Landscape for Sexual Health, Reproductive Health and HIV in England

Local Government Association
Sexual and reproductive health: building strong relationships, meeting local needs
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Outline

• Context for Sexual Health, Reproductive Health & HIV (SHRH&HIV)
  • Policy
  • Human and financial costs
  • Inequalities

• Key issues in
  • HIV
  • Sexually transmitted infections
  • Unplanned pregnancies
  • Teenage pregnancies

• PHE action plan 2017/18 in SHRH&HIV
  • Key issues to address
A Framework for Sexual Health Improvement 2013

- Sets out core principles and ambitions
- Identified 4 priority areas (3 monitored by Public Health Outcomes Framework) to reduce:
  - HIV incidence
  - STI incidence
  - Unplanned pregnancies
  - Teenage conceptions
- Relates sexual health to other health and wellbeing issues (e.g. mental health)
- Highlights the importance of cultural/social context to sexual health (e.g. stigma)
Major causes Years Life Lost in 2010 for 20–54 year olds in UK\(^1\)
- Cervical cancer ranked 23\(^{rd}\)
- HIV/AIDS ranked 34\(^{th}\)

Major financial costs estimated at:
- £540M spent on sexual health services (~\(\frac{1}{4}\) local authority public health budget)
- £630M spent by NHS England on HIV treatment
- £8.3billion cumulative costs of worsening access\(^2\)

Treatment is key public health measure:
- Increasing antibiotic resistance in gonorrhoea

\(^1\) Murray CJL et al Lancet 2013; \(^2\) Unprotected Nation 2015 FPA
Inequalities in SHRH&HIV

• Good sexual and reproductive health is important for everyone

• Key inequalities exist by:
  • Age
  • Gender
  • Ethnicity
  • Geography
  • Sexual orientation

• Services need to offer both
  • Universal coverage across the life course
  • Targeted activities by population and life course
Key issues for HIV: continuum of care

- UNAIDS 90-90-90 targets
- 13% undiagnosed fails the target
- Excellent treatment and care
- Substantive UNAIDS target already achieved
Key issues for HIV: success of combination prevention

- High HIV incidence in MSM population
- Recent falls in new HIV diagnoses among MSM
- Combination prevention driving declines\(^1\)
  - Scale-up of testing and repeat testing
  - Accelerate treatment following diagnosis
  - PrEP use

New HIV diagnoses among gay men attending sexual health clinics England

\(^1\) Brown et al Eurosurveillance 2017
Key issues for STIs: increasing burden of some STIs (1)

- Increasing rates of some STIs
- Rates of syphilis now highest since 1949
- High incidence in key populations such as MSM
Key issues for STIs: increasing burden of some STIs (2)

Incidence STIs
- Increasing number of STI outbreaks
- Outbreaks of infections not classically associated as an STI
- Concerns of emerging gonorrhoeal antibiotic resistance
Key issues for STIs: decline in chlamydia screening

• Reduction in testing meaning infections will be missed.
• Services need to focus on:
  • where to identify infections,
  • good partner notification
  • retesting

Chlamydia testing data for 15-24 year olds

Source: 2012 to 2014 GUMCAD and CTAD data published in 2016
2015 and 2016 GUMCAD and CTAD data published in 2017
Key issues for STIs: success of HPV immunisation

- Quadrivalent HPV immunisation programme for young girls
- Pilot for MSM <45 years old attending GUM/HIV clinics
- Declines in vaccine preventable genital warts becoming evident
Key issues for unplanned pregnancy: lack of metric

• Only outcome not included as PHOF
• London Measure Unplanned Pregnancy collected in 2010 National Survey Sexual Attitudes and Lifestyles
• Nearly ½ women reported last pregnancy were either unplanned (16%) or ambivalent (29%)
Key issues in reproductive health: use of abortion data

- Abortion rates used as proxy of unplanned pregnancy
- Increasing abortion rates in older women and in key BME communities
Key issues for teenage pregnancy: 1998 target achieved

- Year-on-year declines in teenage pregnancy
- 50% cut in teenage pregnancy achieved in 2014
- Still among the highest in Europe
Key issues for teenage pregnancy: geographic inequalities

- ~x6 variation in teenage conception rates by geography
- Significant variation in reductions (22% to >80%)
- All local authorities have wards with high rates
PHE SHRH&HIV Action Plan

Background

Developed in response to concerns raised about:

- poor outcomes for some of the key metrics
- fragmented commissioning (e.g. PHE survey of sexual health commissioners)
- adequate resources under current and future funding

Response needed to develop

- Whole system approach to improve sexual health
- Ensure coordination between commissioners
- Better alignment of local and national actions to support common ambitions
PHE SH, RH & HIV Action Plan (1) Activities fall into 5 categories

1. Facilitate collaborative local commissioning to improve services and outcomes
   - Strong local engagement of PHE centres with SHRH&HIV
   - Publication sexual health commissioners’ survey report and action plan
   - Development of Return on Investment tool for SHRH&HIV
   - Pilot models of local lead commissioning in conjunction with commissioning organisations to support delivery of sexual health interventions
2. Improve key outcomes

- Commission national sexual health promotion activities
- Implementation of a large scale trial of HIV pre-exposure prophylaxis
- Promotion HIV testing and early access to treatment
- Prevention and control of outbreaks of STIs
- Support to increase positivity rates in opportunistic Chlamydia screening of young people
- Development of a national action plan to improve reproductive health
- State of the Nation reproductive health report that includes users’ views
3. **Promote positive behaviour change to help people make sustainable and safe choices**

- Commission national health promotion activities
  - Sexual Health Information service
  - HIV prevention programme
  - Rise Above social media campaign
- Plans for sexual health media campaign targeting young people
- Publication PHE-LGA teenage pregnancy prevention framework to sustain progress
- Evidence to support statutory delivery relationships and sex education in schools (2019)
4. Accelerate evidence into action to ensure right intervention for the right population

- Provision and dissemination of high quality data
- Improve monitoring unplanned pregnancies
- Piloting of new innovations (e.g. PrEP and HIV self-sampling)
- Continued HIV Prevention Innovation Fund
- Development of evaluation protocols for local and national interventions
- Academic and public health capacity to support research, translation and innovation
PHE SH, RH & HIV Action Plan (5)
Activities fall into 5 categories

5. Reinvigorate collective leadership
   • Facilitate local and national SHRH&HIV networks to provide leadership and address emerging issues
   • Map, review and promote local networks to ensure optimal operation and coverage
   • Develop robust commissioning models to continue to respond to the local sexual health needs
   • External Advisory Group for SHRH&HIV
Conclusion

• Major inequalities (e.g. age and geography) in key outcomes

• Despite successes, still more to do:
  − Decreases in HIV diagnoses in some populations
  − Wide geographic variations in teenage pregnancy
  − Increasing number of STI outbreaks with concern of emergence untreatable gonorrhoea

• Key interventions and activities need to be maintained, scaled-up or implemented

• At a tipping point to change dramatically the narrative of SHRH&HIV in England
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