

# Briefing: National HIV Prevention Programme 2026-2029

Key objectives, priorities, and planned activities of the HIV Prevention England programme for 2026-2029.



# Background and contract overview

The National HIV Prevention Programme 2026-2029, (HIV Prevention England), is part of the government's ambition to end new HIV transmissions in England by 2030. It forms part of the activity for the delivery of the HIV Action Plan for England, 2025 to 2030<sup>1</sup>, specifically within the HIV Action Plan's priority to ensure equitable access to prevention.

## Delivery overview

The programme is commissioned by the Department of Health and Social Care (DHSC) and delivered by a consortium of Terrence Higgins Trust and Africa Advocacy Foundation (AAF) with the support of a wide range of local partners.

The programme will coordinate a national-to-local model consisting of:

- national campaigns
- local engagement and outreach via a network of community organisations and local partners
- workforce and community capacity-building
- digital communication.

## Key principles

The programme will be driven by three key principles:

- **Collaboration not competition:** aligning national activity with local priorities, complementing and optimising existing services.
- **Capacity-building and inclusion:** inclusion and strengthening of capacity of stakeholders and the wider HIV support system.
- **Integration and intelligence:** facilitating information flows between national and local systems for continuous improvement.

These principles will ensure activities complement local engagement and outreach and contribute to a coherent national approach to ending new HIV transmissions by 2030.

## Target populations

The programme is targeted at populations disproportionately affected by HIV in whom the evidence demonstrates a higher or emerging burden of infection, or specific challenges in accessing prevention, diagnosis, treatment, and care. This includes, but is not limited to, ethnic minority gay, bisexual and other men who have sex with men (GBMSM), white GBMSM, black African heterosexual men, black African heterosexual women and other ethnic minority heterosexuals. This aligns with the key population groups identified in the HIV Action Plan.

The programme will focus on key geographical areas across England, including, but not limited to, areas of low testing coverage and areas where higher diagnosis rates and higher prevalence rates have been identified. These will be agreed and annually reviewed with DHSC and UK Health Security Agency (UKHSA).

In collaboration with the UKHSA HIV section surveillance team, the programme will monitor key trends in testing and prevention outcomes across population groups and adapt its approach accordingly.

## Contract term

The contract term will run from April 2026 to March 2029 for a total of £4.8 million.

## Programme aims

The programme aims to:

1. Improve awareness, knowledge, understanding and uptake of combination HIV prevention interventions, among populations most affected by HIV.
2. Provide targeted HIV testing which reaches communities with unmet need to reduce the number of people with undiagnosed HIV and proportion of late diagnoses, including in areas of low HIV prevalence.
3. Reduce inequalities in access to HIV prevention interventions by exposure, gender, geography and ethnicity.
4. Reduce levels of HIV-related stigma, particularly self-stigma and stigma within different communities.
5. Enhance collaboration across national, regional and local partners and multi-sector organisations.

## Key deliverables

### Workstream 1. Always-on activity

A year-round programme of national and local activities designed to maintain consistent HIV prevention messaging, normalise testing and PrEP use, and reduce stigma. A flexible approach will be taken, with the reach and impact of the activity monitored and adjusted accordingly. This will complement the work delivered via Workstream 2 and 3.

This includes culturally competent outreach, digital and non-digital health promotion, influencer collaboration and information resources for local organisations.

#### Deliverables

- An evidence-based and accessible public website serving as the national hub for HIV prevention information that ensures the public, professionals and partners have reliable, up-to-date information and clear pathways into testing and prevention.
- Culturally and linguistically tailored information resources available via an online HIV Prevention England Resource Hub.
- Ongoing community-champion and influencer collaborations to complement local activation and sustain participation.
- Embedded stigma-reduction across all public-facing activities.

### Workstream 2. Local outreach & partnerships

The programme will work with a variety of key local stakeholders and delivery partners to ensure effective local delivery of the programme, aligning national activity with local priorities, complementing and optimising existing services.

The local engagement work will comprise of three core strands:

## ■ **Local stakeholder engagement** –

Continuous engagement with local authorities, community organisations, and other stakeholders to:

- align national activity to local priorities and activities
- coordinate delivery, avoiding overlap and duplication
- gather insights to support campaign development and intervention design
- share intelligence and data
- support shared learning, training and evaluation.

■ **Local Activation** - This contract gives a large focus on the work of Local Activation Partners (LAPs) from all nine regions in England. LAPs will be placed upon a service-purchasing framework allowing purchase of specified activities for defined periods on a payment-by-results basis. LAPs will be drawn from key geographical areas including, but not limited to, areas of low testing coverage and areas where higher diagnosis rates and higher prevalence rates have been identified. These will be agreed and annually reviewed with DHSC and UKHSA.

LAPs will be local organisations, serving key populations, with strong governance and community engagement records. This work will complement and enhance existing activity, serving as a supplementary resource rather than a primary source of support.

Further detail is provided in Annex A.

■ **Community mobilisation fund** - The programme will administer a Community Mobilisation Fund aimed at including, empowering and facilitating contributions from smaller and under-resourced community organisations in designing and piloting HIV prevention and testing initiatives within their communities.

## Deliverables

■ **Local activation** – a network of up to 30 LAPs across nine English regions.

- Information and advice, POCT, PrEP

referral generation, assisted self-test ordering, condom distribution.

- Payment-by-results framework for local delivery.
- Minimum 3,000 HIV tests distributed annually through local initiatives.
- Local outreach in trusted community settings (churches, barbershops, salons, GBMSM venues, youth spaces).

■ **Community Mobilisation Fund** – Support for smaller organisations to build capacity and deliver HIV prevention interventions in their communities.

## Workstream 3. Campaigns

The programme will deliver campaigns aimed at increasing awareness and promoting behavioural change to support HIV prevention.

### Deliverables

Two national campaigns annually:

■ **National HIV Testing Week (winter)** – A targeted campaign to increase testing among populations with low testing rates, higher estimated undiagnosed HIV, high levels of late diagnosis, or rising new diagnoses.

10,000 self-testing kits will be available to order via Terrence Higgins Trust's self-testing online platform with referrals also made to other testing pathways.

■ **PrEP Awareness Week (summer – commencing in 2027)** – Building on 56 Dean Street's 'PrEP Awareness Week', the programme will redefine and expand the campaign to increase knowledge and understanding of PrEP, improve uptake in communities with low usage and ensure optimal utilisation of PrEP. Alongside the campaign, the programme will provide training for healthcare workers to boost PrEP uptake.

This campaign will be delivered using a dual approach:

- **General awareness:** Tailored to groups with persistently low PrEP awareness and access such as ethnic minority and

younger GBMSM and Black African heterosexuals with clear call-to-actions.

- **Integrated PrEP, testing and STI prevention:** Tailored to ethnic minority GBMSM to drive HIV testing, PrEP initiation, STI prevention and optimal usage.

Delivering PrEP Awareness Week in the summer will maximise opportunities for outreach activities at community events.

### *Behavioural change model*

To maximise campaign and testing impact, the programme will use the evidence-based COM-B[1] behavioural change model as a framework to:

- diagnose and synthesise knowledge on barriers and facilitators for each priority group, mapping insights to Capability (knowledge/skills), Opportunity (access, social context) and Motivation (beliefs, habits, stigma).
- define specific target behaviours ('who needs to do what, when and where') and select appropriate interventions and behaviour-change techniques. This will inform campaign calls-to-action and appropriate testing/PrEP pathways, co-designed with communities using EAST principles (Easy, Attractive, Social, Timely).
- develop an evaluation framework to track both behavioural outcomes (e.g. tests ordered, PrEP uptake) and COM-B shifts (capability, opportunity, motivation).

The programme will continually apply a test-learn-adapt cycle to ensure quick identification of what is working and what requires changing, enabling prompt scale up of what works and adaptations where required.

## **Workstream 4. Capacity and skills development**

The programme will deliver a capacity and skills development programme to strengthen community and clinical workforces and systems supporting HIV prevention. A flexible approach will be taken with the reach and impact of the activity monitored and adjusted accordingly.

### **Deliverables**

- **HIV Prevention England Conference** - Bringing together representatives from local authorities, voluntary organisations, health professionals, UKHSA, and community partners to network and share learning, best practice, and research in 2027.
- **Symposia and Webinars** - An ongoing series of symposia and webinars on emerging trends and key aspects of HIV prevention.
- **Continuous communication:**
  - Monthly newsletters highlighting local initiatives and evidence.
  - Utilising the website to share case studies, highlighting new national and local initiatives and technological advancements.
  - Conference abstracts.

## Monitoring and evaluation

The programme evaluation framework will align and feed into the HIV Action Plan Monitoring and Evaluation Framework, led by UKHSA.

There will also be an annual evaluation, conducted by an independent evaluator, which will focus on three domains to measure the effectiveness of HIV Prevention England:

- 1. Behavioural outcomes and COM-B shifts:** Track whether the programme changes behaviour and the COM-B drivers behind it.
- 2. Campaign and intervention effectiveness and impact:** Assess what works, for whom and in what context.
- 3. Partnerships and local delivery:** Assess whether collaboration improves coverage, avoids duplication, and builds capacity.

### Metrics to demonstrate impact

We will track key quantitative and qualitative metrics to quantify impact, which the evaluator will also use in their analyses. These include:

- **Output metrics:** e.g. number of community engagements, training sessions, HIV tests distributed, website visits, campaign impressions.
- **Outcome metrics:** e.g. number of HIV tests conducted via the programme, number of HIV diagnoses through programme activities (and proportion of those linking to care), uptake of PrEP referrals attributed to outreach, and changes in knowledge or stigma (measured by pre- and post-intervention surveys in key communities).
- **Impact metrics:** e.g. estimated new HIV cases averted due to new diagnoses attributable to the programme.

## Key contacts

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## **Annex A – Appointment of Local Activation Partners**

Appointment of LAPs will follow a targeted, invitation-based approach. Existing partners within the 21-26 HPE programme with a strong track record in conducting interventions with key target populations and who cover key geographical areas will be invited to continue under this contract. New partners will be identified based on recommendations from industry experts, sexual health networks, commissioners, and other key stakeholders, who can recommend organisations that are able to address geographical or demographic gaps where HIV data indicates lower coverage or reach. Twenty organisations from the current HPE contract will be invited to continue into the new programme, alongside opportunities for 10 new partners to join.

All LAPs must meet the following criteria:

### **1. Proven track record of delivery.**

- A proven track record of local delivery of HIV prevention, sexual health, or related public health services for the programme's key population groups.

### **2. Have suitably trained staff and operational capacity.**

- Trained and competent staff are in place to deliver HIV information, advice and conduct HIV testing,
- Clear established clinical governance, safeguarding, and quality assurance systems in place.

### **3. Be financially stable and well-governed.**

- Demonstrates financial stability and uses the additional funding as an enhancement, rather than solely relying on it to deliver work.

### **4. Demonstrate strong community partnerships.**

- Well-established relationships with local sexual health networks, community organisations and underserved populations.
- Proven long-term commitment to collaborative delivery and co-production.

## **5. Capability for monitoring, evaluation, and learning.**

- Proven commitment and capacity to conduct full data reporting, evaluation, and full participation in programme learning activities.

### **Application steps:**

1. Existing partners accept letter of invitation / or application form received for new partners.
2. New applications are reviewed by HPE against agreed criteria.
3. New partners will be informed of outcome of application.
4. Due diligence checks will be carried out on all organisations participating.
5. A legal framework agreement is issued for signature to all organisations, outlining the expected standards for programme intervention delivery.
6. Once all partners are signed up to the programme, proposal forms are issued ahead of each intervention phase (usually summer and winter). The form requires LAPs to outline the number of interventions they plan to deliver, including the target demographic groups and geographical areas covered.
7. Submitted proposals are reviewed by the HPE Project Manager, taking into consideration allocated budget, as well as demographic and geographic coverage.
8. A final service level agreement, including agreed delivery figures, is signed by both parties.

## Annex B – Administration of the Community Mobilisation Fund

A £50,000 per year Community Mobilisation Fund will be administered and managed by AAF to support smaller and under-resourced community organisations in designing and piloting HIV prevention and testing initiatives within their communities

### Eligibility criteria

Eligible organisations must:

- Be community-based, not-for-profit organisations, grassroots groups, or constituted community associations.
- Demonstrate established links with underserved communities disproportionately affected by HIV (e.g., African communities, GBMSM, migrant communities, women and young people).
- Have a basic governance structure (e.g., constitution, named lead, bank account in organisation's name).
- Demonstrate the capacity to deliver small-scale community engagement or HIV/health promotion activities.
- Commit to data reporting, financial accountability, and participation in learning and evaluation processes.

Priority will be given to smaller or newer organisations with limited access to mainstream funding

### Application process

AAF will issue an open call for applications from the 1st of June 2026 through community networks, e.g., One Voice Network, mailing lists, partner organisations, social media, and targeted outreach to underrepresented groups. A simplified application form will be used - a short proposal outlining the target community, the proposed innovation, the delivery plan, expected outcomes, a budget breakdown, and safeguarding/data protection compliance.

Assessment and Award:

Applications will be reviewed by an AAF assessment panel against transparent criteria, including:

- Community reach and credibility
- Innovation and relevance to HIV prevention/testing/stigma
- Feasibility and value for money
- Potential for impact and sustainability
- Alignment with HPE programme priorities
- Grant agreements will set out deliverables, reporting timelines, payment schedules (e.g., 70% upfront, 30% upon reporting), branding requirements, safeguarding standards, and financial accountability obligations.
- Monitoring, Reporting and Impact Oversight: AAF will provide structured oversight and light-touch but robust monitoring. Funded organisations will be required to:
  - Submit a brief mid-point progress update
  - Provide a final narrative and financial report
  - Submit simple monitoring data (e.g., outreach numbers, testing referrals, demographics reached, qualitative feedback).

AAF will maintain a central data dashboard to track outputs, community reach, testing uptake, and emerging learning across all funded projects. Expenditure will be reviewed against approved budgets, with receipts and basic financial evidence required. AAF will also conduct supportive check-ins to strengthen delivery quality and ensure compliance with requirements.

Learning from funded pilots will be synthesised into HPE programme reporting, identifying scalable models and organisations with potential to transition into Local Activation Partners.