

**HIV in the
Channel
Islands:
what is the
priority
now?**

LIBERATE



Published 28 November 2019

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On 24 August 2017, Liberate agreed to take on the residue of funds from the dissolution of the Jersey AIDS Relief Group ("JARG"), a charity incorporated on 21 August 1987, at the height of the AIDS crisis, to provide financial support, counselling and emotional support not only for those persons suffering from HIV/AIDS, but also for their families and friends.

In taking on the funds, Liberate also took on the responsibility of continuing the work started by JARG. A change to include explicitly this work in Liberate's constitution was made and the funds were restricted to be used only for the fight against HIV/AIDS.

The funds represented an opportunity for Liberate to help support a different minority group in Jersey, but also a challenge. The problem that faced JARG was now our problem. The work by charities to support those dying from HIV/AIDS in the 1980s when there was no cure for the affects of the virus and no government funding, looked very different from the support work those living with HIV need today... or did it? Did the ability for those living with HIV to manage the condition through anti-retroviral drugs available on the Health Service mean there was no work to do? Did the perspective of 30 years mean that people were living openly with HIV, the old stigmas, fears and misinformation associated with being HIV positive gone? We needed to find out what the work looked like today.

In October 2018, Liberate started the work to research how the money received from JARG could best be used to support those living with HIV across the Channel Islands. Visits were made to StopAIDS, Terrence Higgins Trust and National AIDS Trust in the UK to find out more about the work they are carrying out and to ascertain potential areas in which Liberate might be able to work in the Channel Islands. The visits provided useful information and made links with large UK charities that are willing to support any work

Liberate undertakes.

On 1 December 2018 (World AIDS Day), Liberate launched a survey of Channel Islanders to discover whether the Islands' need for support around HIV matches that of the UK. The survey results are contained in this report, and show that progress has been made on some fronts, but that little has changed in other areas since the 1980s.

We also interviewed those working in the Islands' Health Services with those living with HIV and those charities with a mission to educate on sexual health matters.

The first expense Liberate paid for from the JARG funds was a donation to StopAIDS' campaign to end AIDS by 2030 globally. According to StopAIDS' figures, 36.9 million people were living with HIV in 2017, and half of those in need of life saving drugs do not have access to them. Global HIV funding has been reducing for the last 2 years as many wealthy governments prioritise other issues. This report calls on the Channel Islands' governments to remain vigilant, not complacent, and to commit to end AIDS by 2030 by playing their part in the global fight.

One year on, this report represents a roadmap for Liberate's work in this area and a snapshot of what life is like for those living with HIV in the Islands today. It is hoped that through implementing the recommendations of this report Liberate can make a difference to the lives of those living with HIV and help reduce the spread of the virus globally.

Vic Tanner Davy
CEO
Liberate Jersey



Survey

Liberate used SurveyMonkey to collect the data from the public survey. The survey was open from 1 December 2018 to 18 February 2019. The survey was available in English, Portuguese and Polish. The survey was promoted on Facebook in all three languages to reach people living in Jersey and Guernsey aged 18 to 65+. It reached 25,775 people and had engagement from 481 people. The survey had 205 respondents in total.

Interviews

Liberate interviewed the following people and organisations working in this area:

StopAIDS (stopaids.org.uk)

StopAIDS is a network of UK agencies working together to secure an effective global response to HIV and AIDS. With their members they raise a united voice to rally and maintain the UK's leadership in the global response to HIV. StopAIDS engage and develop relationships with key decision-makers in order to influence policy and practice within the UK and globally; mobilise influence through parliament, the media, and public campaigning; and, develop evidence-informed policy positions by drawing on the knowledge and expertise of StopAIDS members and others and develop policy and programmatic positions that can be used to influence key stakeholders.

National AIDS Trust (www.nat.org.uk)

The National AIDS Trust ("NAT") is dedicated to transforming the UK's response to HIV. They champion the rights of people living with HIV and campaign for change by shaping attitudes, challenging injustice and changing lives. They work to achieve effective HIV prevention; early diagnosis of HIV; universal access to HIV treatment, care and support; eradication of HIV-related stigma and

discrimination; and, increased public awareness and understanding of HIV and AIDS.

Terrence Higgins Trust (www.tht.org.uk)

The Terrence Higgins Trust ("THT") is the UK's leading HIV and sexual health charity. They empower and support people living with HIV to lead healthy lives, and amplify the voices of those affected by HIV across public and political arenas to eradicate stigma and discrimination. They work to end the transmission of HIV in the UK and help the people using their services to achieve good sexual health.

Brook Jersey (www.brook.org.uk)

The Jersey branch of UK charity Brook. Brook has been at the forefront of providing wellbeing and sexual health support for young people for over 50 years. They provide services in local communities, education programmes, training for professionals and campaign to help ensure that young people are better equipped to make positive and healthy lifestyle choices.

YouMatter (youmatter.je)

YouMatter works with young people in Jersey to build their self-esteem and help them to develop an understanding of their true value and worth. They run workshops with thousands of young people in Jersey every year to inspire them to make healthy and positive choices about their lives and relationships. Their work includes educating around sexually transmitted infections including HIV and AIDS.

The Orchard Centre (www.gov.gg/sexualhealthunit)

The Orchard Centre is an 'open access' clinic in Guernsey. Their vision is for all Islanders to enjoy good sexual health. They aim to provide

sexual health services that are high quality, supportive and safe, delivered within a safe and clean environment that use the latest technology.

Department of Infection and GUM Clinic

(www.gov.je/Health/SexualHealth/pages/gumclinic.aspx)

The States of Jersey GUM clinic is a specialist outpatient clinic offering a free and confidential service for anyone with a sexual health concern.

They offer a range of services, including free condoms, HIV testing, PEP (post-exposure prophylaxis).

SHARE (Sexual Health and Relationship Education, States of Guernsey)

SHARE deliver education to schools that touches on HIV from year 6 to year 11. In year 9, session three particularly addresses HIV covering the world situation, how HIV is transmitted (and how it isn't), and local statistics. Currently, they are also talking about Gareth Thomas and Prince Harry as they have been in the news. They have also sometimes been showing the 'Bohemian Rhapsody' trailer as many students have seen the film. The students are given a red ribbon each. They also cover PrEP, diagnosis and treatment.

Research

Other research was also undertaken and the following sources are quoted in this report:

Avert (www.avert.org)

A UK-based charity that has been providing accurate and trusted information about HIV and sexual health worldwide for over 30 years.

NAM (www.aidsmap.com)

NAM is a UK community-based organisation and registered charity that supports people

living and working with HIV by providing accurate, impartial, and up-to-date information about HIV and AIDS. They believe that, wherever you are in the world, accessing accurate information is vital in the management of HIV.

UNAIDS (www.unaids.org)

UNAIDS is leading the global effort to end AIDS as a public health threat by 2030 as part of the Sustainable Development Goals. UNAIDS provides the strategic direction, advocacy, coordination and technical support needed to catalyse and connect leadership from governments, the private sector and communities to deliver life-saving HIV services. Without UNAIDS, there would be no strategic vision for the AIDS response.

“Just how truly lucky we are to be living in Guernsey with accessible world class HIV treatment available to us.”

Respondents and their personal characteristics

190 people consented to taking part in the survey ("respondents") and 15 people declined, thereby exiting the survey after question 1.

Of respondents:

128 were Jersey residents

62 were resident in the Bailiwick of Guernsey (i.e. Guernsey, Alderney, Sark, Herm)

77 were men

107 were women

6 were transgender or another gender identity

126 identified as straight

13 identified as bisexual

39 identified as gay

6 identified as lesbian

6 identified as another sexual orientation

Respondents and their HIV status

Of respondents, 14 people were HIV+, 130 people were HIV- and 46 did not know their HIV status.

In the follow up question that asked how people knew their HIV status, 15 of those who declared they were HIV- admitted to never having been tested or a presumption that their status was negative based on their lifestyle choices, particularly around sexual behaviour. It may, therefore, be more accurate to record that 14 people were HIV+, 115 people were HIV- and 61 did not know their HIV status.

THT provided statistics to Liberate of:

102 people living with HIV in Jersey

65 people living with HIV in Guernsey

The percentage of the population living with HIV in both islands is comparable to that of the UK (2018: 0.15%).

14 respondents living with HIV is less than 10% of the population who are living with HIV across the Islands. The small size of sample should be born in mind when reading the results of the survey in this report that relate to those who are living with HIV.

Those who knew their HIV status found out through the following methods:

7% Self-test

41% Test by my doctor/GP

36% Test by sexual health clinic

5% Test by HIV/AIDS specialist doctor

0% Test by charity supporting those living with HIV/AIDS

10% Other (please specify)

Those who found out by other means included: blood donors; those who had had a blood test whilst in hospital for an unrelated condition or during pregnancy; and, those who work in the health service.

“So many people tell me that there is no/very little HIV in Jersey compared to UK. Like somehow Jersey is protected from diseases like this. This is a myth that needs to [be] corrected.”

Research

UNAIDS

HIV-related stigma refers to the negative beliefs, feelings and attitudes towards people living with HIV, groups associated with people living with HIV (e.g. the families of people living with HIV) and other key populations at higher risk of HIV infection, such as people who inject drugs, sex workers, men who have sex with men and transgender people.

Stigma and discrimination are among the foremost barriers to HIV prevention, treatment, care and support. Specifically, research has shown that stigma and discrimination undermine HIV prevention efforts by making people afraid to seek HIV information, services and modalities to reduce their risk of infection and to adopt safer behaviours lest these actions raise suspicion about their HIV status. Research has also shown that fear of stigma and discrimination, which can also be linked to fear of violence, discourages people living with HIV from disclosing their status even to family members and sexual partners and undermines

their ability and willingness to access and adhere to treatment. Thus, stigma and discrimination weaken the ability of individuals and communities to protect themselves from HIV and to stay healthy if they are living with HIV.

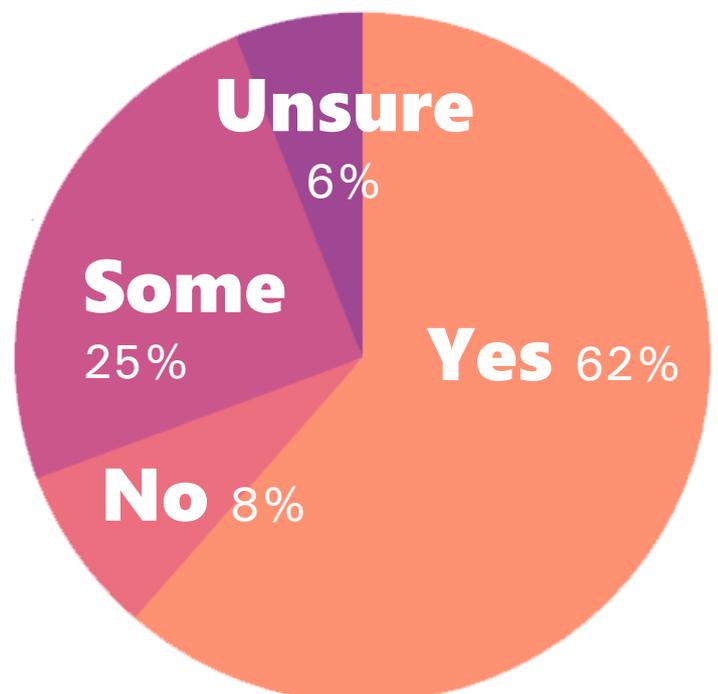
(from "Reduction of HIV-related stigma and discrimination", 2014)

NAT

Stigma associated with HIV is particularly complex. Some HIV transmission routes, for example, sex without condoms and sharing of needles for injecting drug use, are subject to social judgement. In some countries behaviours that carry the highest risk of HIV transmission are against the law. In addition, there are a range of intersecting prejudices experienced by many communities disproportionately affected by HIV. For example in the UK, gay and bisexual men and black African communities are disproportionately affected by the virus and issues of racism and homophobia can interlace with HIV stigma.

(from "Tackling HIV stigma: What works?", June 2016)

Do you feel that a stigma still exists in the Island around being HIV positive?



Avert

Avert's website (<https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination>) identifies six forms of HIV stigma and discrimination:

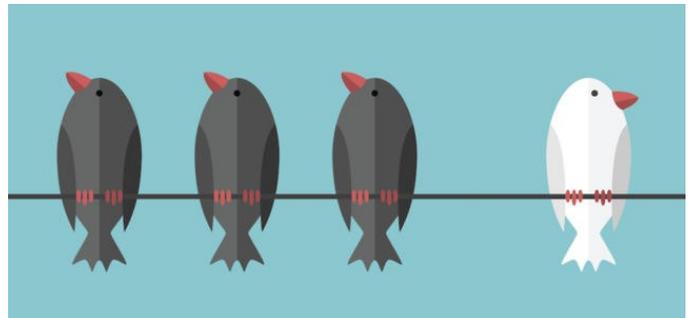
- **Self-stigma/internalised stigma:** Negative self-judgement resulting in shame, worthlessness and blame represents an important but neglected aspect of living with HIV. Self-stigma affected a person's ability to live positively, limits meaningful self agency, quality of life, adherence to treatment and access to health services.
- **Governmental stigma:** A country's discriminatory laws, rules and policies regarding HIV can alienate and exclude people living with HIV, reinforcing the stigma surrounding HIV and AIDS.
- **Restrictions on entry, travel and stay:** As of September 2015, 35 countries have laws that restrict the entry, stay and residence of people living with HIV.
- **Healthcare stigma:** Healthcare professionals can medically assist someone infected or affected by HIV, and also provide life-saving information on how to prevent it. However, HIV-related discrimination in healthcare remains an issue and is particularly prevalent in some countries. It can take many forms, including mandatory HIV testing without consent or appropriate counselling. Health providers may minimise contact with, or care of, patients living with HIV, delay or deny treatment, demand additional payment for services and isolate people living with HIV from other patients.
- **Employment stigma:** In the workplace, people living with HIV may suffer stigma from their co-workers and employers, such as social isolation and ridicule, or experience discriminatory practices, such as termination or refusal of employment.
- **Community and household level stigma:** Community-level stigma and discrimination towards people living with HIV can force people to leave their home

and change their daily activities.

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The Orchard Centre

The Orchard Centre told Liberate about the problems caused by stigma for their patients living with HIV, which included not wanting their status disclosed to their GP, even though this makes it harder to ensure that the patient's HIV medication does not conflict with other medication prescribed by their GP. It is also much harder to offer follow up support, e.g. counselling or peer support, in a small island where accessing that support would immediately designate you as being HIV positive.



Survey results

87% of survey respondents felt that stigma or, at least, some stigma still exists in the island around being HIV positive.

The 6% of people who specified "Other" were all unsure they had enough information to answer the question.

Survey respondents who said they were HIV+ were asked, have you ever experienced any bullying, harassment, intimidation, discrimination because of your HIV status?

18% Yes
27% Some
55% No

The Jersey Opinions & Lifestyle Survey Report ("JOLSR") 2017 recorded that, of their respondents, "almost a quarter (23%) felt they had been discriminated against in the last 12 months" on the grounds of race, age,

gender, pregnancy and maternity, marital status, disability, religion or beliefs, sexual orientation, gender reassignment or other reason.

Whilst not directly comparable because the JOLSR limited their question to discrimination in the last 12 months only, discrimination against people living with HIV appears higher than other characteristics in the Channel Islands.

However, the figure of 45% for Islanders who are living with HIV experiencing some form of intimidation or discrimination is broadly aligned with the UK. THT figures released on World AIDS Day (1 December) 2018 found 50% of people said they had experienced discrimination because of their HIV status.

In Jersey, discrimination against people living with HIV is illegal, falling under the disability protected characteristic. There is no similar protection in Guernsey.

Those respondents living with HIV were asked, who have you told about your HIV status?

92% had told their doctor/ GP

75% had told their partner/ spouse

58% had told family member(s)

50% had told close friend(s)

50% had told another medical professional

8% had told outside of work friend(s)

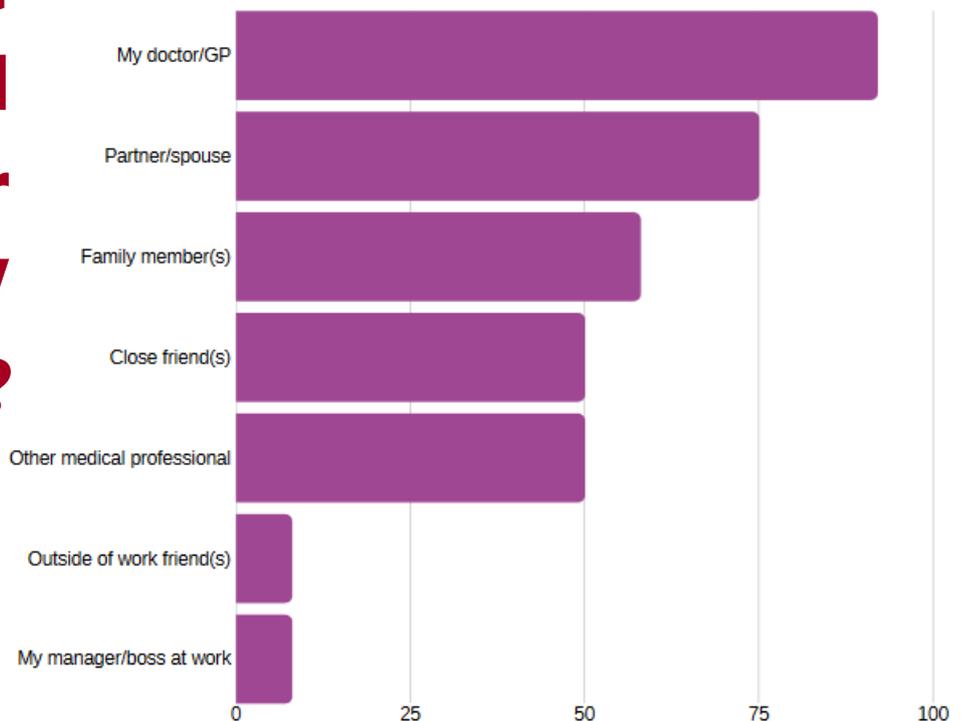
8% had told their manager/boss at work

Nobody had told someone they work closely with, the HR department at work, or acquaintance(s) at work.

This result supports the difficulty that those with a HIV + diagnosis face in speaking about it. Although it can be hard to break the news of a serious health condition, such as cancer, to those closest to you, few conditions carry the added burden at the time of diagnosis of the stigma associated with HIV.

Welsh rugby player, Gareth Thomas, recently came out as living with HIV because he was threatened with public exposure of his condition by a tabloid journalist. He had not told his parents.

Who have you told about your HIV status?



Comments from Channel Islanders responding to the survey relating to stigma. Many saw education as a significant way to combat stigma:

“I have seen discrimination against friends locally who have died from aids related conditions pre discrimination laws. No one should have to face that sort of situation on a daily basis.”

“There are some very poor attitudes towards HIV and it is not treated in a similar way to other diseases.”

“Because I have been stopped getting access to treat[ment] because I am hiv and they do not like you in their operating theatres.”
(Jersey respondent)

“I suspect that too many people go off island for support given the stigma attached. More needs to be done to support the community of people and their families/networks living with HIV/AIDS.”

“Educating people would reduce stigma. Understanding the difference between HIV and AIDS important. Stop people referring to it as AIDS but refer to it as HIV will help the fight against stigma.”

“I think there is still a lot of stigma, bias and rumour which can only be eliminated through education (e.g. that it is a 'gay problem' - not my own words!!).”

“Stigma is the same as anywhere else however my friends don't treat me any differently.”

“Breaking down stigma through education for all would make a difference for those living their daily life with HIV but also hopefully reduce the number of cases.”

“What I believe was the first case in Guernsey (20 years ago or more), received a lot of negative publicity. There is less publicity about individuals now.”

Recommendation

1. Government in partnership with the charitable sector and people living with HIV in the Channel Islands should develop an evidence-based strategy for reducing HIV stigma that includes a range of approaches to tackle the many different factors contributing to stigma.

“I have sat at professional meetings and heard myths quoted about AIDS with the intention to affect decisions, fortunately strong voices shot them down. Professionals should not be reacting to myths and this is why we need to educate them as well as the public.”

Research

NAT

The Stigma Survey UK 2015 found high levels of concern amongst people with HIV about stigma in health services. In the previous 12 months, 32% and 39% of participants worried about being treated differently from other patients in general practice and dental care respectively. 13% and 14% avoided seeking care from GPs and dentists respectively when it was required. The significant impact of stigma in deterring people from accessing public services should be noted.

Unfortunately this apprehension and fear of stigma in healthcare can be borne out in reality. In NAT's survey of people with HIV around confidentiality and the NHS, 22% of respondents reported experiencing breaches of confidentiality from healthcare staff. Even more worrying was the 40% of respondents who said they had ever been treated differently or badly by a healthcare worker because of their HIV status. Examples cited included healthcare workers asking patients

how they got HIV, blaming people for becoming HIV positive, inappropriate discussions around lifestyle, being made to feel inferior or different, refusal to operate/ provide treatment, treatment being postponed to the end of the day after all other patients were seen, and accusations of posing a health threat to the healthcare worker and colleagues. In the Stigma Survey UK 2015 5% of participants reported treatment being refused or delayed in GPs, Dentists and out-patient settings in the previous 12 months.

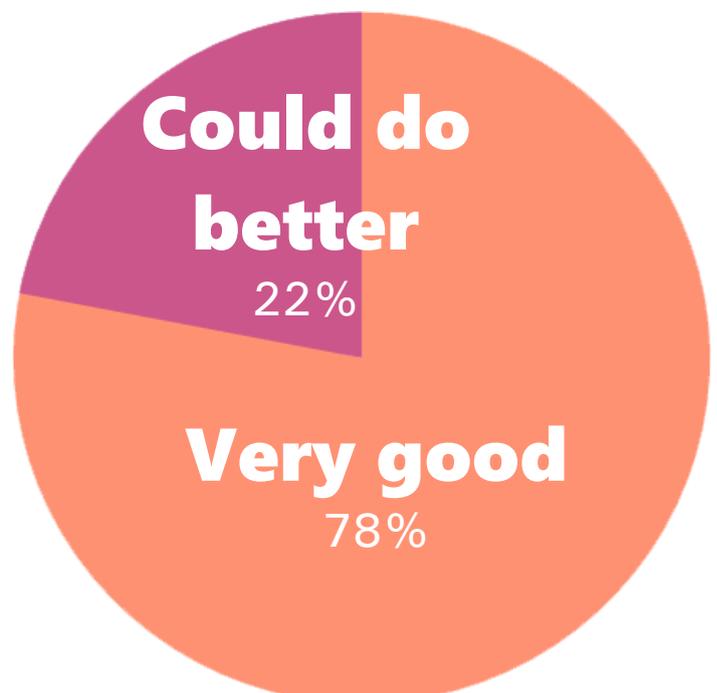
(from "Why we need HIV support services", March 2017)

Survey results

All those respondents who were living with HIV were receiving treatment for the condition.

55% had been receiving treatment for less than 5 years
27% 6-10 years
9% 11-20 years
9% 20+ years

How would you rate your treatment by the Island's health service?



Virtually all respondents living with HIV are being treated by the Islands' health services.

Concerns described in the research above had influenced the decision of those being treated in the UK: "Not enough confidentiality and anonymity protections for HIV suffer[er]s, why I chose to go to U.K. for treatment."

On the subject of confidentiality, a Jersey respondent noted that: "Invite letters to see Dr. Muscat at Jersey hospital are difficult to give to employers and they state they are from the 'Infectious Diseases Department.'"

17% of Islanders living with HIV had sought support or treatment outside of the Islands' health services (whilst resident in the Islands). Their reasons for doing so included: "Support/treatment I needed/wanted was not available in the island", "Had a bad experience of the HIV/AIDS support service offered in the island" and, all respondents said, "Concerns about privacy of medical records and/or discretion of medical professionals in the island".

As the chart on page 11 shows, the majority of those people living with HIV are receiving very good treatment in the Islands. This is reflected in their reasons for giving the health service this rating.

Guernsey respondents commented: "My initial treatment was [abroad] and I was nervous prior to moving about the quality here. From initial phone call on my expectations have been exceeded by the orchard clinic."

"Highly professional team making you feel at ease always. Very knowledgable."

Jersey respondents commented: "Very good medically but virtually no practical help or information."

"They provide an excellent service, non judgemental friendly and supportive."

"I have underlying problems that are only treated and not looked into. Treated not

cured."

"Always keep on top of me with blood tests and receive a great service every time I see my doctor."

However, one person felt their experience was not a good one: "My family and I were treated like druggies and [lepers]. Some doctors did not want to touch, our dentist refused to keep [treat]ing us and many more hurtful things happened. I still find that certain Drs will not give [treatment] because I am positive."

Although one person being treated in this way is one person too many, on the basis of the data gathered by this report, the experience of Islanders does not appear to reflect the UK statistic of "40% of respondents who said they had ever been treated differently or badly by a healthcare worker because of their HIV status".

Jersey GUM clinic service

The location of waiting area for the GUM clinic in the Gwyneth Huelin wing of the General Hospital is in full view of the reception area and those patients waiting for other procedures.

"Having visited a clinic on a small island I found it a terrifying experience. To wait in a public area where there's a reasonable chance of bumping into someone is off putting."

Liberate understands that those planning the new hospital layout will seek to solve this problem in any new plans.

The clinic is open Tuesday (male), Wednesday (female) and Thursday (mixed), from 5pm to 6.30pm. Patients can also be seen by appointment outside these times (Monday to Friday). Symptomatic patients, those requiring PEP or emergency contraception, referrals from SARC and other urgent matters are seen the same day outside these appointment hours if there is no formal appointment slot available on the day of referral.

The health service offers access Post Exposure Prophylaxis (“PEP”) from the emergency department for those who may have been at risk of contracting HIV at any time.

Those living with HIV in Jersey are seen for their appointments during day time clinics.

Guernsey Orchard Centre service

The location of the Orchard Centre is in the Divette wing of the Princess Elizabeth Hospital. The old Castel site was more discreet, but the sexual health team have worked around the problem with the current site by opening an emergency exit so that patients may leave the clinic without seeing other patients coming in.

The opening times are Monday and Tuesday (8.30 to 13.00 and 14.00 to 19.00), Wednesday (7.30 to 14.00), Thursday (8.30 to 18.00) and Friday (14.00 to 18.00).

49% of survey respondents wanted to see greater discretion around the entrance to/ position of public health facilities for sexual health services.

Experience of respondents

Comments from Channel Islanders responding to the survey relating to healthcare in the Islands:

“Access to free sexual health services is poor.” (Guernsey respondent)

“So that those who might be embarrassed about accessing sexual health services face to face [*may*] discretely check their HIV status. Somewhere like Alderney this is quite important with only one primary care health centre.” (Guernsey respondent)

“This could put potential clients off going to GUM clinic for testing. It’s a brilliant service but needs to be resourced properly by Health.” (Jersey respondent)

“The clinic in the [*Jersey*] hospital is run by the most amazing nurse and needs more support and resources.”

“I know people with HIV and I understand the pressures on the GUM clinic services. Greater staffing resources and a designated facility could enable health care providers to provide the level of service they aspire to.” (Jersey respondent)

Recommendations

2. Government should invest in an educational programme for health professionals to reduce HIV stigma in a health care setting including the importance of data protection and maintaining confidentiality for those patients living with HIV.

3. Jersey’s government in partnership with the charitable sector and people living with HIV in the Island should take into consideration the needs of clinic users when planning the site of the new GUM clinic.

Research

NAT

The mass media campaign of the 1980s, whose tagline 'don't die of ignorance' accompanied the falling tombstones image, was undoubtedly very influential in forming public perception of HIV in the UK. In many ways it was a success in public information dissemination, in that it did increase awareness of HIV and AIDS amongst the general population; many people still remember the campaign today. Lord Fowler, Health Secretary at the time of the campaign, noted that the TV adverts were the key to the campaign's success in reaching a mass audience.

The campaign did have shock value which may also contribute to the salience it has in people's minds. This, however, could have inadvertently led to some of the stigma that surrounds HIV in the UK today, in that it relied at the time on generating fear and some of this remains associated with HIV. It has never been followed up by a campaign on the

same scale that updates people on the huge advances that have been made in HIV in the last 30 years.

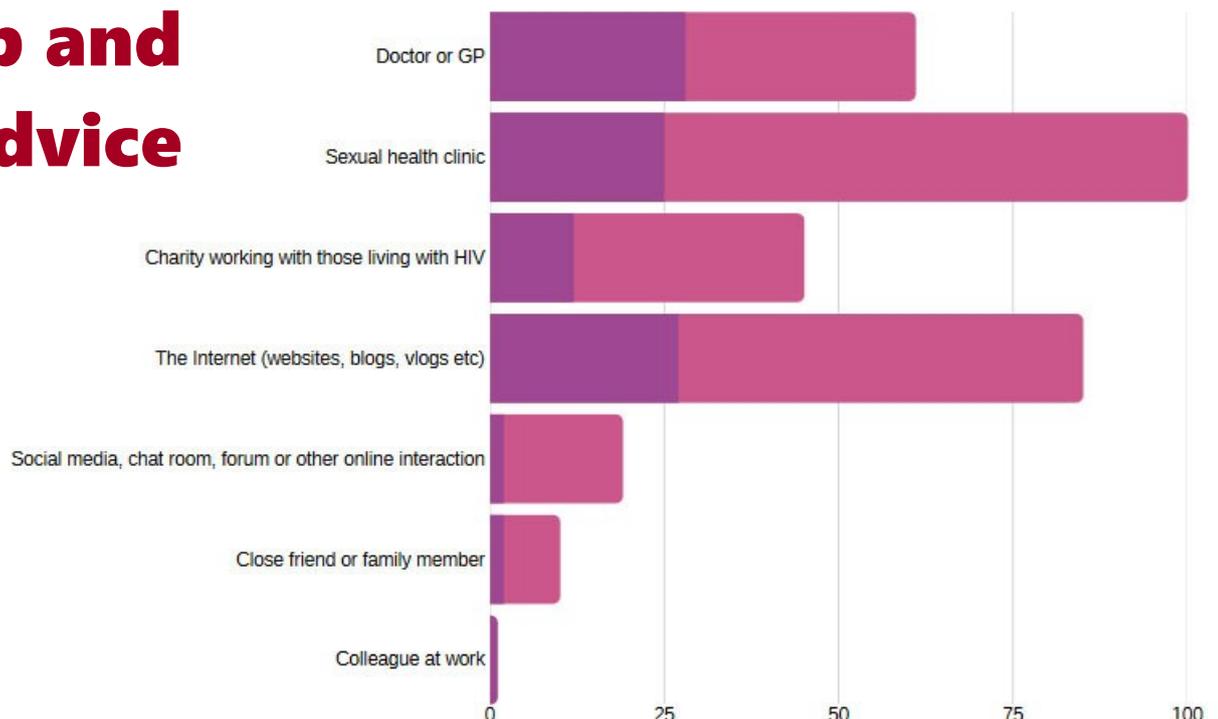
(from "Tackling HIV Stigma: What works?", June 2016)

Survey results

The "Help and advice" chart (below) shows the results from two questions. The first asked all respondents, where would you feel most comfortable going to ask for more information/advice about HIV/AIDS? The results were:

- 28% Doctor or GP**
- 25% Sexual health clinic**
- 12% Charity working with those living with HIV**
- 27% The Internet (websites, blogs, vlogs etc)**
- 2% Social media, chat room, forum or other online interaction**
- 2% Close friend or family member**
- 1% Colleague at work**

Help and advice



When those who are living with HIV were asked, where did you get the most helpful information/advice about HIV from when you were first diagnosed?, the results were:

33% Doctor or GP

75% Sexual health clinic

33% Charity working with those living with HIV

58% The Internet (websites, blogs, vlogs etc)

17% Social media, chat room, forum or other online interaction

8% Close friend or family member

The popularity of the Internet as a source of information for both questions places a responsibility on websites to ensure that information regarding HIV is accurate. Those working with people with HIV and their friends/families also need to recognise this preference and ensure that they direct people to the best websites.



Those respondents who are living with HIV were asked, how much did you know about HIV before your diagnosis?

42% said, a lot

50% said, some facts

8% said, not much

They were also asked, do you think a lack of information/advice around how HIV is passed on contributed to your positive HIV status?

36% said, yes

36% said, no

27% said, maybe

One respondent commented: "Yes, other people's lack of information/education".

This finding suggests that over a third of the cases of people living with HIV in the Channel Islands could have been avoided with better information availability.

The group of respondents living with HIV were also asked, did you receive enough factual information/advice about your diagnosis at the time?

67% said, yes

25% said, no

8% said, some

Survey respondents did not overwhelmingly want to see more done in the Islands around:

- Advocacy for those living with HIV with key decision makers in government/health services (only 49% wanted to see this); and
- Quarterly peer support group for those living with HIV (only 38% wanted this).

However, one respondent commented:

"Support groups can cover all aspects whilst also making people realise they are not the only ones with HIV, some people do not have family support and can feel alone, and struggle to cope with their diagnosis."

Comments from Channel Islanders responding to the survey relating to availability of information on HIV in the Islands:

“Here in Guernsey, SHARE teach about HIV in all the Schools, it is concerning how little the students know! It would be wonderful to educate the rest of the population especially with all the developments in prevention and treatment available!”

“The island has a complete lack of awareness and ignorance.”

“Because I think that public awareness of HIV/AIDS has reduced in recent years.”

“Need to guard against complacency and misinformation.”

“Because when taking any type of test, most people research both positive and negative outcomes therefore educating themselves, although along with the test the person should be given a recommended webpage where there is information which is completely up to date and true as so much rubbish is on the internet.”

“Since I lived in this Island I have not heard anything about HIV or prevention at all!!! Shocking!”

“My friend visits from the UK and he is HIV positive. The first time he visited, he was concerned about having his drugs on him and being stopped and questioned about them. This hadn't happened, but might be something useful to address as may be a worry for other people. Also information on travel as I believe it is illegal to be gay in some countries. I would be concerned what might happen if someone had their anti retro viral medication on them and were questioned about it.”

“It would seem that HIV/AIDS is still an 'un-talked' about topic, it would be great if this could be turned around and discussed more openly and among all communities.”

Recommendations

4. Government in partnership with the charitable sector and people living with HIV in the Channel Islands should develop an information campaign using a mix of media channels to increase public exposure to information and messages.

5. The Islands' health services in partnership with the charitable sector and people living with HIV in the Channel Islands should review the information provided to patients when diagnosed as HIV positive to ensure it is sufficiently supportive/helpful.

“Education is key to prevention. Social ignorance, and not providing knowledge and information, is just as irresponsible as having unprotected sex.”

Research

NAT

Schools are in a unique position to shape the next generation's response to HIV. It is important that schools provide comprehensive relationships and sex education (RSE) so that young people have the knowledge and confidence to make informed decisions that support their health and wellbeing. But schools can also help to prevent HIV stigma and discrimination. Schools should recognise and proactively challenge HIV prejudice.

HIV is a health inequality which disproportionately affects already marginalised groups in the UK. HIV stigma intersects with other important issues, including racism, homophobia, and women's rights. Learning about HIV can and should go beyond the scientific facts. It is a topic that can frame and introduce other useful and challenging discussions amongst young people in the safe environment of the classroom.

(from "HIV Schools Pack", 2018)

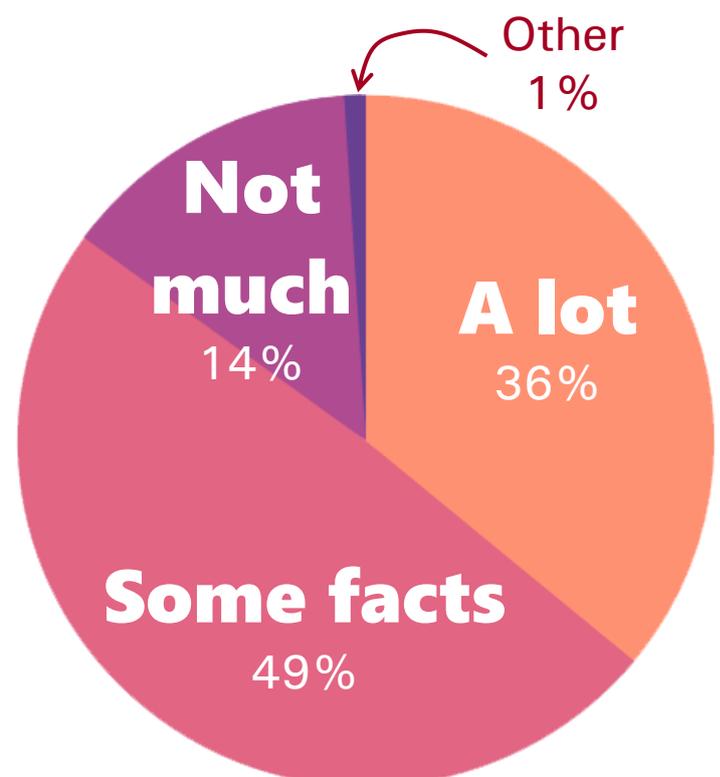
UNAIDS

Exploring the mechanisms and machinations of culture, values, beliefs and relationships of power has become more prominent and acknowledging that education and health are inextricably linked is now seen as vital. For example, HIV education can help to tackle some of the structural drivers of the epidemic, such as harmful gender norms, which can increase the vulnerability of women and girls...

...one of the major lessons learned in AIDS education has been the need to broaden the scope of HIV education and ensuring a more open and holistic approach to it. In that respect, largely gone are the early tendencies to teach HIV as a science topic concerned only with the biology of transmission, along with the scare tactics often used to discourage young people from becoming sexually active.

Instead, skills-based approaches have emerged that stress communication and coping strategies. Using interactive, student-centred methods of teaching, rather than

How much do you feel you know about HIV/AIDS now?



heavily didactic ones, has been proven to be more successful.

HIV education can help learners to not only develop and maintain safer behaviours, but also reduce stigma and discrimination towards people affected by, and living with, HIV.

(from <https://www.unaids.org/en/resources/presscentre/featurestories/2014/april/20140401unesco>, April 2014)

Survey results

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As the chart on page 17 shows, the majority of respondents (85%) feel they know something about HIV/AIDS.

Respondents were then asked how sure they were of the truth of ten statements about HIV. The results (below) reveal that people may have over-estimated how much they know. (All the statements were true.)

Lots of myths surround HIV and AIDS. How sure are you of the truth of the following statements about HIV?	Sure	Not Sure	Don't Know
HIV can only be passed on through semen, vaginal and rectal fluids, blood or breast milk	89%	10%	1%
You cannot get HIV through any kind of kissing, because saliva does not pass on HIV	76%	24%	0%
You can get HIV through sharing needles if you are injecting	98%	2%	0%
If you think you have put yourself at risk of getting HIV you can take a drug called PEP (Post-Exposure Prophylaxis), which can prevent HIV infection if taken within 72 hours	43%	34%	23%
If you think you are at risk of contracting HIV you can take a drug called PrEP (Pre-Exposure Prophylaxis), which can prevent HIV infection	41%	34%	25%
For most people living with HIV effective treatment consists of one pill a day to manage their condition	39%	42%	19%
People living with HIV who are on effective treatment can bring the amount of HIV in their body to an undetectable level meaning they cannot pass it on to their sexual partner(s)	46%	33%	21%
People living with HIV can live a normal life span if diagnosed in good time and on effective treatment	90%	7%	3%
Men who have sex with men are recommended to have an HIV test at least once a year	58%	27%	15%
In Jersey, it is against the law to treat someone with HIV/AIDS less favourably than others in the workplace; in Guernsey, this is not yet the case	38%	31%	31%



“Education is key to ensuring that any infection, virus or disease is stopped from spreading and in helping those already affected.”

Respondents were asked, in what areas they would like to see more done in the Island?

86% wanted to see education for all around HIV, i.e. how HIV spreads, the importance of knowing your status, what it means to be HIV positive, breaking down the myths surrounding HIV/AIDS

82% wanted to see compulsory inclusion of HIV in sex education lessons in schools

When asked, which area of work would be your top priority? 55% of respondents wanted education for all around HIV to be the priority. Respondents' second choice was compulsory inclusion of HIV in sex education lessons in schools (11%).

Brook Jersey offer sexual health support and sessions to all Jersey secondary schools that cover the topic of STIs including HIV. They don't deliver a session on HIV specifically.

YouMatter offer sessions on sexual health and healthy relationships to all Jersey schools. They offer a session on HIV to secondary schools.

Experience of respondents

Comments from Channel Islanders responding to the survey relating to education around HIV in the Islands:

"Children should learn so they can adapt their sexual behaviour when of age."

"Because Sex Education in Schools is VITAL and needs updating to include LGBTQ issues as well as HIV / AIDS information because HIV/AIDS is still seen as a mysterious 'Gay Disease's by [many], if it is even thought about at all."

"I believe education is the key. If people know more about how it is spread etc, hopefully fewer people will contract it."

"Hope it would take away fear."

"All the areas of work identified are

important. However teaching young people about the true facts is key to prevention.

General awareness is not enough and many people tend to dismiss it as something not relevant to them. If it is part of the school curriculum they are far more likely to engage and learn."

"Really difficult to choose the first. I do not know what people with HIV/ AIDS actually need so education would help me."

"Personally I feel that although information is a lot more transparent nowadays on the internet and Jersey is a close community, having more education about HIV/AIDS is likely to have a positive effect on people's relationships, be more understood about what sexual activity they should and shouldn't do which could lead them or their partner to be put at risk and also so that culturally, people will develop a better knowledge of the diagnosis and make sensible and informed choices in their sex lives instead of leaving things to chance."

"Because like most stigma related to anything LGBTQ. Education allows people to make up their own mind. Not be taught by people who don't know or simply don't care because "it doesn't affect us cos I'm not gay"."

"Everybody needs to know how it is spread and that it is not just a gay disease."

Recommendations

6. Government in partnership with the charitable sector should include HIV in sex education lessons in schools and ensure that teaching staff have appropriate resources to deliver this to every student.

7. The charitable sector in partnership with those living with HIV should develop and deliver free HIV training to all workplaces.

Research

Avert

Avert's website (<https://www.avert.org/why-get-tested-hiv>) offers this advice:

Testing is the only way to know if you have HIV. It's normal to feel worried about HIV, but testing for HIV can put your mind at ease and reduce the anxiety of not knowing.

People often put off testing because they are worried about the result, but knowing your status will allow you to take control of your health.

If you're negative, you can get more information on how to stay that way, while if you're positive you can start treatment, to make sure that you stay healthy.

Getting an HIV test is quick, easy and almost always free [*It is free in the Channel Islands*]. It's also the only way to know for sure whether or not you have HIV.

Depending on the type of test used, it will involve either a quick saliva or blood test, neither of which are painful. In some places you can even take a test in your own home.

If you do have HIV, being diagnosed at an early stage helps you to live a long and healthy life. You can start HIV treatment (antiretroviral drugs) earlier, which will reduce the amount of HIV in your body and protect your immune system from damage.

With the right treatment and care, people living with HIV can expect to live as long as the average person, so it's important to take control of your health by getting a test...

Also, by starting and staying on antiretroviral treatment you will reduce the levels of HIV in your body, making it less likely you will pass HIV on. With effective antiretroviral treatment

it's possible for the level of virus in your body to fall so low that it becomes 'undetectable' – meaning HIV doesn't show up in normal blood tests. If this is confirmed by your healthcare professional it means you can no longer pass on HIV through sex.

Survey results

Respondents were asked, in what areas they would like to see more done in the Island?

66% wanted to see campaigns around getting tested/knowing your status
66% wanted to see free self-testing kits available in key locations

One person felt that: "People would be more likely to test themselves."

Liberate is mindful of the psychological impact that receiving a HIV positive result might have on an individual and the potential requirement for them to access support. Any self-testing kit should, therefore, come with information about what to do next and support available.

“Because so many don't know, feel that they have never been at risk and have no reason to test. I only know mine as I work in healthcare and encountered some infected blood. Took meds and was tested!”

Those respondents who are living with HIV were asked, did you access any mental/emotional support to understand the implications of your diagnosis at the time?

83% No
17% Yes

Of those who answered 'yes', the support accessed included talking therapy and the services of THT. THT received 9 support line calls from Channel Islanders in the last 12 months. All callers were in the over 45 age group, which may indicate that those who lived through the 1980s are more aware of the charity's work than other age groups.

The Orchard Centre said that they do not have a designated counsellor available, but their nurse will provide those with a positive diagnosis with her own phone number, in order that they can call anytime if they need someone to speak to.

Brook Jersey, who carry out tests for various STIs including HIV, also supported the need for people receiving a positive test result to have someone to talk to when they get their result. Like The Orchard Centre, their nurses also provide this type of counselling to patients.

One person revealed: "I had no support post the time of diagnosis. I was off work for a year with depression and anxiety and was unable to claim any benefit. I still have no support. I still experience miseducation in real life so I live in secrecy."

Another said: "Because people can have difficulty in adjusting to and coping with illness. Psychological support can also be directed to helping people adhere to taking medication."

Respondents were asked, in what areas they would like to see more done in the Island?

**61% wanted to see online support/
counselling for those just diagnosed with
HIV or those living with HIV**
62% wanted to see additional support/

**counselling for those just
diagnosed with HIV or
those living with HIV to
supplement or as an alternative to the
service offered by the medical profession**

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Experience of respondents

Comments from Channel Islanders responding to the survey relating to testing in the Islands:

"Appropriate information made public as to how the tests are carried out. What to expect in regard to the tests required and how long it takes for results. Instan[t] response test as available in the U.K."

"Because we can help those who don't know understand about the condition. Understanding the risk factors and where to get tested should prompt people to get tested as a result of education. The main campaigns were in the 80s and targeted at the LGBT community and intravenous drug users only. Heterosexual people and those having unprotected holiday sex with locals from high risk countries do not always realise the risk."

Recommendations

8. Government in partnership with the charitable sector and people living with HIV in the Channel Islands should create an information campaign using a mix of media channels to encourage everyone to get tested.

9. In addition to testing available through the Islands' health services the charitable sector should make free self-testing kits available that contain support information for when the test returns a positive result.

10. The charitable sector should make a support/counselling service available especially for those newly diagnosed as HIV+.

Research

In speaking to The Orchard Centre and GUM clinic, Liberate confirmed that PEP (post-exposure prophylaxis) is available in both islands through sexual health services, the emergency departments and via prescription from GPs.

PrEP (pre-exposure prophylaxis) is not currently available in either Bailiwick.

NAM

NAM's website (<https://www.aidsmap.com/about-hiv/how-effective-post-exposure-prophylaxis-peg>) offers this information about PEP:

- Randomised studies of PEP have not been done, but experience suggests it is effective in preventing HIV infection.
- PEP is most effective when it is started soon after exposure to HIV, when doses are not missed and when people complete the 28-day course.
- The most common cause of HIV infection in people who take PEP is ongoing risk behaviour.

Post-exposure prophylaxis (PEP) is a four-week course of medication that may block HIV infection after exposure to the virus. You can read an overview of PEP here. PEP should not be confused with pre-exposure prophylaxis (PrEP), which involves taking medicine on an ongoing basis, before possible exposure to HIV...

In summary, decades of experience has shown PEP to be associated with a substantial reduction in HIV acquisition following condomless sex and needlestick injuries.

THT

THT's website (<https://www.tht.org.uk/hiv->

and-sexual-health/peg-pre-exposure-prophylaxis) offers this information about PrEP:

PrEP is a drug taken by HIV-negative people before sex that reduces the risk of getting HIV. In England it is available as part of a trial. It is also available in Scotland and Wales.

Taking PrEP before being exposed to HIV means there's enough drug inside you to block HIV if it gets into your body.

The medication used for PrEP is a tablet which contains tenofovir and emtricitabine (drugs commonly used to treat HIV). It is sometimes called Truvada but most of the PrEP we use in the UK is generic PrEP.

PrEP is being made available to 10,000 people in England as part of the IMPACT trial, which started in September 2017. For further information and to find out how to join, see the PrEP Impact Trial website.

In Scotland, PrEP is being rolled out across the country by NHS Scotland from July 2017. Visit the PrEPScot website to find out more information about how to access it.

In Wales, a three-year pilot began in July 2017. This is open to all Welsh residents via GUM clinics, and there is no cap on the number of people who can access it. For more information see the Public Health Wales

“I found out about PrEP only recently in a magazine from 2014. Had I known then I would almost certainly be negative.”

website.

All GUM clinics in Northern Ireland will be offering initial consultation and assessment appointments for a pilot trial, based at a centralised service in Belfast. This project will run for 2 years. There is currently no cap on numbers.

Additionally, if you have no income and live in England or Northern Ireland, you can apply for the Mags Portman PrEP Access Fund to get PrEP free of charge.

In clinical trials PrEP has been used in two different ways:

- taken regularly (one tablet per day).
- only taken when needed (two tablets two to 24 hours before sex, one tablet 24 hours after sex and a further tablet 48 hours after sex).

This second method is often called 'on-demand' or 'event based' dosing.

Both methods have been shown to be very effective, although on-demand dosing has only been studied in gay and bisexual men.

If you're thinking about getting PrEP from outside the NHS, it's important that you talk to an adviser from a sexual health clinic. They will support you to use the treatment safely and provide necessary tests.

In all big PrEP studies, no one became infected if they took PrEP as recommended. But if you don't take it correctly, it may not work.

The drugs used in PrEP are the same drugs that are prescribed to thousands of people living with HIV every year. They're very safe and serious side effects are very rare.

A few people experience nausea, headaches or tiredness and, very rarely, the medication can affect kidney function.

As a precaution, people taking PrEP have regular kidney function tests.

Although PrEP is highly effective at preventing HIV, it won't protect you from other STIs or an unwanted pregnancy, which condoms would.

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It's important if you're using PrEP that you go for regular STI screenings every three months.

Survey results

Respondents were asked, in what areas they would like to see more done in the Island?

59% wanted to see PrEP available through your GP

55% wanted to see PEP available through your GP

One respondent commented: "Note that I've not ticked PrEP/PEP available via GP as I wonder if availability encourages use - there should definitely be a well documented path to availability, but I'm unsure how this should be managed (perhaps through specialised service?)."

ACT AGAINST AIDS

PRESCRIBE HIV PREVENTION

PrEP REDUCES HIV infection risk by up to 92%

PEP must begin within 72 hours of exposure

Why would you not make PrEP available when it has been shown to stop infection?

Liberate was told that some medical professionals are reluctant to make PrEP available because of fears that it will promote promiscuity and lead to a rise in the cases of other STIs.

The Orchard Centre, THT and NAT told Liberate they are against this view. NAT argued that the withholding of PrEP and the associated threat of contracting HIV should not be used as a means to control social behaviour.

The GUM clinic in Jersey also told Liberate that: “an emphasis on early diagnosis and treatment and therefore reduction in transmission remains paramount, bearing in mind U=U [*undetectable = untransmittable*], and, when eligibility criteria have been delineated through the pilot schemes in England, PrEP. All this will not only help reduce the illness from infection and infection rates but will also help with stigma (which to a certain extent is a consequence of the only defence we had against HIV in the very early days).”

As the highlighted quotation on page 22 from one survey respondent shows, PrEP would have stopped that respondent from becoming HIV positive.

The Orchard Centre were clear that, in the long run, using PrEP to prevent HIV infection will save the health service money. They would like to see it offered on prescription in Guernsey, but there is no licence to do so at present. They are receiving increased numbers of enquiries about PrEP and provide advice to patients looking for PrEP by sign-posting them to I Want PrEP Now, who will send PrEP by mail order to Guernsey (<https://www.iwantprepnw.co.uk/>). Some clients, who visit London regularly, will get PrEP there.

Regrettably, contracting HIV is still seen by many as a question of morals. One survey respondent said: “Because most cases of HIV are contracted sexually. Teaching abstinence before marriage is the only way HIV can definitely be avoided - other methods involve human error, so they fail to completely prevent transmission.”

Two other respondents felt similarly regarding abstinence.

The contraceptive pill faced similar objections on moral grounds in 1961, but 3.5 million people in the UK use it today and it has provided women with unprecedented control over their own fertility.

The withholding of PrEP directly affects those communities most at risk of contracting HIV, who also happen to be often the most marginalised communities, too.

THT reports that:

- Of the 4,484 people diagnosed with HIV in the UK in 2018, 43% were gay or bisexual men.
- Of the 1,550 heterosexual people diagnosed with HIV in 2018, 41% were black African men and women.

Many argue that the withholding of PrEP is a consequence of bias against the communities most affected by HIV and yet another example of discrimination faced by them.

Experience of respondents

Comments from Channel Islanders responding to the survey relating to PEP/PrEP in the Islands:

“PrEP is one of the most effective tools for preventing new HIV infections, and should be widely available.”

“I think that PEP and PrEP should only be available from our clinics as they have the specialist knowledge and are better placed to offer support to their patients. Also it is free at our clinics.” (Guernsey)

Recommendation

11. PrEP stops the spread of HIV. Government should make PrEP available free through normal health care channels to those who need it.

Survey results

68% of survey respondents wanted free condoms available in key locations.

Research

The World Health Organisation recognises the importance of condoms in the fight against the global spread of HIV: "Condoms, when used correctly and consistently, are highly effective in preventing HIV and other sexually transmitted infections (STIs). A large body of scientific evidence shows that male latex condoms have an 80% or greater protective effect against the sexual transmission of HIV and other STIs."

Condoms remain a comparably cheap, easily accessible, reliable way to prevent HIV and other STIs. However, they tend to be used for their essential function rather than as an experiential preference. In September 2019, Forbes reported that STIs are increasing in the US and UK, whilst condom usage is decreasing (<https://www.forbes.com/sites/frankcookney/2019/09/12/the-luxury-condom-market-is-on-the-rise/#15814348319b>).

Globally, the picture is different with market research by Arizton predicting the male condom market growing by 9% and the female condom market growing by 20% between 2019 and 2024 (<https://www.marketresearch.com/Arizton-v4150/Condom-Global-Outlook-Forecast-12561401/>).

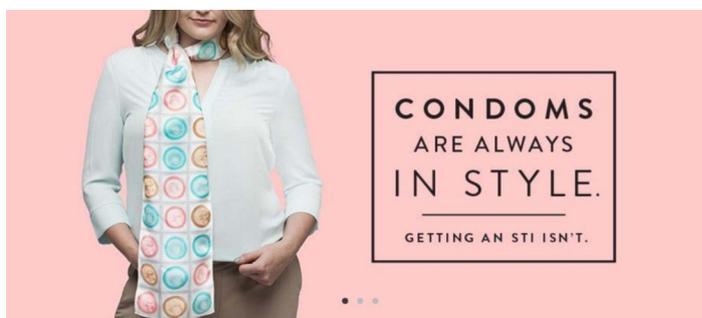
This is due to factors such as:

- Growing awareness of sex education programs;
- Innovations in condom designs;
- The increased popularity of female condoms; and,
- Influence of the internet in shaping the purchasing behaviour among end-users.

High growth is being seen in countries such

as India, China, Japan, and South Korea.

All sexual health professionals interviewed in Jersey would like to see greater use of condoms by the public generally.



Free condoms are available in Jersey from the GUM clinic, the Contraception Centre at Le Bas Centre, Brook Jersey (for under 21s) and some GPs.

Free condoms are available in Guernsey from the Orchard Centre and the charity Choices. Guernsey's "Health and Social Services Dept Sexual Health Strategy 2015-2020" recognises the importance of the provision of free condoms, particularly to under 21s.

One Jersey respondent said they wanted to see: "Free condoms and sexual health promotion in clubs." The location of the free condoms on offer from the States in both Islands and charities may not be ideal. Are they sited where they are most needed and accessible at the time of day that they are most needed? For example, the highest demand is likely to be at weekends, late in the evening.

Survey results

65% of survey respondents wanted to see a commitment to the international fight to stop AIDS globally by 2030 by Channel Islands' governments.

This request demonstrates an understanding by the public of the need for countries to work together in combating HIV and AIDS.

The Channel Islands' response is part of a worldwide response.

Research

UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals.

The UK position

The UK is one of the first countries to exceed UNAIDS 90-90-90 targets (90 per cent of people living with HIV knowing their status, 90 per cent of people with diagnosed HIV on treatment, 90 per cent of people on treatment with suppressed viral loads).

London has further exceeded the more challenging UNAIDS ambitions of 95-95-95, with 2017 figures now confirmed at 95-98-97. Nevertheless, HIV remains an important problem in London, with the infection impacting on Londoners more than any other part of the UK.

London has set the ambitious target of achieving zero new HIV infections, zero preventable deaths and zero HIV related stigma and discrimination, aiming to wipe out AIDs by 2030.

(from the Healthy London Partnership, Nov 2018, www.healthy london.org/london-first-global-city-to-exceed-unaid-ambitions/)

Whilst Channel Islands progress will be similarly positive, the Bailiwicks cannot afford to be complacent. The drive towards an AIDS free world must remain a government priority with sufficient funding allocated to it.

"The world is well on its way to meeting the target of ending the AIDS epidemic by 2030. Nearly 21 million people living with HIV now have access to treatment – a number that should grow to more than 30 million by 2020. AIDS-related deaths and new HIV infections are declining. There is great hope that the world can deliver on its promise – but much more needs to be done."

**U.N. Secretary General,
António Guterres**

Recommendation

12. Government in partnership with the charitable sector should create an information campaign promoting the use of condoms and review the offer of free condoms to ensure they are available where most needed.

13. Government commits to the fight to stop AIDS by 2030.

Recommendations

- 1. Government in partnership with the charitable sector and people living with HIV in the Channel Islands should develop an evidence-based strategy for reducing HIV stigma that includes a range of approaches to tackle the many different factors contributing to stigma.**
- 2. Government should invest in an educational programme for health professionals to reduce HIV stigma in a health care setting including the importance of data protection and maintaining confidentiality for those patients living with HIV.**
- 3. Jersey's government in partnership with the charitable sector and people living with HIV in the Island should take into consideration the needs of clinic users when planning the site of the new GUM clinic.**
- 4. Government in partnership with the charitable sector and people living with HIV in the Channel Islands should develop an information campaign using a mix of media channels to increase public exposure to information and messages.**
- 5. The Islands' health services in partnership with the charitable sector and people living with HIV in the Channel Islands should review the information provided to patients when diagnosed as HIV positive to ensure it is sufficiently supportive/helpful.**
- 6. Government in partnership with the charitable sector should include HIV in sex education lessons in schools and ensure that teaching**

Recommendations

- staff have appropriate resources to deliver this to every student.**
- 7. The charitable sector in partnership with those living with HIV should develop and deliver free HIV training to all workplaces.**
 - 8. Government in partnership with the charitable sector and people living with HIV in the Channel Islands should create an information campaign using a mix of media channels to encourage everyone to get tested.**
 - 9. In addition to testing available through the Islands' health services the charitable sector should make free self-testing kits available that contain support information for when the test returns a positive result.**
 - 10. The charitable sector should make a support/counselling service available especially for those newly diagnosed as HIV+.**
 - 11. PrEP stops the spread of HIV. Government should make PrEP available free through normal health care channels to those who need it.**
 - 12. Government in partnership with the charitable sector should create an information campaign promoting the use of condoms and review the offer of free condoms to ensure they are available where most needed.**
 - 13. Government commits to the fight to stop AIDS by 2030.**

Conclusion

Liberate's aim in conducting this research was to establish what the priorities are for work to support those living with HIV in the Channel Islands.

As the report shows, there is plenty for the health services in both islands to be proud of. The provision of free healthcare that acknowledges and addresses HIV within a country has been shown to be one of the biggest drivers in the reduction of the spread of HIV. At the end of 2018, it was announced that the UK had surpassed its UNAIDS 90-90-90 target for the diagnosis, treatment and transmission of HIV. There are no figures for the Channel Islands specifically, but it is likely that the Islands also meet or surpass the target.

It is clear that the work identified in this report by survey respondents acts to support the work being undertaken by the health services in Jersey and Guernsey. It does not seek to replace, reduce or replicate it.

The 13 recommendations arising from the report demonstrate that there is work to be done and suited to a charitable sector response, the most pressing of which remains reducing the stigma associated with living with HIV. As the survey respondents identified, this is largely going to be achieved by ensuring that people have access to the facts about HIV through information campaigns or education programmes.

During 2020, Liberate is going to establish the following strands of work in order to start to address some of the 13 recommendations:

- Conversations with CI government departments to work jointly on public information campaigns aimed at stigma reduction, getting tested/knowing your status and sharing facts about HIV/AIDS.
- Provision of free one hour training

sessions aimed at all CI workplaces on the facts around HIV.

- Engaging with the government consultation on plans for Jersey's new hospital.
- Partnering with THT to provide free self-testing kits across the CI.
- Offering testing and face-to-face support in Jersey in partnership with THT and the government's Closer to Home initiative. (Guernsey's offer will evolve from this initial work.)
- Conversations with CI government around making PrEP available through the health services.
- Conversations with CI government around a commitment to the global fight to stop AIDS by 2030.

The Channel Islands are well placed to play their part in the global fight against HIV, but the Islands cannot be complacent. As tourist destinations, as finance centres that attract workers from all over the world and as populations that have a higher than average disposable income enabling foreign travel, the Bailiwicks are part of the world community. Globally, the world falls short of its UNAIDS target, which means HIV reduction remains a live issue for every country and every citizen.

As this report highlights, our governments have a significant role to play in meeting HIV targets. However, as individuals, we also have a responsibility to know our HIV status for certain (not presumed), to act responsibly around our and our partner's sexual health. to arm ourselves with the facts about HIV and to speak up when we see myths or misinformation that stigmatise being spread.

Thank you

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Thank you to the Jersey AIDS Relief Group who set Liberate on this path. We are honoured to be entrusted with the work you started in the 1980s. We will endeavour to use the funds wisely that were so generously donated to you and always remember those who helped JARG fundraise in those early days and, sadly, are no longer with us. We hope to be witness to the start of the end of the need for HIV charities as efforts to eradicate the virus globally succeed.

Liberate would like to thank those people who responded to the survey in both islands. We would especially like to thank those islanders living with HIV for trusting us with their data and for sharing their experiences, opinions and thoughts with us.

We would also like to thank those charities in the UK and the health professionals in Jersey and Guernsey, who care for our islanders living with HIV, who took time out of their busy schedules to talk to us.

And, finally, thank you to the woman in Guernsey, who did not feel that a stigma still existed in the Island around being HIV positive, who did not know her HIV status because “No idea, never considered it. Don’t know if HIV pos but never had need to ask, but then would not behave in such a disgusting way”, and who thought the solution was: “Education in schools etc and support for those who contract HIV hereditarily or by rape etc. otherwise it is self-inflicted”. Liberate would like to say, thank you for taking the time to complete the survey, your answers demonstrate exactly why education of everyone (adults, too) is needed to reduce stigma, myths and misinformation surrounding living with HIV.

We know it is a big ask, but if you are living with HIV in the Islands and feel that you would like to get involved in some of the work in this report, we would be pleased to hear from you. The voice of people with lived experience is so important to work like this. Please email us in the first instance for a confidential chat about how you would like to get involved.

Further information

For more information about Liberate or this report, please email:
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