500 participants in 3-weeks. Cost analysis suggested incentives might be cost-effective for screening some high risk groups. We eagerly await results of the French i-Predict trial of 6-monthly chlamydia screening to reduce PID incidence over 2-years in 4000 female students.

S05.1 BEING ALHIV: SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENTS AND YOUNG PEOPLE LIVING WITH HIV IN SUB-SAHARAN AFRICA

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Background Over three quarters of all new HIV infections among 15–24 year old adolescents and young people globally take place in sub-Saharan Africa. As this growing cohort becomes older, understanding and meeting their sexual and reproductive health (SRH) needs is critical, particularly in light of COVID-19 healthcare and social disruptions. However, few studies have documented these outcomes among adolescents in resource-limited settings, with none reporting data from longitudinal cohorts.

Summary This talk summarises what we know about the sexual and reproductive health of adolescents living with HIV in sub-Saharan Africa, particularly experiences of pregnancy, motherhood and relationships. It draws from findings of a review of SRHR experiences of adolescents and young people living with HIV, complemented by analyses of two large community-traced cohort: the Mzantsi Wakho ('Your South Africa') and HEY BABY (Helping Empower Youth Brought up in Adversity with their Babies and Young children) studies in South Africa. The Mzantsi Wakho cohort conducted three waves of data collection with over 1,600 adolescents and young people living with HIV (93%–97% retained at each wave), 1,064 of whom were living with HIV since baseline. The HEY BABY study recruited over 1,000 adolescent and young women who had their first child <20 years old, 315 of whom were living with HIV. Qualitative data from COVID-19 related research with two Teen Advisory Groups in South Africa and Kenya will also be shared to highlight sexual and reproductive health service provision and access experiences of young people and their healthcare providers.

S05.4 AMPLIFYING THE VOICES OF YOUNG PEOPLE IN GLOBAL SOUTH TO ACCESSIBLE AND AFFORDABLE SEXUAL REPRODUCTIVE HEALTH AND RIGHTS SERVICES IN THE EFFORT TO CURB STIS

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Background Inaccessibility of SRHR services among young people has continued to impose a huge burden of morbidity and mortality in Africa by how STIs contribute to sexual transmission of HIV infections where the AGYW have continued to face disproportionate vulnerability to acquiring HIV.

Contributing factors:

- Africa lacks systematic and comprehensive STI surveillance yet it contains a large young population that is sexually

active. There is a lack of accurate Primary prevention information, education, and communication campaigns.

- The non-existence of youth-friendly SRHR programs at grass-roots levels lead to delayed diagnosis and treatment among young people resulting in high rates of infection complications
- SHRH care is, unfortunately, being provided by a variety of health care providers, lacking proper training in case management, and the quality of care is often compromised
- Delay in seeking care mostly a result of the asymptomatic nature of many STIs including HIV which is highly associated with low levels of awareness of sexual health and the stigma associated with genital symptoms, and HIV treatment

Recommendations:

- Programs promoting health education should be supported and adequately resourced to allow screening to be easily available and accessible thus early infection prevention, detection, improved management, and improved access to care.
- Prevention and control should be considered as an integral part of comprehensive sexuality and reproductive health services in order to help improve SHRH and access to SRHR services among the young people and stakeholders should identify barriers to the implementation of existing tools and devise possible strategies for ensuring that effective STI control programs are implemented

Conclusion There is urgency for an effective and efficient integrated approach that is not just problem-oriented but one that provides for mitigation of risk factors and puts in place a safety net for early detection and prevention of SRH challenges including screening, prevention, and treatment services.

S06.1 THE HEALTHCARE EXPERIENCES OF TRANSGENDER WOMEN LIVING WITH HIV IN THE BUFFALO CITY METRO MUNICIPALITY

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Transgender women bear a high burden of HIV in South Africa, and are not fully engaged in healthcare across the HIV continuum of care. The aim of this study was to gain an understanding of the healthcare experiences of transgender women living with HIV in the Buffalo City Metro Municipality. The study employed an interpretative phenomenological analysis design. Twelve participants were enrolled using a snowballing sampling technique. Data was collected using semi-structured interviews and analysed using an interpretative phenomenological analysis framework. Four super-ordinate themes emerged from the data: reaction to HIV positive diagnosis, disclosure of HIV status, adherence to ART, and experiences in utilising healthcare services. The findings reveal positive and negative healthcare experiences among transgender women living with HIV in Buffalo City Metro. Participants reported a number of factors that potentiate healthcare avoidance. These include stigma at various levels in transgender women's journey to access care, as well as healthcare worker insensitivity to their unique health needs. Healthcare

facilities, policies and practices are designed along the gender binary and do not serve the healthcare needs of transgender women living with HIV. Positive aspects of care include support and the provision of appropriate services from community led and implemented interventions. Recommendations are made in relation to reactions to an HIV positive diagnosis, to support disclosure, address structural impediments in and outside of the health facilities. Recommendations are also made to support retention in care by addressing issues specifically to the health facility.

S07.2 USING SURVEILLANCE DATA TO DETECT HIV CLUSTERS AND OUTBREAKS AND RESPOND TO ADDRESS GAPS IN PREVENTION

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Cluster detection and response is a long-standing public health approach to reducing illness and death from infectious diseases, but, until recently, has not been a routine part of HIV surveillance and prevention. The expansion of HIV cluster detection and response in the United States, including its role as one of four pillars of the U.S. federal Ending the HIV Epidemic initiative, provides an opportunity to identify rapid transmission so that proven, effective strategies can be implemented in affected populations or networks. HIV cluster detection uses multiple methods, including analysis of diagnosis data and molecular data submitted to HIV surveillance programs, to identify signals indicative or suggestive of rapid transmission. These surveillance-based methods, along with identification of clusters by partner services staff, health care providers, or community members, have varying strengths and are complementary. The presence of an HIV cluster or outbreak is a signal of increased HIV transmission within a geographic area, subpopulation, or social network, and indicates gaps in prevention or care. Responding to clusters and outbreaks involves understanding networks in which rapid transmission is occurring; linking people in the network to essential services; and identifying and addressing gaps in programs and services such as testing, HIV and other medical care, pre-exposure prophylaxis, and syringe services programs. We reviewed information disseminated through manuscripts, conference presentations, or public communications about more than 25 HIV cluster and outbreak responses in North America to identify approaches for implementing these core response strategies, and we provide key examples. HIV cluster detection and response provides a framework to guide tailored implementation of proven HIV prevention strategies where HIV transmission is occurring most rapidly and embodies the collaborative, data-guided approach that is critical to ending the HIV epidemic.

S07.4 TOOLS TO ENHANCE THE GLOBAL STI SURVEILLANCE

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Without information, you don't have a problem. Without a problem, you can't advocate for resources. Without resources

to tackle the problem, it grows bigger. However, without information, who would know?

There is a vicious cycle of limited STI surveillance and limited funding and responses, especially in resource-limited settings. Strengthened strategic information for STIs is needed to guide programming and service delivery, to rally political commitment and build a strong national investment case. National strategic information systems that incorporate STI case reporting, prevalence assessments, assessment of the etiologies of sexually transmitted infection syndromes, and monitoring for antimicrobial resistance to gonorrhoea are required.

Countries with STI surveillance systems rely on STI case reporting to estimate national incidence. Routine screening, currently most feasible for syphilis, address prevalence monitoring of priority populations.

Routine reporting and prevalence monitoring have limitations. STI reporting underestimates the burden of STIs as the majority are asymptomatic, limited access to care and challenges to collect verifiable data including limited diagnostics. Without diagnostics, it is difficult to count STI cases reliably. Periodic prevalence surveys using standard methods, increase confidence in trends by validating routine data with population denominators.

Specific studies including prevalence studies nested within DHS, biobehavioural surveys among key populations, a meta-analysis of STI data from other sources can enhance surveillance.

Tools are available to support STI surveillance. Modelling tools including Spectrum STI and the congenital syphilis estimation tool are available for national-level analysis of incidence and prevalence trends. Prevalence survey tools for pregnant women and enhanced gonorrhoea antimicrobial resistance surveillance programme protocol are available. A review of reporting tools is underway.

Striking the right balance of STI surveillance activities requires resources, building reporting systems and strengthening capacity at the national level to conduct and improve routine surveillance, while simultaneously investing in prevalence surveys and special studies.

S08.1 DIAGNOSTIC INFECTIOUS DISEASES SELF-TESTING AND SELF-SAMPLING OUTSIDE CLINICS: A GLOBAL SYSTEMATIC REVIEW

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Most people around the world do not have access to facility-based diagnostic testing and the gap in availability of diagnostic tests is a major public health challenge. Testing outside conventional clinical settings are transforming infectious disease diagnostic testing especially in low- and middle-income countries (LMICs).