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**To: Coventry Health and Wellbeing Board**

**Date: 15 October 2025**

**Title: Coventry's application for HIV Fast Track Cities status under the Joint United Nations programme on HIV/AIDS (UNAIDS)**

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## 1. Recommendations:

Health and Wellbeing Board are recommended to

- 1) Support progress towards Coventry becoming a UNAIDS HIV Fast Track city to enable services and community leaders to co-produce new ways of working which enable residents to meet the following aims:
  - access HIV testing which meets national guidance
  - access HIV prevention treatments
  - seek HIV treatment as soon as possible, including for those who are new to the city
  - maintain treatment to reduce the spread of infection in the city.
  - normalise HIV conversations to reduce stigma and discrimination
- 2) Nominate a relevant member of staff from each organisation, of sufficient seniority, to attend a HIV development day which seeks to identify new more efficient and effective ways of working and to thereafter progress these new ways of working.
- 3) Sign a Coventry HIV Fast Track City Pledge document on behalf of their agency.

## 2. Background Information

2.1 Human Immunodeficiency Virus (HIV) attacks the immune system and weakens the body's ability to fight infection. If left untreated HIV can progress to life-threatening infections and illnesses (AIDS) within about a decade. The virus is transmitted via body fluids, such as semen and mother to child during pregnancy and birth. With early diagnosis and treatment, most people live a near-normal lifespan, treatment is prevention as it reduces the viral load to a level where it cannot be transmitted. Late diagnosis is the most important predictor of morbidity and mortality with more than a 7-fold increased risk of death within a year of diagnosis than those diagnosed promptly. This also increases the risk of onward spread of infection.

- 2.2 In 2023 Coventry had the second highest prevalence of HIV in the West Midlands and a higher new HIV diagnosis rate than national and regional rates. There were 101 new HIV diagnoses in Coventry residents first made in the UK between 2019 and 2023 increasing from 15 in 2022 to 24 in 2023. Of the 101 new HIV diagnoses first made in the UK between 2019 and 2023 approximately 30% were late diagnoses. Between 2019 and 2023 the number of Coventry residents diagnosed abroad and newly accessing HIV treatment increased from 19 to 38. It is currently unknown how long it took for the individuals to engage with local HIV treatment.
- 2.3 There are clear HIV testing guidelines which outline who should receive a test, and under what circumstances for primary care, secondary care and services more likely to engage with those with HIV infection. A HIV rapid Needs Assessment (2025) demonstrated some areas of good HIV testing practice, missed opportunities to test, or situation unknown.
- 2.4 The England HIV Action Plan 2022-2025 aims to achieve an end to HIV transmission, AIDS and HIV-related deaths by 2030, including an 80% HIV transmission reduction by 2025 focusing on prevent, test, treat and retain. The data demonstrates that Coventry will not meet this target. Please note that a new action plan is expected to be issued later in the year.
- 2.5 The Joint United Nations programme on HIV/AIDS (UNAIDS) HIV Fast-Track Cities is an international initiative which brings together stakeholders including political leaders, affected communities, health and social care officials alongside service providers, to coproduce city-wide responses to end HIV as a public health threat by 2030.
- 2.6 Signing up to be a HIV Fast Track City sends a message that Coventry is committed to reaching beyond the national ambition by working towards meeting the following targets:
- 95% of people living with HIV infection diagnosed
  - 95% of people diagnosed with HIV receiving treatment
  - 95% of people receiving HIV treatment being virally suppressed to a level that the virus is untransmittable
  - Zero stigma and discrimination related to HIV status
- 2.7 Led by the Coventry City Council Public Health, a range of partners have explored local support for Coventry to become a UNAIDS HIV Fast Track City. Consultation with community leaders and services working with those most at risk of HIV infection has demonstrated that there is an appetite for co-production of new ways of working (including normalisation of HIV conversations) and joint action to meet HIV Fast Track City targets.

### **3. Prospective costs of not progressing to HIV Fast Track Cities status.**

- 3.1. Coventry has the opportunity to become the 10<sup>th</sup> UK City to achieve HIV Fast Track status and has UNAIDS team encouragement to take this step. The added value of

progressing to HIV Fast Track City status can be illustrated by considering the costs (health, social, legal) of continuing with the status quo:

- A. An audit covering two urban hospitals over a 12-month period demonstrated that 7 patients were admitted to Intensive Therapy Unit (ITU) with extremely late AIDS defining conditions. The ITU bed days ranged from 2-15 and the average stay was 6 days. Sadly, 5 of the 7 died and 2 were left with significant long-term disabilities. The 2 surviving patients had an average 61.5 inpatient bed days. The ITU and Ward costs for all 7 was £123,900.
- B. In 2023-2024 there were 19 new HIV diagnoses made at University Hospital Coventry and Warwickshire (UHCW); 6 of these were diagnosed due to acute admissions with AIDS defining conditions. These all resulted in in-patient stays ranging from 7 days to 3 months. One patient died after a short hospital stay which included some time on ITU.
- C. A late HIV diagnosis audit in the North East of England demonstrated that 28 of 45 patients had missed opportunities for HIV testing as the patients had HIV indicator conditions. Of those 62% occurred in primary care.<sup>1</sup>
- D. A Freedom of Information request demonstrated that between 2009 -2017 several claims were settled via NHS resolution at a cost of £632,638 where it was demonstrated that a failure to perform an HIV test caused harm to the patient.<sup>2</sup>

3.2 The Fast Track City (FTC) in promotes testing, treatment and prevention. Two recent case studies of Coventry residents living with HIV further illustrate the impact on individuals, the community and wider society:

### **1. Case One is X**

A female from sub-Saharan Africa who moved to Coventry in 2018. She has a developed social network.

X had Covid at the end of 2021 and was slow to recover. During spring and summer 2022 she contacted multiple health care professionals (such as pharmacy, General Practice and Out of Hours providers) for a range of conditions. After experiencing significant weight loss, she presented to her GP and was sent for urgent outpatient investigation which led to a stay in hospital. Whilst in hospital she was tested for HIV which was positive. By this point she was severely immune-compromised and required prolonged and intense inpatient care. On discharge from hospital, she had lost her full-time job due to prolonged sickness and was unable to work for some time due to extreme frailty.

X's HIV is now well controlled. The financial and social consequences felt by this patient are ongoing. With an earlier diagnosis X would have avoided an AIDS defining condition and would likely have maintained her financial independence.

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<sup>1</sup> [Late HIV diagnosis and missed opportunities for testing: piloting a standardised, multi-source review process - J Horsley Downie, M Pegler, J Widdrington, DA Price, N Premchand, DR Chadwick, 2020](#)

<sup>2</sup> Litigation and HIV medicine: what's going on? M Philips. Lancaster University Medical School

## 2. **Case Two** is Y

A Coventry born male, was employed and married to his male partner. He has an active social life and provided ad hoc childcare for close family.

Y presented to a pharmacy with a peri-anal itch and was provided over the counter treatment for threadworm. Three months later, after his symptoms did not improve, he visited his GP and was referred to hospital for investigation. He was diagnosed with a pre-cancerous condition and commenced treatment. After 6 months he re-presented to his GP with weight loss and easy bruising. He had a low blood platelet count and was referred to haematology where an HIV test was positive. At this point he was frail and required absence from work with a financial impact. He started HIV treatment and his viral load is now well controlled.

- 3.3 Both case studies involve patients with protected characteristics and highlight presentations to healthcare that should have prompted HIV testing. They also had networks of support that may have also supported testing. Fast Track Cities have a particular focus on closing health inequalities including prevention informed approaches to support vulnerable and marginalised resident and/or patient cohorts.

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