



Llywodraeth Cymru
Welsh Government

HIV Action Plan for Wales

Eliminating HIV – improving quality of life
and tackling stigma associated with the
virus – an action plan for 2023-26

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Ministerial foreword

HIV and AIDS continue to be a major global public health issue. The World Health Organisation estimates that, globally in 2020, 680,000 people died from HIV-related causes and 1.5 million people acquired HIV. Although there remains no cure for HIV, effective prevention, diagnosis, treatment, and care are now available, enabling people living with HIV to lead long and healthy lives.

Over the past five years, the Welsh Government, working with other partners, has made huge progress in improving access to testing and treatment in Wales. Wales can be proud of the significant reduction seen in new diagnoses of HIV. Between 2015 and 2021 new diagnosis of HIV decreased by 75%. A significant factor in this achievement can be attributed to the commitment by Welsh Government to provide Pre-Exposure Prophylaxis (PrEP) for all for whom it is clinically indicated since the summer of 2017.

Despite the challenges that faced sexual health services throughout the Covid pandemic, access to HIV testing was maintained through face-to-face consultations and the rapid deployment of on-line testing. As we emerge from the pandemic, this blended model of access to HIV tests has resulted in more people being tested for HIV between January and March 2022 than in any previous quarter.

Our *Programme for Government* sets out ambitious commitments to both develop an *HIV Action Plan for Wales* and tackle the stigma experienced by those living with HIV. The latter is especially significant. We have come a long way since the dark days of the 1980s – so memorably depicted last year in Channel 4's *It's a Sin* – when ignorance and cruelty towards people with HIV was rife. There have been several recent positive developments; in December 2021 the Welsh Government welcomed the Ministry of Defence's lifting of restrictions on people living with HIV and PrEP users in the armed services, but ignorance still exists within certain sectors and within individuals, and there is much more to be done to stamp it out.

In the autumn of 2021, we established an HIV Action Plan Working Group chaired by Dr Marion Lyons, a Senior Medical Officer in Welsh Government, which consists of a diverse range of stakeholders with community based, professional, academic and, importantly, personally lived experiences. The guiding principles underpinning the work of this Group are that no-one should be left behind, that inclusivity and diversity should be encouraged and celebrated and that **all** the communities we serve should be an integral part of the dialogue, debate and decision making on HIV going forward.

The group has worked collaboratively across a number of themes in sub-groups and has co-created a plan which contains 26 actions aimed at eliminating all HIV in Wales and achieving zero tolerance of HIV-related stigma by 2030. The actions are focussed on five key areas: prevention; testing; clinical care; living well with HIV and tackling HIV-related stigma. I am especially pleased to see the group advocating a zero tolerance towards HIV-related stigma. People living with HIV are protected under the Equality Act 2010 and should not face discrimination, either in the workplace or in the delivery of goods, services and facilities. There is no place for ignorance or intolerance in modern Wales and this plan sets out actions aimed at tackling this.

I am very grateful to those partners and stakeholders who have worked together to make this plan a reality. I look forward to seeing the consultation responses. I firmly believe that by accepting and implementing these actions, we will make a massive difference to the lives of people living with HIV and in protecting current and future generations from the virus.



Eluned Morgan MS

Minister for Health and Social Services

Introduction

The Welsh Government's Programme for Government, published in June 2021, and refreshed in December 2021, outlines a number of commitments aimed at providing effective, high quality and sustainable healthcare. One of the key commitments under this heading is to develop an HIV action plan and to tackle the stigma experienced by those living with HIV.

We recognise the importance of partnership working to achieve our commitments. This Action Plan was developed by an HIV Action Plan Working Group established by Welsh Government and supported by three task-and-finish groups who focused on: stigma; peer support and living well with HIV; and PrEP and prevention. Membership of these groups (attached at Appendix 1), came from a broad range of organisations including people living with HIV (PLWHIV), all with considerable expertise. We have also worked closely with colleagues across Welsh Government, in particular LGBTQ+ policy leads who are developing an LGBTQ+ Action Plan for Wales. Members considered current evidence and good practice and its relevance to Wales and have put forward 26 actions to help meet our 2030 elimination commitment and to tackle HIV-related stigma.

The plan contains five priority areas for action:

1. Prevention
2. Testing
3. Clinical Care
4. Living well with HIV
5. Tackling HIV-related stigma

The actions will be underpinned by three core principles:

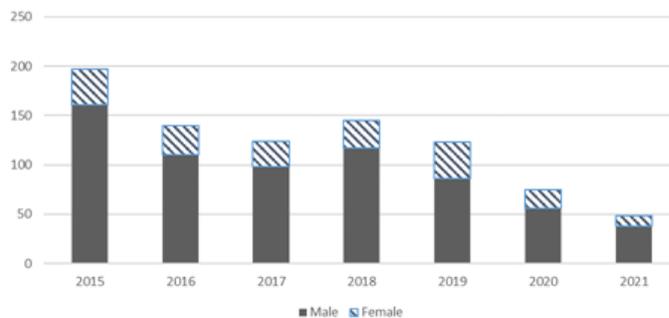
1. There should be zero tolerance of HIV-related stigma
2. That plans for implementation of new initiatives and services will be informed by, or developed with, people living with HIV. Alongside this there will be a recognition of contextual differences by sexuality, ethnicity, age, gender and location, to ensure that no one is left behind.
3. All new initiatives and services will be subject to ongoing monitoring and evaluation to make sure they meet the actions and principles laid out in the plan.

Current position.

Wales has seen a 75% reduction in new diagnosis of HIV between 2015 and 2021. There was a 77% reduction in new diagnosis in men who have sex with men and a 61% reduction in new diagnosis in heterosexual individuals. Data for the latter years should be interpreted with caution as there was a reduction in testing in the early phase of the pandemic.

While the Covid-19 pandemic disrupted both society and service provision, adaptations to the way that testing and clinic services were provided in Wales meant that access to HIV testing continued, and in 2021 there were 48 people newly diagnosed with HIV infection in Wales. Approximately 2,800 people accessed care in Wales for HIV.

New diagnoses of HIV in Wales 2015 -2021



Overarching actions:

1. Establishing Wales as a Fast Track Nation

Fast Track Cardiff & Vale – the first Fast Track Health Board in Wales – has been a highly successful collaboration over the past two years in involving local public bodies, increasing collaborative work, and producing new initiatives including GP support for HIV testing and an advocacy network, both of which have attracted non-statutory funding. Even though it is currently unfunded, Fast Track Cardiff & Vale has also successfully embedded Wales HIV Testing Week.

We now have an ideal opportunity to grow other fast track health boards and build on this initiative to co-create with all partners an all-Wales coalition, Fast Track Cymru (FTC). The aspiration is to make Wales a Fast Track Nation. It will be a collaboration of Welsh Government, Public Health Wales (PHW), each LHB, a representative of Welsh local authorities, clinicians, voluntary sector groups and people living with HIV.

Among the things we envisage the FTC network would:

- collaborate to help achieve Wales' ambition to end new cases by 2030;
- support local fast track health boards to establish and sustain themselves.
- promote changes that will improve the quality of life for people living with HIV;
- promote projects that encourage innovation and new ways of working.

2. Involvement of voluntary and community groups

None of the actions in this plan will be achieved without the existing voluntary and community groups working with people living with HIV. This action plan has been developed with partners such as Pride Cymru and Terrence Higgins Trust (THT) Cymru, whose work builds on the legacy of Cardiff AIDS Helpline and Cardiff Body Positive. The Welsh Government were pleased to welcome the THT's new strategy, which looks to make a substantial investment in Welsh provision over the next three years. In addition to their work, the work of third sector HIV groups like PrEPster, National AIDS Trust, Positively UK and CHIVA – the Children's HIV Association – has all been taken into consideration. In the implementation of this plan, Welsh Government, health boards, local authorities and other partners will wish to work closely with the HIV voluntary and community sector.

3. Funding and development of an all-Wales sexual health case management system

An all-Wales sexual health case management, surveillance and reporting system will be funded and developed to support networked all-Wales patient care and data collection. The case management system should have the capability to interface with the other relevant software systems, to enable the support of HIV management and surveillance widely and provide automatic data to a central portal. The system should also support reporting outputs based on World Health Organisation (WHO) targets, British HIV Association (BHIVA) standards for HIV care and other stakeholder requirements.

The case management system will provide robust data and intelligence to monitor trends, assess the success of interventions and for planning service provision. In developing the case management system, we would expect data fields on ethnicity and gender (including transgender) to be included in routine collection. It is important that there is clarity on ownership of the data and it is recommended that the ownership and oversight of this system rests with Public Health Wales.

4. Health boards and trusts to report on the implementation of the actions in this plan

Health boards and trusts will provide assurance to the Welsh Government on an annual basis that the actions from HIV Action Plan are being taken forward and are making a difference.

5. Establishment of an Action Plan Oversight Group

An HIV Action Plan Oversight Group will be established to demonstrate our commitment to maintaining oversight and monitoring the impact that delivery of the HIV Action Plan has made.

1.	Building on the success of the Fast Track Cities initiative in Cardiff and the Vale, a new national umbrella body, Fast Track Cymru (FTC) will be established and funded by Welsh Government. This body will provide capacity and strategic focus for stakeholders, community groups and decision makers, in local fast track collaborations to support the implementation of this Action Plan and ensure that all key partners work together to achieve our objectives.
2.	Involvement of voluntary and community groups. In the implementation of this plan, Welsh Government, health boards, local authorities and other partners will work closely with the HIV voluntary and community sector.
3.	A case management surveillance system, overseen by Public Health Wales, will be funded and established to support clinical management and improve shared care. It will facilitate real-time data collection and timely publication and will ensure decision makers can measure their achievements against ambitions.
4.	Health boards and trusts will be required to detail actions they are taking to implement the actions of the HIV Action Plan in their delivery plans. Progress can be reported on at quarterly Quality and Delivery meetings between Welsh Government and health boards.
5.	An HIV Action Plan Oversight Group, which will involve all key stakeholders including health boards, local government, clinicians, voluntary and community organisations and people living with HIV, will be established to monitor progress against our ambitions and to advise Ministers on progress and any further actions required. The Group will provide an annual progress update on the implementation of this plan.

Priority 1: Prevention

HIV prevention initiatives are effective in preventing HIV transmission including condom use and Pre-Exposure Prophylaxis (PrEP).

Condoms prevent HIV, other sexually transmitted infections and unwanted pregnancies. Free condoms are available in a wide range of venues in Wales and can now be ordered on-line through Sexual Health Wales On-line Testing Service. Ease of access to free condoms is further supported by the All Wales Condom Card scheme. Young people aged 13-25 years can access free, confidential sexual health advice and free condoms from the Condom-Card (C-Card) Schemes across

Wales. The schemes operate from youth centres, voluntary organisations, schools and colleges.

PrEP has been available to all those for whom it is indicated in Wales since July 2017 and is provided in Wales through sexual health clinics or infectious disease units.

Analysis has shown that PrEP is largely accessed by those who are aware and confident enough to access it, with under representation of young gay men, and people at risk of HIV through heterosexual sex. In addition, the current model for delivery of PrEP in Wales (through sexual health clinics only) disadvantages many rural communities and groups who traditionally avoid such clinics (women and ethnic minorities). Going forward, health boards must have care pathways in place for PrEP that meet demand.

While the significant social restrictions imposed at times during the Covid-19 pandemic did have a negative impact on use of PrEP, usage recovery has been swift and 1,302 individuals were prescribed PrEP in 2021. This is significantly more than the previous two years. 1,280 individuals were prescribed PrEP between July 2017 and September 2019. To address the inequity in awareness of and access to PrEP in underserved communities, pilot initiatives have commenced:

- Ask Me About PrEP programme in Wales – a peer-based approach to PrEP education;
- PrEP Campaign – a social marketing campaign delivered by Terrence Higgins Trust.

Following evaluation of their effectiveness, the HIV Action Plan Oversight Group will make further recommendations to the Minister on effective targeted PrEP promotion initiatives that address low levels of knowledge, take up in relevant groups and continuity of care.

A number of service improvement initiatives have also been developed, these include a PrEP self-referral pathway using the Sexual Health Wales online home testing service, and Preprack – an app that is designed to be used by the individual to keep track of their PrEP use.

PREVENTION ACTIONS

6.	Continue to deliver, develop and evaluate the “Ask me about PrEP” programme in Wales.
7.	PHW, working with Fast Track Cymru collaborative networks and the voluntary and community sectors, will continue to support the wider use of, and diverse access to, PrEP (including the different regimens and formulations in development), through ongoing awareness raising for both the general public and healthcare staff.

8. Primary care and specialist sexual health services should develop and implement a shared care model to improve access and delivery of PrEP. This will enable PrEP to be provided by GPs and community pharmacies in all health board areas, with particular emphasis on delivery in rural areas and in underserved communities. In addition, health boards should explore how community organisations can support PrEP. Health boards must have care pathways in place for PrEP that meet demand.

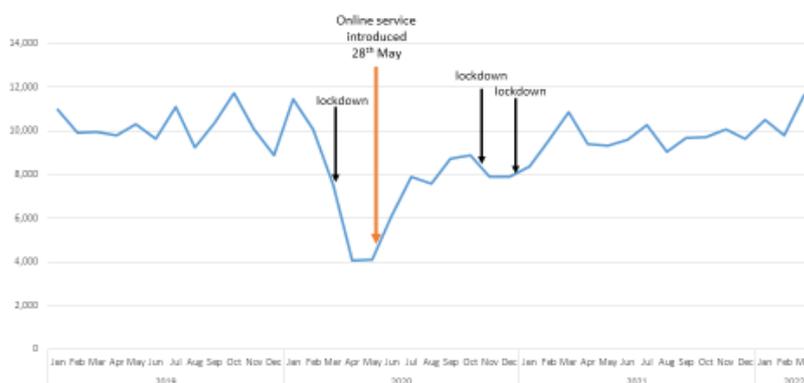
Priority 2: Testing

HIV is a virus that causes a chronic lifelong infection that can be managed very successfully by antiretroviral therapy (ART). People diagnosed with HIV who are on ART live long and healthy lives. People who have the HIV virus for some years without a diagnosis and treatment will most likely develop advanced HIV disease, or acquired immune deficiency syndrome (AIDS). For this reason an early diagnosis is important.

In addition, individuals who adhere to ART will have a sustained, undetectable level of HIV viral load in their blood and will not transmit HIV to their sexual partners. This is commonly known as **Undetectable = Untransmissible (U = U)**, where a person living with HIV who is on treatment and has an undetectable viral load cannot sexually transmit HIV.

While there is still more progress to be made, HIV testing episodes in Wales have recovered from the significant decline seen at the start of the pandemic. This is shown in the graph below.

HIV testing by month in Wales 2019 -2022



Covid-19 Lockdown Timeline - 2020

- 24th of March – 29th of May: First lockdown
- 23rd of October – 9th of November: Second “firebreak” lockdown
- 20th of December: Beginning of Third lockdown

Although the number of new HIV diagnoses is low, there is concern that a significant number of people are presenting with late-stage HIV. While life expectancy of people living with HIV on effective treatment is now similar to that of the general population, the most important predictor of morbidity and premature mortality is late diagnosis. Late diagnosis also increases the risk of onward HIV transmission.

In 2021, 42% of new cases in Wales were late diagnoses, an improvement on previous years. This is still unacceptable and there is an urgent need to understand the missed opportunities that have resulted in people presenting late and to take appropriate measures to address the barriers to testing. We also need to ensure that opportunities to offer a HIV test are not missed in health care settings, and that clinicians focus testing on those presenting with clinical signs or symptoms which may suggest infection with HIV.

There will be many opportunities for healthcare providers to work together to provide seamless care and make every contact count. There is significant read across to the Hepatitis C elimination agenda and some of the communities we need to reach to achieve elimination will be the same ones we need to encourage to have an HIV test. An Inclusion Health Programme is being developed by PHW to support this joined up approach.

The Sexual Health Wales online home testing service has improved access to HIV testing for many, but more can be done to:

- improve the user journey for those requiring a test;
- reach out to and improve access to testing for underserved communities, including ethnic minorities;
- explore a “click and collect” service, known to improve access to people living with a partner or family members, those in houses of multiple occupancy and ethnic minorities.

HIV prevalence in Wales is low and we need to ensure that our HIV testing strategy reflects this, as it will be challenging to identify those with undiagnosed infection. The United Nations set a goal of 90-90-90 (that by 2030, 90% of people living with HIV will be diagnosed, 90% of those diagnosed will be on antiretroviral treatment and 90% of those receiving antiretrovirals will be virally suppressed). Work undertaken by Fast Track Cardiff and Vale, supported by data from Public Health England, shows that we had achieved this goal in Cardiff by 2018, but we can go further. In 2019 it was estimated that for Cardiff 7% of HIV infections remained undiagnosed.

Evidence recommends that, for low positivity areas, testing is focussed on primary care targeted home/community testing and testing for other clinical indicator conditions. Fast Track Cardiff and Vale has piloted a successful HIV testing initiative in GP practices in a Cardiff GP Cluster - *Texting for Testing*. Through the proposed new collaborative Fast Track Cymru, this should be rolled out more widely by health boards and GPs across Wales. A link to the report on the pilot can be found here: [gp-facilitated-hiv-home-testing-pilot-evaluation-report-v1.0-15112021.pdf \(wordpress.com\)](https://www.gp-facilitated-hiv-home-testing-pilot-evaluation-report-v1.0-15112021.pdf)

An anonymised seroprevalence study undertaken by PHW for HIV and Blood Borne Viruses will guide any further refinements to our testing framework in Wales.

The emergence of monkeypox since May 2022 in multiple countries that are not endemic for monkeypox virus has reinforced the need to ensure that individuals who have developed symptoms have ready access to advice and appropriate testing and clinical care.

TESTING ACTIONS:

9.	We need to make every contact count. Testing should be in line with current BHIVA/BASHH/BIA Adult HIV Testing guidelines 2020 (HIV-testing-guidelines-2020.pdf (bhiva.org)) with testing provided as opt out for patients attending certain healthcare settings, and testing strategies reviewed and amended in line with local HIV prevalence data.
10.	PHW will ensure that the online testing will continue to be made more accessible by the provision of sustainable funding for the existing online testing service including an option for rapid test and “click and collect” services. The online testing will be promoted more widely by PHW to tackle inequalities and the user journey improved.
11.	A plan will be developed with Fast Track Cymru, health boards and voluntary & community partners to ensure no individual or community will be left behind when it comes to testing. This will include community HIV testing kits through community groups, faith communities and support services to reach the needs of underserved populations.
12.	In collaboration with health boards and GP clusters the GP “Texting for testing” pilot, which has operated successfully in certain areas of Cardiff, will be extended more widely throughout Wales.
13.	The all-Wales HIV testing week will be funded appropriately by Welsh Government for the duration of this action plan. Health boards, local authorities and partners will be expected to support this initiative.
14.	Tackling late diagnosis will be made a priority. It will be mandatory that all late HIV diagnoses should be investigated and reported by health boards. Following an annual meeting to consider outcomes, lessons learned will be shared and reported to the HIV Oversight Group.
15.	HIV awareness training will be mandatory for healthcare staff. Training modules for clinicians should be modified to raise awareness of the specific indicator conditions when HIV testing must be undertaken.

Priority 3: Clinical Care

The primary aim of antiretroviral therapy (ART) is the prevention of HIV associated morbidity and mortality. The majority of people attending specialist HIV services are on effective ART with virological suppression and good treatment outcomes,

including a life expectancy as good as the general population when treatment is started promptly. In the UK in 2020 around 99% of those diagnosed with HIV had initiated ART, with 97% of those on ART having a suppressed viral load. Specifically for Wales, in 2020 of the 2,448 residents of Wales receiving care for HIV 96% had achieved viral load suppression.

A further benefit of ART is the reduction in sexual transmission – **a person living with HIV who is on treatment and has an undetectable viral load cannot sexually transmit HIV.**

However, there remains a very small number of people living with HIV for whom engagement with clinical care and adherence to ART is extremely challenging and these individuals are at risk of increased morbidity and mortality, and of transmitting the virus to other people.

With the implementation of the Sexual Health Wales On-Line Testing Service, many asymptomatic individuals who previously would have attended sexual health clinics no longer require specialist sexual health service support. As a result, specialist sexual health services can focus resources on complex cases including those at high risk of HIV, particularly in underserved and hard to reach communities, with the aim of increasing testing, maximising provision of HIV prevention interventions (as above) and reducing the incidence of late HIV diagnosis.

HIV services (whether they are located in sexual health or other services, e.g. infectious diseases) require adequate staffing and other resources in order to provide high quality care to all people living with HIV, but in particular, newly diagnosed individuals, underserved communities and those individuals who struggle to engage with care and adhere to effective ART. This complex work requires a multidisciplinary approach with the aim of supporting people to take effective ART, maintain an undetectable viral load and therefore to minimise onward transmission, thereby working towards the 90:90:90 goals and HIV elimination.

HIV services should participate in the BHIVA national audit programme and evaluate their services against the BHIVA Standards of Care for People Living with HIV.

The mental health requirements of those living with HIV also need to be better addressed. All HIV clinics should have access to psychological support and prioritise patient referral into peer support and mental health services elsewhere in the NHS or in the voluntary and community sector if needed.

CLINICAL CARE ACTIONS:

16.	All services providing HIV care in Wales should review their staffing structure, supporting and protecting the HIV workforce. They need a skilled workforce to provide care to more complex cases, re-engage with positive individuals lost to care and can reach out to underserved populations. A focus must be maintained on those actually or potentially lost to care over the life of the plan. Care will be delivered in accordance with BHIVA Standards of Care for Living with HIV and BHIVA national guidance. This will involve innovative
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	ways of working, and the co-production with PLWHIV, of care pathways with a focus on underserved populations.
17.	All newly diagnosed individuals with HIV should be seen within a specialist HIV service within two weeks of diagnosis. All should be referred for peer support and fully supported to remain in clinical care, as well as having access to psychological support.

Priority 4: Living Well with HIV

HIV is a long-term condition and being diagnosed with HIV can be distressing, with feelings of anxiety and depression being common. In addition to the support provided by specialist health clinic staff with referral to specialist counsellor or psychologist, many individuals access voluntary sector support provision. Most find it helpful to talk to others with HIV.

Benefits of support, including peer support, include maintaining health and well-being through better adherence and understanding of health conditions. Peer support has also been found to create economic benefits by reducing pressure on other health and social care services. It can also have an impact in strengthening communities, creating social connections and contributing to public health and prevention.

Wales does not currently have commissioned HIV support services across the country nor a dedicated HIV peer support network. Cardiff University is currently undertaking a review of peer support for people living with HIV in Wales and will propose potential principles and structures of an HIV peer support network for Wales, which will then be further developed in dialogue with service users and providers.

It is important that people living with HIV understand and are empowered to have a role in the management of their health and well-being. There are a number of self-management courses and workshops for people living with any long-term health condition or a caring role. There is an opportunity in Wales to deliver a programme for those living with HIV through Education Programmes for Patients (EPP Cymru) run by Public Health Wales.

Inequality in HIV care is a matter of serious concern. We need to ensure that we reach out to underserved populations including older people and ethnic minority groups living with HIV. There is no one-size-fits-all solution, but we need the meaningful involvement of their diverse communities using the most appropriate means of communication if quality of life of those with HIV is to improve.

Living Well with HIV

ACTIONS:

18.	Those living with HIV will be empowered to better self-manage their health through participation in the Positive Self-Management Programme (PSMP) provided by EPP Cymru.
19.	A national peer support programme for Wales will be commissioned by Welsh Government in the autumn of 2022, following the conclusion of research work carried out by Cardiff University into the potential principles and structures of such a programme.
20.	Fast Track Cymru and its local networks working with voluntary and community groups should support health boards and local authorities to engage meaningfully with all diverse communities including ethnic minorities and faith groups so that testing for HIV is accepted, stigma is reduced and those living with HIV are supported to live better lives.

Priority 5: Tackling Stigma

Fear and misunderstanding often lead to prejudice against people with HIV, even among service providers. This prejudice and discrimination leads to feelings of hopelessness and shame in those struggling to cope with their situation, creating a serious barrier to diagnosis and treatment.

Zero tolerance of stigma and discrimination is one of the five core principles in this action plan. Stigma impacts on the uptake of HIV testing, sharing of HIV status, engagement and retention in care with healthcare personnel, and uptake of and adherence to HIV treatment. This prevents people from using health care and fuels the ongoing transmission of HIV.

The health system collects a vast amount of insight from patients, and we want to ensure that we are acting on this feedback. The Positive Voices National Survey in 2017 provided insight into the experience of a large and representative sample at a UK level of the HIV population when accessing healthcare. Two centres in Wales promoted the survey and the results for Wales showed that:

- around one in seven patients have never told anyone about their HIV status outside a health care setting;
- 18% of patients reported that they were worried about being discriminated against in a health care setting in the last year;
- 21% of patients said they had avoided seeking healthcare when they had needed it in the last year and
- 5% said they had actually been refused healthcare or delayed a treatment or medical procedure in the last year.

HIV prevention is also dramatically hindered by stigma. Studies have linked stigma to increased risk, non-disclosure and avoidance of health services, including those which may prevent mother to child transmission of HIV.² Stigma is also linked to fear and avoidance of HIV testing.³ Given the preventative benefits of HIV treatment, the part that stigma plays as a barrier to accessing testing and care has an important role in driving the epidemic. Tackling stigma is vital to improving the lives of people living with HIV and is integral to tackling HIV
([Jun 16 Tackling HIV Stigma.pdf \(nat.org.uk\)](#))

The Changing Perceptions report identifies what needs to be done within the NHS, including zero tolerance of HIV stigma and discrimination, and staff training. An awareness of the low risk of transmission is important, as is raising awareness of actions and language that could be perceived as stigmatising.

The HIV Action Plan Working Group believe the most effective way to address stigma is through education:

- Know the facts. Educate individuals about HIV.
- Educate others. Pass on facts and positive attitudes; challenge myths and stereotypes.

To achieve our goal of zero tolerance towards HIV stigma we propose the following actions:

21.	An HIV awareness training programme will be developed collaboratively, to address misunderstanding and stigma in the healthcare sector, and which will be mandatory for all healthcare providers.
22.	Social Care Wales will adapt this training programme for use in the social care sector and develop a plan for its delivery to all social care workers.
23.	The message that people living with HIV on effective treatment can't pass it on to a partner should be promoted widely and all HIV training modules should be consistent with this message.
24.	Resources in the school curriculum should effectively address HIV, PrEP and stigma and be consistent with the latest evidence on HIV.
25.	FTC should work with collaborating organisations and the Advocacy network to ensure that awareness of stigma and the promotion of positive messages such as U=U and zero tolerance is a common and ongoing thread in their day to day work.
26.	PHW, working with partner organisations and people living with HIV, will introduce and promote an annual Wellbeing Survey of People Living with HIV to monitor whether change has been affected and is effective.

Summary of all Actions set within the HIV Action Plan:

1.	Building on the success of the Fast Track Cities initiative in Cardiff and the Vale, a new national umbrella body, Fast Track Cymru (FTC) will be established and funded by Welsh Government. This body will provide capacity and strategic focus for stakeholders, community groups and decision makers, in local fast track collaborations to support the implementation of this Action Plan and ensure that all key partners work together to achieve our objectives.
2.	Involvement of voluntary and community groups. In the implementation of this plan, Welsh Government, health boards, local authorities and other partners will work closely with the HIV voluntary and community sector.
3.	A case management surveillance system, overseen by Public Health Wales, will be funded and established to support clinical management and improve shared care. It will facilitate real-time data collection and timely publication and will ensure decision makers can measure their achievements against ambitions.
4.	Health boards and trusts will be required to detail actions they are taking to implement the actions of the HIV Action Plan in their delivery plans. Progress can be reported on at quarterly Quality and Delivery meetings between Welsh Government and health boards.
5.	An HIV Action Plan Oversight Group, which will include all key stakeholders including health boards, local government, clinicians, voluntary and community organisations and people living with HIV, will be established to monitor progress against our ambitions and to advise Ministers on progress and any further actions required. The Group will provide an annual progress update on the implementation of this plan.
6.	Continue to deliver, develop and evaluate the “Ask me about PrEP” programme in Wales.
7.	PHW, working with Fast Track Cymru collaborative networks and the voluntary and community sectors, will continue to support the wider use of, and diverse access to, PrEP (including the different regimens and formulations in development), through ongoing awareness raising for both the general public and healthcare staff.
8.	Primary care and specialist sexual health services should develop and implement a shared care model to improve access and delivery of PrEP. This will enable PrEP to be provided by GPs and community pharmacies in all health board areas, with particular emphasis on delivery in rural areas and in underserved communities. In addition, health boards should explore how community organisations can support PrEP. Health boards must have care pathways in place for PrEP that meet demand.
9.	We need to make every contact count. Testing should be in line with current BHIVA/BASHH/BIA Adult HIV Testing guidelines 2020 (HIV-testing-guidelines-2020.pdf (bhiva.org)) with testing provided as opt out for patients attending certain healthcare settings, and testing strategies reviewed and amended in line with local HIV prevalence data.

10.	PHW will ensure that the online testing will continue to be made more accessible by the provision of sustainable funding for the existing online testing service including an option for rapid test and “click and collect” services. The online testing will be promoted more widely by PHW to tackle inequalities and the user journey improved.
11.	A plan will be developed with Fast Track Cymru, health boards and voluntary & community partners to ensure no individual or community will be left behind when it comes to testing. This will include community HIV testing kits through community groups, faith communities and support services to reach the needs of underserved populations.
12.	In collaboration with health boards and GP clusters the GP “Texting for testing” pilot, which has operated successfully in certain areas of Cardiff, will be extended more widely throughout Wales.
13.	The all-Wales HIV testing week will be funded appropriately by Welsh Government for the duration of this action plan. Health boards, local authorities and partners will be expected to support this initiative.
14.	Tackling late diagnosis will be made a priority. It will be mandatory that all late HIV diagnoses should be investigated and reported by health boards. Following an annual meeting to consider outcomes, lessons learned will be shared and reported to the HIV Oversight Group.
15.	HIV awareness training will be mandatory for healthcare staff. Training modules for clinicians should be modified to raise awareness of the specific indicator conditions when HIV testing must be undertaken.
16.	All services providing HIV care in Wales should review their staffing structure, supporting and protecting the HIV workforce. They need a skilled workforce to provide care to more complex cases, re-engage with positive individuals lost to care, and reach out to underserved populations. A focus must be maintained on those actually or potentially lost to care over the life of the plan. Care will be delivered in accordance with BHIVA Standards of Care for Living with HIV and BHIVA national guidance. This will involve innovative ways of working, and the co-production with PLWHIV of care pathways with a focus on underserved populations.
17.	All newly diagnosed individuals with HIV should be seen within a specialist HIV service within two weeks of diagnosis. All should be referred for peer support and fully supported to remain in clinical care, as well as having access to psychological support.
18.	Those living with HIV will be empowered to better self-manage their health through participation in the Positive Self-Management Programme (PSMP) provided by EPP Cymru.
19.	A national peer support programme for Wales will be commissioned by Welsh Government in the autumn of 2022, following the conclusion of research work carried out by Cardiff University on the potential principles and structures of such a programme.

20.	Fast Track Cymru and its local networks working with voluntary and community groups should support health boards and local authorities to engage meaningfully with all diverse communities including ethnic minorities and faith groups so that testing for HIV is accepted, stigma is reduced and those living with HIV are supported to live better lives.
21.	An HIV awareness training programme will be developed collaboratively, to address misunderstanding and stigma in the healthcare sector, and which will be mandatory for all healthcare providers.
22.	Social Care Wales will adapt this training programme for use in the social care sector and develop a plan for its delivery to all social care workers.
23.	The message that people living with HIV on effective treatment cannot pass it on to a partner should be promoted widely and all HIV training modules should be consistent with this message.
24.	Resources in the school curriculum should effectively address HIV, PrEP and stigma and be consistent with the latest evidence on HIV.
25.	FTC should work with collaborating organisations and the Advocacy network to ensure that awareness of stigma and the promotion of positive messages such as U=U and zero tolerance is a common and ongoing thread in their day to day work.
26.	PHW, working with partner organisations and people living with HIV, will introduce and promote an annual Wellbeing Survey of People Living with HIV to monitor whether change has been affected and is effective.

Appendix 1

Membership of the HIV Action Plan Task and Finish Group

Marion Lyons (Chair)	Welsh Government
Zoe Couzens	Public Health Wales
Peter Jones	Welsh Government
Stephen Thomas	Welsh Government
Nerys Llewellyn	Welsh Government
Alessandro Ceccarelli	Welsh Government
Lisa Power	Fast Track Cities Cardiff and the Vale
Richard Angell	Terrence Higgins Trust
Jim Fielder	Terrence Higgins Trust
Gianpiero Molinu	Pride Cymru
Kate Nambiar	Welsh Gender Service
Davinia Green	Stonewall Cymru
Rachel Jones	Public Health Wales Virologist
Laura Cunningham	British Association of Sexual Health and HIV
Jonathan Underwood	Consultant physician at University Hospital of Wales
David Gillespie	Cardiff University
Darren Cousins	Consultant in sexual health and HIV
Fiona Clark/ Judy Thomas	Community Pharmacy Wales
Sara Bodey/Phil White	General Practitioner Committee Wales
Steven Evans-Jones	Expert Patient

In addition: Baroness Wilcox of Newport attended the introductory meeting.

The following also contributed to the work of the sub-groups:

Will Nutland, PrEPster

Marc Thompson, PrEPster

Iestyn Wyn, Stonewall Cymru

Sue Channon, Cardiff University

Garry Brough, Positivity UK

Christine Roach, Public Health Wales

Secretariat for the groups was provided by:

Helen Tutt, Welsh Government

Nicholas Price, Welsh Government

Definitions

- HIV:** HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). There is currently no effective cure. Once people get HIV, they have it for life. But with proper medical care, HIV can be controlled.
- AIDS:** AIDS (acquired immune deficiency syndrome) is the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged by the HIV virus. While AIDS cannot be transmitted from one person to another, the HIV virus can.
- PrEP:** PrEP (pre-exposure prophylaxis) is a medication people can take regularly to prevent them getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV.
- Online testing:** Ordering your test online to be delivered at home.
- ART:** Antiretroviral therapy – can also be called combination therapy or HIV treatment.
- U=U:** Undetectable = Untransmittable' (U=U) is a campaign explaining how the sexual transmission of HIV can be stopped. When a person is living with HIV and is on effective treatment, it lowers the level of HIV (the viral load) in the blood. When the levels are extremely low (below 200 copies/ml of blood measured) it is referred to as an undetectable viral load. This is also medically known as virally suppressed. At this stage, HIV cannot be passed on sexually.
- Seroprevalence:** Seroprevalence is the number of persons in a population who test positive for a specific disease based on serology specimens
- WHO:** World Health Organisation
- BHIVA:** British HIV Association
- Underserved population:** Populations who face barriers in accessing and using services, includes populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations.