

Miss Babs Evans

MBARC

**ARE HEALTH AND WELLBEING BOARDS IN HIGHER HIV
PREVALENCE AREAS PRIORITISING HIV PREVENTION?**

BACKGROUND

Public Health England selected 35 Local Authorities with:

- Diagnosed HIV prevalence >2 per 1000 age 15-59
- >50 people diagnosed late between 2008-11

METHOD

Joint Strategic Needs Assessments (JSNAs) & Health and Wellbeing Strategies (HWBs) were searched for:

- HIV
- Sexual Health
- MSM (or LGBT or gay)
- African

Related content was analysed

to Reduce the Prevalence of HIV
Evidence of the effectiveness of specific interventions and "good practice" includes:
culturally sensitive sexual health promotion and prevention programmes to raise awareness of sexual health and education and training for primary care workers on HIV should:
be targeted and tailored using needs assessment and basic, accurate and unambiguous information, behavioural skills training and emphasise risk reduction and community leaders

Institute of Health and Clinical Excellence (NIH) communities and among MSM communities (2011)

design and coordinate activities to promote the engagement of local Black African /MSM communities to address local need through robust local information and comprehensive and strategic sexual health planning HIV testing and treatment pathways
develop promotional material in partnership with local health professionals to tackle barriers to HIV testing by tackling issues of confidentiality and recommend HIV testing for all who have not had routine testing
ensure all health professionals to routinely offer and encourage those attending at specialist health care settings to use outreach services offering and recommending

in Sexually Transmitted Infections (STIs)
Sexually Transmitted Infections are an important public health problem (Warts, Chlamydia, Herpes and Gonorrhoea) in London (Kingston (906 per 100,000) but higher than F)

The most frequently diagnosed STI was Chlamydia, followed by gonorrhoea in men and young people.

Black African and Black Caribbean ethnic groups

RESULTS

JSNAs:

- **28/35 (80%) of JSNAs included data on HIV and at least one recommended action**
- **30/35 (85%) of JSNAs included some content on HIV, sexual health, MSM and African communities**

Health and Wellbeing Strategies:

- **5 of 35 (14%) HWBs had not yet completed a draft or final HWBS**
- **of the remaining 30, 12 (40%) had prioritised HIV in their HWBS.**

WHY ARE THE RESULTS IMPORTANT?

- Political agenda
- Funding priorities
- Competing for attention with childhood obesity, teenage pregnancy etc.
- Not too late to do something...

- Can you find your local JSNA and HWBS docs? Send us the links:
hpe@mbarc.co.uk

- Is HIV included in your local HWBS? Tweet your answer to
[@babsandjoanna](https://twitter.com/babsandjoanna)

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HIV PREVENTION ENGLAND

