

Children's Rights Impact Assessment

1. Policy objectives

- What decision are you impact assessing?

The Joint Committee on Vaccination and Immunisation (JCVI) recommendation for the introduction of a [routine targeted vaccination programme for the prevention of Gonorrhoea](#), alongside a [routine vaccination programme against Mpox](#) for those at highest risk. Both mpox and gonorrhoea infections can impact an individual's health with severe illnesses occurring for some individuals and so agreement from the Cabinet Secretary is being sought to establish both of these vaccination programmes.

Gonorrhoea can cause significant morbidity and remains a public health concern globally. The latest data from the Sexual Health Trends in Wales report shows gonorrhoea diagnoses are at a 10-year high, with cases most frequent in the 15-24 age group, indicating that young people could be within those considered most at risk from infection.

In November 2023, the World Health Organisation (WHO) reported concerns about a spread of mpox clade I in the Democratic Republic of the Congo. More recently, mpox cases, including cases of clade I have spread in many African countries. Although Wales saw lower levels of mpox during the clade II 2022 outbreak, it is very likely we would not be isolated from any subsequent outbreak. The UK 4 nations public health agencies include mpox Clade I in their list of high consequence infectious diseases (HCID).

The primary aim of the roll out of both these programmes is to offer individuals protection against severe illness from mpox and gonorrhoea, specifically hospitalisation and death, and to prevent future outbreaks and a continued rise in infection rates, through limiting the spread of infection and protecting those most at risk of exposure.

The JCVI advises both programmes should primarily target gay, bisexual, and other men who have sex with men (GBMSM), who are at **highest risk of exposure** to infection. Efforts should also be made to ensure the vaccine is offered to those considered to be at equivalent risk including transgender women or gender-diverse people assigned male at birth, and (for gonorrhoea those people, irrespective of gender, who may be heterosexual or identify otherwise). Eligibility is dependant on risk, regardless of age.

Both programmes should be offered opportunistically, based on an individual risk assessment by a sexual health clinical professional who has the experience in assessment and identification of those who are at increased risk of infection. This means that if an individual attending a sexual health clinic for other reasons, meets the risk criteria, they would be offered the vaccinations. The programmes were

modelled on the basis of adults, but small numbers of GBMSM and others under 18 are potentially at very high risk and should also be eligible on public health grounds.

In the British Association for Sexual Health and HIV (BASHH) testing guidelines, people are classified at high risk if they report >10 partners in a year, have multiple OR anonymous partners, sexualised drug use including chemsex, for 1 year after a bacterial STI or using PrEP.

2. Gathering evidence and engaging with children and young People

- What existing research and data on children and young people is available to inform your specific policy? Your policy objective may impact on other policy areas – discussions with other policy teams will be an important part of the impact assessment process ensuring you have gathered a range of information and evidence.
- Using this research, how do you anticipate your policy will affect different groups¹ of children and young people, both positively and negatively? Please remember policies focused on adults can impact children and young people too.
- What participatory work with children and young people have you used to inform your policy? If you have not engaged with children and young people, please explain why.²

The objective of Immunisation is to provide protection in adults at high risk of exposure to mpox and gonorrhoea. Though the policies are expected to also have a positive impact on children and young people, both directly through vaccination of young people who meet the risk criteria, and indirectly at a community level with a significant reduction in the number of cases overall limiting the spread of infection. There is existing general data and evidence of the views of young people on the subject of vaccinations and the provision of sexual health services.

There is evidence in the EASY report³ to suggest young people:

- feel there is stigma around access to certain services via sexual health clinics

¹ You may, for instance, consider how your policy would affect the following groups of children and young people differently: early years, primary, secondary, young adults; children with additional learning needs; disabled children; children living in poverty; Black, Asian and minority ethnic children; Gypsies, Roma and Travellers; migrants; asylum seekers; refugees; Welsh-language speakers; care experienced children; LGBTQ+ children. Please note that this is a non-exhaustive list and within these cohorts there will not be one homogenous experience.

² Article 12 of the UNCRC stipulates that children have a right to express their views, particularly when adults are making decisions that affect them, and to have their opinions taken into account.

³ <https://www.brook.org.uk/wp-content/uploads/2024/05/EASY-REPORT-1.pdf>

- believe it is important to build trust in the source of the information they are learning from, to enable them to make decisions about their sexual health. There were high levels of trust in NHS information due to its perceived authority.
- found value in anecdotal evidence from people they know and through social media.
- felt it important they had a say in choosing how and when they access services and that they felt listened to.

The study also reported that around one fifth of young people did not think getting an STI is ‘a big deal’,

In terms of young people’s views on vaccination and how information is communicated, evidence from a study has shown young people (aged 16-24) are more likely than average to be dissatisfied with the PHW publicity materials they were shown. Insights from the qualitative focus group with 16–24-year-olds show that this group finds some publicity materials to be lacking information about vaccines such as what the vaccine protects from and why to have it.⁴ There was also a perception that information materials from PHW are too lengthy, and some found some of the language used to be childish.

Younger respondents, aged 16-24, are more likely to use social media platforms such as Instagram and TikTok. YouTube is also more commonly used by younger generations. Those aged 16-24 were also more likely to be worried about the side effects of vaccinations

The PHW report also indicated younger age groups (16-24) and people from ethnic minority backgrounds are less likely to agree that they have had enough information about vaccines or know where to find it, which suggests that further information resources are needed for younger people and those from ethnic minority backgrounds to ensure they can make informed decisions about whether or not to get vaccinated.

LGBTQ+ people are more likely than average to have encountered misinformation about vaccinations, with a higher-than-average proportion saying that they have seen or heard something in the past 12 months that would make them worried or concerned about having vaccinations. This suggests that LGBTQ+ people are more likely than other groups to need ‘myth-busting’ style information resources about vaccinations.⁵

⁴ Microsoft Word - Evaluation of information resources developed by the Vaccine Preventable Disease Programme (VPDP) 2023.docx (nhs.wales)

⁵ phw.nhs.wales/topics/immunisation-and-vaccines/engagement-insights/evaluation-of-information-resources-lgbtq-summary-report-2023/

Attitudes towards vaccinations are more negative than average among LGBTQ+ people. This suggests that information resources for this group should focus on highlighting the benefits of vaccination and the severity of diseases. Information resources for LGBTQ+ people should also address worries about vaccine safety and the ingredients of vaccines.

What is also known is that there are no clinical concerns about the suitability of vaccines for under 18s. Bexsero (for the gonorrhoea programme) is licensed and safe in children and mpox vaccine has recently received a license extension⁶ to those aged 12 years and above, so there are no safety or regulatory barriers.

A person attending a sexual health service is treated as an individual, regardless of their age⁷, who has their needs assessed and addressed. If they would benefit from the vaccine and are clinically able to be given it, they will be given it and so the impact of the programmes on younger people would be no different to that of an adult. The vaccines would be given according to need related to behaviour and sexual health assessment, including clinical suitability.

Relevant stakeholders (sexual health LGBTQ+ charities who represent people of all ages, who are considered at highest risk and Sexual Health Board Clinical Leads) were asked for their views to inform this integrated impact assessment. Feedback was received from clinical leads who liaise directly with service users. Seeking targeted direct feedback to understand the views of certain groups of people who are eligible, such as young people that may use sexual health services is a challenge, due to the sensitivities of discussing sexual health, sexuality and the confidential nature of this service, given that the identity of those affected is not known to Government. This is why health board clinical leads and representative bodies were consulted, given their direct and close link with those people who use sexual health services. The relevant charities, which included the British Association of Sexual Health & HIV (BASHH), Terrence Higgins Trust (THT) Wales and Fast Track Cymru (FTC) - funded by Pride Cymru, represent individuals of all ages, including young people. These organisations were instrumental in providing advice and insights which informed the policy and the communications strategy around the roll out of the mpox vaccination programme, established as a result of the clade II outbreak in 2022 and in communicating with LGBTQ+ groups on the changes to the HPV vaccination roll-out in 2023. These groups are again expected to be key stakeholders in the promotion of the vaccinations and overall offer of sexual health services, helping to reach the targeted communities.

⁶ <https://www.ema.europa.eu/en/news/ema-recommends-extending-indication-mpox-vaccine-adolescents>

⁷ If a young person meets Fraser guidelines they make the decisions themselves

As the programmes will be delivered via Sexual Health Services, they could have a negative impact on their capacity and ability to deliver other routine services. In evidence considered by the JCVI it was noted that the mpox outbreak response had caused a significant disruption in sexual health services, impacting on their ability to continue with routine work.⁸ Feedback from our stakeholders identified the potential negative effect this could have on Sexual Health Services' ability to provide advice on sexual wellbeing and contraception, having a subsequent negative effect on rates of STIs and unplanned pregnancies. However, it is expected that the establishment of routine vaccination programmes, with additional funding provided, will have less of an impact than the mpox outbreak response as they will become part of the planning assumptions for sexual health services.

Public Health Wales (PHW) has a role in engaging with the public and a range of statutory and third sector organisations to gain behavioural insights on the barriers, perceptions and experiences of the vaccine programmes in Wales. The aim is to actively involve the different sections of the public, such as ethnic minority groups⁹ in the development of resources and interventions, with the aim of informing and building trust. As part of a [Study Report Evaluation of information resources](#) published in 2023, PHW used focus groups and in depth interviews with service users, to explore attitudes towards vaccinations, as well as awareness and views of information on vaccinations. Some of the findings that are relevant to these programmes include:

- Younger age groups (16-24) and people who identify as transgender are more likely to have encountered concerning information about vaccinations.
- People from ethnic minority backgrounds are more likely to rate several diseases that the Welsh vaccine programme protects from as not serious, as are LGBTQ+ people.

These findings along with the views of stakeholders will be taken into account when developing national and local communication campaigns, targeted at those considered most at risk.

3. Analysing the evidence and assessing the impact

- Using the evidence you have gathered, what impact is your policy likely to have on children and young people? What steps will you take to mitigate and/or reduce any negative effects?

⁸ [JCVI statement on mpox vaccination as a routine programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-on-mpox-vaccination-as-a-routine-programme)

⁹ <https://phw.nhs.wales/topics/immunisation-and-vaccines/engagement-insights/evaluation-of-information-resources-ethnic-minorities-summary-report-2023/>

- How does your proposal enhance or challenge children's rights, as stipulated by the UNCRC articles and its Optional Protocols? Please refer to the [articles](#) to see which ones apply to your own policy.

Based on all the evidence that is available, it is strongly believed that the introduction of the mpox and gonorrhoea vaccination programmes will have a positive effect on children and young people.

Should there be Ministerial agreement for the programmes be implemented, there will be a tailored communications campaign targeted at reaching the GBMSM community and to others with equivalent risk factors, to promote the benefits of vaccination and address the stigma that can be associated with Sexually Transmitted Infections. Materials will be shared with our stakeholders, including GBMSM networks and organisations, and via Health Board's local sexual health channels, as well as materials to publicise the programmes at events including Pride.

Communication strategies will consider resources aimed at young people on the symptoms and risks of STIs, and the support available through Sexual Health Services. In using the evidence obtained, engagement and communication with young people will set about minimising stigma and building trust, so that young people can feel they are getting the right information for them. The methods of communication will focus more on the social media channels preferred by younger people, stress the importance of coming forward for vaccination if at risk, and providing clarity about the eligibility criteria. The strategy will also be tailored towards those younger people in the community that are disproportionately affected, with a mind to counteracting misinformation. The comms strategy will build on the work and engagement carried out by PHW and SHS in delivering vaccination during the clade II mpox outbreak and the resources developed as part of the changes to the HPV vaccination programme, which also in part targeted GBMSM. The relationships built up with the LGBTQ+ in the delivery of these previous programmes will assist in this endeavour.

In terms of education in the wider sense, Welsh Government and PHW have previously developed a guide on [Vaccinations for Young People](#), explaining the vaccinations given to young people in school years 7 to 11 and why they are needed. We will continue to work with PHW to develop and update resources as new routine vaccination programmes are developed. Health and Education colleagues in Welsh Government are currently working together to develop age-appropriate materials and routes to promote the importance of vaccination amongst children and young people as part of the new curriculum in schools. We have also requested vaccination be included as a topic in the next [WISERD](#) Education Multi Cohort study in to children's educational experiences and perspectives. Through raising awareness of the mpox and gonorrhoea vaccination programmes and how eligible young people can access them, these communication strategies aim to promote the primary objective of the policy by protecting those most at risk of infection.

Health boards are required by the National Immunisation Framework to have plans in place in order to boost vaccine take up for hard to reach groups – for example in socially deprived communities and in persons from certain ethnic minority backgrounds.

To mitigate the impact the programmes could have on the capacity of sexual health services to deliver their routine work, the programme planning assumptions and costings account for additional workforce within sexual health services for the extra administration the programmes will require. The programmes are also expected to raise awareness and promote Sexual Health Services through the related comms plans, in turn increasing people's awareness and understanding of sexual health. Sexual health clinics for young people are currently established within health boards. These young people's clinics are the service within the health boards that has been maintained as dedicated and drop in, whilst the other services have become appointed only. The clinics are advertised through the health board websites, as well as awareness raising via schools and youth services. The clinics run late afternoon onwards to accommodate young people, the opening times vary by health board, will have developed to open at the time that works for young people in that area.

The proposed vaccination programmes are considered to enhance/challenge the rights of children and young people as outlined in the table on the UNCRC articles and Optional Protocols are outlined below:

Article 2 - The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say and whatever type of family they come from.

Status: enhances

Explanation: A targeted vaccination programme for both mpox and gonorrhoea will be offered to those considered most at risk, regardless of age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation.

Article 6 - All children have the right of life. Governments should ensure that children survive and develop healthily.

Status: enhances

Explanation: The vaccination programmes will help to reduce the number of severe cases of mpox and gonorrhoea in those immunised including young people. They will also protect children's health on a community level with a significant reduction in the number of cases overall. Sexual health clinics are free and available to everyone, no matter their age. Drop-in sexual health clinics for young people are currently established within health boards who run sexual health services. This supports article 6.

Article 12 - children have the right to express their views freely in all matters affecting them

Status: challenges

Explanation: For reasons of anonymity, sensitivity and confidentiality, it has been a challenge to engage directly with those young people at high risk who will be eligible for vaccination. SHS staff are experienced in directly handling such sensitive issues with young people. Targeting public health information at affected groups via SHS staff, including young people, and involving them in development of any public health information resources on this matter will mitigate any negative impact

Article 13 - Children have the right to get and to share information as long as the information is not damaging to them or to others

Status: enhances

Explanation: A tailored communications campaign targeted at reaching the GBMSM community and to those with equivalent risk factors, will be developed. Communication strategies may need to consider resources aimed at young people, and through our work with education colleagues, consider how we can raise awareness of sexual health more broadly.

Article 16 - Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

Status: enhances

Explanation: Visiting sexual health services is confidential and staff will not discuss details about an individual with others without the individual's permission. Vaccines administered by sexual health services are not recorded on an individual's health record.

Article 24 - Children have the right to good quality health care.

Status: enhances

Explanation: The vaccination programmes will help to reduce the number of severe cases of mpox and gonorrhoea in those immunised including young people. They will also protect children's health on a community level with a significant reduction in the number of cases overall. Sexual health clinics are free and available to everyone, no matter their age. Drop-in sexual health clinics for young people are currently established within health boards who run sexual health services. This supports article 24.

The provision of this vaccination programme also considers the Deputy Minister for Social Services commitment to reflect the UNCRC Concluding Observations recommendations in health policy decisions. It will strengthen the availability of quality, child sensitive and age -appropriate paediatric primary and specialist health services to all those deemed eligible as per JCVI advice, as detailed in the Basic health and welfare (arts. 6, 18 (3), 24, 26, 27 (1)–(3) and 33.

4. Ministerial advice and decision

- How will your analysis of these impacts inform your ministerial advice?

We continue, in Wales, to be led by the latest clinical and scientific evidence and advice from the JCVI in terms of the timing and eligibility of both the mpox and gonorrhoea vaccination programmes. Vaccination eligibility will not be extended beyond JCVI clinical advice.

The introduction of routine vaccination programmes for mpox and gonorrhoea will have a positive impact on individuals considered most at risk, by offering protection against severe illness, hospitalisation and death. It will also bring benefits at a community level with a significant reduction in the number of cases overall, helping to prevent future outbreaks. This in turn would have a significant positive impact on healthcare workers and sexual health services, through limiting the severity and instances of cases.

5. Communicating with Children and Young People

- If you have sought children and young people's views on your proposal, how will you inform them of the outcome?

For reasons of confidentiality and sensitivity this impact assessment has been formed using evidence currently available on the views of young people on sexual health services and vaccination, together with engagement with sexual health board clinical leads and LGBTQ+ groups who liaise directly with service users. The impact of the programmes are not envisaged to be different for younger adults than older adults. Welsh Government will continue to work with PHW to develop a targeted communications plan, which will consider the needs of younger people (including groups such as the LGBTQ+ community) to raise awareness of mpox and gonorrhoea amongst those considered most at risk.

A Ministerial written statement and Welsh health circular will be published after a policy decision and funding has been agreed in Wales, together with publicity about the programmes to encourage those eligible to come forward for vaccination.

6. Monitoring and Review

- Please outline what monitoring and review mechanism you will put in place to review this CRIA.
- Following this review, are there any revisions required to the policy or its implementation?

The implementation of both the mpox and gonorrhoea vaccination programmes will be monitored by Vaccine Programme Wales (VPW) who will report back to Welsh Government via the Vaccine Oversight Board as part of the national governance arrangements.

A four-nation project board has been set up to discuss implementation and align deployment to ensure consistency across the UK and NI. These meetings will continue to monitor progress along with meetings at official level. Regular, quarterly surveillance reporting will be established by the Vaccine Preventable Diseases Programme (VPDP), utilising existing sexual health systems. These surveillance reports will help inform health boards and sexual health clinics plans in promoting equity and ensuring the eligible cohorts are targeted to maximise vaccine uptake.

Welsh Government will continue to liaise with all relevant stakeholders beyond the implementation phase to monitor progress and evaluate the initial rollout. Officials will continue to attend JCVI vaccination meetings, as observers, to monitor any future discussion on mpox and gonorrhoea and any changes they might advise.