas including immigration support and welfare advice. A key part of this work is peer support, usually involving people with lived HIV experience, which is vital to overcoming patients’ HIV stigma to gain their trust and confidence to engage with clinicians. Concerningly, some patients

¹²³ Various submissions, [Call for Evidence submission](#)

¹²⁴ London HIV Clinical Forum, [Call for Evidence submission](#)

¹²⁵ Terence Higgins Trust, [Call for Evidence submission](#)

¹²⁶ Chelsea and Westminster Hospital NHS Foundation Trust, [Call for Evidence submission](#)

¹²⁷ Dr Kate Childs, [People living with HIV who are not in care: Time to Act](#)

lost to care are involved in chemsex, alcohol addiction and other drugs, requiring NHS cooperation with the Metropolitan Police Service and alcohol support services.

The impact of this programme is clear: on our visit to King's College Hospital, we learnt that in the first year of the programme (2020-2021), 153 people with HIV were re-engaged back into care. 57 per cent of these were female and 71 per cent were Black African or Black Caribbean, and many were from areas with high levels of deprivation.¹²⁸ Re-engaging patients in care also has cost benefits for the NHS, with Lisa Hamzah telling us that "it is estimated that for each one single person who is re-engaged in care, the NHS saves around £220,000".¹²⁹

The team at King's College Hospital has led the way in delivering this vital work. But we were concerned to learn that this type of programme is currently not being funded across London. The work in south east London was initially funded by the Elton John AIDS Foundation and has now been taken up by the south east London Integrated Care System (ICS). But Lisa Hamzah told us that "stretched HIV services do not have the resource at the moment to do this" work and noted that the part of London she works in had been unsuccessful in applying for funding for similar work.¹³⁰

Richard Angell argued that if he "had the opportunity to expand something in London, it really would be that work around those lost to care", and referred to the work in South East London as a "best practice model".¹³¹ The committee views re-engaging those diagnosed with HIV back into care as a key priority for the Government in its upcoming HIV Action Plan. We would like to see funding provided to expand this specialist work to the rest of London, based on the programme in south east London. We also believe that the cost savings to the NHS for re-engagement should act as an additional incentive to expand this work across London.

Recommendation 6

As part of its HIV Action Plan, the Government should provide funding for programmes which re-engage HIV patients who have been lost to care. These programmes should include funding for multidisciplinary teams and peer support workers, and should draw on the best practice work that has taken place in South East London. These programmes should be sufficiently funded to be delivered across all of London's hospitals.

Increasing access to PrEP

PrEP medication has a particularly important role in HIV prevention. Professor Fenton told the Committee that "we know PrEP is so powerful in preventing acquisition of HIV."¹³² Terrence Higgins Trust notes that it is "almost 100 per cent effective when taken as prescribed", and "has been proven to be cost effective when measured against the cost of lifelong HIV treatment and care".¹³³ For these reasons we believe that increasing access to PrEP is a vital part of London's journey to zero.

¹²⁸ Slides shared with Health Committee following site visit to King's College Hospital

¹²⁹ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

¹³⁰ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

¹³¹ London Assembly Health Committee, [transcript](#), Panel 2, 18 November 2024

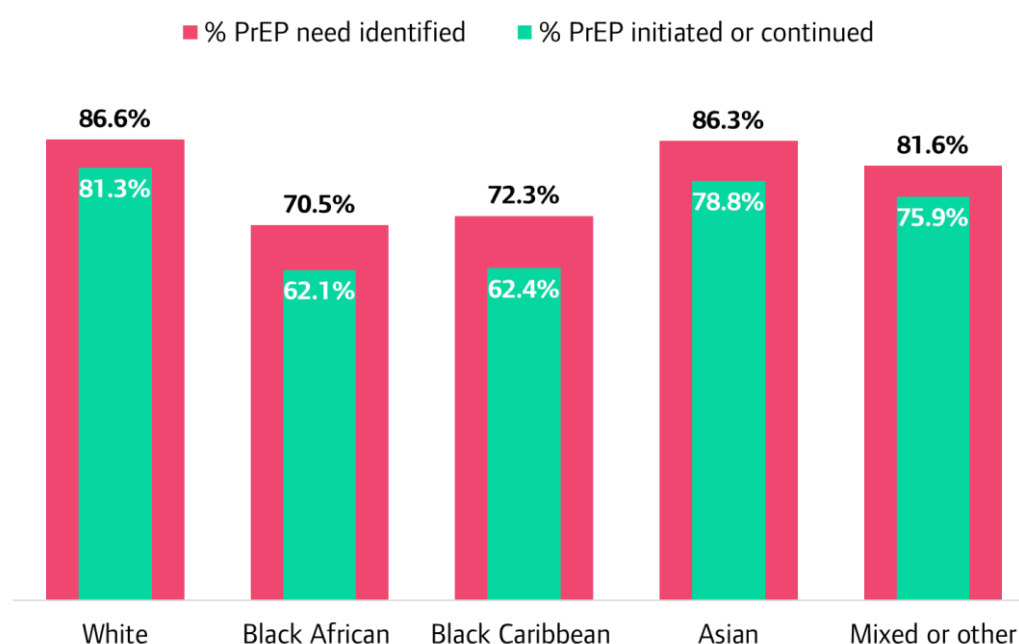
¹³² London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

¹³³ Terrence Higgins Trust, [Equitable access to PrEP statement](#)

PrEP has been available for free on the NHS in sexual health clinics since 2020.¹³⁴ But we were concerned to hear that there are considerable disparities in who is accessing PrEP, as well as a lack of awareness about PrEP amongst certain demographics in London. The London HIV Prevention Programme told us that “while PrEP is widely available in London, there are still barriers to access, especially among certain groups like women, Black African communities, and transgender people.”¹³⁵ Lisa Hamzah explained that there is a “huge number of people who don’t know about PrEP”, particularly “heterosexual men and women, people who identify as trans or non-binary, and also men who have sex with men who do not identify as gay”.¹³⁶

There are also ethnic inequalities in who is accessing PrEP medication. **Figure 8** shows that in 2023, people of Black African (70.5 per cent) and Black Caribbean (72.3 per cent) ethnicity were less likely than people of White ethnicity (86.6 per cent) to have their PrEP need identified when that need existed.¹³⁷ Those of Black African (62.1 per cent) and Black Caribbean (62.4 per cent) ethnicity were also the least likely to start PrEP in London after a need to take PrEP was identified, compared to 81.3 per cent for those of White British ethnicity.¹³⁸ This is particularly concerning given that these groups are currently experiencing higher levels of transmission.

Figure 8: Percentage of those with PrEP need in London where need was identified and treatment given, by ethnicity, 2023¹³⁹



Accessing PrEP requires an in-person visit to a sexual health clinic, but we heard that there are long waiting times for appointments and people are often turned away. In its written evidence,

¹³⁴ Department of Health and Social Care, [HIV drug PrEP to be available across England](#), 15 March 2020

¹³⁵ London HIV Prevention Programme, [Call for Evidence submission](#)

¹³⁶ London Assembly Health Committee, [Transcript](#), Panel 2, 18 November 2024

¹³⁷ UKHSA, [HIV pre-exposure \(PrEP\) need and use data tables](#), 1 October 2024

¹³⁸ UKHSA, [HIV pre-exposure \(PrEP\) need and use data tables](#), 1 October 2024

¹³⁹ UKHSA, [HIV pre-exposure \(PrEP\) need and use data tables](#), 1 October 2024. Chart produced by London Assembly Research Unit.

National AIDS Trust highlighted its 2022 report, 'Not PrEPared', which found that London was the region with the second highest number of people turned away when trying to access PrEP.¹⁴⁰ Richard Angell told us that it was "really difficult" to access PrEP in London. He explained that, through a study that Terrence Higgins Trust conducted in 2022, "50 per cent of the time, people were turned away" and noted that there was a 12-week wait to initiate PrEP across England."¹⁴¹ We are concerned about the possibility of onward transmission for those with HIV that these delays may cause.

Terence Higgins Trust told us that "sexual health services must remain a key route of access for PrEP and must be properly resourced to deliver it", but also argued that "PrEP should also be accessible beyond sexual health services", in order to improve access and relieve pressure on those services.¹⁴² This could involve digital solutions, such as the PrEP Emerge app in Brighton, which has enabled existing PrEP users to manage their PrEP prescriptions digitally, freeing up over 1,000 clinical appointments.¹⁴³

A second way to expand PrEP access could be through community pharmacies. In 2024, Bristol University's Centre for Academic Primary Care concluded that pharmacies can provide a more convenient and discreet option for those underserved by the current model of PrEP delivery.¹⁴⁴ Richard Angell told us that "the ideal is that you can have a digital prescription for PrEP and you could go to a pharmacy that could dispense it around the country", but suggested that "getting pharmacies to prescribe is a challenge too great for us".¹⁴⁵ Kevin Fenton argued that increasing PrEP access through community pharmacies is a "number one priority" in order to lower the barriers to access and reach more diverse communities, but acknowledged that there are regulatory and funding challenges around this.¹⁴⁶

We believe that pharmacy provision of PrEP could increase access by establishing another outlet for this vital medication. We view the upcoming HIV Action Plan as a key opportunity to increase access to PrEP.

Another challenge that was raised with us was access to PrEP in prisons. Both Richard Angell and Dr Lisa Hamzah noted that PrEP is currently not available in prisons.¹⁴⁷ Richard Angell argued that "it is really important that that changes because the law says you should have access to the same healthcare provision whether you are incarcerated or not".¹⁴⁸ The committee supports this view.

Recommendation 7

As part of its HIV Action Plan, the Government should include commitments to increase PrEP access through community pharmacies.

¹⁴⁰ National AIDS Trust, [Call for Evidence submission](#)

¹⁴¹ London Assembly Health Committee, [Transcript](#), Panel 2, 18 November 2024

¹⁴² Terence Higgins Trust, [Call for Evidence submission](#)

¹⁴³ Local Government Association, [Brighton and Hove: How a PrEP app is helping manage demand](#)

¹⁴⁴ Bristol University, [Community pharmacies could expand PrEP access to help prevent HIV](#), 19 November 2024

¹⁴⁵ London Assembly Health Committee, [Transcript](#), Panel 2, 18 November 2024

¹⁴⁶ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

¹⁴⁷ London Assembly Health Committee, [Transcript](#), Panel 2, 18 November 2024

¹⁴⁸ London Assembly Health Committee, [Transcript](#), Panel 2, 18 November 2024

Recommendation 8

As part of its HIV Action Plan, the Government should increase funding for digital solutions to PrEP access, drawing on evidence from use of the PrEP EMERGE app piloted in Brighton.

Recommendation 9

As part of its HIV Action Plan, the Government should commit to making PrEP available in prisons.

Action to address HIV-related stigma

Expanding the reach of the HIV Confident charter

HIV Confident is a charter mark developed by National AIDS Trust, aidsmap and Positively UK, which organisations and employers can sign up to with the aim of addressing HIV-related stigma.¹⁴⁹ The charter mark is a set of commitments which organisations commit to implementing in their own organisations. The Mayor signed the GLA up as a founding member of the HIV Confident charter in December 2023.¹⁵⁰ This means that as an organisation, the GLA has committed to improving employee knowledge about HIV, improving employee attitudes towards people living with HIV, tackling stigma and discrimination and providing people living with HIV a way to report any stigma or discrimination they experience.¹⁵¹

It is early days for the HIV Confident charter, but we believe that expanding the reach of the charter could be a powerful way of addressing stigma in the capital. We are pleased that the GLA has signed up to HIV Confident, and we believe there is more the Mayor could do to promote the charter across London. For example, Lambeth Council has signed up to the HIV Confident charter, but we are not currently aware of other London boroughs who have signed up to the charter.¹⁵²

Robbie Currie argued that the Mayor has a role in promoting HIV Confident to businesses and other organisations.¹⁵³ He pointed out that the Mayor “has influence over the police, the fire service, faith groups” and that “being able to gain access to some of those communities to discuss some of these issues would also be of great benefit.”¹⁵⁴ We would like to see further uptake of the HIV Confident charter amongst organisations in the public and private sectors, and believe the Mayor can work with partners to help achieve this goal.

¹⁴⁹ [HIV Confident](#)

¹⁵⁰ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

¹⁵¹ National AIDS Trust, [Become HIV Confident to beat stigma](#), 21 July 2024

¹⁵² Email to the Committee from Marc Thompson, London HIV Prevention Programme

¹⁵³ London Assembly Health Committee, [Transcript](#), Panel 2, 18 November 2024

¹⁵⁴ London Assembly Health Committee, [Transcript](#), Panel 2, 18 November 2024

Recommendation 10

The Mayor should require all GLA Group organisations to sign up to the HIV Confident Charter. He should also promote the charter in London and advocate for more organisations to sign up to it in 2025, including the councils, healthcare settings and businesses.

HIV/AIDS memorial in London

In December 2023, the Mayor announced £130,000 of funding from the Commission for Diversity in the Public Realm¹⁵⁵ towards the construction of a permanent HIV and AIDS memorial in London.¹⁵⁶ The Mayor has said that the memorial will be “a symbol of solidarity with those whose lives have been most affected by HIV and AIDS and a powerful reminder that we must continue to battle against the virus and the stigma that too frequently comes with it”.¹⁵⁷ In June 2024, artist Anya Gallaccio was commissioned by AIDS Memory UK (the charity that is leading the project) to create the memorial.¹⁵⁸ AIDS Memory UK has said that the memorial will be unveiled at the end of 2027.¹⁵⁹

Richard Angell told us that the memorial “will remind us of those that we have lost and that is a really important thing that the city needs to do” but will also “give us an opportunity to show us the distance travelled.”¹⁶⁰ However, he did caution against the possibility of re-stigmatising HIV when it is launched, as he told the committee that “it brings up the conversation of death and HIV which is a thing that re-stigmatises the condition.”¹⁶¹

We welcome plans to construct the HIV/AIDS memorial. However, it is important that this is tied in with work to tackle HIV-related stigma, as well as promoting public health messaging relating to HIV.

Recommendation 11

Given that he has provided funding for the HIV/AIDS memorial in London, the Mayor should advocate to ensure that construction of this is completed by the end of 2027. When the memorial is unveiled, he should use this as an opportunity to work with partners to promote anti-stigmatising initiatives and public health messaging in relation HIV.

¹⁵⁵ The Commission for Diversity in the Public Realm is an initiative, established by the Mayor of London Sadiq Khan, to review and assess public tributes including statues and other landmarks.

¹⁵⁶ Greater London Authority, [Mayor announces funding for new permanent HIV/AIDS memorial to remember lives lost and tackle discrimination](#), 1 December 2023

¹⁵⁷ Mayor of London, [Tackling HIV stigma](#), 12 September 2024

¹⁵⁸ AIDS Memory UK, [Anya Gallaccio Will Create The AIDS Memorial in London](#), 12 June 2024

¹⁵⁹ AIDS Memory UK, [Anya Gallaccio Will Create The AIDS Memorial in London](#), 12 June 2024

¹⁶⁰ London Assembly Health Committee, [Transcript](#), Panel 2, 18 November 2024

¹⁶¹ London Assembly Health Committee, [Transcript](#), Panel 2, 18 November 2024

Public health messaging on Transport for London's estate

One area where the Mayor could use his power and influence is by providing free advertising for HIV campaigns and public health messaging on the TfL estate. TfL states that its advertising estate is the “largest in the UK out-of-home market, reaching a diverse audience of millions.”¹⁶² There was strong support for this amongst the guests at our committee meetings. Jane Anderson told us that this “would be a fabulous idea”¹⁶³ and Joel Robinson said, “it would be amazing if that happened”.¹⁶⁴ When asked if he supported this, Robbie Currie said “yes, absolutely. Unequivocally, yes.”¹⁶⁵

When asked about the potential to advertise on the TfL estate, Kevin Fenton highlighted the importance of targeted online advertising and argued that “we are far more surgical in targeting our campaigns”.¹⁶⁶ He stressed that public health campaigns should be data-driven and should use the “right tools to reach the right people”.¹⁶⁷

We agree that any public health messaging regarding HIV should be driven by data about audience and impact. But given the scale of the potential audience, exploring ways to use the TfL estate for HIV-related public health messaging is an opportunity for the Mayor to make a real impact.

At our meeting in January there was a discussion about what form this advertising should take. We heard that a key benefit of advertising in this way could be to help destigmatise HIV, rather than to increase uptake of specific HIV services. Adrian Kelly noted that sexual health advertising “does not drive lots and lots of testing.”¹⁶⁸ Rather, he argued that messaging on TfL could act as a “background destigmatising message” which “could help us [...] in a much more indirect way rather than a direct way.”¹⁶⁹ He went on to explain that advertising in this way “creates that environment of destigmatising STI and HIV infection.”¹⁷⁰ Similarly, Juddy Otti stated that:

“it will help to normalise these conversations because a lot of times this is what we are struggling with and that is what drives the stigma. That presence in your everyday life will normalise and that will then bring in more people to take action.”¹⁷¹

We recognise that the exact form of HIV-related advertising on the TfL estate will require attention and needs to be carefully researched to achieve maximum impact. Adrian Kelly stressed the need for communities “not to feel stigmatised and targeted because of their race when that messaging comes through.”¹⁷² We believe that with the right messaging and appropriate considerations, public health campaigns can help to destigmatise HIV in London. The Mayor has a key role to play in this by providing free advertising space on the TfL network for HIV public health messaging.

¹⁶² Transport for London, [2024 Business Plan](#), December 2023

¹⁶³ London Assembly Health Committee, [transcript](#), Panel 1, 18 November 2024

¹⁶⁴ London Assembly Health Committee, [transcript](#), Panel 2, 30 January 2025

¹⁶⁵ London Assembly Health Committee, [Transcript](#), Panel 2, 18 November 2024

¹⁶⁶ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

¹⁶⁷ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

¹⁶⁸ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

¹⁶⁹ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

¹⁷⁰ London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

¹⁷¹ London Assembly Health Committee, [transcript](#), Panel 2, 30 January 2025

¹⁷² London Assembly Health Committee, [transcript](#), Panel 1, 30 January 2025

Recommendation 12

The Mayor should introduce HIV public health messaging on Transport for London's estate, with the aim of normalising information about HIV and addressing HIV-related stigma. He should work with HIV charities and health partners in London to do this. This should occur within the current Mayoral term (2024-28).

Committee activity

Committee meetings

The committee held its first meeting on HIV in London on 18 November 2024 with the following guests:

- **Professor Jane Anderson**, Consultant Physician in HIV Medicine at Homerton University Hospital; Co-Chair, Fast-Track Cities London Leadership Group
- **Alison Brown**, Consultant Scientist, UK Health Security Agency (UKHSA)
- **Tamara Djuretic**, Head Consultant for HIV and Sexual Health, UKHSA
- **Richard Angell OBE**, Chief Executive Officer, Terrence Higgins Trust
- **Robbie Currie**, Chief Executive Officer, National AIDS Trust
- **Dr Lisa Hamzah**, Consultant, St George's University Hospitals NHS Foundation Trust and Co-Chair of the London HIV Clinical Forum

The committee held its second meeting on HIV in London on 30 January 2025 with the following guests:

- **Professor Kevin Fenton CBE**, Regional Director, Office for Health Improvement and Disparities (London); Regional Director of Public Health, NHS London; Statutory Health Advisor to the Mayor of London, GLA and London Assembly
- **Mona Hayat**, Director of Sexual Health, London Sexual Health Programme
- **Marc Thompson**, Lead Commissioner, London HIV Prevention Programme
- **Juddy Otti**, Head of HIV Services, Africa Advocacy Foundation
- **Mark Santos**, Executive Director, Positive East
- **Kat Smithson**, CEO, British Association for Sexual Health and HIV (BASHH)
- **Joel Robinson**, CEO, Spectra
- **Tony Wong**, CEO, METRO Charity
- **Dr Elske Hoornenborg**, Head of the Center for Sexual Health and medical doctor specialised in internal medicine and infectious diseases, Public Health Service of Amsterdam

Call for evidence

The committee published a call for evidence in February 2025, and received 12 responses from the following organisations:

- Catholics for AIDS Prevention
- Chelsea and Westminster Hospital NHS Foundation Trust
- Jonathan O'Sullivan, Director of Public Health, Islington Council; HIV Lead, Association of Directors of Public Health (ADPH) London
- London HIV Clinical Forum
- London HIV Prevention Programme

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- London Sexual Health Provider Group
 - London HIV Ambassador Programme
 - Mildmay Hospital
 - National AIDS Trust
 - Positive East
 - Positively UK
 - Terrence Higgins Trust

Site visit

The committee attended a site visit on 6 February 2025 to King's College Hospital.

Other formats and languages

If you, or someone you know needs this report in large print or braille, or a copy of the summary and main findings in another language, then please call us on: 020 7983 4100 or email assembly.translations@london.gov.uk

Chinese

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Vietnamese

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Hindi

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