

**Joint Congress of
15th International Union against STI &
2nd Annual International Infectious Disease Congress
Theme - implementing international strategies for prevention & treatment**

**Dubai International Convention & Exhibition Centre
3rd to 5th February 2008**

Report on the 15th IUSTI Asia Pacific Conference in Dubai 2008

For the first time in UAE, The Joint Congress of the 15th International Union against Sexually Transmitted Infections and the 2nd Annual International Infectious Disease

Congress was held in Dubai International Convention and Exhibition Centre (Dubai World Trade Centre) from 3rd to 5th February 2008.

The Joint Congress 2008 was held under the patronage of H.H Sheikh Hamdan Bin Rashid Al Maktoum and hosted by Dubai Health Authority, in cooperation with the International Union against Sexually Transmitted Infections and the Harvard Medical School Dubai Center.

The conference attracted more than 500 attendees from 47 countries. There were plenary and parallel sessions, free oral and poster sessions and a minor commercial exhibition.

The conference was a big success and was excellent in getting the concept across to an area where it had not been before

Dr Kamal Faour
Conference Co-chair

Conference Report by Dr Martin Chio

The recent 15th IUSTI was one of many firsts. It was the first time IUSTI Asia-Pacific was held in a Middle East country and the first time it was a joint congress, co-supported by IUSTI-AP and the Harvard School Dubai Centre. Under the patronage of HH Shekh Hamdan bin Rashid Al Maktoum, deputy ruler of Dubai, it was hosted by the Dubai Department of Health & Medical Services.

Under the chairmanship of Dr Kamal Faour, the programme included a balanced mix of international and Asia-Pacific speakers covering various aspects of STI & HIV. There were also workshops on dermatology, STI and HIV case scenarios. There were about 400 delegates to the joint congress.

Apart from the excellent overviews of new developments in the field, I would like to highlight two lectures that I found particularly interesting.

Quality improvement in STI/HIV prevention & control

Verapol Chandeying, Thailand

I found this a refreshing plenary as NSC/DSC (Singapore) was successfully certified by the Joint Commission International recently. Dr Verapol provided some of the basic definitions & principles of quality improvement (QI).

QI involves both *prospective and retrospective* reviews. It is aimed at improvement – measuring where you are and figuring out ways to make things better. It specifically attempts to avoid attributing blame and aims to create systems to prevent errors from happening. QI activities can be very helpful in improving how things work. Trying to find where the “defect” in the system is and figuring out new ways to ϕ things can be challenging; it is a great opportunity to “think outside the box”.

He outlined the 17 elements used in STI/HIV control in Thailand.

He then shared the lessons learned. Thailand clearly was able to reduce the scope of HIV/AIDS epidemic. The key factors contributed to the success of the HIV/AIDS programmes include:

- Effective intervention works and requires national leadership, political and financial commitment at the highest level.
- Multi-sectorial involvement contributes by raising the HIV/AIDS problem in the society and focuses it as a national priority.
- Systemic epidemiological surveillance, social and behavioural research are critical tools that sustain political commitment and effective intervention.
- Early and pragmatic action is needed especially when there are substantial economic, social or cultural barriers

He highlighted several of the challenges ahead for Thailand:

- to maintain and strengthen national STI/HIV prevention and control programme, focusing on the 100% condom-use programme, behaviour intervention and effective diagnosis and treatment for STI patients
- to initiate and strengthen effective prevention programmes among injecting drug users, CSW, MSM and adolescents
- to ensure continual access to medical care for HIV/AIDS patients including ARV drugs
- to expand, multi-sectorial partnership in the design, implementation and evaluation of HIV/AIDS related policies and program
- to promote research which will provide valuable information on the factors influencing the epidemic and development of effective counter measures

Contemporary ethical issues in STI/HIV

T Thirumorthy, Singapore

Although ethics is pivotal in all aspects of STI/HIV management, it is an issue that is rarely mentioned.

Dr Thiru started off by introducing the point that human sexuality as the most morally controversial of human physiologic functions and with STIs/HIV being the most stigmatising and criminalised of medical conditions. The impact of these are manifold:

- Rational thinking is impaired
- Impedes effective & ethical care of patients
- Creates ineffective and inequitable public health policies
- Shifts the focus from humans vs microbes in the battle against STI/HIV to humans vs humans

I will highlight just two aspects of his presentation.

Electronic medical records (EMR) & medical confidentiality in STI/HIV

EMR has allowed easy & rapid access to large amounts of intimate & personal medical information. A single lapse can lead to catastrophic and damaging effects especially in our specialty.

Medical confidentiality issues in STI/HIV medicine are best dealt in an environment of patient's trust & knowledge. Assurance of confidentiality enhances trust which results in free exchange of information. Systems that do not conduce confidence & trust can potentially result in failure to disclose vital medical information, false/inaccurate information to protect confidentiality, avoidance of contact with healthcare workers, distortions in quality and accuracy of medical data and thereby negative impact in clinical care & public health.

Measures to ensure confidentiality would require a high level of healthcare worker awareness, technological security measures, transparency & patient participation and a legal framework to prevent and remedy breaches of confidentiality.

Medical confidentiality is both an individual human rights and public health interest issue. It is essential to develop a culture of trust & confidence both in the EMR & healthcare system

Routine screening for HIV infection

Dr Thiru outlined his concept of achieving *beneficence* in widespread HIV testing:

- Access to HIV testing should not be prohibitive
- Accessible & affordable ARV therapy
- Effective methods to effect behaviour change
- Social, psychological & economic risk of HIV positive status can be mitigated
- Knowledge of HIV status does not lead to stigmatisation & criminalisation

It would be ideal if testing occurs in a social & legal environment that is supportive & safe. There should be equitable access to ART and medical care. In the presence of the above condition- opting in or opting out becomes a secondary consideration as *Beneficence* outweighs *Maleficence* and *Respect for persons (Autonomy)* is preserved

Dr Thiru also discussed issues with regard to male circumcision, the recently introduced HPV vaccines and STI/HIV sexual health education & prevention in the context of religion, conscience & professionalism.

He concluded by stating that practicing clinicians in our field must be aware & be equipped with rational arguments to be effectively assertive in advocating for our patients & the community.

The above will be written up in a journal soon. Do look out for it.

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