Plenary presentations

PL01 WORKFORCE CONSIDERATIONS IN GETTING TO ZERO

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Ending the AIDS epidemic as a public health threat and eliminating new HIV infections by 2030 is a global target. For this ambition to be realised there will need to be an effective comprehensive approach to HIV testing and treatment situated within strong strategic frameworks and supported by robust infrastructure including the appropriate workforce. As undiagnosed prevalence falls, approaches to case finding need to become more tailored and sophisticated. As implementation of early and effective therapy reduces infectiousness, so it increases longevity for people living with HIV. For success health systems and services must keep pace with the epidemiological and demographic changes through a whole system approach. An integrated outcomes focused patient centred approach to long-term care will be required. Working in partnership with key populations and communities to coproduce and deliver services along with multiagency and cross boundary collaboration will help define the skills and competencies required. Maintaining progress will require effective monitoring across the key domains of HIV prevention and care including comorbidities, psychosocial services alongside monitoring of stigma and discrimination within health systems. Maintaining focus on the development and delivery of tailored interventions that are consistently within the reach of those most likely to be left behind will be essential.

PL02 BEHAVIOURAL ECONOMICS EXAMPLES FOR STI CONTROL

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Human behavior sits on the final common pathway to health. Our best medical advances often require a clinician to prescribe them and our best health or health care promoting measures require a patient to accept them. Yet, the dominant approach to improving health behaviors not only starts with educating clinicians and patients, but ends there. Can we improve on that?

We would like patients and clinicians to behave rationally—weighing the risks and benefits of their behaviors toward choices most likely to lead to the health outcomes they seek. But that thinking seems to ignore the substantial evidence we have that humans don't always behave rationally. Our decisions are subject to emotion, and framing, and social context. Behavioral economics has helped develop new approaches to improving patient outcomes by seeing past the rational ways we would like people to behave and toward the ways we actually behave much of the time. Once we understand how people are irrational, we are in a much better position to help them.

PL03 PARTNER MANAGEMENT IN THE ERA OF ANTIMICROBIAL RESISTANCE: HOW TO PREVENT TRANSMISSION WHILST USING ANTIBIOTICS RESPONSIBLY

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Epidemiologic treatment – the practice of empirically treating the sexual contacts of infected persons – has been a mainstay of STD control for nearly 100 years. It was developed originally for syphilis prevention due to diagnostic limitations and high morbidity of infection, and was later expanded to include 'epi treatment' for gonorrhea and chlamydia. However, now in 2021 we are in a new era. Antimicrobial resistance is common both in STIs such as *Neisseria gonorrhoeae* and *Mycoplasma genitalium* as well as other pathogens, and there are few antibiotic treatment options currently available or in development. At the same time, diagnostic tests for gonorrhea and chlamydia have greatly improved, and electronic medical record technology now allows for near instantaneous reporting of results directly to patients. In light of these developments, the time has come to reexamine the practice of epidemiologic treatment.

PL04 PRIORITIZING NON-HIV -STI INTERVENTIONS IN LOW RESOURCE SETTINGS

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The HIV pandemic has impacted Sub Saharan Africa- more than other regions, and has had priority focus for the last 40 odd years rendering other STI into near oblivion. Challenges of accurate diagnosis and the use of syndromic management did not necessarily improve treatment outcomes for non HIV-STI. As treatment and prevention options for HIV have become more prevalent and are more widely implemented, concerns have emerged about incidences of other non HIV STI. This is especially among younger at risk populations and in particular for young women and adolescent girls (YWAG). This is not only because both HIV and other STI have some common transmission routes but the synergistic pathways described for STI facilitation for HIV transmission.

This talk will describe the current trends of non HIV-STI in SSA and explore why this should be prioritised as a public health concern.

PL05 SEX AND SEXUALLY TRANSMITTED INFECTIONS IN THE TIME OF COVID

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The World Health Organization declared the coronavirus disease 2019 (COVID-19) as a pandemic on 11 March 2020.