



# PHE Advisory Board Paper

<b>Title of meeting</b>	PHE Advisory Board
<b>Date</b>	Wednesday 27 February 2019
<b>Sponsors</b>	John Newton and Aliko Ahmed, co-chairs Sexual Health, Reproductive Health and HIV Corporate Programme Board
<b>Presenter</b>	Clare Perkins
<b>Title of Paper</b>	Sexual Health, Reproductive Health and HIV work programme

## 1. Purpose of the paper

- 1.1. PHE's Sexual Health, Reproductive Health and HIV programme was discussed at the PHE Advisory Board meeting on Wednesday 27<sup>th</sup> September 2017. This paper provides an update on PHE's current and future actions to improve outcomes in, and the delivery of, services for sexual health, reproductive health and HIV (SHRH&HIV) for 2019/20 and beyond.

## 2. Recommendation

- 2.1. The PHE Advisory Board is asked to **NOTE** and **COMMENT** on the contents of this paper.

## 3. Background and Context

- 3.1. Good sexual and reproductive health is an important contributor to our overall wellbeing. Sexual and reproductive health is an area of public health that impacts on all of us to a greater or lesser extent across our lifetimes. PHE's ambition is for people to stay healthy, know how to protect their sexual health and know how to access appropriate services and interventions when they need them.
- 3.2. The nation's sexual health has improved in recent years, with more people accessing services, teenage pregnancies falling to an all-time low and the UK becoming one of the first countries to achieve the United Nations 90 90 90 ambition to help end the AIDS epidemic.
- 3.3. However, sexual health, reproductive health and HIV (SHRH&HIV), remain an important cause of mortality and morbidity in England. Patterns of adverse SHRH&HIV outcomes show variation across the different sectors in the population and marked inequalities. It also represents significant cost to the public sector.

- a) While the overall number of new sexually transmitted infections (STI) and non-specific genital infections (NSGI) diagnoses has remained stable in the last two years, the number of syphilis and gonorrhoea diagnoses has risen for the same period
- b) In England, 45% of pregnancies, 33% maternities are unplanned (6%) or ambivalent (27%) which represents over 200,000 deliveries and at least 50% of abortions per year. Poorer outcomes occur amongst the most deprived, at the extremes of reproductive age and by ethnicity. PHE's return on investment (ROI) tool demonstrates a ROI of £9 for every £1 spent on contraception <sup>v</sup>.
- c) There were 7,137 diagnoses of syphilis reported in 2017, a 20% increase relative to the year prior and a 148% increase relative to 2008. The number of diagnoses reported in 2017 is the largest annual number reported since 1949 and is consistent with the increasing trend seen in recent years from 2008 to 2017.
- d) Gonorrhoea is the second most commonly diagnosed bacterial STI in England with 44,676 diagnoses reported in 2017, a 22% increase relative to the year prior and a 198% increase compared to 2008. These large rises in gonorrhoea are of global concern given the recent emergence of extensively drug resistant *Neisseria gonorrhoeae* (XDR-NG) in the UK. There were 441 diagnoses of first episode genital warts in 15 to 17 year old girls in 2017, a 90% decrease relative to 2009; this decrease is largely due to the high coverage National HPV Immunisation Programme in school-aged girls
- e) Amongst young adults there has been an 8% decline in the number of chlamydia tests between 2016 and 2017, continuing the trend of the previous year.
- f) In 2017, the diagnosis rates of gonorrhoea and chlamydia among black ethnic minorities were three times those of the general population. Diagnoses of gonorrhoea, chlamydia and syphilis also show an increase among gay, bisexual and other men who have sex with men (MSM).
- g) Since 2015, new Human Immunodeficiency Virus (HIV) diagnoses in MSM have fallen due to increased testing particularly repeat testing among higher risk men, and improvements in the speed of commencement of anti-retroviral therapy.<sup>i,ii</sup> Between 2015 and 2017 we saw a 28% reduction in new HIV diagnosis and were one of the first countries to achieve the 90/90/90 UN goals on HIV. It is too early to quantify the additional impact from the scale-up of pre-exposure prophylaxis (PrEP) in 2016/2017.
- h) HIV testing coverage is much lower among heterosexual men and women (including those at increased risk) than MSM. The number of new HIV diagnoses among heterosexual men - black African and/or born in a country with high diagnosed HIV prevalence (>1%) - attending SHS has fallen by 21% between 2016 and 2017. The drop was even larger (33%) among 'other heterosexual' men (not black African, those who identify as trans- men or those born in a high prevalence country) <sup>vi</sup>

3.4. PHE's current priorities for SHRH&HIV are set out in the 2018/19 remit letter from the Department of Health:

***Sexual and reproductive Health –support the commissioning and delivery***

*of services, focusing on helping delivery organisations reduce the variation in outcomes for reproductive, sexually transmitted infection and HIV services across England; and support NHS England in their PrEP Impact Trial.*

- 3.5. We continue to deliver a programme of work through a 'One PHE' approach involving national, regional and local PHE teams including amongst others: the National Infection Service, the Priorities and Programmes and Health Intelligence Divisions in the Health Improvement Directorate, the Nursing and Midwifery Directorate, Social Marketing, and the PHE Regions and Centres where Sexual Health Facilitators are located.
- 3.6. The sexual health, reproductive health and HIV work programme is now governed through a PHE Corporate Programme Board, jointly chaired by the Senior Responsible Officer, John Newton, and PHE Centre Director, Aliko Ahmed. This is supported by an External Advisory Group involving key stakeholders and chaired by Professor Jane Anderson and Dr Connie Smith.

#### **4. Business Planning for 19/20**

- 4.1 During 19/20, PHE will continue to deliver our 'business as usual' programme of work on the surveillance of, and action on infections, screening programmes and sexual health promotion and improvement work. This includes the commissioning of the following specialist programmes to address HIV prevention and sexual health improvement:
- web-based sexual and reproductive health information resource for the public and health professionals ('Sexwise' <sup>iii</sup> currently provided by The Family Planning Association)
  - multi-media and local outreach campaigns (including National HIV Testing Week) aimed at MSM and black African heterosexuals (run by HIV prevention England<sup>iv</sup>)
  - National HIV Self-Sampling service co-commissioned with local authorities provides on-line access to HIV testing <sup>v</sup>.
  - HIV Innovation Fund, an annual grant scheme to fund innovative HIV intervention projects and generate evidence
- 4.2 In addition, there are four emerging priority areas for PHE in 19/20, although these are subject to current discussions with DHSC.

##### a) Reproductive health

PHE have led on the development of a cross government Reproductive Health Action Plan due to be published and implemented in 19/20. The three key themes of the Plan will support the work of the ministerial women's health task force coordinated by DHSC and NHSE. These themes have been determined as a result of a cross sector consensus process and a review of nationally available data and are as follows:

- Pregnancy planning and prevention
- Support for early identification of asymptomatic and under-recognised conditions so that adverse sequelae are minimised
- Reproductive wellbeing

A basket of indicators and evidence review including case studies of interventions that improve reproductive health outcomes for vulnerable populations are planned.

b) Sexual health commissioning

In 2016 PHE and partner agencies developed a commissioning action plan in response to the results of the review of sexual health commissioning survey, undertaken by PHE and the Association of Directors of Public Health (with support from NHS England and NHS Clinical Commissioners), which highlighted areas of challenge within the commissioning framework. As part of the action plan, PHE is currently supporting two areas to pilot approaches to collaborative commissioning with local authorities and the local NHS. The two pilot areas are Cheshire & Merseyside and Cambridgeshire & Peterborough. PHE is undertaking a qualitative process evaluation of the two pilot areas plus other areas that have effective joint approaches, in order to share learning with others about the drivers, barriers and facilitators to collaborative commissioning. The outcome of the process evaluation will be available in Spring 2019 and will be actively disseminated by PHE.

PHE is also likely to have a role in implementing actions arising from the current Health and Social Care Committee Sexual Health Inquiry and from DHSC's rapid consideration of commissioning arrangements as described in paragraph 2.4 of the NHS Long Term Plan.

c) Elimination of new HIV transmissions In England by 2030

The Secretary of State recently announced the ambition to eliminate new HIV transmissions in England by 2030, building on our world leading work combating HIV. PHE is currently in discussions with DHSC regarding the role that PHE will play in the development of an action plan to achieve this goal. The plan is likely to address whether the goal could be achieved through existing policies, the potential impact of a national PrEP programme, how to account for transmissions that occurred abroad but were diagnosed in the UK, and how best to measure progress.

d) To strengthen the whole system response to syphilis, and to monitor and respond to the threat of extensively drug resistant gonorrhoea

PHE is working with partner organisations to develop an action plan to address the rise in syphilis. A key aim of the plan is to increase numbers and frequency of tests in populations at higher risk of infection to promote early detection and treatment and thereby reduce transmission. The action plan also includes a maternity strand with recommendations to strengthen efforts to control congenital syphilis through improved detection, surveillance and clinical management.

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i Brown A, Mohammed H, Ogaz D, Kirwan P, Yung M, Nash S, et al. Fall in new HIV diagnoses among men who have sex with men (MSM) at selected London sexual health clinics since early 2015: testing or treatment or pre-exposure prophylaxis (PrEP)? . Euro Surveill. 2017;22(25):pii=30553. DOI: <http://dx.doi.org/10.2807/1560-7917.ES.2017.22.25.30553>

ii Brown AE, Kirwan P, Chau C, Khawan J, Gill ON, Delpech VC. Towards elimination of HIV transmission, AIDS and HIV-related deaths in the UK. Available at: <https://www.gov.uk/government/publications/hiv-in-the-united-kingdom>. Accessed 25th May 2018 2017.

iii <https://sexwise.fpa.org.uk/>

iv <https://www.hivpreventionengland.org.uk/about/>

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∨ Public Health England. National HIV Self-Sampling Service: Two year service report. 2018.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/714934/  
HIV\\_self\\_sampling\\_\\_service\\_2\\_year\\_service\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714934/HIV_self_sampling__service_2_year_service_report.pdf)