ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Describe the pattern of sexual health provision in the UK and compare this to services in other countries.

Whilst being in the contraception clinics I was interested to see how many women; especially younger women were choosing to have the Copper IUD. I was mainly surprised due to the effect that the Copper IUD has on menstruation, increased pain and heavier bleeding. After observing some of the consultations, speaking with both the patients and clinicians it was interesting to see what motives lay behind this. Many of the women said that the fact that it was non-hormonal was the biggest benefit that they valued. This was not surprising to me, being in Hackney and considering some of the demographics of the area valuing non-hormonal forms of contraception seemed to tally with that. To note this anecdotal pattern was corroborated by the doctors I was in clinic with and this trend was population specific.

In the context of global contraception it is interesting to see that the IUD is one of the most widely used forms of reversible contraception. Data shows that there are more than 169 million IUD users worldwide, this is inclusive of both hormonal and non-hormonal IUD's. Asia shows the highest uptake of the IUD with more than 80% (140 million) of IUD users coming from Asia. In contrast for women using reversible forms of contraception in Europe 1 in 5 choose the IUD.

Describe the pattern of sexual health provision in the UK and compare this to services in other countries.

Whilst spending time with the healthcare professionals providing HIV services, I was able to see a variety of patient situations from initial diagnosis to routine annual check-ups. It was really interesting to see the effectiveness of current ARV treatment and the speed that viral loads could be supressed by this. However, the most valuable experience was seeing how the dynamics of the patient-doctor relationship functioned. Whilst in one of the HIV MDT's it was interesting to see how much of the general care of the patients living with HIV was managed by the GUM doctors, when speaking with some of the doctors they explained how that they were the 'port of call' for many of the patients in regard to their health as many of the patients did not interact with other services such as GP's.

Comparing the level of care in the UK to that of global HIV provision is a complex comparison. At the end of 2020 there were an estimated 37.7 million [30.2–45.1 million] people living with HIV, over two thirds of whom (25.4 million) are in the WHO African Region. The WHO report that there have been improvements in global HIV provision with seventy-three per cent of all people living with HIV and 85% of pregnant women living with HIV receiving antiretroviral therapy in 2020. And in particular there has been a substantial decline in mortality related to HIV and AIDS. Access to treatment in sub-Saharan Africa is uniquely higher than overall global coverage due to sustained partner and country financing.

However the WHO continue to report that the majority of 2020 targets have been missed with an estimated 1.5 million people acquiring HIV in 2020. Though this shows a drop of 31% (to the lowest since 2010), the it far exceeds the global target of less than 500 000 people newly infected by 2020.
The report goes to further state that in order to end the global HIV epidemic stronger action to address the discrimination, inequalities and stigma that continue to prevent access to the treatment and services they need.

Describe the pattern of public health interventions and strategies within the field sexual health and their benefits and costs.

One of the interventions that I had most experience in whilst on this elective was the provision of PrEP. In the evening MSM clinic the main purpose of the majority of consultations was the starting or the continuation of PrEP treatment.

In 2012 the US approved the use of Truvada (tenofovir disoproxil and emtricitabine) for the use as Pre-Exposure Prophylaxis. It wasn't until December 2016 that NHS England committed to a large scale PrEP trial, this aimed to establish demand and the length of time users would stay on treatment. The trial increased in size in 2017, 2018 and

again in 2019 and then routine commissioning came into effect in 2020.

From a global view in 2014 the WHO updated their guidance that PrEP "is recommended as an additional HIV prevention choice within a comprehensive HIV prevention package." By 2020 there were an estimated 940 000 people across 83 countries in the world who received PrEP treatment at least once. This is a 49% increase in uptake from 2019. The majority of PrEP users in 2020 were from the WHO African region (52%) and Americas region (30%; 26% in the US).

To gain clinical experience within Community Sexual Health, ascertain an understanding of the skills required to undertake this career path and foster professional relationships within the field.

I was fortunate to get to sit in with a wide range of clinicians which gave me a better understanding of different options in regards to working within the sexual health services. The most eye opening conversations were with the specialty doctors who weren't working within the traditional training pathways of GUM or CSRH, between them they had very unique experiences and further career plans. This gave me some pause for thought on what kind of pathway would best suit me in terms of career but also work-life balance.

Spending time in the general GUM clinics showed me the full service offered to patients in terms of same day appointment, investigation and in some cases treatment. It was good to see that there were lots of practical skills that clinicians provided which gave some variety to the clinics.