

FAST-TRACK CITIES TAYSIDE – HIV STRATEGIC PLAN



A note on language

Language matters. People living with or at risk of HIV experience stigma and discrimination and the wrong language perpetuates this. We strive to use non-stigmatising language and follow the guidance of the [People First Charter](#). There are no fixed rules and what is considered 'correct' will vary over time, and between individuals. We aimed to author this report using language that is non-stigmatising. However, we are aware that language tends to evolve rapidly and reflect societal attitude changes. If people read this report in the far future, we hope they consider this and our good intentions in using the most widely used and recognised terms available to us at the time.

Introduction

There has been significant advance in HIV prevention, treatment and care locally, nationally and internationally over the last 40 years. Scotland and Tayside have achieved the UNAIDS 2020 targets of 90-90-90 with over 90% of individuals with HIV aware of their diagnosis, of those over 90% are on treatment and over 90% of those on treatment have an undetected viral load¹, and we are now working towards the revised 95-95-95 targets for 2030. Nevertheless, despite these advances we continue to see new transmissions, late diagnoses and missed opportunities for testing. HIV stigma continues to be pervasive and limits advances at every level but also contributes to poorer quality of life for people living with HIV.

The Fast Track Cities Initiative (FTCI) was launched to support the UNAIDS prevention² targets. Focused on translating global goals, objectives, and targets into local implementation plans, FTC builds upon, strengthens, and leverages existing HIV-specific and related programs and resources to meet the Fast-Track Cities commitments³.

Dundee City Council and Perth and Kinross Council have both committed to FTC and along with NHS Tayside and our partners we pledge to target these challenges with a local lens and work together to implement a long-term plan for zero HIV transmissions, zero HIV related deaths and zero HIV stigma. This strategy encompasses the breadth of interventions described in the '[Ending HIV Transmission in Scotland by 2030](#)' document and associated delivery plan and has the potential to “get us to zero” by 2030.

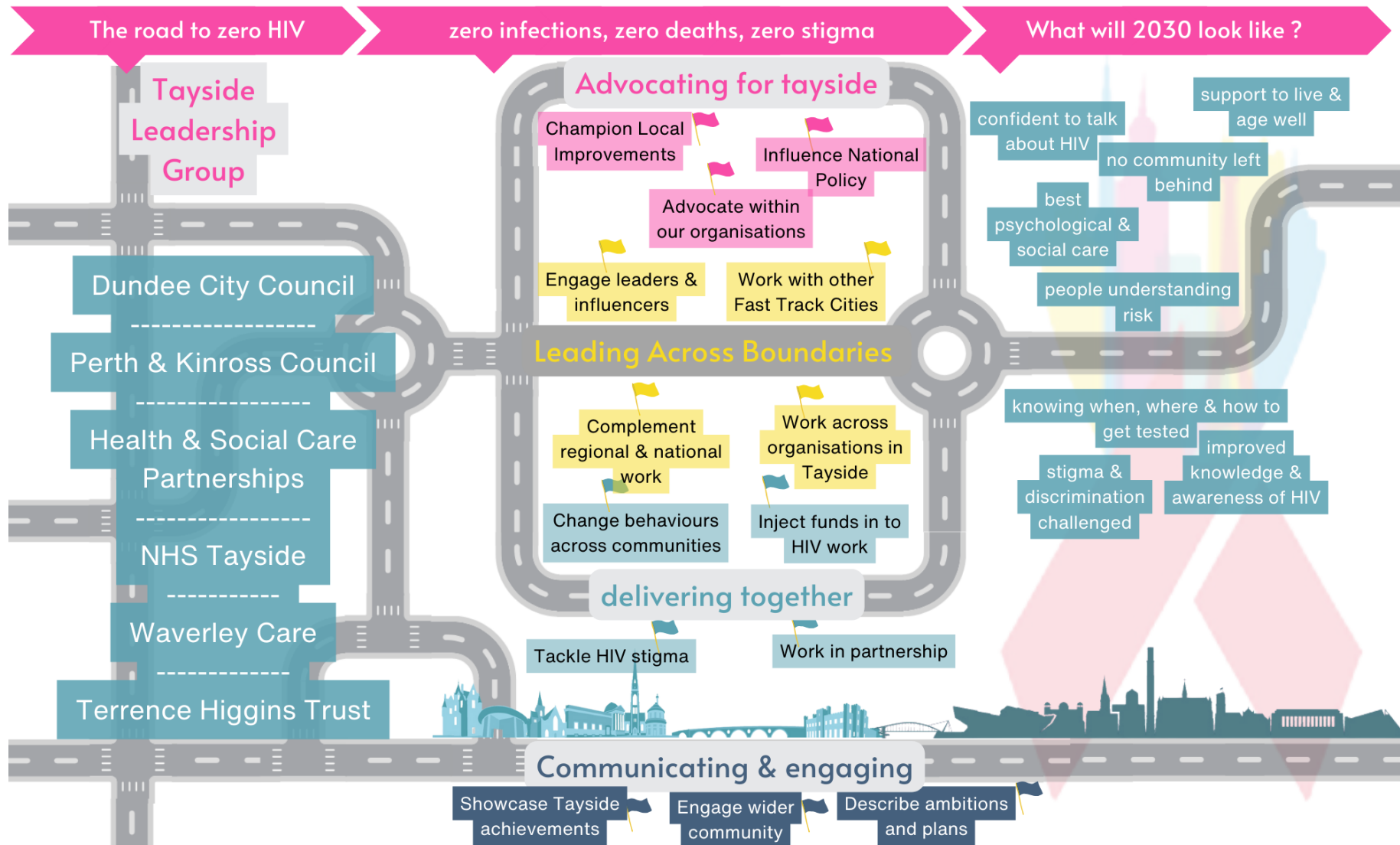
We are committed to a Tayside in which there are zero new transmissions of HIV, zero preventable HIV related deaths and zero HIV related stigma by 2030.

¹ Those with an undetectable viral load are unable to pass the virus onto sexual partners. This is known as Undetectable equals Untransmissible or U=U.

² https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf

³ [Sevilla Declaration 2022](#)

Tayside Roadmap 2024-2030



HIV in Scotland and Tayside

The NHS Tayside HIV Service provides clinical care to people living with HIV (PLWHIV) across the Tayside region which encompasses: Angus; Dundee; Perth & Kinross. The multi-disciplinary team is comprised of doctors, nurses, pharmacists and a care coordinator working closely with key clinical services such as laboratories, harm reduction, sexual and reproductive health and obstetrics. Further prevention, education and data reporting are supported by the Sexual Health and Blood Borne Virus Managed Care Network (SHBBV MCN) within NHS Tayside Public Health which has wider membership from health and social care partnerships, Primary Care, Local Authorities, third sector and representation from PLWHIV.

It is estimated 93% of PLWHIV in Scotland have been diagnosed, with 98% on treatment and 93% of those with an undetectable viral load. As of March 2024, there are 386 people living with HIV (PLWHIV) under the care of NHS Tayside. Of these, 96% are on treatment and 97% have an undetectable viral load.

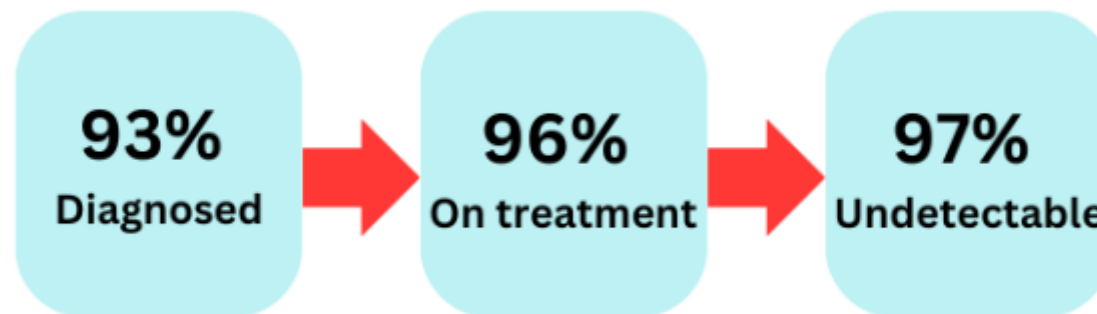


Figure 1: Tayside 95-95-95 status as at end March 2024

However, despite this progress, HIV remains a public health challenge. Although only a small number of new diagnoses are made across Scotland each year (108 first ever recorded diagnoses in 2022⁴), we are seeing an increase in the number of people previously known elsewhere but reported for the first time in Scotland (209 in 2022⁴), known as 'transfers in'. This is also observed in Tayside.

For the first time since 2007, heterosexually acquired first ever diagnoses have exceeded in number and proportion those among gay, bisexual and other men who have sex with men (GBMSM) in Scotland⁴. This has implications for awareness raising and how we promote preventative interventions and improve access to testing.

Although not currently seen in Tayside, transmission of HIV in people who use drugs in the central belt remains of significant concern therefore we need to ensure access to information, prevention and testing for this population.

Late diagnosis is the most important predictor of mortality and people diagnosed late have an increased risk of dying within one year of diagnosis. Late diagnoses are more common in populations not considered higher risk for HIV such as white, heterosexual older people. It is important that each late diagnosis is reviewed for missed opportunities for testing and learning is shared across partners. In 2022, 22% of the first ever diagnoses in Scotland were made at a late stage of infection⁴.

Primary Prevention

Primary prevention includes awareness raising, information and education, plus access to pre-exposure prophylaxis for HIV (PrEP), post-exposure prophylaxis (PEP), condoms, injecting equipment provision (IEP) and other interventions to support people who inject drugs such as Medication Assisted Treatment (MAT). It continues to be vital that we address HIV stigma both for the benefit of people living with HIV in Tayside, as well as to underpin testing and prevention interventions.

HIV Pre-exposure Prophylaxis (PrEP)

HIV Pre-exposure Prophylaxis (PrEP) has been available locally via Tayside Sexual and Reproductive Health Service since 2017, with over 600 people being prescribed this prevention method. There are 246 people actively receiving PrEP as of December 2023. Although prescribing is increasing it is important to ensure there is equitable access to PrEP and that populations other than GBMSM are aware of this method, in line with national recommendations.

Injecting Equipment Provision and Medication Assisted Treatment

Timely access to injecting equipment and medicated assisted treatment for people who use drugs is a vital HIV prevention intervention. Developments in relation to IEP and MAT in Tayside are driven by the Hepatitis C Elimination Plan and implementation of MAT Standards and as such are not covered in this strategy in detail.

Condoms

Provision of condoms remains a core component of any HIV prevention strategy and we will continue to provide access to free condoms across Tayside in a variety of sites. Although people living with HIV who are on effective treatment and have an undetectable viral load cannot pass on

HIV through any of their body fluids, we are seeing a rise in other sexually transmitted infections (STIs) such as Gonorrhoea and Syphilis and condoms remain the best way to prevent transmission of STIs and can prevent unplanned pregnancy.

Stigma

HIV stigma refers to irrational or negative attitudes, behaviours, and judgments towards people living with or at risk of HIV. It can negatively affect the health and well-being of people living with HIV and can also affect those at risk of HIV by discouraging them from testing or accessing other prevention methods.

Populations disproportionately affected by HIV can also experience multiple discrimination due to their gender, sexual orientation, gender identity, race/ethnicity, drug use, or sex work. HIV stigma drives acts of discrimination in all sectors of society, including health care, education, the workplace, the justice system, families, and communities therefore tackling stigma and discrimination are a critical part of ending the HIV epidemic.

Secondary Prevention - Detection of HIV

Secondary prevention is the detection of HIV by the offer and acceptance of an HIV test. It incorporates actions to maximise the accessibility of testing, to make testing acceptable and equitable, and to ensure that when someone is diagnosed with HIV, their sexual partners and other contacts at risk are reliably and consistently identified and offered testing.

Testing remains a key public health priority to reduce the number of undiagnosed infections, identify individuals early in HIV infection when they can benefit from effective antiretroviral therapy, and reduce the potential for onward transmission.

Key policy documents and standards require opt-out BBV testing in several key services including:

- Sexual and Reproductive Health Services
- Prisons
- Drug and Alcohol Services

In addition, HIV testing should be offered in primary and secondary care settings in the presence of clinical indicators for HIV and AIDS.

This strategy and associated action plans consider normalisation of routine HIV testing with high coverage in a range of settings, both where there is likely to be increased prevalence and, in all settings, where clinical presentation could be linked to undiagnosed HIV. Community based initiatives will also be considered including improved access and choice via delivery of rapid point of care testing and online/postal testing. In all circumstances, there must be audited care pathways which support engagement, retention, and re-engagement in care.

Ending new HIV transmissions, HIV related deaths and stigma in Tayside requires a multi-agency coordinated approach that involves all the statutory services, our third sector partners and our local communities and is a key focus of this strategy.

Our Fast –Track Cities approach

Fast Track Cities Dundee and Perth is a collaboration between health service, local authority and voluntary sector aiming to involve statutory services, community groups and volunteers to support local efforts to reach zero new HIV transmissions: zero HIV related deaths and zero HIV related stigma by 2030.

This collaboration does not seek to replace existing services but to bring them together and enhance these through research, pilot projects and community engagement to inform evidence-based interventions and service improvements.



AIM	Outcomes		
	Short Term (2024-26)	Medium Term (2026-28)	Long Term (2028-2030)
Zero New Transmissions	Maintain 93% of people living with HIV know their HIV status	95% of people living with HIV know their HIV status	All people living with HIV know their HIV status
	Testing is increased in key populations: <ul style="list-style-type: none"> • GBMSM • PWUD • Prisoners • Travel related 	Opportunities for testing are expanded for the following groups: <ul style="list-style-type: none"> • Healthcare staff and students • Individual’s resident in Tayside from global areas of higher prevalence • Migrant workers and displaced peoples 	BBV testing is embedded in care pathways with AIDS indicator illnesses and HIV indicator conditions
	Awareness of PrEP is increased in Tayside	PrEP is promoted and available within non GBMSM populations	PrEP is easily accessible in community settings and those who would benefit from it are informed and confident to access
	Condom distribution meets the needs of the local population		A range of HIV prevention in place across Tayside that meets individual and local needs

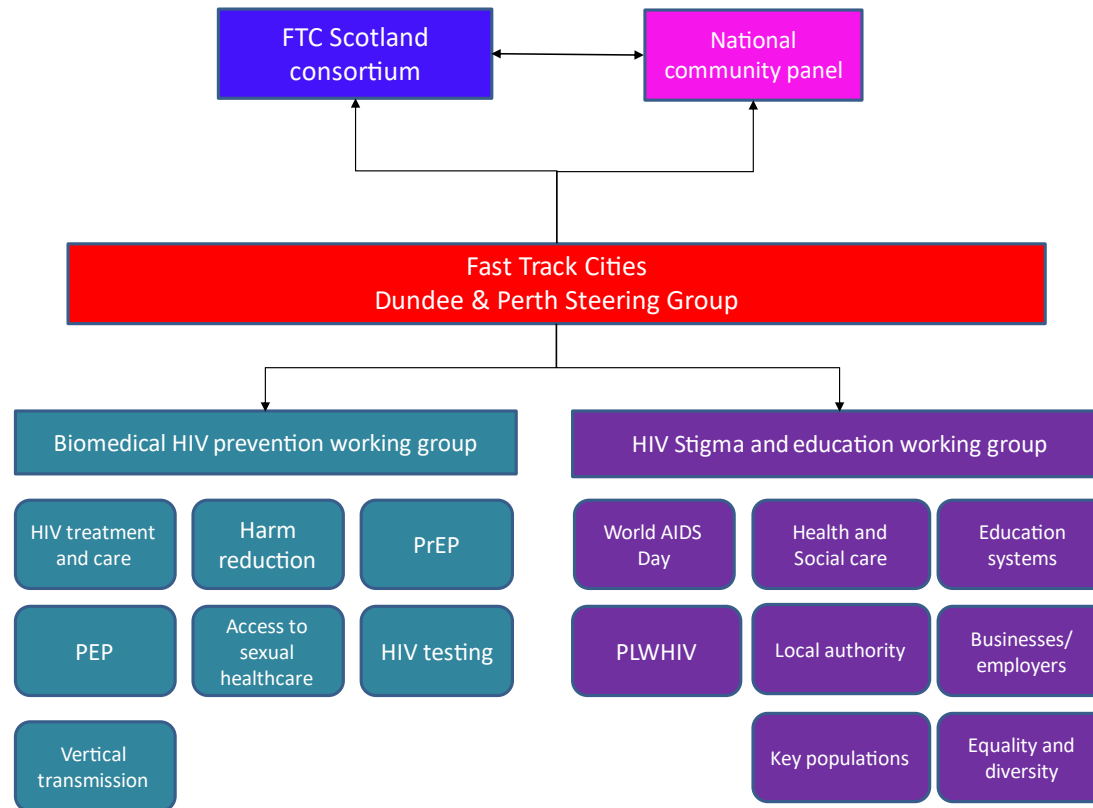
AIM	Outcomes		
	Short Term (2024-26)	Medium Term (2026-28)	Long Term (2028-2030)
Zero HIV Related Stigma	PLWHIV in Tayside understand U=U	Tayside has a coordinated HIV communications plan shared by all partners	People in Tayside are knowledgeable about HIV
	PLWHIV in Tayside are aware of the protections afforded to them in the Equalities Act (2010)	Community Planning partners are aware of, and their practices adhere with the Equalities Act 2010	Zero tolerance of HIV stigma across Tayside All employers in Tayside are aware of, and their practices adhere with the Equalities Act 2010
	Employees of Community Planning Partners have access to inclusive HIV education	All young people, Health Care Professionals and Public Sector workers have access to HIV inclusive education	Tayside population has access to HIV stigma training
	National community panel of PLWHIV, including people from Tayside, inform local work	Peer support and community engagement available across Tayside	PLWHIV in Tayside are supported to be confident to challenge stigma
	Discriminative practices in health and social care are challenged	Care Home teams are supported to provide care for PLWHIV as they age	Stigma reporting and learning system in place across Tayside

AIM	Outcomes		
	Short Term (2024-26)	Medium Term (2026-28)	Long Term (2028-2030)
Zero HIV Related Deaths	Late diagnosis of HIV is reduced	New diagnoses of HIV are reduced	Each diagnosis of HIV reviewed for missed opportunities to test
	Assertive outreach established for people who disengage from care	Tayside offers flexible person-centred services for PLWHIV	PLWHIV who know their status are engaged and retained in care with suppressed viral loads

Governance, reporting, monitoring and evaluation

The FTC Dundee and Perth Steering Group has been established to oversee the local FTC work, with support from Waverley Care⁴. Two working groups are implementing detailed actions plans in relation to Biomedical Interventions to prevent HIV transmission and Stigma and Education. The action plans are working documents and as such are under constant review, changing to reflect new priorities and evidence.

Progress is reported to the FTC Scotland Consortium and via established reporting mechanisms in each partner organisation.



⁴ <https://www.waverleycare.org/policy-research/fast-track-cities/fast-track-cities-scotland/>
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