

#MeToo Movement' will bring together expert speakers to discuss the impact and implications of the #MeToo movement for sexual health, social justice and equity.

Presentation: The MeToo Movement's 2019 PSA Campaign

This panel will show the new campaign from the #MeToo Movement from creative agency Deutsch and #MeToo movement creator Tarana Burke. The videos focus on the dignity, humanity and healing of survivors of sexual violence. They feature firsthand accounts and reflections from four survivors of sexual violence and abuse, including Terry Crews. 'In the year that's gone by, I've learned that silence is violence,' says the 'Brooklyn Nine-Nine' star in the video. 'I will not be shamed. I did nothing wrong.'

## PL09 – UNDERSTANDING CHLAMYDIA PATHOGENESIS

Tuesday, July 16, 2019 1:45 PM – 2:20 PM

### PL09.1 UNDERSTANDING CHLAMYDIA PATHOGENESIS

Kevin Hybiske\*. *University of Washington, Seattle, USA*

10.1136/sextrans-2019-sti.12

*Chlamydia trachomatis* is the leading cause of bacterial sexually transmitted infection, and is responsible for a range of chronic and severe reproductive outcomes. The ability of *Chlamydia* to cause chronic infection is linked to unique mechanisms associated with chlamydial pathogenesis: *Chlamydia*'s obligate intracellular nature, its ability to evade host immune responses, and its reversible conversion into 'persistent' developmental forms. The past decade of *Chlamydia* research is marked by groundbreaking advances in genetic manipulation of *Chlamydia*, which in turn has catalyzed our mechanistic insight into *C. trachomatis* host adaptation and pathogenesis. Our recent progress will be discussed, along with the resulting new understanding obtained in the areas of chlamydial virulence factors, immune evasion strategies, persistence, and dissemination. Finally, I will discuss emerging areas of research in *C. trachomatis* infections, including the role of the microbiome, rectal infections, tissue resident memory T cells, drug treatment failures, and the short- and long-term prospects for treating *Chlamydia* infections.

**Disclosure** No significant relationships.

## PL10 – THE GLOBAL HIV RESPONSE AT 40

Tuesday, July 16, 2019 2:20 PM – 2:55 PM

### PL10.1 THE GLOBAL HIV RESPONSE AT 40

David Wilson\*. *World Bank, Washington, USA*

10.1136/sextrans-2019-sti.13

As the global HIV response approaches 40, we can trace 3 phases in its evolution. The first phase, from the early 1980s to the late 1990s, is characterized as an era of despair, as the virus raged unchecked through communities and political

commitment and resources were scarce. The second phase from the early 2000s to about 2012 represents one of hope, with effective treatments developed and political commitment and international resources surging. HIV financing grew 30% annually a decade, an unprecedented increase. After 2012, the HIV response entered a period of uncertainty. Development assistance for HIV fell for the first time. International financing for HIV has grown perilously reliant on one funder - the US. Political commitment has fallen globally and nationally. In the epicenter of HIV, Eastern and Southern Africa, concerted international support has underpinned a sustained response, but domestic resource mobilization is uneven and inadequate. Outside Eastern and Southern Africa, the response is faltering in great swathes of the world. Stigma against key populations remains widespread. Advocacy-based claims that we can end the HIV epidemic are premature and have contributed to a perception that the crisis is largely over. Competing disease priorities - including TB, malaria and hepatitis - are pressing their claims for a share of a pie that isn't growing. The HIV movement has an equivocal relationship with the Universal Health Coverage (UHC) movement - concerned that its profile and financing may be diluted by integration. This presentation discusses these challenges and presents 2 scenarios - a high road to success and a low road to failure - based on choices we are making today.

**Disclosure** No significant relationships.

## PL11 – GLOBAL HEALTH LEGACIES, SUSTAINABLE DEVELOPMENT GOALS, AND IMPLICATIONS FOR SEXUAL & REPRODUCTIVE HEALTH

Tuesday, July 16, 2019 2:55 PM – 3:30 PM

### PL11.1 GLOBAL HEALTH LEGACIES, SUSTAINABLE DEVELOPMENT GOALS, AND IMPLICATIONS FOR SEXUAL & REPRODUCTIVE HEALTH

David Peters\*. *Johns Hopkins University Bloomberg School of Public Health, International Health, Baltimore, USA*

10.1136/sextrans-2019-sti.14

In exploring the historical origins of global health – conceived as interventions in the health of other populations – this presentation identifies key themes that shape our thinking and action, including those related to sexual and reproductive health (SRH). The adoption of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) offers a paradigm shift from the past. Using examples related to inequity, climate change, and migrant populations, the presentation examines the connections to and implications for SRH, identifying new opportunities and imperatives for action. Despite massive increases in the scale and complexity of global health efforts, the rationale and approaches for intervention have changed little, creating a legacy of:

1. Primacy of science. Advances in science in low resource settings have saved millions of lives around the world, yet has privileged biomedical and technological applications to addressing one health problem at a time, but with significant opportunity cost to building local capabilities and institutions