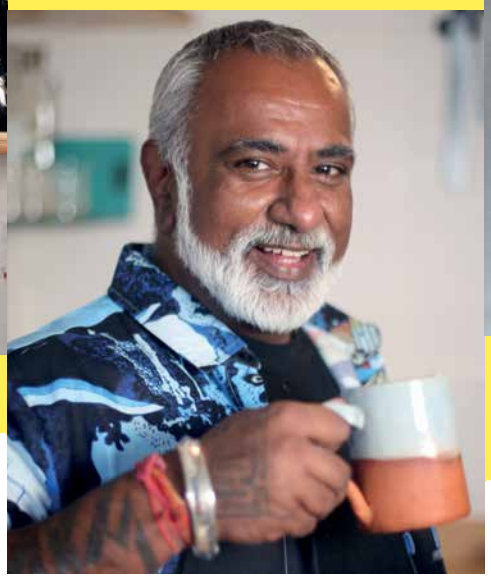
HIV CONFIDENT

HIV Confident 2023-2026

Breaking stigma, building confidence

March 2026



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Silvia Petretti
Chief Executive, Positively UK

Having worked in HIV peer support services for over 25 years, I have seen a great deal change, from taking handfuls of pills and relying solely on condoms for prevention, to a single daily pill, multiple prevention tools, and the profound freedom of U=U.

Yet one thing has not changed for most people with HIV we support at Positively UK: the experience of encountering stigma. Time and again, people living with HIV lament how little the general population still knows about these advancements. Sadly, this ignorance persists in many of the very places where people seek care and support, and continues to act as a barrier to accessing health services.

People have repeatedly reported being asked how they acquired HIV when accessing healthcare for entirely unrelated conditions, a question with no clinical relevance, but with a profound personal cost. It communicates otherness: something you have done has led you to have this virus, and that makes you different from me. It signals distance rather than compassion, even when asked without any malicious intent. Sometimes it is simply the fear of being treated this way that stops people from seeking care at all.

Having a clear, recognisable Charter mark to identify which services are genuinely HIV Confident could be a profound relief for many people living with HIV: a signal that they will be met with knowledge rather than judgement.

Access to healthcare is a fundamental human right, yet many people working within health services still do not know enough about HIV. Ignorance remains fertile ground for stigmatising attitudes. It is brilliant that the HIV Confident Charter addresses stigma exactly where it has its greatest impact: within health services themselves.

And this is only the beginning. I am excited that the Charter is not restricted to the health sector alone. In the coming years it will engage with wider organisations and workplaces, helping to build a world that is genuinely more welcoming for people living with HIV. That is a vision worth working towards.

Kevin Fenton and Jane Anderson
Co-Chairs, Fast Track Cities London

Over the past three years, HIV Confident has grown into one of the most impactful anti-stigma initiatives in England. As funders of this programme through Fast-Track Cities London, we are proud to have supported a partnership that is helping to transform how organisations understand, speak about, and respond to HIV.

When we first launched this programme in partnership with the National AIDS Trust, Positively UK and nam AIDSmap, our shared aim was simple yet ambitious: to ensure that every person living with HIV is treated with dignity, respect, and confidence—wherever they work, receive care, or access services. We've seen some great progress and importantly changes to clinical practice which has a direct impact on how people living with HIV feel in a hospital setting.

More than one hundred organisations, across healthcare, local government, and business, have now made a public commitment to ending HIV stigma in their workplaces and communities. The data and stories in this report show how powerful that commitment can be. They reveal a measurable shift in knowledge, attitudes, and confidence, as well as the life-changing impact that comes when people learn the truth about HIV—that effective treatment not only enables people to live long, healthy lives, but also prevents transmission entirely. In the words of one participant, this training is "simple, effective, myth-busting"—and it changes minds.

Yet, as this report makes clear, the work is not done. Stigma remains one of the greatest barriers to achieving the UK's goal of ending new HIV transmissions by 2030. It can deter testing, isolate individuals, and compromise the quality of care. That is why HIV Confident matters so profoundly: it offers a practical, evidence-based way to help organisations live out their values of inclusion and equality.

We are immensely grateful to every organisation, leader, and individual who has chosen to become HIV Confident. Your participation demonstrates courage, leadership, and compassion.

Together, we are building a society where stigma no longer stands in the way of health, equality, or pride in who we are.

Introduction

This report reviews the significant impact of HIV Confident in addressing HIV stigma over its first three years.

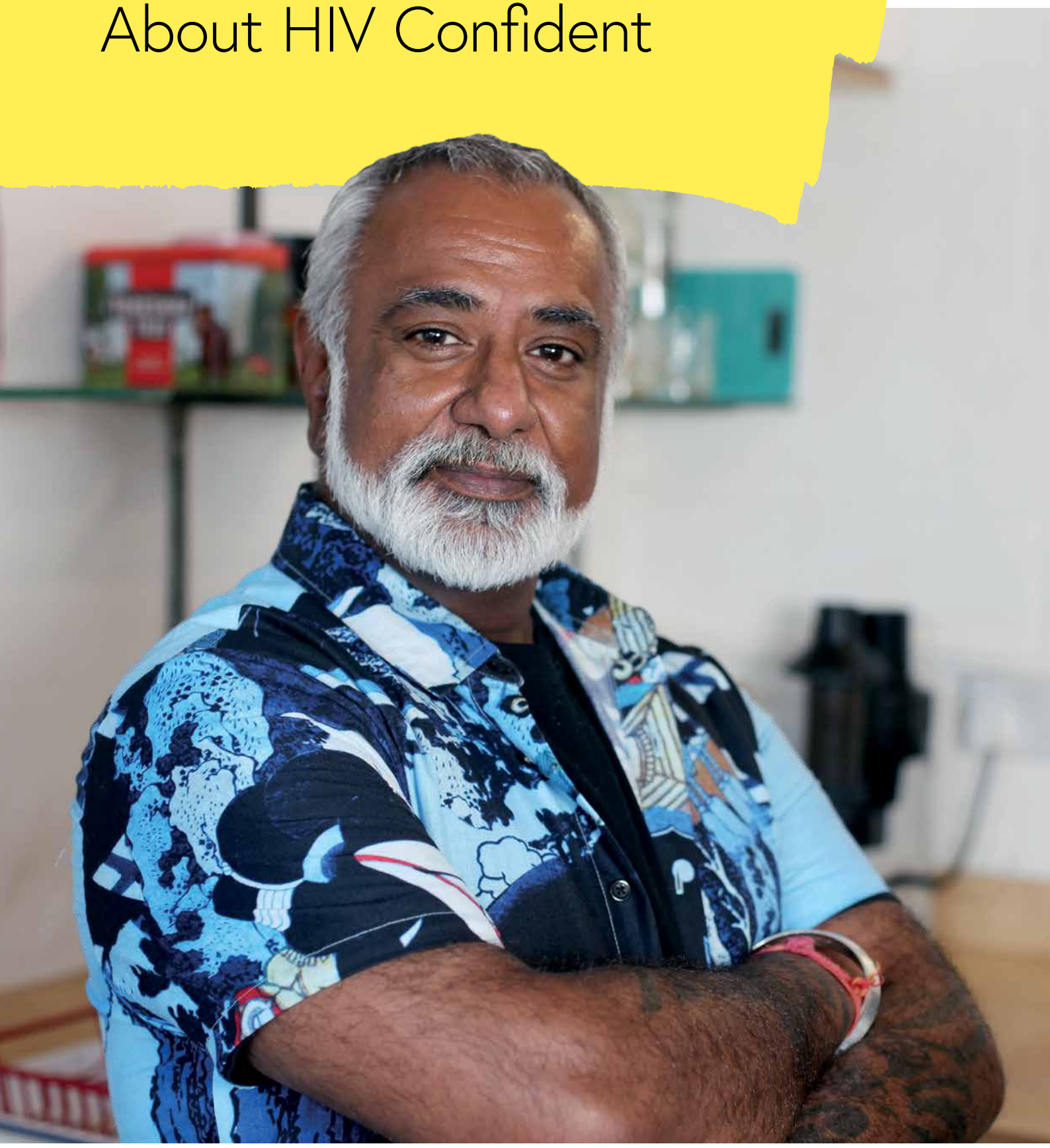
Starting from a pilot project which has now grown to a programme with over 100 organisations signed up, we highlight how the charter mark is improving knowledge, raising awareness, and changing stigmatising behaviours.

In the first section, the report outlines what HIV Confident is and why it was developed. We then present data that illustrate what, so far, the programme has revealed about levels of HIV knowledge, attitudes and confidence amongst those involved in the programme.

We also demonstrate how our eLearning package strengthens this knowledge and works to reduce stigmatising behaviours.

Throughout this report, we use evidence from the programme, as well as testimonials and reflections from people involved, to reflect on how HIV Confident can be key to reaching the UK government's goal of ending new HIV transmissions by 2030, and what the future might hold for the programme.

Section 1
About HIV Confident



What is HIV Confident?

HIV Confident is England's largest anti-HIV stigma programme. It exists as a charter mark for organisations to join, to ensure that anyone living with HIV that they engage with – whether as a member of staff or a user of their services – is welcomed and respected.

A package of resources has been produced for the programme, including staff surveys, eLearning training, a policy review process and stigma reporting tools. Every part of the HIV Confident programme, and its resources, centre around pillars of knowledge, attitudes and confidence, and have been developed with the lived experience of people living with HIV at their core.

The programme is delivered by National AIDS Trust in partnership with Positively UK and is funded by Fast Track Cities London.

Membership to the programme is currently available across a range of sectors, including healthcare, public bodies, local authorities, third sector organisations and corporate businesses. For NHS organisations, membership is free of charge. For other types of organisations, fees are determined on a sliding scale based on annual turnover and employee numbers.

+100

Over 100 organisations have committed to becoming HIV Confident

+10,000

More than 10,000 people have accessed its training resources

How an organisation becomes HIV Confident

All organisations go through the following journey to become HIV Confident:

1. A senior leader at the organisation commits their organisation to **become HIV Confident.**

2. The organisation launches a **staff survey to gather baseline levels of HIV knowledge, attitudes and confidence** (the survey has been developed by HIV Confident – organisations are given a link through which their staff can access it).

3. **eLearning modules** are made available to the organisation's staff to fill knowledge gaps, explain what HIV stigma is and how it can be addressed.

4. **A review of the organisation's existing policies** is carried out, ensuring that employment, recruitment and healthcare policies are in line with relevant legislation and best practice.

5. The organisation puts in place a process for **reporting HIV-related stigma** to ensure that any instances are dealt with efficiently, sensitively and confidentially.

6. The organisation **becomes HIV Confident** and is able to display the charter mark on its materials.

Why should an organisation become HIV Confident?

- A clear public demonstration of organisational commitment to making workplaces and services inclusive and safe for people living with HIV
- Symbolises a broader commitment to missions around equality, diversity, inclusion and tackling social inequalities
- Strengthens staff awareness, knowledge, and confidence around HIV facts and building a non-stigmatising environment
- Improves organisations practices and processes to align with best practice concepts, ensuring policies operate within relevant legislation
- Makes for more inclusive workplaces and enhanced experiences for service users
- Provides valuable evidence of quality and standards to the Care Quality Commission, regulators or funders

We are so delighted to be a HIV Confident organisation. Stigma is the biggest barrier to living well with HIV, and it is something we in healthcare can work to change. With the tools and leadership backing that HIV Confident has given us, we can begin to see that happening.

The ongoing work here will enable people living with HIV to feel safe in the knowledge that they will have excellent, informed, non-stigmatising care in Newcastle Hospitals, to increase their ability to engage with their care and live well. We also really want people living with HIV to feel confident as a valued part of our workforce."

Kate Reilly, HIV Confident Lead and Clinical Psychologist,
Newcastle Hospitals NHS Foundation Trust

Why is HIV Confident needed?

HIV-related stigma can have a profound impact on the quality of life for people living with HIV. UKHSA's 2022 Positive Voices survey – the largest survey of people living with HIV in the country – found that 1 in 10 respondents were afraid to attend healthcare services, and 1 in 7 avoided using services, even when they needed to.

People living with HIV can experience stigma in every area of life, including in their workplace, or from family and friends. When stigma is experienced in healthcare settings, it can deter people from seeking healthcare altogether.

This is why it is crucial that all organisations, including healthcare settings such as hospitals and GP surgeries, and organisations offering services to the public, can be assured that the ways they work and the knowledge of their staff do not result in stigma or discrimination for people living with HIV. With general levels of HIV transmission across society so low in the UK, an intervention like HIV Confident is needed to improve knowledge, attitudes and confidence related to HIV.

Scientific advances have meant that people living with HIV have experienced hugely improved medical treatment, and quality of life, over recent years. Someone diagnosed with HIV today on effective treatment can expect to have a normal life expectancy and can live with HIV with an undetectable viral load – meaning that they can't pass the virus on.

> It was incredibly helpful to hear directly from people living with HIV. Their stories are powerful, and inspiring."
>
> **Individual who has completed the HIV Confident eLearning**

However, the understanding of HIV among the general population hasn't kept pace with these advances in treatment. A survey of public knowledge and attitudes, conducted by National AIDS Trust in 2021[1], found that over half of respondents did not know or believe that HIV cannot be passed on through sex if someone is on effective treatment. The legacy of old, fearmongering media campaigns have had a long-lasting impact on the consciousness of many people. Only a third of the public responding in the same survey felt that they had sympathy for all people living with HIV, regardless of how they might have acquired it. While HIV has thankfully reduced as a public health issue, this does mean that it no longer has the prominence it once did in education and general health awareness programmes.

The effect of this general low level of HIV knowledge means that stigma has become embedded over many years, both in individual attitudes and behaviours, but also in organisational policies and procedures. The HIV Confident charter mark was created to be a practical and effective intervention to finally turn the tide on this stigma.

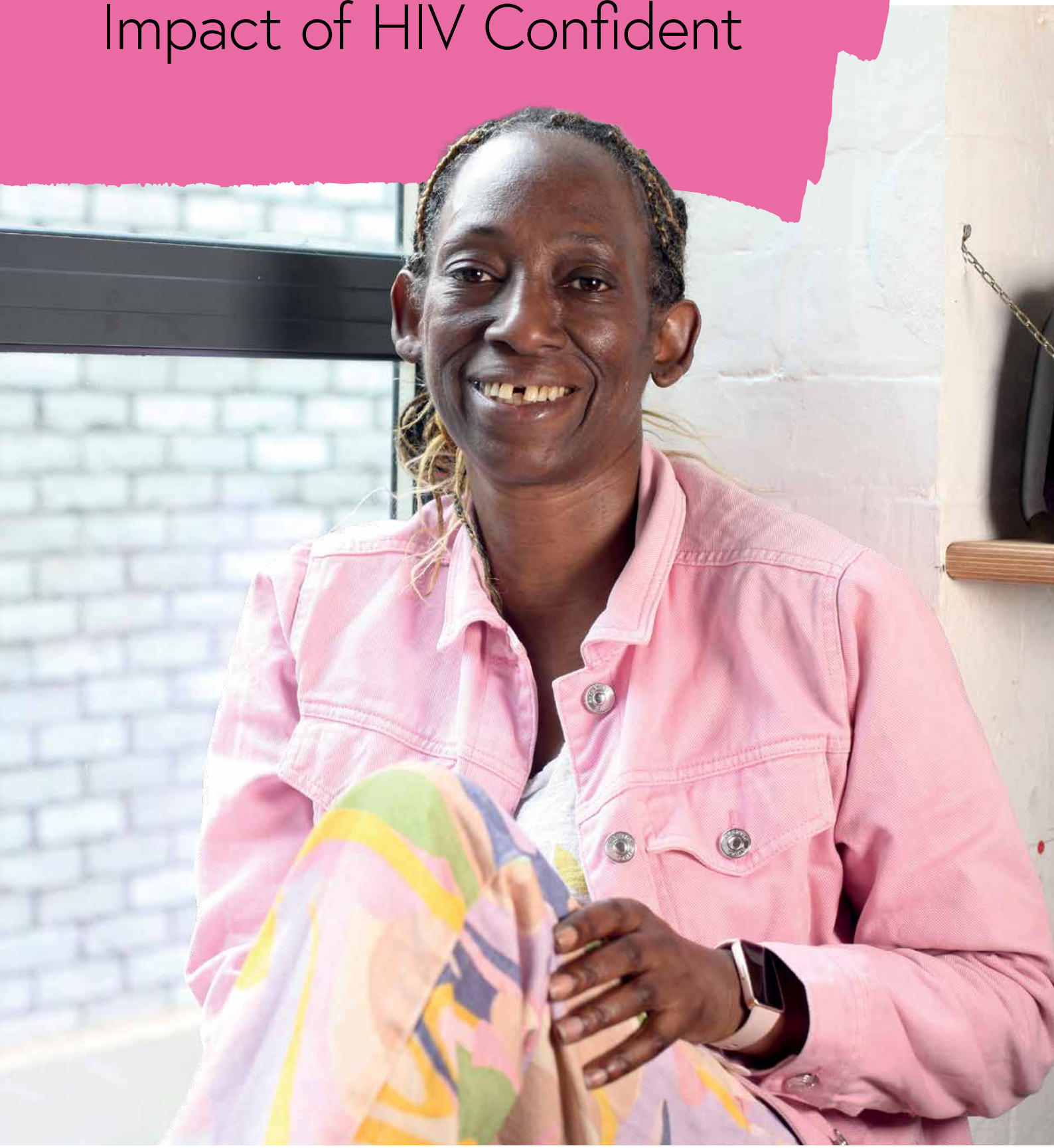
The results of the programme have shown that it leads to demonstrable change in staff knowledge, attitudes and confidence when working alongside and providing care to people living with HIV. Organisations have shown a drive and determination to address HIV-related stigma through being the first in their sectors to make a public commitment to ending stigma and being safe and inclusive organisations.

As the UK works towards achieving its goal of zero new transmissions of HIV by 2030, an effective anti-stigma programme is crucial to normalising HIV, so that people are more likely to take an HIV test, access care when they need it, and to ensure that people living with HIV experience a good quality of life.

The HIV Action Plan for England 2026-2030 outlines a strong prioritisation of anti-stigma programmes, particularly within sites conducting opt-out blood-borne virus testing in emergency departments. Programmes like HIV Confident can be key to achieving the ambitions of the Action Plan and reaching the 2030 goal to ending new cases of HIV.

1. https://nat.org.uk/wp-content/uploads/2024/06/HIV-Public-Knowledge-and-Attitudes.pdf

Section 2
Impact of HIV Confident



This section sets out key findings on levels of HIV knowledge, attitudes, and confidence among staff at organisations who are part of HIV Confident. More data are available in the Appendices.

A) HIV Knowledge

At the root of HIV stigma often lies a lack of knowledge, education and awareness. Surveys shared with staff at HIV Confident organisations aim to understand levels of knowledge about HIV and our eLearning modules work to fill in any gaps by clearly providing facts and busting myths.

U=U

At least a third of staff working in either primary or secondary care did not agree with, or didn't know how they felt about, the U=U statement 'There is zero risk of someone passing on HIV through sex when they are taking HIV medication and the level of virus in their blood is undetectable' in the HIV Confident survey

Before HIV Confident eLearning

Undetectable = Untransmissible

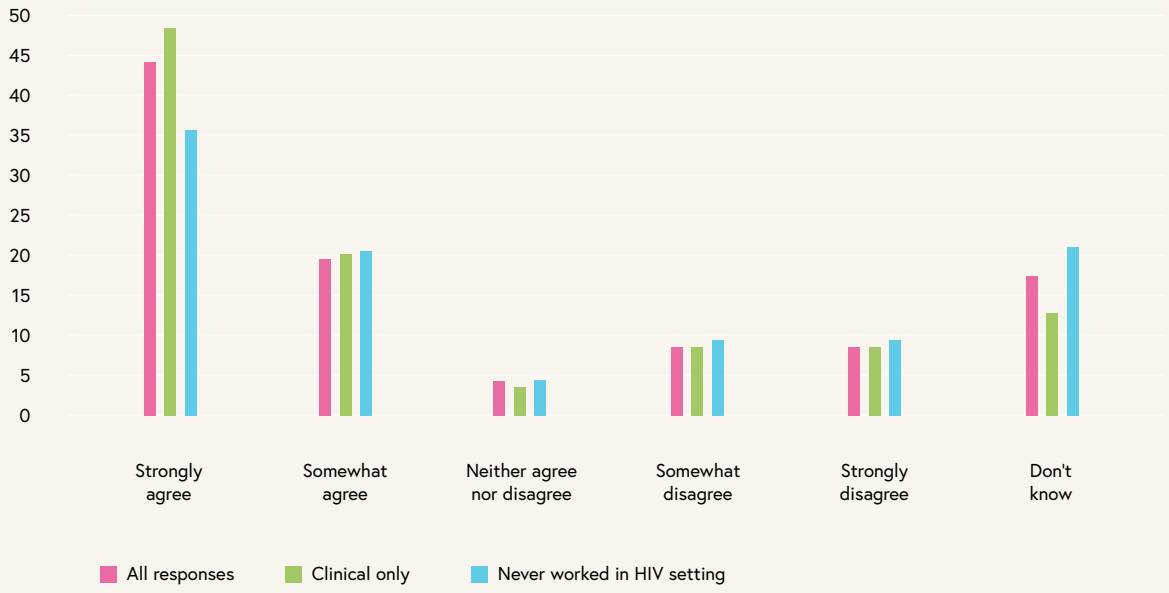
One of the most important scientific breakthroughs in HIV care has been the discovery that someone on effective treatment, and with an undetectable viral load, cannot pass HIV on to anyone else through sex – a concept known as undetectable = untransmissible, or U=U.

The HIV Confident survey asks respondents to consider the statement "There is zero risk of someone passing on HIV through sex when they are taking HIV medication and the level of virus in their blood is undetectable". Within healthcare settings, at least a third of staff working in either primary or secondary care did not agree with, or did not know how they felt about, this statement describing U=U. This is a stark reminder that medical breakthroughs alone do not automatically result in improved knowledge and highlights the clear need for further education and training.

It also seems as though the proportion of individuals disagreeing with the U=U statement does not dramatically change depending on whether someone is in a clinical or non-clinical role, or whether they have worked in an HIV care setting before. The general public's understanding of U=U is much more limited than those working in healthcare settings and responding to the HIV Confident surveys, with just 16% of respondents to NAT's 2021 Public Knowledge and Attitudes Survey believing it to be true that HIV cannot be passed on when someone is on effective treatment.

Amongst individuals working in local authorities, knowledge about U=U is more concerning, with almost half of staff working in these settings who completed our survey not being aware of, or not believing in, the U=U statement, 'There is zero risk of someone passing on HIV through sex when they are taking HIV medication and the level of virus in their blood is undetectable'.

Agreement with U=U statement 'There is zero risk of someone passing on HIV through sex when they are taking HIV medication and the level of virus in their blood is undetectable' amongst secondary care staff (%)



Post-exposure prophylaxis (PEP)

If someone may have been exposed to HIV, they can take a short course of HIV medicines, known as post-exposure prophylaxis, to prevent them from acquiring the virus.

Around two thirds of healthcare staff answering our survey agreed with a statement explaining this, meaning around one third of healthcare staff are unfortunately not aware of what PEP can do. Over a third of healthcare staff responding also felt that PEP should still be taken in the event of a needlestick injury from someone who has an undetectable viral load – meaning their trust in U=U is not 100%.

+33%

Over a third of healthcare staff felt that PEP should still be taken after a needlestick injury from someone with an undetectable viral load – indicating their trust in U=U is not 100%

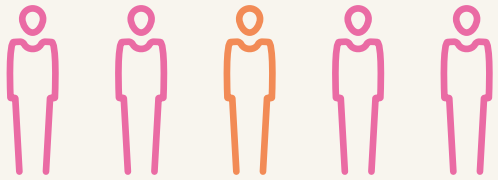
Vertical transmission

Transmission of HIV from mother to child – also known as vertical transmission – has essentially been eliminated in the UK, due to universal antenatal screening and effective HIV treatment that underpins the concept of U=U.

Despite this, around one fifth of healthcare staff, and about the same proportion of local authority staff, responding to the HIV Confident survey do not know that someone living with HIV can have HIV-negative children. Around double this amount in the general population do not have this knowledge[2]. Being aware of this medical triumph can reshape understanding of HIV as a manageable, long-term condition, so it is crucial that this is understood – particularly by healthcare staff – if we are going to end stigma in these settings.

1 in 5

Approximately 1 in 5 healthcare staff do not know that someone living with HIV can have HIV-negative children



Transmission routes

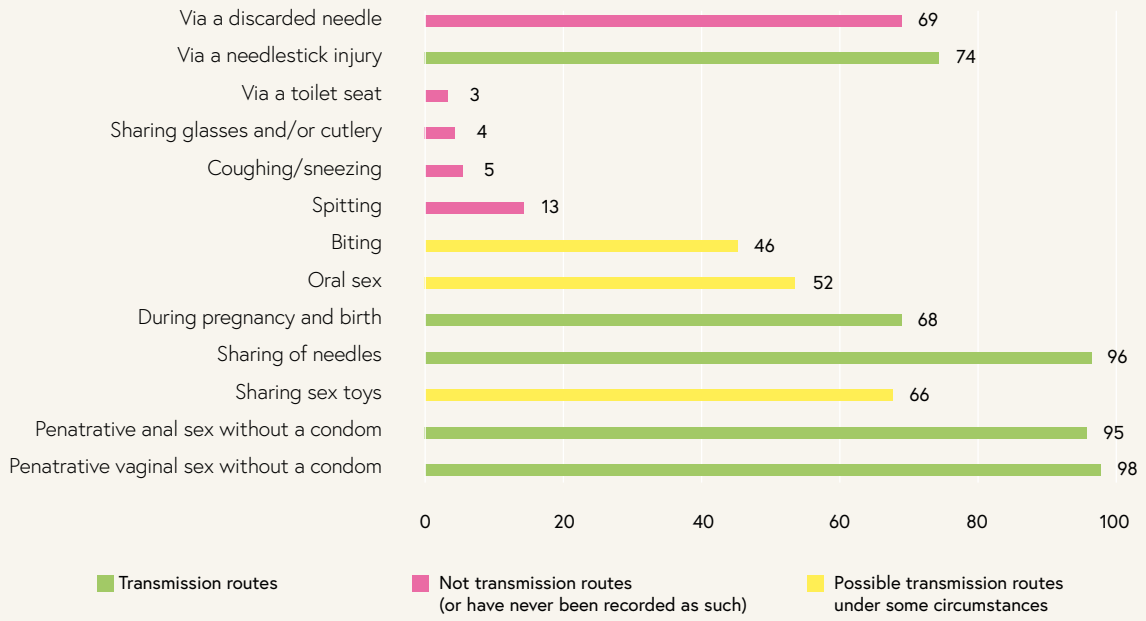
Respondents were largely able to identify known transmission routes for HIV, where there is a detectable viral load – things like unprotected vaginal or anal sex, sharing of needles or through a needlestick injury. However, there were some respondents who mistakenly believed things like spitting, coughing, sneezing, sharing glasses, cutlery or a toilet seat are all ways HIV can be transmitted. Around three quarters of respondents working in healthcare, and about two thirds in local authority settings, felt that transmission could occur via a discarded needle. While possible in theory (if a needle were to be discarded and almost immediately make contact with someone), this has never been reported, due to the short time frame that the virus can exist outside the body.

Some of these misunderstandings are more common within healthcare settings than in the general population. In NAT's 2021 Public Knowledge and Attitudes Survey, 19% of respondents believed that spitting was a real transmission route, lower than both the 27% and 21% recorded in the HIV Confident primary and secondary care respondents. When asked about discarded needles, 61% of the general public felt this was a route of transmission, with more than this – around three quarters of healthcare staff – reporting this as a mode of transmission in the HIV Confident surveys. Given that all of these are generally not ways that HIV can be passed on, and there are multiple instances of the general public's knowledge being more accurate than that of healthcare staff, it is clear that we must strengthen HIV-related knowledge amongst those working in healthcare settings, as a matter of urgency.

The graph overleaf shows the proportion of local authority staff that believed each of the options is a transmission route for HIV, when there is a detectable viral load. The bars in green are possible transmission routes, while those in pink are not or have never been recorded as such. Those in yellow technically can be transmission routes if the circumstances allow – for example, HIV will only be transmitted through oral sex, biting or through sharing sex toys where cuts, sores or open wounds are present, as HIV must have a route into the bloodstream and is not spread through saliva alone.

2. NAT public knowledge and attitudes

Proportion of local authority staff that believed each of the options is a transmission route for HIV, when there is a detectable viral load



After HIV Confident eLearning

HIV Confident eLearning asks individuals to agree with a statement surrounding U=U; that "there is zero risk of someone passing on HIV through sex when they are taking HIV medication and the level of virus in their blood is undetectable".

Amongst healthcare staff, agreement with this statement increased by about one third after completing the HIV Confident eLearning module (5.33 > 7.11 on 9-point scale). Amongst social care staff, the module increased agreement with this statement by 55% (5.34 > 8.31 on 9-point scale).

The eLearning was most impactful on HIV knowledge amongst those doing the generic module – those working for corporates or in non-social care roles within local authorities – where agreement with the statement increased by 90% after completing the training.

This means that thousands of staff have learned about U=U for the first time as a result of completing the HIV Confident training. Our eLearning is vitally fulfilling a need for clear, accessible and engaging content to convey simple yet extremely impactful facts like this to staff.

1,000s

Thousands of staff have learned about U=U for the first time

This was brilliant training. Simple, effective, myth busting. I am ashamed of my ignorance and will definitely pass on my new knowledge to others and address any stigma that I see in my everyday life."

B) HIV Attitudes

The results of the surveys show that many of the attitudes that people hold about HIV today are inaccurate. For example, over a fifth of patient-facing porters and housekeeping staff in secondary care settings felt that people acquire HIV after engaging in irresponsible behaviours.

Only about one third of staff in these settings feel that people living with HIV are treated fairly in the healthcare system, highlighting that staff are aware that stigma does exist. HIV Confident surveys and training encourage respondents to challenge their own misconceptions and perspectives about HIV, through asking reflective questions and centring those with lived experience.

Before HIV Confident eLearning

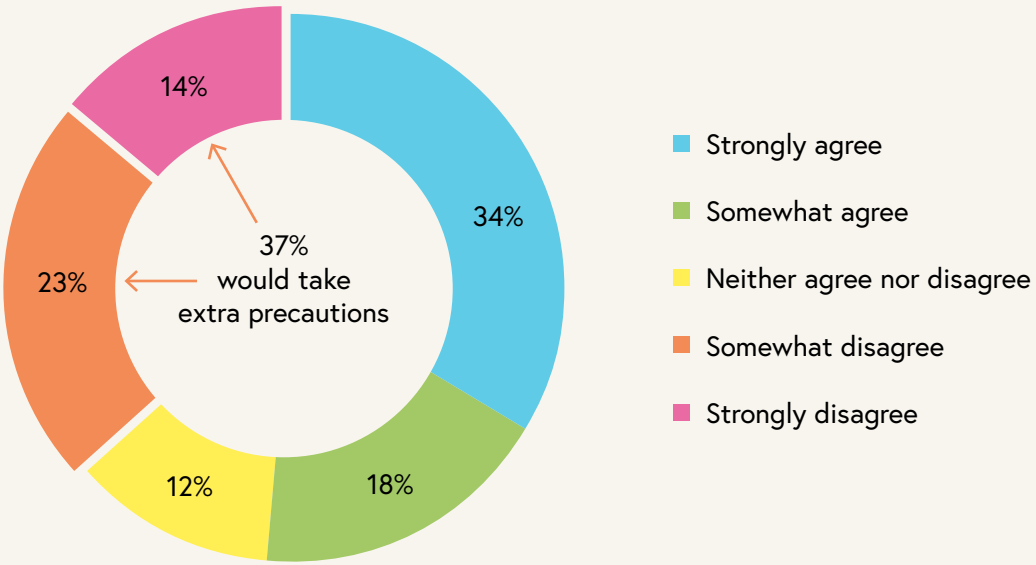
Transmission fears

The surveys revealed that staff are worried about HIV transmission in their workplaces. Over a third of non-clinical staff, and about a quarter of clinical staff, in healthcare settings reported that they would feel at risk of acquiring HIV if working with or caring for an HIV-positive person. Almost half of clinical staff across both primary and secondary care reported feeling some level of worry should they be drawing blood from someone living with HIV.

Infection control

Transmission fears are manifested in such a way that substantial proportions of staff believe that they should implement unnecessary and additional infection control measures when caring for patients living with HIV, which is unfair and could constitute unlawful discrimination.

I do NOT need to take extra precautions when caring for a patient with HIV (n=3107, clinical staff only)



Nearly half of clinical staff responding from healthcare settings, and a similar proportion among social care staff, felt that they need to take extra precautions when caring for a patient living with HIV, or weren't sure about their stance on this. Non-clinical staff in primary care settings evidently felt the same, with around a third believing that clinical staff should wear an additional pair of gloves or other additional PPE to "protect themselves" when providing care to someone living with HIV. Nearly half of these respondents felt that additional cleaning of rooms following procedures needed to be arranged. Over a quarter of social care staff felt a level of worry about providing personal care to someone living with HIV. Given that the vast majority of people living with HIV in England are on effective treatment and cannot pass HIV on, all of these attitudes are disproportionate to the real level of risk by performing these roles – it is crucial that we equip health and social care staff with this knowledge so they can provide care with confidence.

Patient confidentiality

According to the Data Protection Act 2018, someone living with HIV has a right to confidentiality around their status. High numbers of survey respondents said that they would alert other members of staff to a patient's HIV status. Around half of all healthcare staff responding to the survey do not feel that people living with HIV should have the right to withhold their diagnosis from medical professionals if they choose to. Overall, concerns were slightly higher amongst primary care staff than secondary care staff, but general trends in attitudes and behaviours remained similar across all settings.

Within local authorities, attitudes around sharing status were generally good, with 94% of respondents agreeing that their employer should not have to tell them if a colleague is living with HIV, but amongst social care staff specifically, over half did not agree that someone living with HIV has the right to withhold their status from care staff, should they choose to. This highlights a potential need for extra awareness and education around HIV transmission routes and confidentiality amongst staff that might have more direct contact with individuals than others. As well as being a key source of stigma for people living with HIV, sharing someone's status without their consent is discrimination – meaning that organisations are breaking the law if this happens. HIV Confident works to support both individuals and organisations to prevent this from happening, arming staff with updated knowledge and providing support to amend policies to reflect the law and best practice, where needed.

After HIV Confident eLearning

HIV Confident eLearning asks individuals to agree with the statement "there is no need for extra precautions or different behaviour when caring for patients who are living with HIV", both at the beginning and end of the eLearning module.

Amongst healthcare staff, agreement with this statement increased by about 70% after completing the HIV Confident eLearning module (4.55 > 7.75 on 9-point scale).

Social care staff were asked a different question to monitor attitude change, reporting their level of agreement with the statement "People living with HIV should have the right not to tell their employer about their status". After completing the social care eLearning module, agreement with this statement increased by about 39% (6.00 > 8.32 on 9-point scale). Those completing the generic module – non-social care local authority staff and corporate staff – were asked the same question, with agreement levels among this cohort increasing by 31% after completing the training.

I would really recommend people complete the HIV Confident training, even if you don't come into contact with people living with HIV as part of your role, because you never know who could be affected by HIV. It's such a brilliant training … one of the best e-learning sessions I've done."

C) HIV Confidence

The key to ensuring that stigma does not persist within organisations, even with improved knowledge and attitudes on an individual level, is that staff feel confident and empowered to be part of an inclusive and welcoming workplace on a group level. Knowing how to have conversations about HIV with person-centred language, how to support someone who might be living with HIV, and knowing where to direct them should stigma occur, all form strong foundations for an HIV Confident organisation.

Full data around HIV confidence measures can be found in the Appendices.

Before HIV Confident eLearning

Confidence working alongside people living with HIV

The surveys identified a lack of confidence amongst staff across all settings and roles in relation to HIV. Across primary and secondary healthcare settings, about 40% of respondents expressed a lack of confidence in their knowledge and awareness of HIV. Almost a fifth of these respondents would not feel confident continuing a conversation with someone they worked with, or cared for, if they shared with them that they were living with HIV. Confidence was much higher among local authority staff, with 86% reporting that they felt confident to continue a conversation like this.

Workplace procedures and training

It is obviously important that workplaces have guidelines in place around HIV, that support both people living with HIV and those who are not to advocate for their colleagues and service users. However, these mean little if staff are not aware of them. Across all healthcare settings and local authorities, only about half of respondents feel that their employer has clear policies and procedures around caring for and employing people living with HIV – indicating that the other half of staff are in the dark about these policies existing or feel that they do not exist. Two fifths of respondents from corporate businesses aren't sure what policies and procedures are in place to support people living with HIV within their companies. This indicates a need for more transparent, accessible and visible policies within organisations so that staff are aware of rights and responsibilities as they relate to people living with HIV around them.

Despite this, over 80% of staff in healthcare and local authorities reported that they would know what to do if they witnessed stigmatising or discriminatory behaviour towards someone living with HIV in their workplace – indicating that even if awareness of specific HIV policies is lacking, staff may be more aware of general complaints or grievances procedures that can be used for this purpose.

Staff were asked at the end of the survey whether they would like to receive some training around HIV – around 80% of all healthcare staff answered 'yes'. Perhaps more significantly, three quarters of healthcare staff felt that any HIV training that is delivered should be mandatory.

Attitudes towards this within local authorities were more mixed, with about two thirds of respondents sharing that they would like to receive more training around HIV, and a similar proportion identifying that they would like any training received to be mandatory.

After HIV Confident eLearning

The final question of the eLearning, aimed at understanding how the training improves participants' confidence around HIV, asks staff: "How confident are you that you can contribute to an HIV inclusive culture, where people living with HIV do not need to fear stigma or discrimination?". The training module improved this confidence by 15% amongst healthcare staff (7.31 > 8.39 on 9-point scale), by 11% amongst local authority staff (7.84 > 8.70 on 9-point scale) and 10% amongst corporate staff (7.53 > 8.29 on 9-point scale).

Feedback on all of our training modules has been overwhelmingly positive – as well as the quotes included throughout this report, 96% of respondents who filled out our feedback form said that is likely they would recommend HIV Confident training to a colleague. When asked what they found to be the most useful part of the training, some of the respondents answered "U=U – I did not know this" and "knowing that HIV is not as contagious as I used to think and the effect of stigmatisation".

> **The whole content and flow of the training was excellent. As part of my role, I have to do many different e-learnings and I can honestly say, this has been the most informative and structured learning I've ever done. Plus, I generally learnt a lot about HIV."**

Section 3
Taking participation further

Mandatory training in NHS organisations

Our eLearning module for NHS organisations has already had incredibly far reach, with over 9,000 NHS staff having completed it. Some of our member GP practices and trusts have taken further steps to ensure that more of their staff access this vital training, by deciding to make it mandatory.

Where HIV Confident leads have successfully brought this in for their organisations, we have seen significant improvements in numbers of staff completing the training. University Hospitals Sussex NHS Foundation Trust are one of these, with over 30% of the workforce at this single trust having engaged with the module, after it being mandatory training for only a few months – this figure is increasing daily. This illustrates how important mandating anti-stigma training within healthcare settings can be to reach staff in all types of roles and departments within the health service.

HIV Confident will continue to support organisations to mandate this training so that its transformative impact can be felt by as many members of staff as possible. Given the inclusion of anti-stigma programmes within the HIV Action Plan for England, and a number of additional trusts already working towards mandating HIV Confident eLearning, it is looking likely that hundreds and thousands more staff within the NHS will be able to access this much needed education in the near future. Eileen Nixon, HIV Confident Lead and Consultant Nurse at University Hospitals Sussex NHS Foundation Trust, says:

> We tried multiple approaches to promote uptake of the HIV Confident e-learning module, including grand round presentations, Trust communications on key dates such as Zero HIV Stigma Day, World AIDS Day and HIV testing week, PC screensavers, QR codes, access to the course from library computers. This resulted in several hundred course completions only.
>
> Engagement with senior leaders in the Trust on our steering group has been central to moving the HIV Confident e-learning module to essential training for all staff, moving our figures into the thousands within a matter of weeks. This has given the whole of HIV Confident the profile it needed to engage as many staff as possible."

Eileen Nixon, HIV Confident Lead and Consultant Nurse
University Hospitals Sussex NHS Foundation Trust

Policy reviews

Organisational policies around employment and recruitment, and healthcare where applicable, are reviewed through our HIV Confident policy checklists. These are completed by the member organisation, with confirmation that each point listed is fulfilled by one of their policies, and a short narrative provided around what this policy is and how it is implemented amongst staff and/or patients. The checklists ensure that organisational policies align with legislation around infection control, data protection and reasonable adjustments.

HIV Confident checklists also offer some points around best practice, so organisations can see how they might like to update and improve their policies to become more inclusive. These points cover aspects like people-first language and encouragement to develop an HIV-specific policy, if an organisation doesn't already have one.

HIV Confident has also worked with UNISON to develop a model HIV policy that is provided to organisations as an example of what an HIV-specific policy can look like, with many member organisations adapting parts of this to update their existing policies.

Stigma reporting

The HIV Confident process also sees member organisations identifying an HIV Confident champion, who can be contacted by anyone who may have experienced HIV-related stigma or discrimination, whether as a member of staff or a user of the organisation's services. The champion's role is to signpost individuals towards pathways that can be used to report these incidents, rather than address the incidents themselves. We know that many people experiencing stigma will not report it out of fear of being further stigmatised if they do – the aim of having a visible and accessible person for people to go to can instil confidence that the issue will be dealt with sensitively, confidentially and without judgement, hopefully breaking this cycle of ongoing stigma.

Organisations can choose to use existing grievance or complaints procedures, or to develop new pathways specifically designed for reporting HIV-related stigma. Some member NHS trusts have created online portals or new email inboxes for this purpose, while others have relied on existing methods like Freedom to Speak Up Guardians or PALS. Those opting for the latter have worked to highlight to staff and service users that while these platforms can be used for a wide range of grievances, they are very much encouraged to use them if they experience HIV-related stigma.

Next steps for HIV Confident: furthering our reach

The first three years of HIV Confident have shown what is possible when organisations commit to ending stigma, but there is much more work to do.

With continuation of core funding from Fast-Track Cities London secured, we will aim to bring in as many NHS organisations as possible in the coming years. Through the development of a comprehensive marketing strategy, we will also expand the programme through reaching more fee-paying organisations. We hope to engage organisations in key settings such as social care, prisons and dentists, where stigma is often reported.

As the Government works to implement the commitments of the HIV Action Plan for England to achieve the goal of ending new HIV transmissions by 2030, HIV Confident is well-placed to play a significant role in shifting the dial on HIV stigma. It is our vision that every workplace and sector has the opportunity to become HIV Confident.

HIV CONFIDENT

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