combination prevention and across the full prevention cascade, and that without that focus, sub-optimal decisions may be taken.

S01.5 THE ARCHITECTURE FOR PREVENTION AND THE ROLE OF TARGETS AND INDICATORS

Mitchell Warren*. *AVAC Global Advocacy for HIV Prevention, New York, USA*

10.1136/sextrans-2015-052270.21

There are effective means to prevent every mode of transmission; political commitment on HIV continues to be strong; and financing for HIV programs in low- and middle-income countries increased has surpassed US$17 billion. However, amidst recurring calls for a comprehensive, integrated and sustained AIDS response, funding, targets and delivery are focusing disproportionately on treatment. This presentation will describe the financing, leadership and implementation/delivery architecture for HIV prevention as it exists today, and as it needs to be developed in order to fully realise the potential of existing, emerging and on-the-horizon HIV prevention options.

Beginning with an exploration of the current architecture of HIV prevention financing, the presentation will highlighting current gaps, such as the recent scale back of PEPFAR funding for VMMC and shortfalls in funding and planning for PrEP product introduction, citing these examples to highlight broader issues in the architecture as it exists (e.g. the gap between positive research results and substantive, strategic planning to move to implementation), individual interventions (e.g. VMMC) being "owned" by single donors, and then in jeopardy when funding fluctuates. The presentation will also explore the leadership, describing the actors that influence policy, programming and messaging at global, regional and national levels.

Finally, this presentation will examine the gaps and strengths in current implementation and delivery architecture, focusing on what is available and/or needed to deliver prevention and on the targets that need to be set to help drive implementation and financing; how targets need to be tailored to each specific intervention; and highlight the potential for conceiving and building a comprehensive prevention delivery platform that maximises the use of existing interventions and supports the rapid and effective integration of new options as they become available.

S02 - Education about sex and relationships: new directions in school and beyond

S02.1 SEX AND RELATIONSHIPS EDUCATION IN SCHOOLS: A KEY COMPONENT OF SEXUAL HEALTH PROMOTION

Peter Aggleton*. *UNSW Australia, Sydney, Australia*

10.1136/sextrans-2015-052270.22

Despite scientific evidence of effectiveness, there continues to exist controversy about sex and relationships education (SRE). Much of this relates to misunderstandings about the form that good quality SRE takes and what it aims to achieve. The evidence reveals that well designed and effectively implemented programs of comprehensive sexuality education have the potential to bring about beneficial outcomes for young people. But such programs often work best when they are implemented through partnership between education and health. Building on the framework offered by WHO in its guidance on Developing Sexual Health Programmes, this presentation highlights some of the ways in which this can be achieved: through the provision of in-school clinics and other health services; through effective signposting and fast-track routes to relevant services; and through health professionals' involvement in the life of the school. It signals the importance of understanding differences in culture and tradition between the education and health sectors, stressing how teachers, educational administrators and health professionals often understand 'intervention' and 'education' quite differently. Finally, it will stress the importance of respect for difference, and respect for the 'other' in work in schools.

S02.2 RELIGIOUS AND FAITH-BASED BELIEFS: A HELP OR A HINDRANCE IN SEXUAL HEALTH EDUCATION?

Mary Lou Rasmussen*. *Monash University, Melbourne, Australia*

10.1136/sextrans-2015-052270.23

The Reverend Debra Haffner, a former CEO of SIECUS, and the Director of the Religious Institute on Sexual Morality, Justice and Healing objects to the The National Sexuality Education Standards for US Public Schools (2012) published by The Guttmacher Institute in the United States. Haffner questions these standards because they fail to account for values and religious influences on sexuality education and religion. The absence of explicit references to religion and values in such standards reflect longstanding debates about the place of religion within secular states, and about the privatisation of religion and belief. These debates also impact perceptions about the role of religion in sexuality education and shape debates about the place of reason and science in sexuality education.

Haffner's theological commitment to comprehensive sexuality education is accompanied by an expressed desire for a values-based framework for sexuality education. Unlike Haffner, I have no theological commitments in relation to sexuality education provision. However, I have come to question progressive sexuality education standards that do not explicitly engage with questions of faith, belief and their relationship to values. What are the grounds for this separation? Are there ways in which religion and values can be usefully incorporated in progressive sexuality education? Should such topics be left behind in the production of a progressive sexuality education?

S02.3 RESPECTING GENDER AND SEXUAL DIFFERENCE TO PROMOTE SEXUAL HEALTH: MAKING SCHOOLS SAFE SPACES FOR ALL

Kerry Robinson*. *University of Western Sydney, Sydney, Australia*

10.1136/sextrans-2015-052270.24

Drawing on international evidence of best practice, and recent and ongoing research funded by the Australian Research Council (ARC) and the Young and Well Collaborative Research Centre (CRC), this presentation highlights how teachers and health professionals can most effectively engage with, and approach gender, sexuality, and sexuality education, to ensure that schools offer relevant and informative education, and safe and supportive environments for all pupils irrespective of gender and sexual identity.

In this presentation it is argued that: (i) comprehensive sexuality education needs to start in early childhood and be built on in primary and secondary schooling; (ii) comprehensive sexuality education needs to be collaboratively informed by sexuality educators and health professionals; (iii) sexuality education programs in school need to be developed in partnership with parents and include parental education on best practices around talking with their children about sexual knowledge and relationships; and (iv) comprehensive sexuality education is critical to building young people's sexuality literacy, respect for gender and sexuality difference, and awareness of sexual ethics, which are all central to children and young people's health and well-being and the development of their sexual citizenship.

A mixed-methods approach was employed across the major research informing this presentation. The ARC Discovery funded project included an exploration of primary school children's understandings of respect, sexual knowledge and relationships and the origins of this information, as well as parents' and educators' perspectives and practices talking with children about sexuality education. Data were gathered through surveys, focus groups and individual interviews with parents and educators, and focus groups and interviews with children. The CRC funded project, Growing Up Queer, included a validated online survey of LGBTQI Young People, aged 16–27 years, completed by 1,032 participants nationally. Two focus groups were also conducted, one with LGBTIQ young people, and the other with staff from a support service for gender and sexuality diverse young people.

S02.4 ENGAGING BOYS AND MEN AS ACTORS IN VIOLENCE PREVENTION

Bonney Corbin*. *True Relationships and Reproductive Health, (formerly Family Planning Queensland), Australia*

10.1136/sextrans-2015-052270.25

Popular culture surrounding sexual and gender based violence stereotypes individual actors and their intimate relationships. These stereotypes limit opportunities for conflict transformation pedagogy. As feminism returns to vogue amongst youth populations and concepts of gender diversity enter mainstream school discussion, students and their school communities are calling for alternative approaches to violence prevention education. Doing so successfully, requires moving beyond education about personal standpoints and attitudes to consider the relationships of power enabled via informal and formal community structures including via online and offline media. Considering violence prevention education holistically, every individual within a school community has opportunities to provide violence prevention education. This presentation will provide an overview of core concepts of violence prevention theory including masculinities, continuum models and structural analysis. Demonstrating how theory can be translated in practice, these concepts will be explained alongside practice-based examples from international work to prevent sexual and gender based violence.

S02.5 THE POLITICS OF PLEASURE IN SEXUALITY EDUCATION: YOUNG PEOPLE'S PERSPECTIVES

Louisa Allen*. *University of Auckland, Auckland, New Zealand*

10.1136/sextrans-2015-052270.26

The inclusion of pleasure and desire have been important in the vision for sexuality education for the past 20 years. This paper continues this conversation by exploring young people's interest and ideas about incorporating pleasure within sexuality education at school. Drawing on data from focus group and survey methods young people highlight some of the challenges facing this topic as a curricula component. Participants felt sexual pleasure was relevant to their lives and displayed a significant interest in receiving this information provided it was delivered in a particular format. Responses provide insights into some of the politics which surround the inclusion of pleasure in sexuality education. Taking into account young people's perspectives this paper encourages an acknowledgement and interrogation of these politics and their implications for what gets 'taught' as pleasure in sexuality programmes.

S03 - Global and regional estimates of prevalent and incident STI

S03.1 GLOBAL AND REGIONAL ESTIMATES OF CHLAMYDIA, GONORRHOEA, TRICHOMONIASIS AND SYPHILIS IN 2012

Sami Gottlieb*. *World Health Organization, Geneva, Switzerland*

10.1136/sextrans-2015-052270.27

Background The World Health Organization (WHO) periodically estimates global and regional prevalence and incidence of four curable sexually transmitted infections (STIs): chlamydia, gonorrhoea, trichomoniasis and syphilis.
Methods For chlamydia, gonorrhoea, and trichomoniasis, WHO estimates for 2012 were based upon literature reviews of prevalence data from 2005 through 2012 among general populations. For syphilis, nationally reported data on syphilis seroprevalence among antenatal care attendees were used. Data were adjusted for laboratory test type, geography, age, and high risk subpopulations, and combined using a Bayesian meta-analytic approach. Regional incidence estimates were generated from prevalence estimates by adjusting for average duration of infection.
Results In 2012 the estimated global prevalence among women aged 15–49 years of chlamydia was 4.2% (95% uncertainty interval (UI): 3.7–4.7%), gonorrhoea 0.8% (0.6–1.0%), trichomoniasis 5.0% (4.0–6.4%), and syphilis 0.5% (0.4–0.6%); among men, estimated chlamydia prevalence was 2.7% (2.0–3.6%), gonorrhoea 0.6% (0.4–0.9%), trichomoniasis 0.6% (0.4–0.8%), and syphilis 0.48% (0.3–0.7%). These figures correspond to an estimated 131 million new cases of chlamydia (100–166 million), 78 million of gonorrhoea (53–110 million), 143 million of trichomoniasis (98–202 million), and 6 million of syphilis (4–8 million) in 2012. Prevalence and incidence estimates varied by region and sex.
Conclusions Estimated global prevalence and incidence of chlamydia, gonorrhoea, trichomoniasis, and syphilis in adult women and men remain high, with nearly one million new infections each day. These estimates highlight the urgent need for well-recognized effective interventions for STI prevention, screening, diagnosis, and treatment to be made more widely available. Improved estimation methods are needed to allow use of more varied data and to generate national-level estimates.