

Foreword

Ensuring people in Scotland have access to good, well-funded sexual and reproductive healthcare must be a priority for the next Scottish Government, both for the health and wellbeing of citizens and the health of the economy. Members of the College of Sexual and Reproductive Healthcare (CoSRH), the Royal College of Obstetricians and Gynaecologists (RCOG), the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) are uniquely placed to reach individuals and communities at key moments during their lives and provide essential, preventative and responsive care for the whole population.

Scotland has made important progress in improving the sexual health of the nation over recent decades, including through the implementation of the Women's Health Plan for Scotland and the Sexual and Blood-Borne Virus Action Plan (2023-2026). The publication of the first Women's Health Plan for Scotland in 2021 and of phase two in 2026 was most welcome.

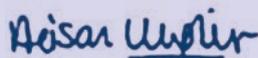
However, constrained resources, unmet needs, workforce pressures, changing sexual behaviours and rising demand have placed services under significant strain. Access to care varies widely across Scotland, with unacceptable waiting times for gynaecology and other services. These pressures risk widening existing health inequalities unless they are urgently addressed.

We call on the next Scottish Government to reaffirm its commitment to support the workforce delivering care, and to ensure that everyone in Scotland can access high-quality, person-centred healthcare throughout their lives. Alongside this, promoting positive sexual and reproductive, genitourinary medicine (GUM) and HIV care must be a priority for the next Scottish Government.

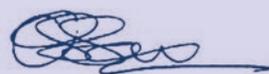
Our calls to action focus on improved integration of sexual and reproductive healthcare in primary care; maternity care; sexual health, HIV and prevention (including genitourinary medicine (GUM)); gynaecology services; and abortion services.



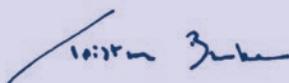
Dr Zara Haider, CoSRH President



Dr Alison Wright, RCOG President



Dr Cara Saxon, BASHH President



Dr Tristan Barber, Chair of BHIVA

Tackling health inequalities is at the heart of this manifesto

High-quality sexual and reproductive healthcare, including HIV and blood-borne virus (BBV) testing, must be available, accessible and acceptable to those most at risk of infection and also prioritised to those at risk of poor outcomes, including young people (particularly those with care experience); Black and minority ethnic communities; men who have sex with men; transgender people; people with learning disabilities; prisoners and those involved in the criminal justice system; people who inject drugs; those involved in sex work; migrants; and people experiencing homelessness. Those with the poorest health outcomes often face the greatest barriers to accessing care making an effective prevention agenda even more essential.

Healthcare plays a vital role in reducing harm, supporting informed choices, interrupting transmission, and preventing avoidable illness. Services must be inclusive, non-judgemental and trauma-informed, delivered by a workforce trained to understand and respond to discrimination, stigma and structural disadvantage.

Our calls to action

1. Integrated sexual and reproductive healthcare

The next Scottish Government should:

- Commit to continued resourcing and delivery of the Sexual and Blood-Borne Virus Action Plan.
- Ensure integrated sexual and reproductive healthcare services prioritise those at greatest risk of poor health outcomes, with primary care appropriately supported to provide routine care.
- Improve access to the full range of contraceptive options, including long-acting reversible contraception (LARC), in locations chosen by individuals, including primary care, pharmacies, specialist services and maternity services immediately after childbirth.
- Provide additional support for primary care to achieve the right balance between routine sexual and reproductive healthcare and specialist provision, enabling specialist services to focus on people with complex needs.
- Expand equitable access to postal testing for HIV, syphilis, Hepatitis B and C, and STIs across all NHS boards, aligned with clear pathways into care, to support remote pre-exposure prophylaxis (PrEP) delivery and reach underserved and rural communities.
- Invest in accessible information and support to enable informed decision making, including around menstruation, contraception, STIs, PrEP for HIV, fertility, pregnancy, menopause and post-reproductive health.
- Maintain and strengthen support for those affected by sexual violence, abuse or exploitation, and ensure effective referral pathways to wider NHS and third sector support, including housing, mental health, substance use and domestic abuse services.

2. Maternity services

The next Scottish Government should:

- Accept the recommendations of the current review of Scotland's maternity services, particularly around safe staffing and personalised care.
- Deliver fully funded policies to ensure all women receive safe, personalised and high-quality maternity care that supports physical and mental health during and after pregnancy.
- Develop and implement a Safe Staffing Model for medical staff in obstetrics and gynaecology to support safe, patient centred care.
- Improve awareness and provision of preconception care for all parents.
- Address persistent inequalities in maternal outcomes, including through targeted action to support Black and minority ethnic women.
- Strengthen perinatal mental health services and maintain progress in reducing stillbirth and perinatal loss.
- Recognise the opportunity of intervention around smoking cessation, healthy weight management, management of long-term health conditions and post-pregnancy contraception and support maternity staff to deliver them.
- Invest urgently in paediatric pathology services, including workforce recruitment, to support families experiencing pregnancy loss.

3. Sexual health, HIV and prevention

The next Scottish Government should:

- Commit to continued resourcing and delivery of the HIV Transmission Elimination Delivery Plan, through supporting Fast Track Cities, expanding innovative case finding approaches, addressing HIV-related stigma and meeting UNAIDS 95:95:95 targets by 2030.
- Ensure equitable, timely access to STI and BBV testing, treatment and care in both non-specialist and specialist services under consultant supervision as needed for people across Scotland, including those in rural and remote areas, supported by universal access to postal testing.
- Strengthen sexual health and HIV prevention by providing resources for the delivery and evaluation of existing and emerging interventions, including PrEP to prevent HIV acquisition, doxyPEP for those at highest risk to prevent specific STIs, vaccination programmes and other evidence-based STI prevention strategies.
- Strengthen sexual health infrastructure across Scotland, including data and laboratory capacity, to monitor public health trends and respond swiftly to emerging threats such as outbreaks, novel STIs and antimicrobial resistance.
- Actively combat stigma related to sexual and reproductive health and HIV by ensuring inclusive, non-stigmatising language and practices across government, public services, and public facing roles.

- Strengthening pathways between GUM, SRH, primary care, infectious diseases, antenatal services, dermatology and public health is essential to ensure seamless care, early detection of infection clusters, and rapid response to emerging threats. This should be underpinned by a clear commitment to fund, protect and expand multidisciplinary, specialist GUM provision – including syphilis management, PrEP and PEP oversight, comprehensive HIV care, management of STIs in pregnancy, care for people with recurrent or complicated STIs, antimicrobial-resistant infection control, and tailored support for vulnerable populations.

4. Gynaecology services

The next Scottish Government should:

- Urgently address long waiting times – this must include rapidly implementing more immediate support for women waiting for care, including more accessible support, information and improved communication on how long they should expect to wait. (September 2025 there were 66,261 waits for a gynaecology appointment or procedure in Scotland).
- Develop and implement the National Plan for Gynaecology as outlined in Phase Two of the Women's Health Plan as quickly as possible, with sustainable funding and resources to support its ambitions.
- Increase investment in services supporting people with endometriosis, menstrual disorders, gynaecological cancers, menopause and urogynaecological conditions.
- Ensure access to appropriate mental health support for those affected by gynaecological conditions.
- Improve pathways between sexual and reproductive healthcare, gynaecology and dermatology to reduce delays and unnecessary appointments.
- Provide healthcare professionals with the resources and time they need to deliver high-quality care.

5. Abortion services

The next Scottish Government should:

- Implement the recommendations of the Review of Abortion Law in Scotland Expert Group, ensuring abortion is no longer subject to criminal law.
- Guarantee access to abortion services up to 24 weeks' gestation within Scotland for all who need them, regardless of where they live.
- Ensure abortion care is delivered as an integral part of sexual and reproductive healthcare, free from stigma and unnecessary barriers.
- Ensure STI and BBV testing is performed, or signposted to, for all those seeking an abortion.
- Ensure the provision of abortion services after 24 weeks in cases of potential risk to life, serious risk to health or when there is a high chance of a baby being born with serious disability.

Conclusion

Sexual and reproductive healthcare, genitourinary medicine, and HIV support is fundamental to public health, gender equality and social justice. Scotland now has both an urgent need and a clear opportunity to act by equitably harnessing powerful prevention tools – including vaccination, modern contraception and proven STI and HIV prevention strategies – we can significantly improve population health and reduce entrenched inequalities. With sustained investment, strong leadership and a commitment to tackling inequalities, Scotland can build on existing progress and ensure that everyone has access to the care they need, when and where they want it.

We urge the next Scottish Government to work in partnership with clinicians, communities and third sector organisations to deliver a fairer, more resilient and more equitable sexual and reproductive healthcare, genitourinary medicine, and HIV support for Scotland.

Further information

- Sexual and reproductive healthcare (SRH) is provided in maternity services, gynaecology, HIV, and integrated sexual health services involving collaboration between Community SRH (CSRH) and GUM – and by third sector organisations – who work in partnership to improve sexual health outcomes.
- CoSRH, RCOG, BASHH and BHIVA represent over 3,000 clinicians, healthcare professionals and staff from specialist third sector organisations working in SRH across Scotland.
- CoSRH, RCOG, BASHH and BHIVA members are committed to improving Scotland's sexual and reproductive health, and access to SRH care.



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