Achievements of the Zero HIV Social Impact Bond
Addressing HIV in the UK is a longstanding priority for our Foundation.

In the early 2010s, we saw a stagnation in the reduction of HIV new diagnoses, with late diagnosis rates remaining high.

To reach those individuals being left behind, we conducted an ethnographical study of undiagnosed people living with HIV in three London boroughs with very high HIV prevalence: Lambeth, Southwark and Lewisham.

We learned from that study and discussions with NHS England and local authorities that reaching this population would need:

- Universal testing in acute and primary care, and
- Targeted testing through community groups for high-risk populations
What we set out to do: our Theory of Change

**INTERVENTIONS**
- Opt-out HIV testing in emergency departments and in GP practices whenever blood is taken
- Targeted testing by community organisations for high-risk populations
- Recall and audit systems to re-engage people who have been lost to HIV care

**OUTCOMES**
- Individuals newly diagnosed with HIV and brought into HIV care
- Individuals aware of HIV status but not receiving treatment brought into HIV care

**SHORT TERM GOALS**
- Improve health outcomes for people living with HIV
- Reduce the spread of HIV, as those on adequate treatment cannot pass on the disease
- Influence clinician HIV knowledge and behaviours through education and process changes

**LONG TERM GOALS**
- Foster robust learnings about the most impactful and effective interventions
- Build evidence of cost savings achieved through earlier diagnosis and engagement
- Establish routine commissioning of successful HIV testing interventions

What we set out to do: our Theory of Change
Goals: Improve health outcomes and reduce spread of HIV - In 3 years (Nov 2018 – Dec 21) >450 people entered HIV care

- 265k+ HIV tests administered
- 200+ individuals newly diagnosed and brought into HIV care
- 250+ individuals re-engaged into HIV care after not receiving treatment
- 60% of those brought into care were late diagnoses (CD4 cell count < 350)

“The project was really helpful for me as it did make me aware, I was HIV positive. Without it, I would never have known I was positive, as I wouldn’t go and have the test done out of the blue. I was in a stable relationship and the thought of HIV didn't even cross my mind once.”

– Woman newly diagnosed through ED testing
Having moved home, I decided to change my GP. I was invited to a routine welcome check up. At the end of the check up, the nurse asked me if I wanted to take an HIV test. I was not in a hurry, so I thought “why not”. I was actually putting my coat on to leave the surgery when I was given the bad news, it was positive! Please remember it was just a routine “medical” changing to a new GP, and I didn’t visit because I was feeling sick.

*Push the testing. Although there is currently no cure, it can be totally eradicated by getting HIV positive people on treatment. Tell them my story, encouragement will save lives and unnecessary suffering*

“The SIB has not only impacted the quality of life for so many of our patients, but... the ripple effect of the SIB has started to challenge HIV associated stigma amongst staff and patients.” – Lucy Wood, Clinical Nurse Specialist, Lewisham and Greenwich Trust
“Sharing the outcomes and experience from the EJAF SIB projects is vital; this will result in the next wave of innovative new projects that will ultimately improve patient care.”

- Kate Childs, Consultant Physician, Sexual Health and HIV, Kings College Hospital.
Goal: Build evidence of cost savings:

- HIV testing costs <£7 in acute or primary care and so is cost effective in areas of high HIV incidence.

- We modelled that the **savings (costs avoided)** to the health system are >£220,000 per person living with HIV linked to care.

- We showed that the average costs of finding someone with a new diagnosis was <£10,000, and reengaging someone <£4,000.

- The >450 people reached through the SIB created a net ‘healthcare costs avoided’ **total of >£90,000,000**.

- We developed an evidence paper for DHSC and Public Health England to influence the HIV Action Plan.
Goal: Establish routine commissioning – developing the evidence

Key to influence commissioning is to show who we reach.

Our data shows the health inequalities issue, with >50% of people being Black African, Black Caribbean and Black Other community members.

Of heterosexual transmission, about two thirds are women, and 75% are members of Black African, Black Caribbean and Black Other communities.
Goal: Establish routine commissioning – getting it funded

**National:** We worked with partners to set up the HIV Commission, and the Commission report (Dec 2020) used our evidence and cost saving modelling.

The Sec of State for Health responded by promising a National HIV Action Plan.

We gave evidence to the All-Party Parliamentary Group on HIV & AIDS HIV Testing Enquiry, and Enquiry on Effects of HIV on BAME groups.

1\textsuperscript{st} Dec 2021: HIV Action Plan commits to £20m to fund ED HIV testing in highest incidence areas!

**Regional:** our evidence influenced the ‘Evolving the Care of People living with HIV Care in London’ commissioning recommendations from April 2022.

**SE London:** we are influencing CCG and local authority commissioners to sustain the interventions, succeeding in a commitment to fund future ED HIV testing.