

Ending HIV Transmission in Scotland by 2030: HIV Transmission Elimination Delivery Plan 2023-26

Island Communities Impact Assessment

April 2024

Island Communities Impact Assessment - HIV Transmission Elimination Delivery Plan

1. Develop a clear understanding of your objectives

Our vision is to end HIV transmission. This means achieving the ambitious target of zero people contracting HIV within Scotland by 2030. This aligns with wider global strategic aims, including UNAIDS' goal "to end the AIDS epidemic as a public health threat by 2030."¹ The Scottish HIV Transmission Elimination Oversight Group defined HIV transmission elimination as the point when there are zero individuals acquiring HIV within Scotland, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status.

- To prevent people from acquiring HIV, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status.
- To find people living with HIV in Scotland (some of whom are undiagnosed) and support entry or re-entry into equitable and accessible HIV care and treatment, thereby improving health and quality of life, as well as preventing onward transmission of HIV.
- To reduce stigma that makes some people less likely to access HIV prevention, testing and treatment services and adversely affects quality of life.

2. Gather your data and identify your stakeholders

This policy affects anyone in Scotland living with HIV (diagnosed or undiagnosed), health and social care workers, as well as those at risk of acquiring HIV.

According to the most recent data from Public Health Scotland², from 2013 to 2022 there were very low numbers (0-5 per year) of new HIV diagnoses from Orkney/Shetland/Western Isles NHS Boards. In the same time period there were 71 new diagnoses in the NHS Ayrshire and Arran NHS Board (out of 1,805 nationally). Furthermore, out of 6150 individuals diagnosed and living with HIV in Scotland (data from December 2022), 29 individuals lived in Orkney/Shetland/Western Isles and 168 individuals lived in Ayrshire and Arran. This evidence indicates that there are relatively small numbers of people living with HIV (PLWHIV) in island communities. However, stigma around HIV is perceived as high in rural and island communities.

3. Consultation

A full Island Communities Impact Assessment is not considered relevant for this programme of work and therefore consultation for this specific purpose will not be carried out. However island communities have been considered in the development of the HIV Transmission Elimination (HIVTE) Delivery Plan, and in establishing specific actions such as expanding access to HIV Pre-Exposure Prophylaxis (HIV PrEP) and developing a national HIV anti-stigma campaign.

¹ [Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS. | UNAIDS](#)

² [HIV in Scotland: update to 31 December 2022 \(publichealthscotland.scot\)](#)

As part of work undertaken by a dedicated short life HIV Transmission Elimination Oversight Group (HiTEOG) a workshop on expanding access to HIV PrEP was held in March 2023, co-chaired by Mr Grant Sugden, CEO of Waverley Care, Scotland's leading HIV & Hepatitis C charity, and Prof Claudia Estcourt, a clinical academic in Sexual Health & HIV at Glasgow Caledonian University & NHS Greater Glasgow and Clyde. During this workshop, issues such as equity of access to HIV PrEP for remote and island communities were considered.³

The development of the national anti-stigma marketing campaign – funded by Scottish Government with commissioning led by the Terrence Higgins Trust - included a focus on the experiences of PLWHIV in rural areas. It was recognised that PLWHIV in such areas may experience feelings of isolation, have lesser access to sexual health and HIV support services, and experience stigma due to perceived conservatism and lack of knowledge about HIV in rural communities⁴.

4. Assessment

Whilst we should be mindful of island communities in our approach to HIV transmission elimination, there are many similarities with other remote and rural communities in Scotland. The HIVTE Delivery Plan includes awareness of the differences across Scotland including remote, rural and island communities. The plan's actions, such as improving access to PrEP and testing (e.g. through online postal self-sampling), will support those in island and rural communities who are at risk of acquiring HIV to access services and care they require. The plan also includes developing education and strengthening awareness about HIV in order to eliminate stigma around the virus, including in rural and island communities.

NHS Boards will continue to work to meet the needs of their communities including the diversity and needs of their local population through the actions of this plan and Scottish Government will continue to ensure we work with NHS Boards to provide equity of access to HIV testing, prevention, treatment and support services for island communities.

5. Making adjustments to your work

The need to ensure the requirements of those in island communities (as well as others in remote and rural locations) are met by Sexual Health and Blood Borne Virus (SHBBV) services will mean that there is local variation in the development and delivery of services. Working closely with those in NHS Boards is vital for understanding the needs, challenges and opportunities of the specific communities involved. We will also ensure that geographic spread is considered when assessing funding such as for projects associated with the plan.

6. Publishing your ICIA

This assessment will be signed-off by the Deputy Director for Population Health Resilience and Protection Division who has oversight of SHBBV policy area.

³ [PrEP.Models.Diverse.Needs.Scotland.Report.3.5.23.FINAL.pdf \(gcu.ac.uk\)](#)

⁴ [BHIVA Autumn Conference 2023 Presentation PANEL 3 - Scotland](#)

The impact assessments will be published alongside the Delivery Plan.

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Signature: A. Watson

Date completed: 22/02/2024

ICIA approved by: Daniel Kleinberg

Position: Deputy Director for Population Health resilience and Protection Division.

Signature: D. Kleinberg

Date approved: 22.03.24



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