



AIDS Accountability
International

UNITED KINGDOM

COUNTRY PROFILES

AIDS Accountability Country Profiles are initially provided for a selection of 17 countries in order to give further commentary on their performance according to the AIDS Accountability Country Scorecard and the context in which the response takes place. For further details about the data or the methodology, please see our website www.aidsaccountability.org

AIDS Accountability International (AAI) was established to increase accountability and inspire bolder leadership in the response to the AIDS epidemic. We do this by rating and comparing the degree to which public, private and civil society actors are fulfilling the formal agreements they have made to respond to the epidemic.

Facts United Kingdom

Region: North America and Western/Central Europe

Population: 60.9 million

HIV prevalence: 0.2% 15-49 years (UNAIDS)

Gross National Income: US\$ 40,560 per capita (2006)

Copyright Notice

Copyright © 2007-2008. AIDS Accountability International Collective Foundation, Sweden. AIDS Accountability International is the owner of or controls all rights, including copyright, in the content of The AIDS Accountability Country Scorecard Report.

You are free to copy, distribute and display this document. You must attribute the work to AIDS Accountability International Foundation, Sweden, but not in any way that suggests that the foundation endorses you or your use of the work. You may not alter, transform, or build upon this work, and you may not use the work for commercial purposes.



AIDS Accountability International
Eriksbergsgatan 46
114 30 Stockholm
Sweden

Telephone: +46 (0)8 700 46 14
Email: info@aidsaccountability.org
Web: www.aidsaccountability.org

Country Profile: United Kingdom

Introduction

United Kingdom (UK) has an adult HIV prevalence level of 0.2%. In a country of around 60 million people there are more than 70,000 people living with HIV in the country, based on numbers from the end of 2006. Although infections initially were most common among men who have sex with men, injecting drug users (IDUs) and recipients of blood products, it is becoming increasingly common that people get infected with HIV through heterosexual relations. Of those infected heterosexually, a large majority (80%) acquire the infection in countries with high HIV prevalence outside the UK. Rates of HIV transmission among IDUs in the UK are reported to have been lower than in a number of similar countries because of a successful introduction of needle exchange programs based on experience following rising prevalence rates among IDUs in some Scottish cities. Nevertheless, there are concerns that sterile syringes are not available in the UK. There are also concerns about services for HIV positive asylum seekers and how proposed changes to the benefit system may affect people living with HIV (PLHIV). There are also concerns that support for HIV prevention initiatives is declining and that proposed expansion of sex education in schools may not cover important areas, such as same sex relationships.

What the scorecard reveals

The UK scores low (E) on element 1, mainly due to failure to report on a large number of the indicators reflecting biological and behavioural surveillance.

None of the indicators for the second element on focus on most-at-risk population; sex workers, IDUs and men who have sex with men (MSM) were submitted.

On the contrary, UK acted early to provide anti-retroviral therapy (ART) to PLHIV. Reported coverage was 92% in 2004 and >95% in 2006 rendering a high score for element 3 (A). Yet there are concerns that some people may be excluded from treatment, e.g. non-residents who are required to pay for the life-saving treatment.

In common with many high income countries, the UK's reporting to UNGASS is quite limited. For example, in 2008, the UK did neither report on coverage of prevention programs for most-at-risk populations nor on its spending on the response to HIV/AIDS, hence no data on element 4.

Another trait in common with many high income countries is that the coordination environment does not closely follow the Three Ones model, so it is perhaps surprising that it scores well (B) when assessed against that framework. Scores are stronger for the National Coordinating Authority (A) than for the National M&E System (B) and the strategic action framework (C).

The UK's score for the operating environment for civil society captured in element 6 is also good (B) although scores are higher from government (A) than from civil society itself (B). Civil society reported that efforts to increase civil society participation had improved slightly from 2005 (5/10) to 2007 (6/10).

The UK scores modestly on the human rights mainstreaming element of the scorecard (C), which captures the degree to which human rights have been mainstreamed into the AIDS response. The score is based on reporting to the UNGASS National Composite Policy Index (NCPI). This reflects the absence of laws and regulations to protect those most vulnerable to HIV infection and the presence of laws which are considered to present obstacles to effective implementation of HIV programs among these groups.

UK's Score

Elements	2006	2008
1: Data Collection	No data	E
2: Focus on most-at-risk populations		No data
3: Treatment	A	A
4: Prevention	No data	No Data
5: Coordination		B
6: Civil Society		B
7: Financing		No data
8: Human Rights Mainstreaming		C

Explanation of scores: A= 81-100%, B= 61-80%, C=41-60%, D=21-40%, E=0-20%

Reporting – How can UK improve?

The UK scores a C on the **AIDS Reporting Index**, which reflects a moderate level of reporting on the elements in the scorecard. As previously mentioned, if data on financing is provided, both elements 2 and 7 would improve significantly.

More information related to surveillance should be reported in order to receive a higher score on element 1, particularly knowledge and condom use in the general population as well as among most-at-risk populations; sex workers, IDUs and MSM.

To improve the score on element 4 data on coverage of prevention programmes focused on sex workers, IDUs and MSM must be submitted.

Element	Reported indicators	Total indicators	% reporting
1	7	15	47%
2	0	3	0%
3	1	1	100%
4	0	3	0%
5	60	64	94%
6	32	32	100%
7	0	3	0%
8	40	40	100%

Visit our website to make your own scorecard, read more information about the scorecard, check on the indicators on country level and to give your feedback to us. Make your voice heard at www.aidsaccountability.org

Source: United Kingdom Country Progress Report 2008