#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

2. Short-termism. Interventions are designed in crisis or as simple 'quick wins', to the detriment of long-term, sustainable approaches that address coherent sets of issues facing populations or health systems

3. Neglect of underlying social, structural and commercial determinants of the health of populations The SDGs shift the focus towards tackling inter-dependent and often intractable problems that are both local and global, and demand a change in the approaches to global health and SRH interventions. Simply placing Universal Health Coverage as the center-piece of the SDGs is inadequate. Instead, emphasis is needed on greater participation by those most affected, and promoting coherence and integration beyond SRH programs or the health sector. Practical approaches would address linkages with economic opportunity, gender discrimination, education, water & sanitation, food security, environment and resource management, public safety, conflict management, disaster preparedness and other areas of development.

Disclosure No significant relationships.

PL12 – OVERVIEW ON THE DEVELOPMENT OF POINT-OF-CARE TESTS FOR DETECTION OF ANTIMICROBIAL RESISTANCE – CHALLENGES AND OPPORTUNITIES

Wednesday, July 17, 2019
8:15 AM – 8:50 AM

PL12.1 OVERVIEW ON THE DEVELOPMENT OF POINT-OF-CARE TESTS FOR DETECTION OF ANTIMICROBIAL RESISTANCE – CHALLENGES AND OPPORTUNITIES

Johan Melendez*. *Johns Hopkins University, Medicine – Infectious Diseases, Baltimore, USA*

10.1136/sextrans-2019-sti.15

The increasing rates of gonorrhea infections worldwide and the evolving profile of antimicrobial resistance has prompted global public health concerns regarding the successful management of gonorrhea. In the absence of new antimicrobials, the use of point-of-care (POC) tests for identifying infected individuals and guiding precision treatment has been proposed as a strategy to mitigate the effects of antimicrobial resistant (AMR) gonorrhea. However, despite advancements in nucleic acid amplification technologies, there is no commercially available test for antimicrobial susceptibility testing (AST) that we can be implemented at the POC. Genotyping assays for prediction of antimicrobial susceptibility have been developed and are beginning to be implemented in the clinical setting for precision treatment. However, these assays are not at the POC and cannot reliably be used to predict susceptibility to all antimicrobials. While still in the early stages of development, novel phenotypic approaches targeting antimicrobial-reactive markers have shown promise as an approach on which to build rapid AST assays. Due to their speed, diagnostic performance, and portability, microfluidic-based technologies meet several of the diagnostic criteria for the development of rapid

AST assays which could be implemented at the POC. Implementation in the clinical setting of these AST POC tests is another major challenge which should be evaluated and implementation strategies developed concurrently to test development.

Disclosure No significant relationships.

PL13 – THE ROLE OF KEY POPULATION-LED HEALTH SERVICES IN ADDRESSING THE CHALLENGE OF STI AND HIV

Wednesday, July 17, 2019
8:50 AM – 9:25 AM

PL13.1 THE ROLE OF KEY POPULATION-LED HEALTH SERVICES IN ADDRESSING THE CHALLENGE OF STI AND HIV

Rena Janamnuaysook*. *The Thai Red Cross AIDS Research Center, Bangkok, Thailand*

10.1136/sextrans-2019-sti.16

Community engagement are essential in HIV responses. Key population (KP) play important roles on task sharing as one of methods of strengthening and expanding health workforce to rapidly increase access to HIV and STI services. Certain tasks are shared, where appropriate, from qualified health professionals to trained KP lay providers with certified trainings and particular practices in order to make more efficient use of human resources for health among members of KP.

Key populations in Thailand - men have sex with men (MSM), transgender women (TGW) and sex workers - established community health clinics as a key population-led health service (KPLHS) model to provide HIV and STI services, including peer outreach, HIV counseling, finger prick blood and specimen sample collections for HIV testing and STI screening, and dispensing of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) as well as linkage to care and treatment.

It was demonstrated that KPLHS successfully increased access to STI and HIV prevention, care and treatment services among KP. Tangerine Community Health Center, the first transgender-led clinic in Bangkok, provides comprehensive health services and gender-affirming hormone treatment to transgender women with high HIV and syphilis prevalence. In addition, SWING Foundation, led by sex worker communities, caters HIV and STI services to male sex workers located in Bangkok and Pattaya. Trained KP lay providers from Rainbow Sky Association of Thailand (RSAT) offers HIV testing, syphilis screening, PrEP and PEP to young MSM and those who engage in sex work. The impact of KPLHS contributed to 42% of HIV testing and 52% of PrEP uptake among KP nationally.

KPLHS as a promising model to accelerate an end to the AIDS epidemic must be expanded. Laws and regulations should be amended to allow implementation at scale. The government should be committed to community health financing to sustain KPLHS.

Disclosure No significant relationships.