Endemic infectious diseases: Making the case for investing in health promotion

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Epidemiological context - HIV

- It is estimated more than **100,000** people are living with HIV in the UK. The HIV epidemic remains **largely concentrated** among gay, bisexual men and black African men and women.
- In 2015, 96% of people seen for HIV care in the UK received treatment with ART.
  - Of those treated, 94% achieved viral suppression, meaning they are extremely unlikely to pass on their infection.
- In 2015, **6,095** people (4,551 men and 1,537 women) were diagnosed, similar to numbers reported in recent years.
  - 2 in 5 people were diagnosed late in 2015; prompt diagnosis through HIV testing key to reducing morbidity and reducing transmission
- Each new HIV infection costs the NHS between **£280,000** and **£360,000** in lifetime treatment. HIV care in the first year after diagnosis costs the NHS twice as much if the patient is diagnosed late.
Epidemiological context - HCV

• **214,000** people in the UK are living with hepatitis C. It is estimated that around half of those may be unaware of their infections.

• Those most at risk are people who have ever injected drugs, had a blood transfusion before the introduction of blood supply screening (1991), and people born or brought up in countries with high prevalence of HCV.

• Treatment rates saw an increase of around 40% in 2015, up to approximately **8,970** from an average of 6,400 in previous years.

• New hepatitis C drugs came online in 2014-2015, and offer improved cure rates, fewer side effects, and easier administration.
  
  – The list price of the new therapies are high, with 12/24 week courses of Sofosbuvir at nearly £35,000/£70,000, for example. NHS England allocated a budget of £190 million for new treatments in 2015.
National (English) strategic approaches to addressing endemic infectious diseases

**HIV**
- Since April 2013, local authorities commission most sexual health services;
- The government’s ambition for improving HIV and sexual health published in the *2013 Framework for Sexual Health Improvement* in England;
- **National ambition on HIV:** To reduce onward transmission of and avoidable deaths from HIV.

**Viral Hepatitis**
- **National ambition on HCV:** the UK aims to eliminate hepatitis C as a major public health threat by 2030. Investment in three core intervention areas is needed:
  1. Ensuring adequate harm reduction for people who inject drugs;
  2. Increasing the proportion of infected individuals who are diagnosed;
  3. Increasing the proportion of infected individuals who access and complete treatment, achieving a sustained viral response (SVR).
UK has long tradition of HIV health promotion campaigns

Critical part of the comprehensive national HIV response in addition to biomedical, structural and psycho-social interventions

HIV prevention programming in England largely run by 'HIV Prevention England', coordinated by the Terrence Higgins Trust and focuses primarily on the needs of men who have sex with men (MSM), and black Africans

Supplemented by additional campaigns from local community-based organizations, local public health groups and national government
HIV Prevention England ‘It Starts With Me’ campaign

- An innovative national campaign which aims to reduce new infections through condom promotion and reduce undiagnosed HIV infection through increased testing.

- The campaign stresses the role of the individual and the responsibility we all have in stopping the spread of HIV.

- Campaign uses real voices to tackle fear head on to show how people can test and protect themselves against HIV.

- Ads across press, social media, high profile billboards and public transport.
Recognition of "It Starts With Me" was high, suggesting this was the main publicity referred to. However the branding (name, logo) was less memorable.

<table>
<thead>
<tr>
<th>ANY</th>
<th>IT STARTS WITH ME</th>
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<tbody>
<tr>
<td>MSM</td>
<td>84%</td>
</tr>
<tr>
<td>BA</td>
<td>75%</td>
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National Health and Family Planning Commission of the People’s Republic of China
Campaign was successful in promoting testing. Although these tests were attributed to the campaign, it is possible that some would have tested anyway in the absence of the campaign.

**Top 3 actions mentioned**

- Got tested for HIV: 29
- Looked up for information about getting tested: 26
- Talked about HIV with sexual partner/friends: 25

- MSM aged 45-54 or in steady relationship or who never used condoms were the least likely to report getting tested as a result of the campaign.

**Top 3 actions mentioned**

- Talked about HIV: 24
- Got tested for HIV: 21
- Looked up for information about getting tested: 19

- Under-25s and those who had not had sex in last 12 months were the least likely to report getting tested as a result of the campaign.
Key insights from ‘It Starts With Me’

• Among digital channels, video provided the best value investment. Future campaigns could make the most return on investment by maximising the use of video as an online tool.

• The ‘get tested’ message was successfully conveyed to the two target groups and was the main takeout from the campaign, but messages about the accessibility and acceptability of testing did not cut through to many. Future campaigns should dial up the messages about the ease, confidentiality, and speed of testing.

• The majority of black African respondents found the ads arresting but many did not find the campaign relevant to them.

• There is evidence of a lack of engagement of MSM in poor segments of society with the campaign’s messages, particularly the message of personal responsibility.
Conclusions: What are we learning?

1. **Understanding data**: this will help us to target scarce resources to where they are needed most, and help us to learn from segmented messaging about how best to prioritise, evaluate impact and scale up.

2. **Agility and flexibility**: strategies must be able to respond to new challenges as they emerge, such as pre-exposure prophylaxis (PrEP) or the rise in chemsex.

3. **Focused where needed**: tackling endemic infections such as HIV and hepatitis C often calls for focused, targeted interventions. However, we must look for interdependencies (HIV and syphilis, HCV and drug use etc.) and take advantage of these where it makes sense to do so.

4. **Awareness of the political environment**: there will be greater or less support for these programmes at different times – know when to scale up and when to draw back or focus on more local projects.

5. **Innovation**: there is no one answer or one channel – we must work in partnership and invest in innovation to use different voices more effectively, for example through digital media.
Thank you