

## S18 – REGIONAL RESPONSES TO GLOBAL HIV/STI TRENDS (IUSTI SPECIAL SYMPOSIUM)

Wednesday, July 17, 2019  
10:45 AM – 12:15 PM

### S18.1 AN UPDATE ON THE STATUS OF HIV/STIS IN IUSTI'S FIVE REGIONS

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10.1136/sextrans-2019-sti.81

The global outbreak of human immunodeficiency virus (HIV) in the 1980s invigorated the academic research on the role of the classical sexually transmitted infections (STIs), such as gonorrhoea, syphilis and chlamydia, in the transmission and acquisition of HIV infection.

The community-based studies conducted in Africa on STI interventions to control HIV infection brought about seemingly conflicting results which put STIs on the back burner. However, ongoing data demonstrate that interactions between HIV and the other STIs cannot be ignored.

The control of STIs is not simple and straight forward, however, – the determinants and drivers of STIs are very diverse from one setting to another and from one population sub-group to another.

Also, not to be forgotten, are the characteristics of the sexually transmitted pathogens themselves, ranging from transmissibility, the symptomless nature of some of the pathogens, their ability to become resistant to standard treatments and the lack of affordable diagnostic tools to detect them.

A coordinated response is required but, in terms of the global response, the syndemics between HIV and the other STIs were not fully grasped, resulting in competing priorities for funding the responses.

HIV treatment has been justifiably prioritised to save millions of lives, and new HIV infections are falling, albeit not fast enough. On the other hand, the other STIs are not showing the same trend as HIV. What is common to both HIV and the other STIs is that prevention services for both HIV and other STIs are not delivered to scale to reach the most vulnerable people who need them.

The presentation will summarise the consequences of such a diversity of the response and highlight the status of HIV/STI infections in the five regions of the International Union against Sexually Transmitted Infections.

**Disclosure** No significant relationships.

### S18.2 BRIDGING THE GAP – BEST PRACTICE GLOBAL EXAMPLES OF INTEGRATION OF HIV AND STI SERVICES

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10.1136/sextrans-2019-sti.82

In response to the 2015 United Nations resolution, Transforming our world: The 2030 Agenda for Sustainable Development, in 2016 WHO developed three global strategies on HIV, viral hepatitis, and STIs. These are aiding reductions in

the infections, and their related deaths, as well as improving the sexual health and well-being of all people. All three strategies highlight the importance of policies and systems that enable the delivery of integrated health interventions and services, and which can be tailored to different populations, at different locations, in order to achieve equitable and quality care. What might an integrated sexual health service look like? It would include the integration of STI services (including hepatitis B and HPV vaccination), reproductive health services (including contraception and cervical cancer screening), and HIV treatment and care. Partner notification and treatment would be a core component of the services. There would be universal antenatal screening for HIV, STIs and hepatitis B (or infant vaccination at birth) with combined efforts to reduce mother to child transmission of HIV, syphilis and hepatitis B. There would be targeted services for key populations such as sex workers and men who have sex with men. It would also include advice about protection against STIs, HIV and unplanned pregnancies and initiatives to promote behaviour change, with the provision of male circumcision, pre-exposure prophylaxis and post-exposure prophylaxis for the prevention of HIV. There would be assessments for drug and alcohol use/addiction and provision of, or referral to, services to reduce these. This talk will look at examples of health policies and services from around the world that are delivering integrated sexual, reproductive and HIV services. It will consider potential barriers to providing integrated services and possible solutions to overcome these.

**Disclosure** No significant relationships.

### S18.3 IMPROVING THE SEXUAL AND REPRODUCTIVE HEALTH OF WOMEN LIVING WITH HIV

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10.1136/sextrans-2019-sti.83

HIV is not only determined by gender inequality, but it also bookmarks gender unfairness, leaving women more vulnerable to its impact. According to UNAIDS, girls and women represent more than half of the 36.7 million people living with HIV; around 7,000 young women aged 15–24 years become infected with HIV every week and 80% of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their babies in 2017.

Providing sexual and reproductive health interventions for women living with HIV, which are grounded in principles of gender equality, can have a positive impact on their quality of life. In many countries, women living with HIV do not have proper access to good-quality health services.

Health interventions related to the sexual and reproductive health services (SRHS) of women living with HIV, need to be organized into specific services, mainly focused on sexual health counseling, violence against women, family planning and infertility, antenatal care and maternal health, safe abortion; sexually transmitted infections and cervical cancer. The interventions need to consider cultural, economic, geographic location, social and legal factors, including gender norms and power relations. It is also important to consider religious and cultural beliefs, stigma and discrimination related to HIV and other demographic factors, as age, gender, sexuality, social class, disability, ethnicity and race. SRHS programs need to