synthesis showed that criminalisation and repressive policing disrupted sex workers' safety and risk reduction strategies and access to health services and justice, including where clients are criminalised. Criminalisation and regulatory frameworks exacerbated stigma, racial, economic and other inequalities. In decriminalised contexts, sex workers' relationships with police have improved and they report being better able to refuse clients and insist on condom use.

Conclusions The evidence shows the increased harms associated with sex work criminalisation—including laws and enforcement targeting the sale and purchase of sex, and sex work organisation. These demonstrably harmful sex work policies and laws must be reformed urgently if sex workers' right to health is to be realised.

S20.4   CRIMINALISATION OF HIV TRANSMISSION IN THE ERA OF U=U

Michael Brady*. Kings College Hospital, London, UK

Globally, HIV criminalisation continues to exacerbate and perpetuate HIV stigma and discrimination. Over 70 countries have laws that specifically criminalise HIV non-disclosure, exposure or transmission, and 39 countries have used existing criminal laws to prosecute people living with HIV. Society and criminal justice systems have failed to keep up with scientific advances of recent years and, in particular, our understanding of the powerful impact anti-retroviral therapy has on reducing HIV transmission risk. We now know that individuals on effective HIV therapy with an undetectable viral load do not transmit the virus to their sexual partners. This knowledge has not, as yet, translated into any significant change to the application of criminal law. The era of U=U (Undetectable = Untransmittable) should support our ability to use scientific evidence to end the criminalisation of HIV and the disproportionate impact this has on marginalised communities and those less able, for whatever reason, to achieve and maintain an undetectable viral load.

Disclosure No significant relationships.

S21 – BUILDING A HUMAN INFRASTRUCTURE FOR STI PREVENTION: BEYOND COMMUNITY ENGAGEMENT, CONSULTATION AND ADVISORY BOARDS

Wednesday, July 17, 2019
1:45 PM – 3:15 PM

S21.1   YOUTH AND COMMUNITY BASED RESEARCH

Sarah Flicker*. York University, Toronto, Canada

This paper reports on the micro-, meso-, and macro-level impacts of creating and sharing digital stories created by Indigenous youth leaders about HIV prevention activism in Canada. Eighteen participants created digital stories and hosted screenings in their own communities to foster dialogue. Data for this paper is drawn from individual semi-structured interviews with the youth leaders, audio-recordings of audience reflections, and research team member's field notes collected between 2012–2015 across Canada. Data were coded using NVIVO. A content analysis approach guided analysis. The process of sharing their digital stories had a positive impact on the youth themselves and their communities. Stories also reached policy makers. They challenged conventional public health messaging by situating HIV in the context of Indigenous holistic conceptions of health. The impact(s) of sharing digital stories were felt most strongly by their creators, but rippled out to create waves of change for many touched by them. Participatory visual methodologies can be powerful tools in creating social change and reducing health disparities.

Disclosure No significant relationships.

S21.2   ADDRESSING ANTI-LGBT STIGMA AND MEDICAL MISTRUST THROUGH A DATA-INFORMED APPROACH TO COMMUNITY ENGAGEMENT

Errol Fields*. Johns Hopkins University School of Medicine, Baltimore, USA

HIV disparities are an ongoing problem affecting LGBT populations, particularly Black gay, bisexual and other men who have sex with men (GBMSM) and transgender women (TGW). The etiology of these disparities is multi-factorial, but medical mistrust and anti-LGBT stigma are key barriers to HIV prevention and care access that likely contribute to disparities. A public health department and university-academic collaboration in partnership with clinical and community partners was funded to improve HIV prevention and care access among Black GBMSM and TGW. Recognizing medical mistrust and anti-LGBT stigma as significant prevention and care access barriers for these communities, the project included the development of Baltimore in Conversation (BIC), a program designed to understand and address these barriers. BIC engaged community voices through small-group conversations about lived experiences as LGBT persons, storytelling nights with presentations of personal narratives of resilience, and photo-story exhibitions of local LGBT persons. Innovative evaluation tools were designed and embedded within BIC. The evaluation sought, through qualitative and quantitative approaches, to inform programming with community perspectives and, ultimately, to determine whether BIC programming reduced medical mistrust and anti-LGBT stigma. The evaluation findings showed evidence of progress towards reducing medical mistrust and anti-LGBT stigma and provided community feedback used to make programming more relevant to experiences and needs of local LGBT communities. For example, analysis of small-group conversation transcripts provided community-informed and locally relevant language and images for an HIV prevention media campaign for Black GBMSM and TGW. Analysis of in-depth interviews of photo-story participants suggested participation led to reductions in internalized stigma and external stigma from important members of their social networks. This public health-academic collaboration created the opportunity to develop, evaluate and improve a public health program through a community-informed