House of Commons

Women and Equalities Committee

Tackling HIV transmission: Government Response

Ninth Special Report of Session 2024–26 HC 1663

Women and Equalities Committee

The Women and Equalities Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Government Equalities Office and its associated public bodies.

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Publication

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Committee Reports are published on the Committee's website at www.parliament.uk/womenandequalities and in print by Order of the House.

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Ninth Special Report

The Women and Equalities Committee published its Ninth Report of Session 2024–26, Tackling HIV transmission (HC 1249) on 19 November 2025. The Government Response was received on 19 January 2026 and is appended below.

Appendix: Government Response

Introduction

The government welcomes the publication of the report 'Tackling HIV transmission' by the Women and Equalities Committee on 19 November 2025. We have carefully considered the recommendations set out in the report which are addressed below.

We are united with our partners in our ambition to end new HIV transmissions in England by 2030. Ending HIV transmissions is a national priority, set out in our manifesto and 10 Year Health Plan, and is backed by cross-government and cross-party support. This ambition will be supported by the 3 major shifts our health system needs, and which we are delivering: from hospital to community, from treatment to prevention, and from analogue to digital. On 1 December 2025 we published the new HIV Action Plan, which is backed by over £170 million, setting out how the government will enable every level of the health and care system to work together in prevention, testing and treatment and tackling stigma, in pursuit of our 2030 ambition.

Our new HIV Action Plan has been developed by the Department of Health and Social Care (DHSC), the UK Health Security Agency (UKHSA) and NHS England and is built on collaboration with, and real-world insight from the whole system including local commissioners, providers, the voluntary and

community sector and individuals. Indeed, over the last year, we engaged with over 250 system partners, from industry and primary care to local government, the voluntary and community sector (VCS) and people living with HIV.

The plan sets out a clear framework for action, focusing on five core priorities: prevent HIV transmission through equitable access to HIV prevention services; scale up testing; rapidly link and retain people living with HIV in care; address stigma and improve the quality of life for people living with HIV; and strengthen the healthcare system to improve HIV and wider sexual health.

As promised in the plan, we are investing £4.8 million from April 2026 to March 2029 to improve awareness of HIV prevention among at-risk and underserved populations via the HIV Prevention England programme. We have also committed to funding formula milk (and related sterilising equipment) for the infants of women living with HIV, ending the risk of vertical transmission.

Building on the success of the blood-borne virus Emergency Department (ED) opt-out testing programme, we are investing £156 million from April 2026 to March 2029 to deliver opt-out HIV, Hepatitis B and Hepatitis C testing in very high and high HIV prevalence areas. The existing opt-out testing programme has already helped to diagnose 719 new cases (half late) and re-link 291 previously diagnosed individuals to care. This programme reaches older, ethnic minority and heterosexual populations who are less likely to access sexual health services (SHSs). To expand digital provision of testing, we are investing £5 million in 2025/26 to trial HIV testing through the NHS App, helping to improve access to HIV testing, with the potential to scale and link to PrEP and other services.

We are establishing the first national retention and re-engagement initiative, investing a total of £9 million from April 2026 to March 2029, working with local NHS services, VCS and industry partners to increase the numbers of people retained and re-engaged in their care. Many people also still face stigma and discrimination across the healthcare system. To address this, we will ensure health and social care staff receive training on HIV awareness, stigma reduction, and inclusive care by embedding HIV education into workforce development programmes, safeguarding training, and induction processes.

Ending HIV transmissions is not something one organisation can achieve alone – it requires a collective commitment. Delivery will require the combined efforts, commitment and innovation of all the people and organisations who have contributed to the development of this plan, and the government will work in partnership to turn our shared ambitions into reality.

We appreciate the great work being done by local government who are best placed to make decisions about the SHSs that meet the needs of their local populations. For 2025/26 the government increased the public health grant by £224 million to £3.8 billion to support local authorities to deliver public health services, including sexual and reproductive health services, reversing the trend over the last decade throughout the previous government, where public health grant funding was cut by a quarter in real terms (2015/16 to 2024/25). We will continue to invest in local authorities' vital public health work and end the fragmented and short-term funding situation created by multiple different public health funding arrangements for local authorities. From April 2026 onwards, we will bring together over £13.4 billion of public health funding for local government over the 3-year Spending Review through a consolidated public health grant. This is the first three-year public health settlement in a decade – giving local government far greater certainty over their future funding and supporting their ability to plan ahead.

We continue to support the delivery of local SHSs, providing guidance and data to support local decision makers through UKHSA and DHSC. The new HIV Action Plan commits to working with local partners to carry out a HIV needs assessment, informing the development and publication of local HIV plans across the country during 2026/27. We will also update the model integrated SHS specification, which sets clear expectations for SHSs local authorities are responsible for providing while also offering local areas the flexibility to modify their response to their local populations.

DHSC will also produce a sexual and reproductive health framework, which will pull together existing initiatives such as the STI Prioritisation framework, HIV Action Plan, What Good Sexual and Reproductive Health and HIV Provision Looks Like (Association of Directors for Public Health), Men's Health Strategy, Women's Health Strategy refresh, LGBT+ Evidence review and underpinned by the 10 Year Health Plan.

We have carefully evaluated the committee's recommendations and have set out the government's response to each of them below. We thank you for your engagement in this important matter and will continue considering the suggested interventions as we progress towards 2030.

Testing and Diagnosis

Recommendation 1

The fall in testing for young people is a concern, as is a lack of access to tests, not least as this is occurring alongside decreased use of contraception among this cohort. While this has not yet translated

into an increase in diagnoses—compared to pre-pandemic levels—it merits attention. The publication of the forthcoming action plan should be accompanied by a public awareness campaign on testing and contraception funded by central government that is targeted at young people. (Paragraph 21)

Response

Partially accept

The government partially accepts this recommendation.

As outlined in the new HIV Action Plan, we are commissioning a new national HIV Prevention England programme, investing £4.8 million from April 2026 to March 2029 to improve awareness of HIV prevention among at-risk and underserved populations. This will provide national targeted campaigns to the 5 groups that are disproportionately affected by HIV and are priority groups in the new HIV Action Plan – ethnic minority gay, bisexual and men who have sex with men (GBMSM), White GBMSM, Black African heterosexual men, Black African heterosexual women and all other ethnic minority heterosexual adults, including young people within these groups. Through this programme, targeted testing will be carried out in communities, helping to raise awareness and reduce the number of individuals living with HIV who are undiagnosed.

Local areas are in the best position to understand the needs of the communities they serve, and are therefore responsible for commissioning comprehensive, open access SHSs to meet local demand, including for young people.

In July 2025 the Department for Education published the updated Relationships and Sexual Health Education statutory guidance which includes a specific reference to the use and availability of PrEP, PEP and how and where to access them as well as how sexually transmitted infections, including but not limited to HIV, are transmitted and how risk can be reduced through safer sex.

In October 2025, we made emergency hormonal contraception free in pharmacies across England. We are renewing the Women's Health Strategy to update on the delivery of the 2022 Strategy and set out how the Government is taking further steps to improve women's health as we deliver the 10 Year Health Plan. It will also address gaps from the 2022 strategy and drive further change on enduring challenges such as tackling health inequalities and creating a system that listens to women.

DHSC will also develop a sexual and reproductive health framework, which will pull together existing initiatives such as the STI Prioritisation framework, HIV Action Plan, What Good Sexual and Reproductive Health and HIV Provision Looks Like (Association of Directors for Public Health), Men's Health Strategy, Women's Health Strategy refresh, LGBT+ Evidence review and underpinned by the 10 Year Health Plan. This will provide a unified framework for service planning, including for contraceptive and STI and HIV testing services.

Public awareness campaigns need to be carefully targeted and communicated to be effective. An HIV testing campaign aimed at all young people would not be cost effective. A single campaign addressing both HIV testing and contraception, risks being ineffective due to the different audiences, motivations and other factors driving HIV testing and contraception use. We continue to keep the requirements for all communications with the public on health risks under review and will work with experts from across the system to ensure that campaigns are focused in a way that secures greatest impact.

Recommendation 2

Alarming rates of increase in new HIV diagnoses among women and among Black African and Asian communities mean that the forthcoming HIV action plan must include a dedicated focus on these groups. We recommend expansion of the opt-out testing programme in areas of known prevalence to include GP practices, abortion clinics, women's health hubs, cervical screening centres and sexual health clinics—including where appointments are for reproductive health purposes. Such an expansion of the programme should be accompanied by locally-led campaigns tailored to those cohorts. (Paragraph 22)

Response

Partially accept

The government partially accepts this recommendation.

While the new HIV Action Plan is committed to supporting everyone in England, particular focus is on people who are at greater risk of HIV or people living with HIV. We will measure progress on 5 populations disproportionately affected by HIV. Black African heterosexual women, Black African heterosexual men, ethnic minority GBMSM and other ethnic minority heterosexuals are 4 of the 5 priority populations.

The plan also encourages improving testing via opt-out testing approaches in different settings, starting with primary care, sexual and reproductive health services and abortion services.

DHSC will encourage opt-out HIV testing within primary care in areas of very high and high HIV prevalence. This includes testing for people who have recently registered, and for people who are having blood tests and have not had an HIV test in the last 12 months, in line with NICE and British HIV Association (BHIVA) HIV testing guidelines. Local areas will work with GP practices to promote HIV testing in routine primary care pathways, particularly in areas of very high and high HIV prevalence, supporting training, data sharing and commissioning models that enable GPs to offer HIV testing as part of holistic health checks, and align with national guidance to normalise testing and reduce stigma. Local areas will also share promising practice examples of HIV testing in GP practices.

We will support the championing of opt-out HIV testing in SHSs. We will include opt-out HIV testing approaches within the revised national model specification for integrated SHSs by 2027 to support their implementation within SHSs, as advised in BHIVA testing guidelines. Directors of Public Health will also support local areas to commission and promote opt-out testing approaches in SHSs.

We will also support the implementation of guidance for ICBs commissioning abortion services which asks commissioners to utilise standardised quality and performance measures, including monitoring of the percentage of patients being offered and receiving a HIV test through local contracts. ICBs will also include the percentage of patients being offered and receiving a HIV test in performance and quality metrics, when commissioning abortion services.

Local areas will work with HIV clinics, VCS organisations and women's health services to ensure all women living with HIV are supported to manage their physical, mental and social needs. DHSC will ensure that care for menopausal women living with HIV is included in women's health hubs best practice. We know that women can be impacted by a range of different health conditions at the same time, including those that only affect women, those that affect women differently or more severely to men, or those that affect everyone equally. This is why the renewed Women's Health Strategy will set out how we are improving experiences and outcomes for all women as we deliver the 10 Year Health Plan.

Opt-out testing is not recommended in low HIV prevalence areas currently in BHIVA and NICE guidelines as it is not cost-effective (approximately half of England). Locally-led campaigns would be for local partners to deliver. Local government is best placed to make decisions about the SHSs that meet the needs of their local populations.

Recommendation 3

Funding for sexual health has been pared to the bone; the expansion to the testing programme we recommend will need to be supported by an allocation of funding additional to that already earmarked for the public health grant. Given the high cost to the NHS of late diagnosis, upstream funding for a community testing programme would represent a significant long-term saving. (Paragraph 23)

Response

Partially accept

The government partially accepts this recommendation.

As outlined in the new HIV Action Plan, the government is commissioning a new national HIV Prevention England programme, investing £4.8 million from April 2026 to March 2029 to improve awareness of HIV prevention among at-risk and underserved populations, which will have an element of community testing and will work with local partners on delivery.

UKHSA have published reports which support expanded community HIV testing. The report highlights that community testing works best when targeted and delivered through local VCS engagement, reaching people who are less likely to access traditional venues and are testing for HIV for the first time. DHSC will update the national model specification for integrated SHSs to include community-based testing ambitions.

Local areas are in the best position to understand the needs of the communities they serve, and are therefore responsible for commissioning comprehensive, open access SHSs to meet local demand. The HIV Action Plan asks local government, ICBs and other local partners to consider what changes and improvements they need to make to their local response, including community HIV testing.

The HIV Action Plan identifies funding for ED opt-out testing of HIV and Hep B/C (£156m), HIV Prevention England (£4.8m), the new retention and re-engagement in HIV care programme (£9m) and the NHS testing in NHS app (£5m), totalling £174.8m until March 2029. For 2025/26 the government increased the public health grant by £224 million to £3.8 billion to support local authorities deliver public health services, including sexual and reproductive health services. From April 2026 we will continue to invest in local authorities' vital public health work, providing over £13.4 billion over the next three years through a consolidated ringfenced public health grant. This combined grant will see a 5.6% total cash increase over the 3-year Spending Review period.

Recommendation 4

The opt-out programme has proven to be effective. It is concerning therefore to learn that its welcome expansion to further emergency departments will not automatically include tests for hepatitis B and C. This is a backward step and should be reversed. (Paragraph 24)

Response

Partially accept

The government partially accepts this recommendation.

Through the HIV Action Plan, NHS England will invest £156 million from April 2026 to March 2029 to deliver opt-out BBV testing in EDs in very high and high HIV prevalence areas. Ongoing monitoring will inform delivery and maximise efficient use of resources, and we will modify our approach as required to amplify impact. This means that all of the 78 on-going wave 1 and wave 2 ED opt-out testing sites will have hepatitis B and C testing funding available from April 2026 to March 2029. For the 9 wave 3 sites scheduled to begin HIV testing by the end of 2025/26, NHS England is exploring the need and availability of additional funding to also initiate testing for viral hepatitis.

Recommendation 5

When new funding allocations are announced, Metro mayors should give consideration to whether a shared approach to provision of postal testing services across their combined authority regions might deliver improved access and value for money compared to current, individual local authority-led approaches. (Paragraph 25)

Response

Partially accept

The government partially accepts this recommendation.

Local areas including those with metro mayors can consider access to all forms of testing in the local HIV action plans they have been asked to complete during the 2026/27 financial year. As part of the new HIV Action Plan, regional, sub-regional and local HIV Action Plans across England will be developed and Regional Directors of Public Health, with UKHSA support, will assure both the production and local delivery of the action plans working with local authorities, Integrated Care Boards and the voluntary

and community sector. This will also be reported annually to the newly established HIV Action Plan National Delivery Group, ensuring that progress is visible and celebrated.

Local authorities are responsible for commissioning comprehensive, open access SHSs to meet local demand and these include online and face to face provision of advice and interventions. NHS Shared Business Services have also newly procured the Online Sexual Health Services Framework for SHSs and other relevant providers, offering a convenient route for provision of postal testing (including hepatitis B and C). This is available for NHS England, Integrated Care Boards, NHS Trusts and local authorities and combined authorities.

We are also expanding digital provision of HIV testing, by investing £5 million in 2025/26 to trial HIV testing through the NHS App in partnership with existing home test providers by the end of 2026. This will initially be trialled in two local authority areas.

Access to PrEP

Recommendation 6

The forthcoming HIV action plan must include steps to increase access to PrEP. Many people face unacceptable delays while people in rural areas face challenges in accessing sexual health services and, consequently, prescription. The benefits of digital access routes need to be nationally available. As part of the new action plan, the Government should roll out digital access to PrEP nationally. PrEP provision should also be commissioned in community settings such as pharmacies and primary care. This will not only help underrepresented groups—who may be unlikely to present to a sexual health service—to access PrEP but will also alleviate some pressure from those settings. Sexual health services should seek to increase the availability of walk-in appointments in the event that commissioning in other settings frees up resources. (Paragraph 39)

Response

Partially accept

The government partially accepts this recommendation.

In the HIV Action Plan we commit to improving access and uptake of HIV prevention interventions such as PrEP, particularly for people most in need. We will work with English HIV and Sexual Health Commissioners to collate evidence and share best and/or promising practice of PrEP provision in other settings, to improve accessibility and uptake for people in need.

Local authorities are responsible for designing and commissioning open access SHSs, including PrEP services, to meet their local population's needs. DHSC will update the national model service specification for integrated specialist SHSs, which will reflect the changing epidemic and current best practice for PrEP.

We will work with local government on the wider implementation of new PrEP approaches and technologies. This includes building and promoting the evidence around alternative delivery settings, digital platforms for remote PrEP prescribing and new injectable medications.

The government will also promote the newly procured Online Sexual Health Services Framework to SHSs and other relevant providers, offering a convenient route for provision of online PrEP and PEP, contraception and postal STI testing (including hepatitis B and C).

For 2025/26 the government increased the public health grant by £224 million to £3.8 billion to support local authorities deliver public health services, including sexual and reproductive health services. From April 2026 we will continue to invest in local authorities' vital public health work, providing over £13.4 billion over the next three years through a consolidated ringfenced public health grant. This combined grant will see a 5.6% total cash increase over the 3-year Spending Review period. However, beyond this increase, there is no additional funding for PrEP appointments.

UKHSA will report PrEP indicators at local level to inform action to reduce inequalities in offer and uptake.

As part of the new £5 million trial to provide HIV testing in the NHS App, from 2026 onwards the government will review options for expanding digital provision to HIV prevention, including online provision of PrEP through the NHS App.

In November 2025, the National Institute for Health and Care Excellence (NICE) approved injectable cabotegravir, a new injectable used for HIV prevention that offers protection through two-monthly injections. This will benefit around 2,000 people who are unable to take oral PrEP, helping to address a critical gap for vulnerable people, who previously had limited options.

Recommendation 7

The action plan should address the high rates of certain groups leaving sexual health services without their PrEP needs being met, this should include a focus on both the sexual health clinic staff and attendees. The Government should seek to increase the range of staff—such as nurses and health advisors—that can initiate PrEP, it should provide targeted training on how to minimise missed opportunities in particular cohorts, such as Black African communities, and address pressures on appointment times which are a clear barrier to PrEP needs being identified. (Paragraph 40)

Response

Partially accept

The government partially accepts this recommendation.

The new HIV Action Plan commits to local authority SHSs increasing the proportion of people offered PrEP, especially heterosexuals and black and minority populations.

As a prescription only medicine, PrEP can be supplied or administered under a patient group direction (PGD) by qualified healthcare professionals, such as nurses.

The new HIV Action Plan commits to updating the model integrated sexual health service specification, which sets clear expectations for the sexual health services local authorities are responsible for providing, including PrEP, while also offering local areas the flexibility to modify their response to their local populations.

Local areas will also lead system-wide co-ordination, ensuring that all frontline services are equipped to support HIV prevention through training, inclusive policies and partnership working. This will involve working with ICBs, NHS providers and VCS organisations to promote a status-neutral approach to sexual health, normalise HIV testing and reduce stigma across all points of care.

Recommendations 8

The action plan should include a focus on increasing public awareness of the benefits of PrEP among Black African communities and those who engage in condomless sex with multiple partners or who have a partner living with or at risk of contracting HIV. Such campaigns should be

locally led and co-designed with at risk communities such as those with a connection to countries where HIV is highly prevalent and/or where awareness of PrEP is low. (Paragraph 41)

Response

Accept

The government accepts this recommendation.

As outlined in the new HIV Action Plan, we are commissioning a new national HIV Prevention England programme, investing £4.8 million from April 2026 to March 2029 to improve awareness of HIV prevention among at-risk and underserved populations – GBMSM, Black African men and women, and ethnic minority communities. The new HIV Prevention England programme will address awareness and benefits of PrEP among Black African communities and will work in partnership with locally-led campaigns, ensuring alignment and collaboration across the country.

Recommendations 9

We welcome the roll out of injectable PrEP and the alternative route to medication it presents. We urge it to be made available to vulnerable people, particularly women who may face barriers in accessing daily tablets. (Paragraph 42)

Response

Accept

The government accepts this recommendation.

Cabotegravir injectable PrEP was approved by NICE in November 2025, and is currently being rolled out at sexual health clinics across the country. This new injectable PrEP offers protection from HIV through two-monthly injections, replacing the need for daily oral medication for people who cannot take oral PrEP, including vulnerable people and women. The health service estimates that it will benefit around 2,000 individuals.