

The Association of Directors of Public Health

COVID-19 Prioritisation of Sexual & Reproductive Health Services

In response to the COVID-19 public health emergency and its impact on maintaining 'business as usual' across health and social care; NHS England and Local Government were tasked with undertaking a rapid [review of community health services](#) with a view to detailing the elements of each that can be 'stopped', 'partially stopped', or should 'continue'.

In relation to essential sexual & reproductive healthcare, the British Association for Sexual Health and HIV (BASHH); The Faculty of Sexual & Reproductive Healthcare (FSRH); and the British HIV Association (BHIVA) published a paper on 26 March 2020 titled [Sexual Health, Reproductive Health and HIV Services: Emergency COVID-19 Contingency Plan Paper for Government](#).

Whilst the recommended elements of essential services delivery, and the actions necessary to enable those, are stated in the context of England; the ADPH support the view of BHIVA, BASHH and the FSRH that implementation of these measures should be extended across the United Kingdom in response to COVID-19.

Priority Recommendations

It is the position of the ADPH that the following recommendations summarise the urgent steps that must be taken to maintain, to our best ability under the unique circumstances of a whole nation response to COVID-19, the wider public's sexual & reproductive health:

1. Rapid development of online sexual health systems (also known as e-Services) to offer:
 - **STI Testing**
With immediate prioritisation of provision for screening the symptomatic (asymptomatic screening can be re-established once the system is able to build capacity). Only T4 kits should be issued (adapted as necessary), with a supply of condoms issued with each kit.
 - **Partner Notification**
Continued emphasis on partner notification to further reduce the spread and negative impact of STIs.
 - **Treatment First**
The default assumption should be that those testing positive for an STI may be suitable for treatment at home, through remote prescribing and postal issue. Home treatment may necessitate issuing second-line treatment for some STIs; justifiable in extraordinary circumstances. See 'Access to Specialist SRH Care', for STIs requiring complex care.
 - **Contraception**
A core contraceptive offer of a six-month supply of oral contraceptive (PoP) issued to a woman's home should be established. PoP is a useful quick start contraceptive method and though a few women have conditions that exclude them from using it, such risks are easy to establish. This would require regulatory support to allow e-services and pharmacists to provide PoP free-of-charge by post and over the counter.
 - **Emergency Hormonal Contraception (EHC)**
The continued national aim to lower abortion rates should receive a new emphasis given the likely impact on such clinical services as a result of COVID-19. This can best be achieved by ease of access, for all ages, to free contraception and the issue of EHC with a six-month supply of PoP. An IUD should be offered where possible and appropriate.
 - **Ongoing HIV Care & Treatment**
For patients on established and effective treatment regimes, their ongoing OP Care can be provided remotely with ongoing testing and repeat prescriptions facilitated through an e-service. This will necessitate the remove for wet-signatures on prescriptions.

2. Access to Specialist SRH Care (including telehealth)

- **Complex Treatment**

Timely treatment of individuals requiring or likely to require complex interventions and care, such as gonorrhoea, Mycoplasma genitalium and others in line with latest [BASHH guidance](#).

- **Prophylaxis and Preventative Interventions**

Assessment of PEPSE, PEP, and PrEP should, in reflecting on the principles of managing COVID-19 transmission, be provided remotely with postal issuing of drugs.

- **Contraception Care for those most Vulnerable**

LARC interventions should be made available in exceptional circumstances, with options offered being determined by factors including risks around COVID-19 transmission.

A note on PrEP: PrEP routine commissioning will be taking a phased approach by local authorities during 2020/21 financial year due to COVID-19 pressures. However, clinics participating in the PrEP Impact Trial should continue to review and supply to registered patients. The Impact Trial team will be issuing further guidance for participating clinics shortly.

A note on triaging: ADPH UK would strongly recommend that services adopt a single set of principles in regards to the triage of those individuals most vulnerable and/or at the highest risk for whom clinic led care should be facilitated wherever possible. BASHH and the FRSH should seek to develop a protocol on this matter.

3. Services Beyond Core SRH

It is essential that in addition to maintaining access to the core sexual & reproductive health services set-out above, every step is taken to ensure the continued delivery of the following high-priority areas:

- **Abortion Care**

(including observation of [government guidance](#) on home-based care for medical abortions to 9+6 Weeks)

- **Active HIV Care & Treatment**

(for those newly diagnosed, pregnant, and complex cases)

- **Sexual Assault care and management**

(protecting SARC provision)

- **Pregnant women with genital complications**

A note on Primary Care:

The protection of essential SRH services, and the changes in delivery necessary due to COVID-19, stand too as recommendations for essential provision aligned to Primary Care settings, both General Practice and Community Pharmacy.