

APPG on HIV/AIDS AGM 17:30-18:30 Room Q, PCH

Agenda

- AGM business (voting of officers etc)
- Financial update
- Discussion of what the APPG will work on over the coming year (next inquiry etc)/feedback from stakeholders
- APPG report review
- AOB

Looking back over the work of the APPG in the past year

With Susie Pelly on maternity leave between Jan 2017 and November 2017, Tom Addison continued the work of the APPG. He started the inquiry into the withdrawal of aid from middle income countries and the impact on People Living With HIV and held a number of events with civil society organisations. He organised a debate on the HIV Puzzle – the APPG’s last report and a backbench business debate on R&D.

Since coming back from maternity leave Susie Pelly has almost finished the inquiry into withdrawal of aid from MICs, held a debate for World AIDS Day and continued with civil society events in Parliament. Highlights for the year include the AIDS Memorial Quilt in Westminster Hall which we helped convene for a week around World AIDS Day, Youth STOPAIDS events with the Minister, meetings with both Alistair Burt and Stephen Brine and a number of important policy/advocacy achievements. Working with THT, we ensured that the Emergency Workers Bill did not have a detrimental impact on PLHIV. We also worked closely with NGOs to lobby the Government on the Data sharing MOU between the Home Office and NHS Digital.

Moving forward, key policy priorities for the coming year....

To help set the APPG’s priorities we sent out a survey to our stakeholders (civil society groups, clinicians, local authorities, pharmaceutical companies, service users, service providers etc.) to identify which policy areas where the APPG could have greatest influence. We received 14 detailed responses. The strongest policy suggestions are the following:

DFID

1. **Influencing a DFID Global Health Strategy:** following DFID’s acceptance of ICAI’s recommendation that the UK should develop a global health strategy, the APPG could advocate for HIV’s inclusion within this strategy. STOPAIDS previously produced a report ‘Towards a DFID Strategy on Global Health’. Building on the efforts of recent campaigns, if successful, this strategy could be a key mechanism for ensuring that the UK Government takes a coordinated and holistic approach to HIV programmes and investments – from awareness and education to roll-out of current treatment and prevention as well as research and development for the future.
2. **Drug resistance:** the UK Government has been at the forefront of international efforts to address drug resistance, but HIV has been largely absent from these conversation - despite HIVDR threatening to destabilize progress on HIV, particularly with key populations and in

relation to young people given projected population increases across Africa. The WHO produced a Global Action Plan on HIV Drug Resistance last year, which found an increase in the prevalence of drug resistance (in line with the increased use of anti-retroviral drugs), with estimates of a recent survey indicating levels above 10% to first-line ARV drugs in many countries. The Plan calls for increased monitoring and surveillance and measures to prevent and respond to HIV drug resistance, as well as continued investment in research and innovation for diagnostic tools, new drugs, long-acting formulations of ARV-based prevention and vaccines and other non-ARV based interventions.

3. **90/90/90/90:** UNAIDS set a target of ensuring 90% of people living with HIV knew their status, 90% of those people accessing treatment and 90% of those people achieving viral load suppression. These targets are intended to be reached by 2020 but are unlikely to be met so the APPG could call attention to this missed target. Civil society have also called for there to be a 4th 90 target related to quality of life.
4. **Prevention:** The launch of the Global Prevention Coalition and the UNAIDS HIV Prevention 2020 Road Map in October 2017, marked a welcome shift in political momentum, back towards the issue of HIV prevention. Yet, these political commitments are not being matched with adequate programming, or financial resources (both domestically and internationally). Implementation of the new Road Map remains patchy and slow, and is unlikely countries will meet the ambitious targets set out in 2016 Political Declaration on Ending AIDS (75% reduction in new infections from 2.2 million in 2010 to 500,000 in 2020). Adolescent girls and young women in Eastern and Southern Africa continue to be disproportionately affected by high rates of new infections. While, globally, key population groups are still inadequately addressed in national HIV prevention programming. In the run up to the 2020 deadline, the APPG could run an event focusing on the importance of attaining these global targets and milestones, and UK's role in achieving them.
5. **Access to new ARVs:** Especially in the context of viral load testing. Looking in to lessons we can learn from the UK's expenditure on R&D for ARVs and how to make access more equitable. UK taxpayers have been extensively involved in developing ART through sponsoring or collaborating on 235 clinical trials. The UK Medical Research Council invested in Phase 1 clinical trials for raltegravir, which is a lifesaving treatment for HIV positive patients who are resistant to or unable to take both first and second-line ARVs. The lowest possible price for third-line regimens that use raltegravir is £1,425 per person per year, which is 18 times the price of a first-line regimen.
6. **Global Fund Replenishment:** The 6th replenishment of the Global Fund will take place in September 2019. STOPAIDS, Results UK, ONE, Malaria No More and others will kick off a Replenishment Campaign in October 2018 that it would be great to have the APPG's support on. They plan to have a photo opportunity for parliamentarians around this at party conferences in Autumn 2018. - Monitoring and tracking HIV integration:

Department for Health and Social Care

1. **Commissioning/ funding of HIV prevention services for people who inject drugs in the UK**
 With the increased focus on achieving drug free outcomes, well established HIV prevention interventions like needle and syringe programmes are increasingly in funding crisis and in some cases, have already shut. One of the solutions that has been proposed is to try to create a statutory mandate on local authorities to provide drug services, including needle and syringe programmes and opioid substitution therapy. This has already been done for HIV services but with a focus on sexual transmission, and could be an area where parliamentarians could make a very specific impact.
2. **The integration of care, provision of support services and fostering of good long-term**

condition management for people living with HIV are hot topics. Health provision infrastructure continues to evolve meaning this is a moving target but we need to think about how to ensure service provision remains effective during the transformation period. This follows on from the recommendations in the HIV Puzzle report. The APPG could bring together key players (CCGs, local authorities, clinicians, support services, and people living with HIV) to discuss barriers to integration.

3. **Removal of the Public Health Ringfence** Public health is currently attracting political attention, partly because of the impact of service cuts and partly because of the lifting of the ring-fence and the switch to business rates retention as the funding mechanism. This is a golden opportunity for the APPG to have influence over matters to do with sexual health and harm reduction strategies that will have considerable impact on the future shape of the HIV epidemic.

Inquiry

Stephen Doughty and the Policy Advisor attended an NAT Policy Network Seminar in May to discuss ideas about the next inquiry with the main UK stakeholders. Having looked at the suggestions sent in through the survey we recommend that the best suggestion is to do the inquiry into the withdrawal of the public health ringfence as it covers issues that cut across most stakeholders and will be politically very relevant in the coming year.

APPG Events/Meetings in the pipeline...

1. **10th July- 13:00-15:00, Room T, PCH, Gilead sponsored Young Advocates roundtable**
2. **11th July 18:00-20:00, CPA Room, APPG Report Launch with STOPAIDS and International AIDS Alliance**
3. **Terrence Higgins Trust parliamentary drop in July (Time and place TBC)**
4. **Stephen Doughty MP, Baroness Barker and Susie Pelly to attend the International AIDS Conference in Amsterdam 24th-27th July 2018**

Group Finance

The APPG is funded by a number of donors, donations have fluctuated a little in the past year, as published in the APPG register. The MACAIDS donation has decreased (from £8700). The HIV AIDS Alliance are no longer funding the APPG through core funding. They have stated that they would prefer to fund specific country visits. We have a new donor, the International Partnership for Microbicides. We received one final donation from Monument Trust for £50,000. This gives us a few years buffer to find a replacement donor.

£9,400 from Gilead

£10,000 from STOPAIDS

£10,000 from Monument Trust

£5,570 from MACAIDS

£3000 from IAVI

The APPG salary costs are around £34k annually. We have few other additional costs. This year we are using some of the additional funds recieved to attend the Amsterdam conference and to fund our report launch.

We are looking to replace the Monument Trust as a major donor. Potential funder are: Levi Strauss foundation, CAFF FOUNDATION, Baring Foundation, AIDS Fonds, Open Society Foundations and the Gates Foundation.