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POSTER ABSTRACTS

1005 Routine HIV Screening in an Urban Hospital Emergency Department

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Background: Located in downtown San Antonio, Texas, the Metropolitan Methodist Hospital (MMH) emergency department has the largest patient volume in the area, serving over 55,000 people annually, a majority being the Latinx population. San Antonio, second largest city in Texas, is designated as a priority HIV Ending the HIV Epidemic jurisdiction by the U.S. Department of Health and Human Services.

Method: In 2019, Methodist Hospital Metropolitan implemented HIV routine screening and linkage to care (LTC) based on the FOCUS program and model. The FOCUS Program is a public health initiative that enables partners to develop and share best practices in routine blood-borne virus, such as HIV, screening, diagnosis, and LTC in accordance with screening guidelines promulgated by the U.S. Centers for Disease Control and Prevention, the U.S. Preventive Services Task Force, and state and local public health departments. The program is based on four pillars: Testing integration into clinical workflow, Electronic Medical Record modification to support screening, reporting and LTC, System-wide policy change, and consistent quality improvement using a data-driven approach.

Results: Data from November 2019-February 2022 included a total of about 20,558 patients tested for HIV. 233 patients were identified as HIV+ (1.2% sero-positivity), 21 were new diagnoses, and 177 HIV+ patients were linked to care. With this, we have learned that it is important that we continue to provide free testing within our ER, as well as expand our program to our sister hospitals within the San Antonio community. It is important that as this program continues to grow and benefit the community, we must continue to provide support to our administrative team, ER provider team, lab team, etc. Without the help of many different departments, we would not be able to have this program running.

Conclusion: Routine HIV screening in the ED is paramount in ending the HIV epidemic and it is important for identifying new diagnoses among the priority population for the region.

1020 Stigma: A Major Hurdle in the Fight Against TB in High Burden Areas

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Background: Stigmatisation is a complex process involving institutions, communities, and inter- and intrapersonal attitudes. While it has been recognized as an important social determinant of health and health disparities, the difficulties in identifying, characterising, measuring, and tracking changes in stigmatisation over time have made it challenging to justify devoting resource-intensive interventions to the problem. One exception is human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) research, where the interactions among stigma, HIV risk behaviours, and HIV-associated outcomes have been fairly well characterized. Substantially less study has been conducted on the mechanisms through which stigma impacts the health of individuals at risk for or infected with tuberculosis (TB). The institutional and community norms that lead to the stigmatization of TB are thought to hinder TB control.

Method: We performed a human right approach and stigma assessment review on TB stigma to identify the causes and evaluate the impact of stigma on TB diagnosis and treatment. Over 5 priority districts in KZN with high TB burden were identified through the KZN TB Control program and Global Fund priority districts. Reactors were appointed to implement the program with concentration on one main district which is eThekweni District with the highest TB burden.

Results: GAP identification was done to ensure full understanding of the human rights approach to be used. Human rights strategy focused on GAP1: Case finding and TB Screening- Community Awareness in Human Rights and STIGMA reduction approach was developed through civil society organizations in partnership with local health facilities. Education and Awareness campaigns including door to door strategy, identification of human rights and documentation then took place with 1342 case identified through 30 local health facilities. Human Rights strategy focused on GAP2: Linkage to care and treatment, through the 30 local health facility in eThekweni over 2248 clients were missing through the LAB (NHLS) data based in the period of April 2020 and April 2021 period, over 82% of the total clients were traced and only successfully returned 66% of the total to care through the education and awareness reactor program.

Conclusion: Several themes emerged: fear of infection is the most common cause of TB stigma; TB stigma has serious socioeconomic consequences, particularly for women; qualitative approaches to measuring TB stigma are more commonly utilized than quantitative surveys; TB stigma is perceived to increase TB diagnostic delay and treatment noncompliance, although attempts to quantify its impact have produced mixed results; and interventions exist that may reduce TB stigma and promote Human Rights through case identification and documentation of human rights. Through the SANAC civil society program cases were identified and referred for resolution to ensure linkage to care and increase human rights awareness.

1026 Mobile One-Stop Shop: A Community-Based Antiretroviral Therapy (ART) Model to Improve ART Adherence and Retention Among Adolescent Female Sex Workers Living with HIV In Cross River State, Nigeria

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Background: Adherence and Retention have been a major challenge in ART intervention among Adolescents Key Population living with HIV, therefore the integration of the MOSS Model is a Reliable Differentiated care concept or strategy for rapid scale-up of antiretroviral therapy to improve adherence among people living with HIV, especially the Adolescents FSW who are HIV positive. The aim of this study is to show the effectiveness of mobile One Stop Shop on Retention among Adolescents FSW living with HIV. The model addresses the constraint of retention, poor adherence, and accessibility of ARV and creates a better relationship between the service provider and the clients.

Method: MOSS model is the concept that provides a safe space strategy to provide comprehensive HIV services to clients living with HIV. This strategy enables services to reach the community especially hard-to-reach locations to access ART services in a local community, which may be due to community crisis, stigma, conflict, and Location. This model strategy ensures that ART services reach the community members living with HIV.

Results: This model has been able to bridge the constraints of community conflict and crisis for clients' accessibility to ART services, bring services closer to positive clients and improve differentiated care service delivery. Clients who are not stable are easily monitored and referred for further services. The model is clients focus and it removed the transportation burden from the clients. The model is cost-effective, reduces decongestion in the OSS or facilities, promotes social support, and drastically improves the client's adherence and retention in care. Finally, the achievement of the 3rd 95 is achievable with this model.

Conclusion: The MOSS model effectively increases ART adherence and Retention among Adolescents FSW living with HIV in a more conducive setting that protects their privacy. The MOSS Model tailored, and integrated community-based ART differentiated care delivery service model and it is recommended for Adherence and Retention improvement.

1029 Mortality and its Associated Factors among Older HIV-Infected Patients on Antiretroviral Therapy: A Retrospective Cohort Study at Urban HIV Clinic in Uganda

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Background: Access to quality Highly Active Antiretroviral Therapy (HAART) among HIV infected patients is associated with good treatment outcomes including mortality and increase in older persons with HIV. However, majority of the studies have been done in developed countries, with limited data in low-resource constrained countries. Our study used routinely collected data to assess, mortality and its associated factors at one of the urban HIV clinics in Kampala.

Method: We retrospectively reviewed data for patient attending one of the urban in Kampala. A we performed a cohort analysis of adult (>18 years) HIV-Infected persons, who were initiated on HAART between January 1, 2006, to 2nd January 2014. We stratified age into three categories: 18-34(younger adults), 35-49 (mid-age) and 50 years and above (older adults). Mortality was described using Kaplan Meier Survival analysis methods, to calculate the survival probability with mortality as end point. Passion regression analysis was performed to determine adjusted relative risks (RR) of mortality.

Results: Among 8203 patients that were initiated on HAART, with mean age 38.3 years (SD: 6.8) and average follow up of 6.2 years (SD: 2.2) and medium baseline CD4 was 187 cells per cubic millimeter (IR: 68-203). Older persons (≥50 years) were associated high risk of death with relative Risk (RR) at 2.3, (95% CI 1.87-3.23) compared to younger age. Being female, advanced age (70 years), lower CD4 and WHO clinical staging of III & IV were significantly associated with higher risk of mortality in later years.

Conclusion: Slow immunological response among older person was associated with mortality. Hence, optimal mortality of older persons on HAART is critical to reduce mortality among this age category

1033

Using a Regional Awareness Campaign to Increase Testing Coverage and Awareness: Results from a European Testing Week Survey

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Background: In 10 years, the European Testing Week (ETW) awareness campaign has become a key regional event that influences testing efforts for HIV, viral hepatitis, and sexually transmitted infections. Since 2013, a network of around 600 organizations have organized local activities yearly. We present results from a questionnaire to measure how the campaign has been used locally.

Method: All past and current participants were asked to complete an online questionnaire in REDcap [1, 2] between 12 May – 17 June 2022. Multiple choice and open text questions included organization information, usage of ETW to engage in local testing-related activities, and the effect of regional campaigns to reach a wider audience to impact the community of participating organizations.

Results: Of the 52 total respondents, 38 (73%) were from NGOs/CSOs and 24 (46%) stated first participating in ETW 5-10 years ago (Tab. 1). Forty respondents (83%) reported using ETW for awareness-raising, followed by 37 (77%) for new testing activities; 15 (31%) reported advocacy initiatives and 18 (38%) training/capacity building. For awareness activities, 38 (95%) highlighted the importance of testing while 38 (95%) specifically encouraged getting tested. For new testing activities, 26 (74%) reported using ETW to reach different key populations. 44 (85%) respondents reported added benefits of a European-wide campaign compared to nationally/locally (Tab. 2), particularly with gaining more visibility (N=35, 86%) and collaboration opportunities (N=13, 33%). Also, 24 (51%) reported that ETW had observed impact locally and nationally (N=20; 43%) and 28 (79%) reported ETW's impact has helped to increase the total number of tests performed and clients accessing services (N=27; 75%).

Conclusion: Regional awareness campaigns reach a wider audience and boost local and national efforts to increase testing coverage and accessibility. These campaigns sensitise key populations about the critical value of testing for HIV, viral hepatitis and STIs despite shifting health priorities.

1041

Objectif Sida Zero: How a Federating Local Project has Contributed to a 40% Reduction in New HIV Diagnoses in the Alpes-Maritimes County (South of France) Over Four Years

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Background: The French County of Alpes-Maritimes is amongst the most affected in France by the HIV epidemic. Between 2010 and 2014, the county experienced a 54% increase in new diagnoses. We describe the actions conducted by the territorial coordination including the implementation of the joined project "Objectif Sida Zero" (OSZ).

Method: Based on a project mode methodology with a key-population approach, the actions led by OSZ since 2016 have focused on the implementation of pre-exposure prophylaxis (PrEP), facilitating access to care and reducing first treatment delay. Primary healthcare professionals received training in combined prevention strategies and have been included in a sexual health care network. The collection of epidemiological indicators was improved. A partnership with local authorities since 2016 has made possible to obtain subsidies.

Results: Since 2015, the annual number of newly diagnosed cases (red curve) decreased from 100 in 2015 to 60 in 2018, a decrease of 40% in 4 years. The situation has remained stable since 2018 and during Covid-19 pandemic. This decrease mainly applies to people born in France, in particular amongst men who have sex with men (MSM), but does not seem to apply to foreigners, notably women. The indicators collected in 2018 allow us to estimate the undiagnosed epidemic at 350 [261-432] in 2018.

Conclusion: The actions of OSZ since 2016 have contributed to a substantial decrease in the number of new diagnosed HIV infections. The program must be strengthened for people born outside of France and exposed to HIV. The resumption of HIV testing in the post-Covid period, the implementation of PrEP in primary care, local consultation, the inclusion of new partners and the implementation of formalized notification of partners are the levers needed to achieve zero new HIV infections by 2030.

1042

Crivalvir-Focus: Blood-Borne Virus Elimination through Primary Care Screening in Five Towns in the Horta of Valencia, Spain

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Introduction: The CRIVALVIR-FOCUS Program of the Valencia Department – Hospital General Valencia aims to diagnose HIV, HBV, and HCV infections early and to ensure continuity of care for those positive toward 2030 WHO and UNAIDS goals. We further strive to improve screening practice by normalizing healthcare workers' perceptions regarding screening and encouraging a proactive attitude toward diagnosis.

Description: We deployed opportunistic population screening of adult patients in the primary care centers of five towns with over 20,000 inhabitants each in the region of Horta de Valencia: Torrent, Xirivella, Picassent, Paiporta, and Alaquàs. The project was supported by electronic health record system modifications, a fast patient referral pathway, and reflex HCV laboratory diagnosis.

Lesson Learned: We present results from 24 months of screening, from February 2019 through January 2022. Despite the towns' proximity to each other, within a 10km radius, we found relevant differences in HIV and HCV prevalence. HIV prevalence was zero or very low, except in Xirivella (0.16%), which is closest to the capital. HBV prevalence ranged from 0.36-0.50%. Active HCV infection prevalence was highest in Torrent (0.30%), the most highly populated of the towns, followed by Alaquàs (0.26%), the most densely populated.

Recommendations: Opportunistic screening strategies are a useful tool to assess the local disease burden by blood-borne viruses and undertake preventive and therapeutic actions.

1044

Introducing the EZI-PrEP Study: A Randomized, Controlled, Non-Inferiority Trial on Online PrEP Care and Reduced Monitoring Frequency

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Background: Among known barriers for PrEP uptake and use are the mandatory clinic visits and their frequency. To this end, we developed an online PrEP care service and established a reduced monitoring schedule. We aim to assess whether this online PrEP service is non-inferior to care provided in clinic, and whether 6-monthly monitoring is non-inferior to 3-monthly monitoring.

Method: The online PrEP service consists of online-mediated testing for HIV/STI/HCV and renal function, video consultations, online co-payment for tablets and optional home delivery of PrEP. We implement an open label, randomized controlled, non-inferiority trial in four Public Health Services in the Netherlands. Participants are assigned to in-clinic 3-monthly (routine care), in-clinic 6-monthly, online 3-monthly, or online 6-monthly monitoring. The primary outcome is defined as days with an unprotected (i.e., no condoms and no PrEP) anal sex act with a casual partner, self-reported through a daily diary, as a proxy for HIV risk. The required sample size is 442 participants.

Results: Enrolment started in September 2021 and concludes on 31 July 2022. On April 1, 2022, 265 participants had been included: 218 experienced PrEP users and 47 PrEP-naïve; two-thirds chose daily and one-third event-driven PrEP. Of 19,694 follow-up days, 14,779 daily entries have been submitted (75%) of which 1,854 (13%) included report of anal sex with a casual partner. Daily diary completion is high: 72% of the participants completes on average 5 or more entries per week.

Conclusion: Adherence to trial procedures and daily diary completion is high, which will enable valid outcome evaluation for the trial. This trial will determine whether online PrEP care and 6-monthly monitoring are non-inferior to routine PrEP care.

1047

Scaling HIV Prevention among Sexual and Gender Minoritized Youth in the Southeastern United States

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Background: Youth from sexual and gender minority backgrounds in the southern United States (US) face unique challenges for HIV prevention. Scaling up Pre-exposure Prophylaxis (PrEP) among young men who have sex with men and transgender women (YMSM/TGW) is needed to meet current Fast-Track Cities goals in this region. Community-based organizations and youth-serving clinics can offer recommendations for advancing these efforts. North and South Carolina contain three fast-track cities and municipalities (i.e., Charleston, Columbia, Durham) that face unique barriers for PrEP uptake. This qualitative study aimed to describe key opportunities and strategies for advancing HIV prevention among YMSM/TGW in the southern United States.

Method: Semi-structured, key informant interviews were completed with 14 individuals working in HIV prevention in North and South Carolina. Three focus groups were also conducted with YMSM/TGW (N=23) residing in the two states. A deductive and inductive approach with multiple coders was employed to identify themes related to opportunities to scale-up HIV prevention efforts.

Results: Participants reported many facilitators for scaling-up HIV prevention. Increasing the capacity of healthcare systems and community-based organizations was a frequent theme throughout interviews. Recommendations for increasing capacity included building interagency and community collaborations and increasing funding, which requires seeking alternative funding mechanisms by state agencies. Increasing access to prevention was another frequent recommendation, with partners and youth recommending strategies such as expanding telehealth, creating more opportunities for self-testing, and utilizing emergency care settings as avenues for screening and PrEP prescription. Staff and providers also reported approaches they take to facilitate prevention efforts, including community outreach and advocacy.

Conclusion: Understanding and addressing areas for successful HIV prevention in the Carolinas is critical to meeting Fast-Track goals and ending the HIV epidemic. Policymakers, healthcare providers, and public health professionals should consider the socio-environmental context of these southern states and prioritize local, community-based partnerships to implement strategies to reduce the HIV burden among youth in the southeastern United States.

1052

PrEP Availability in Screening Centers in France: Results from a Telephone-Based Assessment

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Background: Free screening and diagnostic information centers (called CEGIDD) are publicly funded in France. Most are managed by hospitals. They have been able to prescribe pre-exposure prophylaxis (PrEP) since 2016. However, a large territorial disparity exists in PrEP availability, and waiting times can reach three months. Accordingly, the HIV prevention association AIDES conducted a systematic telephone-based assessment of primary PrEP prescription consultation availability and waiting times in CEGIDD in France.

Method: From 1 September to 1 October 2021, twenty-five activists made telephone calls to CEGIDD listed as open in the most up to date french list maintained by the association Sida Info Service. The primary outcomes were understanding the term PrEP, PrEP availability, and first possible appointment date for first PrEP prescription. Two multivariate logistic regressions helped identify factors associated with availability of a first PrEP consultation and time before this consultation (<7 days vs. ≥ 7 days).

Results: Of 352 CEGIDD contacted, PrEP was unavailable in 84 of them (24 %). In the 268 centers offering PrEP, median time to first consultation was 7 days [2-19]. First PrEP consultation availability was independently associated with hospital CEGIDD and PrEP consultations being scheduled between noon and 2 pm. Time to first PrEP consultation was independently associated with Paris region localization, existing walk-in PrEP consultations, being open 5-6 days a week versus 2-4 days and one day being open between noon and 2 pm but without dedicated PrEP consultations.

Conclusion: PrEP is not available in nearly a quarter of free HIV screening centers in France. Availability is more likely in centers managed by hospitals. In half of the centers offering PrEP, the time to first consultation exceeds seven days. Suitable consultation times and regular opening hours could make PrEP easier to obtain in CEGIDD.

1053 Epidemiological Profile HIV of the Yaoundé City Councils in 2021

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Background: The HIV response in cities is part of the global priorities agenda. In the city of Yaoundé, the HIV prevalence is 4.3%, higher than the national one (3.4%). This is because the city is hosting more than one-third of HIV infected individual (CAMPHIA, 2017). In order to improve the targeting of interventions, it appeared necessary, with the support of UNAIDS through the Fast-Track Cities project, to develop an epidemiological profile of HIV in the different councils of Yaoundé city.

Method: The data used are captured from the health information system (DHIS 2) in 2021, the Spectrum estimates of 2021 and from the estimations of 2021 made by the MOH Health Information Unit.

Results: The results of our data analysis show that, in the seven city councils of Yaoundé, the HIV infection rates ranging from 4.5% in the council of Yaoundé 2 to 7.0% in Yaoundé 4 are higher than the national value (5.6%). From the programmatic treatment cascades, we can see that, the First 95 was lower in Yaoundé 7 (58.1%) and Yaoundé 4 (79.5%) respectively. This observation was the same for the second 95. Concerning the pregnant women cascade, the ANC coverage is very low in Yaoundé 4 and 5 (72.9% for each). In the councils of Yaoundé 2, Yaoundé 4, Yaoundé 5 (4.5%) the HIV infection rates are respectively 4.3%, 4.5% and 4.5% which are higher than the city average (3.4%). In all the councils, knowing of HIV status is above 98%. However, ART coverage remains low in the councils of Yaoundé 1 (72.7%), Yaoundé 4 (85.9%) and Yaoundé 5 (85.9%).

Conclusion: Conclusively, screening should be intensified in the councils of Yaoundé 4 and 7, ANC attendance should be increased in the councils of Yaoundé 1, 4 and 5, the same as ART coverage.

1054 Efforts to Achieve 95-95-95 in Loures and Odivelas

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Background: Loures and Odivelas are two Fast-Track Cities part of the Lisbon Metropolitan area, where "Cuidar de Nós" is based.

"Cuidar de Nós" is a local project of Liga Portuguesa Contra a SIDA (LPCS) that provides psychological, social, and legal support to People Living with HIV (PLHIV) and other Sexually Transmitted Infections (STI), as well as to their families and acquaintances. Active since 2006, this project also contributes to raising awareness of STI risk behaviors and prophylactic measures, in local schools, institutions and general community.

Method: The project team is constituted by 2 psychologists, 1 social worker, 1 nurse. It benefits from the wider team and services of the PLAA and can also offer additional assistance regarding nutrition and legal counseling. In order to provide insights into its performance and to gain perspective into the demographic groups most vulnerable to HIV infection and other STI in both councils, the project has several descriptive metrics. Sociodemographic questionnaires are applied to all patients and analyzed through SPSS, v. 25.0.

Results: The following results show the number of patients followed by "Cuidar de Nós" between April 2016 and April 2022, infected and affected, and the total of appointments by type of support.

Conclusion: These descriptors and results provide perspective into the activities, idiosyncrasies and challenges in two neighboring yet very demographically distinct councils, both committed to the Fast Track Cities protocol. The statistics provide a description of the population concerned with and/or struggling with HIV infection or other STI. This illustrates how, in different and diverse populations in Portugal, it is possible to implement common wide-ranging strategies to fight HIV and STI – and opens debate about future improvement. The most recent results illustrate an increase demand for services. This seems to indicate a greater awareness of the population concerning health issues, as well as a reflection of the epidemiological context.

1055 In and Out Testing/Counseling Approach in Pandemic Era: A 9-Month Experience at Latina Checkpoint and Hospital Center

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Introduction: In the last two years, the SARS-CoV2 pandemic had a heavy impact on chronic illness management and diagnosis, including HIV infection. The majority of the newly diagnosed people are late presenters, so it became mandatory to increase our effort in creating structured screening campaigns to obtain early diagnosis. Therefore, the city of Latina recently joined the Fast Track Cities network and the Checkpoint initiative.

Description: People wanting to be tested in our Checkpoint need to schedule an online anonymous appointment. At first we administer a community-based counseling and then perform the HIV test (Ab and p24 antigen detection), HCV (Ab Detection) and Syphilis (Ab detection). Results are given in 15 minutes and uploaded on the COBATEST website. Data was collected through the COBATEST export tool and compared with the one from our HIV clinic.

Lesson Learned: To this day, in our Checkpoint 235 people have been tested. All HIV and HCV tests resulted negative, 9 syphilis tests resulted positive as serological scar. The population was characterized by 138 male, 97 female, median age 30 years (new HIV diagnosis median age in Latina 50 years). Only 40% had risk exposure (68% unprotected vaginal sex, 16% for unprotected anal sex). 21% MSM, 55% heterosexuals. 57% of all says it did not use condoms in the last penetrative sex. 6 people had an STI in the last year. No IDU. Most of the subjects have heard of PrEP but never considered using it. Almost nobody has ever heard about PEP.

Recommendations: We need to better address the key populations, such as MSM and people >30 years old, which represent new HIV diagnosis in our district. We also should put our effort in educating people about PrEP and PEP. Improving the activities of our checkpoint, working with Arcigay volunteers, will help us get closer to the Fast Track Cities goal of ending the HIV epidemic.

1056 The Use of Sexual Health Influencers on Social Media to Engage Black, Asian, and Minority Communities in HIV Prevention Campaigns

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Introduction: BHA, a charity based in Greater Manchester, recruited influencers from the community to share social media campaigns and engage black, Asian and minority groups focusing on sending tailored messages and stimulating online conversations on how to prevent, test and manage HIV.

Description: BHA created a bank of social media influencers from BAME communities living in Greater Manchester aiming to promote messages about HIV prevention, testing, and management. Campaigns materials which included graphic content, suggested messages and relevant resources and hashtags were shared with influencers, identified as leaders in their communities and people with considerable followers. One of the asks of the influencers, was to create a short video with the key messages and tagging BHA, to create an opportunity to respond to enquiries and comments about sexual health and HIV.

Lesson Learned: Members of the BAME community were engaged with the social media posts as they could identify with the influencers. Working with these allies increased the opportunity for people to have conversations about HIV, which is considered a stigmatised topic, due to the level of relation and trust people have with the influencers selected. The social media influencers used their creative and cultural competence to share the messages provided in the campaign packages, generating a powerful dynamic in their social circles.

Recommendations: Feedback from the influencers led to develop a training package to be delivered before the campaigns, offering more information about HIV and sexual health, so they could feel more confident with the information when sharing the messages provided. Collaboration with these influencers offers new opportunities to engage with BAME communities, scaling up the dissemination of HIV awareness campaigns.

1060 Breaking Bad: Chems, Sex and Sexual Health

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Background: Recurrent use of Chems during sex raises interest and concerns from both a sexual health care perspective and HIV and STIs prevention. Nowadays there's no epidemiological register of Chems and sex usage from health authorities. Adhara/SevillaCheckpoint started the program Breaking Bad to implement primary prevention strategies complementary to the ones already implemented in Seville and Andalusia by health responsables.

Method: After the pilot we set up from 2016-17 in Adhara/SevillaCheckpoint with 496 Chem sex users – mephedrone and tina-, we started in 2018 with the help of a multidisciplinary team a program based in reach out and rescue strategies. During the interviews with the clients, we collect data that allows us to identify those in need of an active follow up due to sexual and life habits that put them at higher risk of contracting HIV and other STIs, and act as transmission vectors as they do not know their HIV status. After screening, those clients with addictive behaviors are attended by the psychological team of our center.

Results: From January and December 2021, 1,738 interventions with Chem Sex users have been done (16% are currently taking PrEP). 9.7% showed problematic behavior with the use of toxics. This collective of Chem Sex users presented 33.1% of new HIV diagnosis (41 of 124), 38.3% of Syphilis reactive tests (46 of 120) 44.8% of Chlamydia infections (43 of 96) and 40.5% of Gonorrhea (32 of 79). We also detected 3 acute HIV infections by PCR in this collective the last year and 9 of the 13 HCV infections by PCR.

Conclusion: The Breaking Bad program implemented by Adhara is consolidated as a source of information that allows to obtain hard conclusions to lead prevention strategies more effectively from public administrations. Furthermore, by applying the algorithms generated with this information, the really early detection of HIV / STIs is facilitated, improving the quality of life of PLHIV and helping to control the transmission chains of HIV and other STIs.

1064 PROximity. Digitalization in the Active Listening of the HIV-Positive Patient: Mental Health as a Care Priority

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Introduction: As life expectancy of HIV patients increase, neuropsychiatric comorbidities and metabolic challenges become a burden. A specific clinical management model is needed, based on health outcomes, clinical and functional status, treatment monitoring and an assessment of the impact of the pathology and its determinants from the patient's perspective. The electronic medical record (EMR) based on free text and non-standardized data hinders evidence generation and debate among professionals to import best practices. Too many HIV specific Patient Reported Outcomes (PROs) are complex to manage in daily clinic. PROximity incorporates the patient's voice in the care process to improve health outcomes through a new PRO, the Clinical Screening Tool (CST) based on 3 questions in each domain (anxiety, depression, fatigue, stigma...).

Description: To achieve this new model, we combine: Patient Contribution in their own care process, through the CST, allowing them to offer their perspective with validated methodology. Interoperability between hospital systems (EMR, drug distribution and laboratory program, HOPES platform for CST collection) in coordination with the Madrid regional health services. Implementing alerts based on different threshold of CST answers and laboratory parameters. Coordinated efforts with infectiologists, pharmacists, and nurse.

Lesson Learned: PROximity increases the knowledge of HIV patients' unmet needs through PROs. Solid evidence will be generated from a collaborative, comprehensive and multidisciplinary approach to detect patients' needs and adjust the care pathway to improve HIV patient's quality of life and wellbeing. Digital integration positions the patients at the center of the care allowing them to participate. System needs to change and include patients in the process through new technologies.

Recommendations: Implementation of Value Based Healthcare requires bottom-up and top-down approach and well-integrated IT tools.

1065

Examining the Correlates and Uptake of HIV Testing by Venezuelan Migrants in Trinidad and Tobago

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Background: In 2019 through a Government Registration Exercise in Trinidad and Tobago, undocumented migrants and refugees from Venezuela benefitted from access to publicly available primary and emergency care services to include HIV testing. The uptake of HIV testing is a critical prevention strategy in the control of the HIV epidemic, however, has not been examined among migrant populations in Trinidad.

Method: A telephone questionnaire was administered to 250 Venezuelan migrants in September through December 2020. Data was collected on pre-disposing and enabling factors, health needs, and the uptake of HIV testing. Bivariate analysis examined the associations between study variables, and a binomial logistic regression predicted the odds of taking an HIV test among Venezuelan migrants in our study.

Results: In our sample of 250 migrants, 40.8% reported receiving a HIV test since living in Trinidad. The predisposing factor i.e., migrated with family and/or friends ($p=.039$), the enabling factor i.e., knowledge of where to get a HIV test ($p=.001$), and the need factor i.e., perceived access to medical care ($p=.004$) were positively associated with the uptake of HIV testing. Predisposing factors i.e, education ($p=.008$), sex ($p=.004$), and English fluency ($p=.001$) were positively associated with difficulty using public health services. Results of logistic regression showed that women were two times more likely to experience difficulty using public health services ($OR=2.73$, $CI\ 95\ 1.01-7.42$). Information obtained through family and friends increased the likelihood of receiving a HIV test ($OR=5.09$, $CI\ 95\ 1.621-15.99$).

Conclusion: To our knowledge this is the first quantitative study of HIV testing among Venezuelan migrants in Trinidad. Venezuela migrants continue to face challenges accessing health services which is likely to impact national prevention and control measures for HIV infection. Data from this study may assist to tailor HIV prevention strategies and services and should be guided an inclusive health policy considering the health needs of migrant populations.

1068

COVID-19 Vaccine Hesitancy: A Comparative Study of People with HIV in Two Fast-Track Cities in the Americas - Miami and Buenos Aires

Maria Alcaide (presenting)¹

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Background: Vaccination is critical for people with HIV (PWH) at greater risk of COVID-19-related complications, but vaccine hesitancy reduces COVID-19 vaccine acceptability among the public and can result in low vaccine uptake among PWH. This cross-sectional study evaluates attitudes that underlie COVID-19 vaccination among PWH in two Fast Track cities in the Americas: Miami and Buenos Aires.

Method: Participants ($n=2,100$) were adults PWH living in Miami, FL, USA ($n=176$ PWH) and Buenos Aires, Argentina ($n=1,924$ PWH). COVID-19 vaccine hesitancy was surveyed using a comprehensive multi-item questionnaire previously validated by our team for its use in this population. Chi-square test, unadjusted odds ratios, and logistic regressions were used to analyze differences in proportions in vaccine hesitancy between the 2 cities.

Results: Ages ranged from 18 to 96, with the mean age of 43.97 ± 11.44 years. A greater proportion of Argentine participants agreed that vaccination is important for disease prevention and protects the community against diseases (90% versus 81%, $p < .05$). Argentine participants were more likely to trust their government and health care providers regarding COVID-19 vaccines (87% versus 74%, $p < .001$). More participants in Miami thought COVID-19 vaccines were risky and worried about side effects (46% versus 32%, $p < .001$). More Argentine participants believed that a vaccine would prevent COVID-19 and were more willing to vaccinate (74% versus 64%, $p < .001$). Overall, most vaccine hesitancy items predicted willingness to vaccinate in both countries.

Conclusion: This study is the first to examine COVID-19 vaccine hesitancy among PWH in two cities with differing income level classifications in the Americas. Differences between countries have important implications for public health and COVID-19 vaccination planning, and tailored strategies should reduce misinformation and leverage the patient-provider relationship to increase trust and COVID-19 vaccine uptake among PWH.

1071 Using Digital Tools to Improve Technical Assistance to Health Facilities in Kenya and Tanzania: An Opportunity for Integration into National Health Information Systems

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Introduction: Technical assistance (TA) is a key approach used by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to assist health facilities improve their clinical and programmatic capacities and achieve positive health outcomes for their clients. For TA teams that serve large numbers of health facilities, strategic information about visits can be lost without a centralized mechanism to collect the data.

Description: To collect and centralize TA data, EGPAF created the Data-Informed Supervision and Coaching (DISC) tool. DISC is a web-based and mobile tool used to monitor virtual and in-person supportive TA visits to health facilities. At each visit, a TA provider records the technical area of focus and the health facility staff who received TA and completes an action plan, which records next steps, completion date, and the persons responsible for the action item. The DISC data is sent to a central database, visualized through a Power BI report, and action plans are sent to health facility staff through email while automatic alerts are sent to TA providers when an action item is close to its due date.

Lesson Learned: DISC enabled EGPAF TA teams to minimize duplication of information requests and analysis of site issues, improved follow-up with site staff on the completion of TA recommendations, and quickly identify site support needs. The streamlined communication between EGPAF field and head-quarters staff on key issues affecting the achievement of health facilities' goals enabled EGPAF to quickly allocate TA teams with the right expertise to facilities to aid them in achieving positive health outcomes for their beneficiaries.

Recommendations: To support ministries of health in the creation of digital ecosystems that enhance TA support to sites, EGPAF will transfer the DISC tool to the DHIS2 platform to improve its integration and use within countries' existing health information systems.

1076 High Community-Based HIV Testing Yield among Pregnant Women who Never Attended Antenatal Clinic

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Background: Among antiretroviral therapy (ART) naïve patients, vertical HIV transmission is estimated to be between 21 to 43% in sub-Saharan Africa. HIV Testing Services (HTS), coupled with early ART initiation for those testing HIV-positive are essential in preventing maternal-to-child HIV transmission (MTCT). Namibia has achieved tremendous progress in controlling MTCT with a total transmission rate of 4.2%. However, at two hospitals in the Khomas region, approximately 6% of women still deliver with an unknown HIV status.

Method: We conducted a community-led intervention to improve early HIV testing and linkage to ante-natal care (ANC) for pregnant women. This intervention involved: 1) identification during community household visits of pregnant women who never attended ANC and offering HTS to those with either an unknown HIV status or whose latest HIV test was older than three months, 2) actively linking the HIV-positive women to ANC and/or ART clinics, 3) providing continuous health education. Between February 2018 and July 2019 program data were collected to assess the outcomes of this intervention.

Results: 182 pregnant women not registered with any ANC site and with unknown HIV status were identified. Acceptance rate and yield for HIV testing were 98.9% (n=180) and 20.5% (n=37) respectively. The mean duration of pregnancy among those who tested HIV positive was 14 weeks. All individuals were referred to ANC and 91.8% (n=34) of those who tested HIV positive were actively linked to ART clinics, 97% (n=33) of which had same-day ART initiation. Only three HIV-positive patients (8.1%) did not reach the ART site for initiation.

Conclusion: We identified HIV-positive mothers who never attended ANC and linked them to ART early in the second trimester through active community-based testing. The testing yield of 20.5% surpassed 17.2% at routine ANC facilities. These results highlight the potential high impact of community-led interventions on achieving eMTCT and early linkage to ANC services.

1078

Pre-Exposure Prophylaxis (PrEP) Uptake among Men who have Sex with Men within a US Correctional Setting

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Background: Populations impacted by incarceration are among the most vulnerable to HIV acquisition globally. Pre-exposure prophylaxis (PrEP) for HIV prevention is an effective approach to preventing HIV acquisition yet relatively little is known about its use in correctional settings. We describe the results of offering PrEP (TDF/FTC; brand name: Truvada) to men who have sex with men (MSM) within a U.S. correctional system.

Method: Beginning in November 2019, the Rhode Island Department of Corrections started offering PrEP. Interested individuals were referred by medical staff or self-presented for care to complete an initial health screening and lab work. If they met clinical criteria for PrEP, they were offered a one-month PrEP prescription of daily TDF/FTC and linkage to care in the community.

Results: As of June 2022, a total of 278 men were screened and 19% identified as MSM (n=53). Some MSM also endorsed other HIV risk factors including male sex work (n=18; 34%) and injection drug use (n=22; 41.5%). Of those incarcerated MSM who expressed interest in initiating PrEP (n=32; 60.4%), 75% (n=24) agreed to initiate PrEP while incarcerated and enrolled in the study. Of MSM enrolled, 87.5% (n=21) completed lab work required to initiate PrEP, 28.6% (n=6) started PrEP while in the correctional setting, and 9.5% (n=2) were successfully linked to care in the community within a few weeks of discharge with help from a PrEP navigator.

Conclusion: There was notable interest among MSM in starting PrEP during a period of incarceration. Offering PrEP in correctional facilities may be a missed opportunity to expand access to a uniquely vulnerable group of men.

1079

A Study of Loss to Follow-Up among Tuberculosis Patients during COVID-19 Pandemic Restrictive Period at the Chest Clinic, Livingstone Central Hospital, Zambia

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Background: The Coronavirus Disease 2019 (COVID-19) pandemic emerged as a global health and economic threat on the health care system. As it worsened, hospitals across the globe began creating critical care spaces and limiting patient routine access to care for other diseases like Tuberculosis (TB).

Method: Demographic and clinical information was collected using a data collection form for the periods; March to September 2019 (pre-pandemic) and March to September 2020 (pandemic period) at Chest Clinic.

Results: Sample size was 115 TB patients. The study's main findings are shown in the tables in the [Abstract Results summary](#).

Conclusion: The study found an increase in loss to follow up among TB patients during the COVID-19 preventive restrictive period in general irrespective of HIV status at Chest Clinic, Livingstone Central Hospital.

1080 HIV Stigma and PrEP Use Disclosure to Sexual Partners, Friends, and Relatives: A Psycho-Social Analysis

Alessandra Bianchi (presenting)¹, Alessandro Tavelli², Pietro Vinti², Daniele Calzavara², Vittorio Ferrara², Antonella Antonino², Federica Rossi², Monica Massa², Anna De Bona³, Roberto Rossotti¹, Simona Bossolasco⁴, Diana Canetti⁴, Antonella Foschi¹, Daniele Tesoro³, Camilla Muccini⁴, Giovanni Mulè³, Nicoletta Frattini², Dominick De Cia Warzanowski², Claudio Ferrara², Massimo Cernuschi²

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- ⁴ San Raffaele Scientific Institute IRCCS, Milan, Italy

Background: PrEP is an effective strategy to reduce HIV infections. It could improve well-being in sexual life even though sexual partners might display stigma towards users. Aim of this study is to describe motivations for starting PrEP and its psychosocial consequences in PrEP users attending a community-based service.

Method: Psychologist interviews (July 2021-March 2022) evaluated motivations for starting PrEP, sexual behavior (including Chemsex practices), attitudes towards HIV, thoughts and expectations regarding medication giving clients the opportunity to reflect about themselves. During the first appointment sexual habits, how & until when they would remain on PrEP were discussed. Subsequent appointments were focused on relationship with PrEP use and changes in sexual life. Bio-psycho-social and medical features, sexual habits and risk behaviors were collected. Qualitative analysis on interviews with counselors have been conducted.

Results: The analysis included 638 clients (males 99%; MSM 87%; graduated 67%; Italians 80%; employed 86%; Chems users 17%). More than half took PrEP as an additive tool beyond condom use, but 39% of clients younger than 24 years stated they need it because of difficult-to-control risky behaviors (only 16% said they always use condoms). Interest to this tool was observed in almost half of the population, even if 25% reported misinformation and prejudice. During the first interview, 29% declared to experience stigma but it significantly decreased over time. More than 50% discussed PrEP use with sexual partners, a smaller portion with friends, only 4% talked over it with the family. Women did not discuss PrEP with anyone, in two thirds of cases for fear of a bad judgment. [Charts](#)

Conclusion: PrEP is an essential tool to prevent HIV infection: fear of stigma and shame are common concerns although decreasing over time. Psychological interventions might be important to reduce barriers to PrEP use.

1082 Outreach HCV Testing and Treatment Combined with Nursing and Peer-Based Work to Enhance Hepatitis C Elimination among People who Use Drugs, People who Experience Homelessness, and Migrants: The REACH U Project

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Background: Outreach teams operating in Lisbon with high levels of drug consumption face barriers to care for marginalized populations who may not receive adequate healthcare through the health system. The high prevalence of HCV infection among this population is due to barriers of attending to hospital appointments leading to suboptimal uptake of HCV therapy. The aim of the REACH_U pilot project is to evaluate an intervention integrating peer and nurse-led outreach work, incentives, outreach HCV antibody, RNA testing, and community-based specialist assessment to increase treatment uptake.

Method: REACH_U is a controlled pilot project comparing HCV testing and treatment uptake during an intervention to decentralize care (n=361, December 2020-May 2022) compared to the standard of care (n=133; October 2018-March 2020). During standard of care, HCV antibody testing was performed, and HCV antibody-positive participants were referred for hospital-based confirmatory HCV RNA testing and treatment. During the intervention, a specialized outreach team (peer and nurse) performed HCV antibody and RNA testing (Xpert HCV Viral Load Fingertstick) with referral to community-based, decentralized specialist assessment and treatment.

Results: Overall, 494 participants were enrolled (control, n=133; intervention, n=361). In the standard of care arm, 38% (50 of 133) were HCV antibody positive. Those referred for hospital-based specialist care (n=50), 30% (15 of 50) attended their initial appointment. The 10 people with detectable HCV RNA, 4 (40%) initiated and completed treatment. In the intervention arm, 28% (101 of 361) were HCV antibody positive. The 39 people with detectable HCV RNA, 100% (n=39) attended their initial appointment, 13 (33%) initiated and completed treatment, and 11 (28%) are waiting treatment.

Conclusion: Preliminary results point to an increase in HCV testing and treatment among people who use drugs when decentralized care is implemented, justifying its continuity.

1086 Prevention of HIV among Convicts

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Introduction: The COVID-19 pandemic has made adjustments to progress in tackling the HIV / AIDS epidemic. Convicted and imprisoned citizens felt this most acutely. This situation complicates the access of prisoners and convicts in penitentiaries, including HIV-positive, viral hepatitis and tuberculosis patients, to health care provided by NGOs. This, in turn, makes it difficult for health professionals to motivate HIV diagnosis, adhere to treatment for ART and hepatitis, and engage HIV-positive clients in index testing. Based on this, it was important to ensure continuity in the provision of health services for quality social support to clients in the prevention and treatment of HIV, TB, viral hepatitis.

Description: We were able to ensure unimpeded access to preventive services by introducing the position of a social worker in the medical staff of the State Institution "Poltava Penitentiary Institution (No. 23). As part of the preparatory process, an analysis of regulations and barriers to changes in the staffing of the Poltava City Medical Unit No. 23 were made. Then we advocated for changes in the staffing of the Poltava City Medical Unit No. 23, prepared a draft regulation on the establishment of a multidisciplinary team, held a series of working meetings. After the introduction of a social worker, we continue to provide mentoring support to the institution.

Lesson Learned: The covid pandemic has made it clear that it is time to look for alternative and innovative ways to prevent HIV in penitentiaries in particular. The introduction of a social worker has made it possible to ensure unhindered access to prevention services for the target group.

Recommendations: This case can be an example for the whole of Ukraine. To date, we have a proven algorithm for the introduction of a social worker in the staff, proven efficiency, economic feasibility and seek to spread this successful experience to other regions.

1087 Risky Sexual Behavior as a Post-Traumatic Mechanism of Sexual Violence among MSM Living with HIV

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Introduction: This is a descriptive work based on psycho-dynamic emotional therapy, provided to PLWHIV as a core service of the IATF clinic in Tel-Aviv for any person living with HIV in Israel. Past literature has established a connection between early sexual abuse among MSM and HIV infection in adulthood. This study draws upon clinical experience gained at IATF clinic, to describe how the therapy initially revolving around HIV infection quickly transitions into the treatment of early sexual trauma.

Description: Several parallels exist between HIV and sexual abuse. HIV is a form of bodily injury often contracted during sexual intercourse. An HIV infection leaves clients with continuous feelings of guilt, shame, and a burden of secrecy as they learn to navigate a world filled with judgment and stigma.

Lesson Learned: Of 45 MSM patients seeking treatment at IATF after testing positive for HIV, 42 reported sexual abuse during childhood/adolescence. The disclosure of sexual abuse is often made as early as intake or during the first few sessions. We will discuss two case studies and examine the therapeutic processes involved in recognizing this trauma and its consequences.

Recommendations: In many cases, receiving a diagnosis of HIV is a stressful event. The induced stress can evoke early memories and contribute to the reactivation of trauma. The diagnosis serves as a trigger for a flood of past traumatic events, with therapy often serving as the first opportunity to explore this trauma. Here we offer a four-stage model that allows practitioners to build rapport with clients, explore the trauma and its impacts, to promote understanding of the intersection between the new HIV diagnosis and past sexual trauma.

1088

Challenges in Cross-Border HIV Prevention: Is Reaching the 95-95-95 Goals on a National Level Enough? Preliminary Results from a EuRegio Project on HIV Prevention

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¹ Maastricht University, Maastricht, Netherlands

Introduction: The Netherlands is on track to reach the 95-95-95 Fast Track Cities goals by 2025. In regions like Limburg where bordering countries are in very close proximity, HIV risk is not only determined by in-country but also between-country determinants. These considerations were the rationale behind our "EuRegio project," in which we take a cross-border, regional, and tailored approach to reducing HIV risk among key populations such as migrants, asylum seekers, and MSM in the EuRegion Meuse-Rhine (EMR, consisting of Belgian, German and Dutch regions).

Description: The EuRegio project is a mix of formative, policy, and implementation research subprojects, with a strong stakeholder collaboration platform at its core. The project aims at (1) mapping the region-specific HIV and HIV prevention indicators and key populations using both surveillance and existing data from EMIS-2017 to set priorities; (2) creating an exchange and coordination collaboration platform between stakeholders; (3) conducting a needs-assessment among key populations at risk for HIV in the region.

Lesson Learned: We brought together HIV care and prevention providers and researchers in the EMR which, together with the data-driven approach, informed agenda setting. It became clear that although all regions are on track to reach the 95-95-95 targets, the first 95 is the hardest to reach and differs between countries, but that once diagnosed, all regions are relatively comparable in terms of the 2nd and 3rd pillar. Implementation challenges stem from differences in the organization of sexual health care, different languages, and different key population priorities.

Recommendations: Preliminary project results indicate that (access to) HIV testing might be the largest and hardest, but most important hurdle to address in a cross-border project to reach zero new infections. Subsequently, we aim to provide insight into barriers to HIV testing, community engagement to overcome them, and improve coordination between the regions.

1089

Information Technology as an Assistant in Monitoring Progress on Transition, Sustainability, and Co-Financing of HIV in the Countries of the EECA Region

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Introduction: The countries of the EECA region are in the process of transitioning to public funding of HIV services and building sustainable HIV systems. The approach of countries may differ due to different geopolitical situations and the peculiarities of medical systems, budgetary processes, and the civil sector development. Donors that provide grants to support transition processes should have up-to-date information on the situation within these processes. Communities and NGOs working in the field of HIV should have the same information. That is why the creation of a portal that has concentrated all the necessary information about the state of transition to public funding in those countries where this is happening has become a priority task for the team of Institute for Analysis and Advocacy and Light of Hope.

Description: The portal was created with the support of OSF and continued its development in partnership with Alliance for Public Health, 100% Life. The structure of the portal is a portfolio of each country, which displays statistical data on key populations and the spread of HIV; key donors and projects that operate in the country; coordination mechanisms and documents regulating the sphere of HIV; transition analytics module, which shows the progress of each country.

Lesson Learned: During the data collection process, a situation was discovered where in many countries there is no consolidated information on some issues. This, in turn, may threaten that several donors may fund similar activities and/or not see problem areas where funding is potentially needed but not allocated.

Recommendations: The filling of the portal is provided on a regular basis annually. This allows to see the changes in the situation in each particular country and its progress or regression. Such portals have a stimulating effect on the government and allow to attract more supporters for advocacy.

1091 Strategies for the Transition to Sustainable Public Funding of HIV Services in the EECA Region

Roman Drozd (presenting)¹

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Introduction: Over the past several years, the Global Fund has been actively supporting the countries of the EECA region in their transition to sustainable domestic funding for HIV programs. Experts of the Institute of Analysis and Advocacy during 2019-2021 were involved as consultants on technical assistance to countries in advocacy and implementation of transition plans. We were able to identify strategies for countries and highlight the main gaps that impede a successful transition at this time.

Description: The experts' activities were based on a systematic approach: analyzing the situation, forming recommendations, creating an open dialogue, developing plans for implementing changes, providing technical assistance in the preparation of regulatory documents. The main focus was on the analysis of barriers in public contracting mechanisms that countries use to purchase HIV services from NGOs. Another important task was to train NGOs to work on new approaches.

Lesson Learned: The experience allowed us to identify the specifics of the transition process. Countries are in the process of transforming health systems, and HIV services should not be separate from this. It is important to pay attention to which of the approaches will be best for each specific country. You cannot just take the successful experience of a neighboring state and repeat it. Adaptation and continuous improvement of the regulatory framework and the approaches are key to progress. It is also important to involve in the decision-making process not only the state, but also the civil sector and communities. Open dialogue and accountability mitigate many of the complexities at the planning.

Recommendations: Over the past 2 years, it was possible to implement a 3-stage model of transition in Ukraine, pilot the procurement of services in Moldova and Georgia, launch the development of road maps in Kazakhstan and Kyrgyzstan, budget funds for the public contracting in Tajikistan.

1092 Cross-Border Differences in HIV Testing may Determine the First Pillar of the Care Continuum in a EuRegional Setting: Data from Belgium, Germany, and The Netherlands

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Background: In regions with several bordering countries, HIV risk is determined by both within-country and between-country differences. We explored between-country differences in HIV indicators in the EuRegion Meuse-Rhine (EMR), consisting of regions in the Netherlands, Belgium and Germany, using two complementary data-driven approaches.

Method: First, we used surveillance data of 2020 from the German Robert Koch Institute, Belgian Sciensano, and the Dutch HIV Monitoring Foundation to report on the EMR-specific 95-95-95 goals. Second, we used the cross-sectional EMIS-2017 survey including MSM-only to report on determinants of HIV-testing in the EMR. For the latter, we employed multilevel multinomial regression modelling to identify sociodemographic factors associated with recent (<1 year), non-recent (≥1 year) or never-testing for HIV, with a random effect to explore between-country differences.

Results: Based on surveillance data, the estimated number of individuals with HIV is 23,216 with an estimated 2,982 remaining undiagnosed (13%). In terms of the 95-95-95 goals, countries differ most on the first pillar: 92-94-97 in the Dutch EMR-region, 87-98-96 in the German and 91-92-94 in the Belgian, respectively. Similarly, in EMIS-2017, half of MSM (n=1,335/2,669) were tested recently, 26% were not-recently tested (n=693) and 24% (n=641) were never-tested for HIV; with 8% of HIV testing variance explained by between-country differences (7.6% for non-recent; 8.3% for never-testing). Non-recent and never-testing were also associated with a number of socio-demographics suggesting that some key populations (e.g., with transgender identity) and lack of resources determine differences in HIV testing.

Conclusion: Results show between-country differences in HIV indicators leading to differences in HIV risk. Targeted approaches to address these regional and socio-demographic differences are urgently needed, especially to tackle HIV testing barriers and reach individuals undiagnosed who may not be aware of the cross-border differences.

1093

An Artificial Intelligence-Based Chatbot Aimed at Promoting HIV Self-Management: Quantitative Results of a Mixed-Method Usability Study

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Background: We developed MARVIN, an artificial intelligence-based Chatbot, to support HIV self-management for people with HIV (PWH). It communicates with patients 24/7 and provides expert-validated information on specific topics. In 2021, we conducted a mixed-method usability study with 28 PWH receiving treatment at the McGill University Health Centre (Montreal, Canada). We present its quantitative findings.

Method: Global usability was measured as the primary endpoint using the *Usability Metric for User Experience-lite* (UMUX-lite) and *Acceptability E-Scale* (AES). Observed mean scores were confronted with their minimal predetermined thresholds (68 and 24, respectively) with a student's t-test. Four subconstructs of the *Technology Acceptance Model* (TAM) were also assessed: perceived ease of use (PEU), perceived usefulness (PU), attitude toward use (ATU), and behavioral intention to use (BIU). Predicted positive associations between subconstructs within the TAM framework were evaluated with single linear regressions, considering the slope coefficient sign. Coefficient significance was tested with a student's t-test.

Results: Table 1 shows the descriptive statistics for the usability measures. Both UMUX-lite and AES means were not significantly under their respective thresholds ($p=0.76$ and $p=0.42$). Following positive and significant associations were also found: 1) PU with BIU (slope=0.94; $p<0.01$); 2) PEU with PU (slope=0.48; $p=0.03$) and ATU (slope=1.22; $p<0.01$); and 3) ATU with BIU (slope=0.57; $p<0.01$).

Conclusion: Our results indicate that the current Chatbot is usable and acceptable for PWH. All validated positive associations proposed by TAM suggest that MARVIN's ease of use positively influences both perceived usefulness and their attitude toward its use, with these latter two constructs predicting their intention to use it. This also proves TAM's appropriateness for elucidating usability.

1097

Evaluating the Implementation of HIV and STI Testing at a Historically Black College and University in the Southern United States

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Background: In the United States, Black adolescents and young adults (AYAs) are disproportionately affected by the HIV epidemic, especially in the South. This abstract reports our evaluation of implementation of a pilot program to develop an HIV/STI testing and PrEP delivery intervention, HBCU STEP, for primarily Black AYAs attending a historically black college and university (HBCU) in Alabama. This project focuses on the first 90 of the UNAIDS 90-90-90 goals for 90% of people living with HIV to know their status.

Method: We administered surveys to a group of AYAs attending an Alabama HBCU to evaluate the implementation of HBCU STEP between March-2022 and June-2022. Completed surveys included sociodemographic information, prior healthcare experiences, STI history, HIV-related stigma, understanding of PrEP, and implementation-science items evaluating the acceptability and feasibility of HBCU STEP. Participants were recruited using flyers and compensated \$20.

Results: We present data on the first 40 participants who completed the survey. The participants were 53% male, 94% Black/African American, and 54% straight/heterosexual. The average age was 21. The majority, 70% were sexually active in the past six months and 82% reported condomless sex during that time. Almost half, 45% had never heard of PrEP. The majority, 67% had been tested for an STI and 50% of those tested had a positive STI test. A quarter had never been tested for HIV, and 15% said they felt they were somewhat or extremely likely to acquire HIV in their lifetime. One third, utilized STI testing services, and all said they are somewhat or extremely likely to return for future care.

Conclusion: Overall, this sample was vulnerable to HIV/STIs. The participants said they liked the HIV/STI screening services offered through HBCU STEP and were likely to return for future care.

1098

Social Contracting to Ensure the Sustainability of Services and to Overcome Funding Cuts and Limitations on HIV Services

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Introduction: Over the last 4 years, all major types of social contracting (social services order, services procurements, financing statutory activities, providing premises etc.) have been practically tested in Ukraine. The main task was to identify the pros and cons of each and find out which of the mechanisms best ensures the sustainability of services and cost-effectiveness. According to this, procurement of services was the best.

Description: We conducted an analysis of the legislation regarding the procurement of services and the possibility for municipal institutions, businesses, NGOs participation. The main issue was the classification of HIV services. To consider these services as purely medical, it narrows the range of potential providers (medical education and license are required), especially for NGOs that have provided GF-funded services for many years, had expertise but could be out of the procurement process. That is why we with IAA, IRF, "100 percent life" advocate the separation of HIV services into a new category – public health services. A separate structure was established, the Public Health Center, which purchased these services, and the basic package of services was determined.

Lesson Learned: In 2019, the Public Health Center successfully completed procurements in all regions of Ukraine. We created a new market for services available for municipal institutions, businesses, and NGOs. As the services from basic package are covered from state budget the extended package may be financed through other social contracting mechanisms from local budgets.

Recommendations: We believe this model can be successfully applied in other countries in the EECA region.

1105

HIV Ireland: All-Island HIV Peer Support Programme

Pia Janning (presenting)¹

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Introduction: This project addressed the need for a peer support network for people living with HIV, across the island of Ireland.

Description: In 2021, HIV Ireland, Positive Life Northern Ireland, and Positive Now developed a National HIV Peer Support Pilot Programme. The purpose of this programme is to provide friendly/community-led support. Those wishing to access the service are matched with a volunteer according to their preferences.

Lesson Learned: The number of people receiving peer support (69) was almost double the original estimate (35) over a five-month period, demonstrating the demand for such support. Lessons learned included: A feedback loop developed with service users ensured the development of effective content and a high level of buy-in from medical and social workers and other medical referees. Covid-19 was not a deterrent to participation. The online format developed worked well. It also opened up access to the programme to participants from all over the country. Peer support volunteers trained as part of the pilot, found the journal-keeping process particularly helpful. It provided a metacognitive exercise to explore their own feelings around living with HIV and supporting other PLWHIV.

Recommendations: The number of newly notified HIV cases in Ireland continued to climb. Furthermore, the challenges already experienced by PLWHIV were exacerbated by COVID-19. In 2020 HIV Ireland support interventions increased by 28%, centering largely around isolation/depressing. Referrals of PLWHIV have been made by Health Service Executive (HSE) medical/ social care staff driving awareness of the service. The network supports people who otherwise lack available support services in their locality. This demonstrates the need to continue to build on the programme, which can serve as a template for other organisations.

1107

'Hi-fun' among Men who have Sex with Men in Bangkok: Providers' Perspectives on Sexualised Drug Use Contexts, Harms, and Support Strategies

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Background: 'Hi-fun' in Thailand (chemsex in Western settings) is the use of specific psychoactive substances (e.g., methamphetamine, GHB/GBL and other stimulants) to enhance sex among men who have sex with men (MSM). *Hi-fun* is the focus of public health concern because of negative impacts on well-being, mental and sexual health. *Hi-fun* is increasingly visible among MSM in Thailand where the unique sociocultural and legislative environments shape sexual cultures and experiences. We aim to develop an understanding of key informants' perspectives on *hi-fun* contexts, harms and responses in Bangkok.

Method: Thirteen key informants from clinical/community/policy/development-organisations (n=4 *hi-fun*-engaged) were interviewed in-depth (January/April 2021). Interviews, which explored *hi-fun* contexts, harms and support, were transcribed verbatim, translated to English (where necessary) and analysed thematically. Maximum diversity sampling was used.

Results: *Hi-fun* 'influencers' establish social norms and provide support online, primarily through Twitter. *Hi-fun* was linked to Westernisation and wealth; new hierarchies emerged from asymmetries in social and financial capital. The police coerce and assault *hi-fun*-engaged MSM for financial gain, causing substantial harm. While HIV/HCV/STI transmission is the most pressing focus for many organisations, KIs personally are increasingly concerned with overdoses and impacts to mental health/well-being. The political and economic context means funding for MSM health in Thailand focuses primarily on HIV prevention/treatment, constraining holistic harm-reduction service development. Some participants felt colleagues were resistant to providing support because of strong stigma towards people who use drugs. Most support was informally developed; innovative harm-reduction strategies relied on partnership working and peer developed/delivered services. Some interventions were adapted from high-income settings.

Conclusion: Despite substantial political, economic, and social barriers, organisations had developed innovative approaches to respond to the needs of *hi-fun*-engaged MSM. Because these were largely informally developed, or adapted from high-income countries, developing a locally grounded theoretical basis for further harm-reduction interventions is a priority.

1108

HAV, HBV, and HPV Vaccination Coverage Rate in a Community-Based Pre-Exposure Prophylaxis Program in Milan

Camilla Muccini (presenting)¹, Alessandro Tavelli², Roberto Rossotti³, Daniele Calzavara⁴, Pietro Vinti⁴, Anna De Bona², Simona Bossolasco⁵, Diana Canetti⁵, Daniele Tesoro², Giovanni Mulè², Antonella Foschi³, Roberto Repossi⁴, Vittorio Ferrara⁴, Antonella d'Arminio Monforte⁶, Massimo Cernuschi¹

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Background: Aim of our study is to assess HAV, HBV and HPV vaccination coverage before and during a pre-exposure prophylaxis (PrEP) program and evaluate factors associated with missing vaccinations.

Method: This is a retrospective study including people attending a community-based PrEP service between 2017-2022 with at least one visit of follow-up. Before starting PrEP, participants were screened for HAV and HBV infection. We considered vaccination coverage based on serology (HAV IgG, HBsAb, HBsAg) and self-reported questionnaire filled at each visit, and after starting PrEP if at least one dose of vaccination was recorded. Poisson regression model was used to estimate incidence rate ratio (IRR) and 95% confidence intervals (CIs) for factors associated with missing vaccinations.

Results: We included 566 participants with a median age of 36 years; 87.3% were MSM and 81.3% Italian. At the first visit, 42.0% PrEP users needed vaccination coverage for HAV infection, 24.3% for HBV and 54.5% for HPV. During the follow-up, 45.5% participants did not receive the recommended vaccination for HAV, 32.3% for HBV and 29.7% for HPV. PrEP users who did not undergo vaccinations were less frequently older (IRR 0.74, 95%CI 0.61-0.90, p=0.003), MSM and bisexual (IRR 0.40, 95%CI 0.21-0.78, p=0.007) or sex workers (IRR 0.30, 95%CI 0.11-0.83, p=0.021) and more likely dropout (IRR 8.21, 95%CI 5.67-11.90, p<0.001). Considering only participants currently linked to PrEP care, missing vaccinations were still less associated with older people or sex workers.

Conclusion: The majority of PrEP users received vaccinations recommended by a community-based service, revealing that missing vaccinations were mainly associated with being dropout.

1111 Tackling the Misunderstanding and Stigma of HIV: A Survey of 1,007 Italian Citizens

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Background: Breaking down stigma and discrimination is the biggest HIV challenge: homophobia and serophobia are still common. Aim of this survey is to investigate the depth of stigma in the Italian population.

Method: "Tackle HIV" is online qualitative research conducted in December 2021 supported by ViiV Healthcare Europe. The analysis evaluated seven topics: acceptance of homosexuality; willingness to test for HIV; potential end of a relationship if a partner discloses his/her HIV-positivity; reasons why relationship would finish; personal disposition to unveil his/her own positivity to friends and relatives; knowledge of U=U, whether the participant knows someone living with HIV. Data on gender, age, geographical origin, relationship status, and level of education were collected: the responses were stratified according to these variables. ([TABM](#))

Results: Survey included 1,007 Italian respondents. The question about complete acceptance and support for homosexuality showed a significant difference between men and women (57.8% vs 79%, $p < 0.001$). Age had a significant impact on homosexuality acceptance, willingness of testing for HIV, the possible end of a relationship after the positivity of one a partner said, and U=U knowledge ($p < 0.001$ for all issues). Geographic origin had a role only in terms of a previous HIV test performance: 28.5% North, 27.7% Center 27.7% and 15.4% South/Islands ($p < 0.001$). Higher level of education had an impact on acceptance of homosexuality (65.6% vs 75.3%, $p = 0.008$), and knowledge of U=U (22.3% vs 16.7%, $p = 0.027$). ([TABR](#))

Conclusion: Homosexuality achieved an unexpected high acceptability. Serophobia is still widespread. Young people are more inclusive and freer from prejudices and stigma and have a greater knowledge of HIV. Education could be essential against stigma and prejudice.

1112 Increasing the HIV Care Continuum through Home Visits and Deliveries of Medication among Men who have Sex with Men Attending the Health Care Services at POP INN Clinic in eThekweni, KwaZulu Natal

Apiwe Nightingale (presenting)¹

¹ The Aurum Institute, KwaZulu Natal, South Africa

Background: Engagement in HIV care, early start, and adherence to ARVs to stifle viral load have the potential to move forward wellbeing results and significantly decrease ahead transmission of contamination. Be that may, there's a need of investigate on components related with support in HIV care among the MSM populace, particularly in South Africa. 23% of those are living with HIV are Men who have Sex with Men. The KwaZulu Natal- remains the most elevated in HIV predominance and the number of individuals who are going to the wellbeing administrations which influences the final 95%. The location created a procedure of going to clients from their homes to supply wellbeing administrations.

Method: We reviewed literature including published peer reviewed literature, legislation, and strategy documents. meeting was done with the DoH and other stakeholders with the aim of facilitating the process. Team was recruited and trained to provide the health services among the MSM who are unable to get health services. The data was collected with the base of understanding on how many MSM were not visiting the health clinics for care, numbers were interpreted using the SPSS data analysis and submitted to the DoH for analysis

Results: We observed that there are many factors that are associated with the poor adherence to ART care among the MSM which many are Health facility related such as Homophobic comments, Stigma and discriminations and lack of knowledge among the health care workers in KwaZulu Natal.

Conclusion: Homophobia, Poverty, stigma, and discrimination can make it difficult or impossible to participate in care.

1113 Creating an 'Explainer Animation' to End New HIV Transmissions

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² Terrence Higgins Trust, London, United Kingdom

Introduction: Since becoming a Fast-Track City in 2017 we have endeavored to ensure our residents are aware that "if everyone tests for HIV, commences prompt HIV treatment if diagnosed positive, or accesses effective prevention initiatives if negative and at ongoing risk" then we can end new HIV transmissions. We need a concise, clear 'explainer animation' to convey this message to the wider community.

Description: An enthusiastic team of 2 HIV physicians, an HIV prevention expert and the Director of Creative Connections Animation Studios (CCAS) conducted separate focus groups with members of the public and people living with HIV (PLWH). CCAS has a strong record of working in health communications and translating complex ideas into simple messages through animation. Over 10 weeks CCAS produced a script, storyboard, and animation stills, which were reviewed and fine-tuned before final filming. The animation was released on 4th July 2022 <https://youtu.be/t1jTvZBPOU>

Lesson Learned: Co-producing this educational tool with PLWH, members of the public, HIV experts and CCAS resulted in an outstanding end-product. Prior to the project, the HIV knowledge of the CCAS team was of a general level, which created a valuable sounding board for the HIV experts and was a strength throughout the project. Having a small, highly engaged team where the free flow of ideas could take place was key.

Recommendations: This animated film will be used in healthcare education and training packages in Brighton & Hove and other UK Fast-Track Cities. Wider dissemination through social media, on websites, on information screens in GP practices and dental surgeries, and as part of school education packages is planned. It will bring people's knowledge up to date, increase testing coverage, and will go some way to tackling HIV related stigma and discrimination.

1114 University of Sevilla: Good practices in Sexual Health

Ana López Jiménez (presenting)¹, María Ángeles C. Medina¹, Agustín L. Fernández¹

¹ University of Sevilla, Sevilla, Spain

Introduction: The University of Sevilla (US) as a part of the Fast-Track Sevilla Committee, develops actions aimed at the university community following the strategic line of "Health Promotion and Prevention of HIV Infection in All People", within the Plan for a Seville free of HIV and AIDS in 2021/2022. This Plan aims to achieve the 95-95-95 objectives, reducing diagnostic delay, detecting, and treating other STDs, combining all available prevention tools.

Description: These actions focus on training and awareness as basic tools to promote sexual health. Regarding training, the University of Sevilla has a "Sexual Health Training Plan" aimed at students and offering ECTS credits:

- "Training Health Assets in the University of Sevilla"
- "Knowledge and Management of HIV and other STDs"
- "Education of Sexualities"

Additionally, the awareness campaigns where rapid HIV tests are carried out are World AIDS day, European Sexual Health Day, European Testing Week, and the Traveling Exhibition "Enlázate por el VIH" ("Link for HIV"). Lastly, since 2015, as a training and awareness-raising action and as a result of the synergy between the Faculty of Communication and the Vice-Rectorate for Social Services, Healthy Campus, Equality and Cooperation, projects have been carried out in favour of health promotion and since 2020, priority has been given to addressing sexual health. Thus, in 2020, the previously trained students designed the "SAFEZONE is built with SELF LOVE" campaign with the aim of preventing HIV, AIDS and other STDs, among the university community and the general population.

Lesson Learned: These actions involved training more than 480 students and the campaigns have impacted our target population, made up of 80,000 people each year.

Recommendations: Every year a new objective will be proposed analysing the context and taking into account the needs in terms of sexual health.

1115 Screening Activity at CC CASA A+ in Madrid, 2021

Almudena García (presenting)¹, Lucio J García-Fraile Fraile¹, Gema Garrido², Jorge Garrido¹,

¹ Apoyo Positivo, Madrid, Spain

² Apoyo Positivo, Torremolinos, Málaga, Spain

Introduction: Analysis of the profile of users of the community center for STD diagnosis of the City of Madrid. Study of STI prevalence in users and referral and treatment monitoring, especially people with HIV who get undetectable in record time.

Description: Apoyo Positivo is a social innovation resource that has been working in sexual health and caring for people with HIV for almost 30 years. In 2019, Apoyo Positivo led a multistakeholder effort of social, public, and private sector players to launch a new multicentric, multidisciplinary space for attention to diversity in sexual health, mental health, affective sexual education and the fight against discrimination. Within this safe space, the checkpoint service at its attends to all people regardless of their gender identity, sexual orientation, race, culture, functional diversity, age; with special attention to the most vulnerable groups: MSM, chemsex users, irregular migrants with health access problems, trans people, women, youth and sex workers

Lesson Learned: In 2021 the service has been expanding as the COVID19 restrictions have been lifted. Reaching 100% capacity in December 2021 and increasing service by 46% since the beginning of the year. 1,077 users have been treated and 3,566 Test.

- Screening serologies: HIV:PR: 23 POS – 961 NEG; Syphilis: PR: 13 POS – 905 NEG; VHC:PR: 2 POS – 864 NEG; HBV - HBsAg: PR: 1 POS – 216 NEG
- PCR confirmation: HIV:PR: 23 POS, 33 NEG; HCV: PR: 0 POS, 3 NEG
- CRP mucosal STI: NG/CT: PR 13 POS 76 NEG

HIV DIAGNOSES: 23 users

- median age – 29 years
- Birth: Spain 9, Latam 12, Lebanon 1, Thailand 1
- Administrative situation: Regular 16, Irregular 3, Tourist 1, NC 3
- Gender: M Cis 22, Trans 1
- Reason for carrying out the test: sexual exposure 12, control 11
- Sexual exposure (11): 10 PAI, 10 PAR, 1 PVI, 10 FI, 9 FR, 7 with ejaculation, 2 without ejaculation, 3 group, 1 fisting, 1 accidental contact, 0 without permission
- Prostitution clients: 2 YES; sex worker: 2 YES
- Regular condom use: YES 12; almost always 1, sometimes 1, 8 YES, NC 1
- Drugs: 12 – OH 9, cocaine 3, GHB/GBL 1, mephedrone 1, methamphetamine 1, THC 3, poper 3, MDMA 2, IPDE5 1, Slam 0
- Other tests: syphilis POS 0 / 21 NEG; HCV POS 0 / NR 1 / NEG 21; HBV (HBsag) NR 14 / NEG 3 / 9 NS; HAV NR 3 NEG 2 / 18 NS
- 23 CONFIRMED PCR

Recommendations: Community-based services such as those described here show remarkable resilience in overcoming pandemic-scale disruption quickly. However, robust policymaker support of such structures is needed to ensure stable and sustainable service delivery and attain the United Nations General Assembly's Political Declaration on HIV and AIDS' goal of ensuring that community-led organizations deliver 30% of screening services by 2025.

1119 Ensuring the Sustainability of the Expanded Package of Preventive Services for the Money of Municipal Budgets in Ukraine

Katerina Ryzhkova-Siebielieva (presenting)¹

¹ International Budget Advocacy Hub, Kyiv, Ukraine

Introduction: The HIV epidemic situation in Ukraine remains tense. There are also a number of new challenges that need to be addressed in the context of COVID-19. Another challenge is the reduction or complete cessation of donor funding. That is why it is a priority for NGOs to provide existing practices and services at the expense of local budgets.

Description: The services identified by the state as guaranteed to combat the spread of HIV are only part of what is needed for key populations. This guaranteed/basic package is paid for by the state budget. Provision of the full range of medical and social services should be carried out in co-financing of the state (basic package) and local budgets (extended package). That is, in each case, the regions purchase a different set and scope of services for different categories of the population, depending on the existing needs in the region. That is why it is worth considering the advocacy of NGOs of the expanded package of services not in general, but separately in the regions of Ukraine. Our experience in ensuring the sustainability of the expanded package of preventive services at the expense of municipal budgets in Ukraine demonstrates the effectiveness of the use of social contracting mechanisms. The total amount of budget funds raised at 5 years of various levels amounted to over UAH 25 million.

Lesson Learned: The situation of ensuring the sustainability of HIV/AIDS services is not so much in the area of availability or lack of funds, it is in the area of local government priorities and the ability of NGOs to influence them.

Recommendations: We strive to spread these existing practices throughout Ukraine to ensure the sustainability of the expanded package of preventive services at the expense of municipal budgets.

1120 PrEP Awareness among Sex Workers

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Introduction: Uptake of PrEP among female sex workers is low due to limited awareness and misgivings about using it. For example, only [4% of the PrEP IMPACT trial](#) uptake in the UK was among non-MSM.

Description: Open Doors holds a weekly crisis drop-in session for street-based sex workers in the London Borough of Hackney and the City of London. To increase PrEP awareness amongst this group, an interactive workshop was held where sex workers were able to participate in creative arts while sharing information and learning. For World AIDS Day, a clinician from the Homerton Sexual Health Service shared information about PrEP to raise awareness and promote the uptake of PrEP as a means of HIV prevention. Whilst the service users worked on their art projects, food was provided. This all helped to engage positively with the session.

Lesson Learned:

- Service users can find it hard to engage in sessions on sexual health as it can be challenging to think about their own health and wellbeing (and neglect).
- Service users can have difficulty with retaining information (drug use, or short attention span) so engagement needs to be clear and short.

Feedback from participants:

- "Prep can stop HIV infecting you...I didn't know that"
- "What, you can't pass it on if you are on medication?! Wow!"

Recommendations:

- Framing health related workshops as fun days with food, creative engagement or games -without emphasising the educational aspects- improves attendance and engagement by making topics less confrontational or intimidating.
- Sex workers are an important group to engage with on PrEP awareness to increase uptake.

Feedback from participants:

- "I wish I had known this stuff before I tested positive for HIV, I wouldn't be in this position"
- "Now you don't need to die"

Our original poster is [here](#).

1121 Survey of Services: Meeting the Care Needs of People Living with HIV in Ireland

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Background: Ireland signed up the Fast-Track Cities initiative (FTCi) in 2019. In 2021, a survey of each adult public HIV clinic was undertaken as part of a broader scoping study to provide the evidence towards Ireland's FTCi.

Method: Outcomes from the BHIVA *Standards of Care for People Living with HIV* 2018 were used to design a survey sent to services to obtain an estimate of HIV care across Dublin, Cork, Galway, & Limerick. Descriptive results are presented in aggregate format.

Results: The seven adult public HIV clinics located in the four FTCs were invited to participate. The survey was open from March to April 2022. All clinics responded reporting a total of ~6374 individuals currently engaged in care. All services reported: access to HIV care within 2 weeks of new HIV diagnosis; routine offer of HIV testing to partners; ≥94% of PLWH on ART; ≥90% with sustained viral suppression; an agreed pathway if viral rebound occurs and good access to sexual health care. Areas where services estimated they did not meet the BHIVA standards included: documentation of discussion around U=U; equality and diversity training; inclusion of patient feedback/contribution to service design; contraception/fertility/menopause pathways and assessment of cardiovascular and bone fracture risk; access to psychology and clinical nutrition services with services reporting that up to 50% of their patients would benefit from each of these services. All services report that patients experience challenges paying for GP care and paying for medication for co-morbidities. Services estimated that between 7 and 50% of patients prefer not to disclose their HIV status to their GP.

Conclusion: This survey suggests that core outcomes such as timely access to effective treatment and targets for treatment effectiveness are high. Challenges include difficulty in paying for GP care and co-medications, lack of access to dedicated psychology and clinical nutrition services.

1129 Exploring the Association between Oral PrEP Use and Willingness to Use Injectable PrEP among Urban Canadian Gay, Bisexual, and other Men who have Sex with Men

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Background: Long-acting injectable cabotegravir as HIV pre-exposure prophylaxis (PrEP) could address challenges with oral PrEP acceptability and adherence. We assessed whether the acceptability of injectable PrEP is associated with experience using oral PrEP.

Method: We analyzed survey data from PRIMP, a multi-component PrEP Implementation Project among gay, bisexual, and other men who have sex with men (GBM) in Ontario and British Columbia, Canada, collected between 07/2019-08/2020. Survey respondents were HIV-negative GBM meeting Canadian Guideline criteria for PrEP. We measured the association between oral PrEP use (current, former, or never) and willingness to use injectable PrEP (yes, no) in a multivariable logistic regression model adjusted for province of residence, age, ethno-racial identity, post-secondary education, income, prescription drug-coverage, and frequency of HIV/STI testing.

Results: Of 805 PrEP-eligible individuals, 583 (73%) were from Ontario, mean age was 33 years (SD=9.3), 57% were white, 90% had completed post-secondary education, 67% earned over \$40,000 CAD/year, 17% had publicly funded drug coverage, and 60% reported testing for HIV/STIs at least once every 6 months. Overall, 76% GBM were willing to use injectable PrEP. Never- and former oral PrEP users were significantly less willing to use injectable PrEP compared with current oral PrEP users (Table). Individuals with post-secondary education were more willing to use injectable PrEP (aOR=2.26, 95%CI=1.29-3.90). None of the other covariates were statistically significantly associated with willingness to use injectable PrEP. [Table 1: Willingness to use injectable PrEP](#)

Conclusion: The majority of GBM were willing to use injectable PrEP regardless of their experience with oral PrEP; however, willingness was lower among former and never PrEP users compared to current users. Because the population-level impact of injectable PrEP will be greatest if it reaches new PrEP-eligible individuals, further investigation into the reasons underlying these preferences is needed.

1131 TrackED: Addressing HIV Disparities among Latinos in South Texas

Tatiana Emanuel (presenting)¹, Ralph Riviello¹, Anna Taranova¹, Roberto Villareal¹, Rosemarie Ramos¹, Christina Bird¹, Bradley Goettl¹

¹ UT Health San Antonio, San Antonio, TX, USA

Introduction: San Antonio is the second largest city in Texas with second highest HIV incidence; designated HIV priority jurisdiction by the U.S. Department of Health and Human Services and the first Texas Fast Track City. University Health (UH) is the region's largest provider of HIV care for South Texas residents living in medically underserved areas (MUAs). UH Emergency Department (ED) is the first point of care for the regions' uncompensated care. Since 2017, UH/ED incorporated routine HIV screening and linkage to care (LTC) for individuals diagnosed by fostering collaborations to address comprehensive HIV prevention and treatment for a region that is disproportionately impacted.

Description: Opt-out HIV screening is offered at UH/ED for individuals undergoing routine blood-draw per Centers for Disease Control and Prevention's (CDC) guidelines 18-65 years of age, no documented HIV test performed in the last 6 months, and no HIV/AIDS diagnosis documented in EMR. Patients were informed of routine HIV test and allowed to opt-out. Patients with a positive HIV test were LTC through a multidisciplinary team of Patient Care Coordinator, HIV navigators, and an Infectious Disease team.

Lesson Learned: Since February 2022, 6,291 HIV tests have been performed; 31 patients were diagnosed with HIV, 10 of them being newly diagnosed. 84% of HIV positive patients were Male, 16% Female, 61% Hispanic or Latino, 16% Black, 9% Caucasian, and 6% Asian. Only 29% of patients were LTC. Initial implementation barriers included patient fear of positive results, facility readiness for testing, and provider hesitance to order the test.

Recommendations: A collaborative multidisciplinary team approach is needed to address facility readiness and provider hesitancy. UH continues to provide ongoing education to ED clinicians regarding best practices involved in routine screening and LTC, along with role of navigators, EMR, and insights gained. Future goals include expansion of routine HIV testing in ambulatory and HCV in UH/ED.

1132 HCV Screening Beyond Risk Exposures in an Emergency Department in Barcelona, Spain

Juan Carlos Ruiz (presenting)¹, Jordi Llaneras¹, Diogo Medina², Ana Barreira¹, Ariadna Rando¹, Mar Riveiro-Barciela¹, Fernando Velásquez¹, Francisco Rodríguez-Frías¹, Alba Carrodegua², Diogo Medina², María Butí¹, Rafael Esteban¹

¹ Hospital Universitari Vall d'Hebron, Barcelona, Spain

² Gilead Sciences, Madrid, Spain

Introduction: A 2017-2018 Spanish serosurvey estimated the prevalence of active hepatitis C (HCV) infection at 0.29% in people with at least one risk factor and 0.09% in the general population, exhibiting known risk exposures in 63.5% of people diagnosed with HCV. Consequently, Spanish guidelines do not support HCV screening in people without risk exposure.

Description: We implemented HCV screening at the emergency department of *Hospital Universitari Vall d'Hebron* in adults without known HCV diagnosis or antibody testing in the previous three months who required blood work for any purpose. We subsequently offered positive patients navigation through linkage to care, recording any prior history of risk exposures.

Lesson Learned: We screened 17,560 patients from February 2020 to February 2022, diagnosing 128 (0.7%) new HCV infections (3.8% seroprevalence, 0.7% active infection), nearly half of whom had no prior knowledge of their status (44.5%). The majority were women (54%) with a median age of 79 (53-88). Risk exposures were identified in 39.8% of all viremic patients, falling to 24.6% when only previously unknown diagnoses were considered. Injected drug use (26%), HIV coinfection (13%), and blood transfusions (12%) were the most frequently found risk exposures. Therefore, 60% of all viremic patients did not meet the latest screening recommendation of Spanish guidelines. Additionally, 65 patients (51%) presented with advanced fibrosis established by noninvasive markers.

Recommendations: Our screening program revealed a prevalence of known risk exposures among people newly diagnosed with HCV at our hospital's emergency department of 24.6%, far from the 63.5% estimated for the general Spanish population. Thus, HCV screening beyond risk exposures should be reconsidered toward hepatitis C elimination.

1133 HCV Screening Beyond Risk Exposures in an Emergency Department in Almería, Spain

Anny Camelo-Castillo (presenting)¹, Marta Casado Martín², Diogo Medina², Teresa Cabezas Fernández¹, Manuel Rodríguez Marezca¹, Pedro Amado Villanueva¹, Antonio Duarte Carazo¹, Alba Carrodegua¹, José Vega Saenz¹

¹ Hospital Universitario Torrecárdenas, Almería, Spain

² Gilead Sciences, Madrid, Spain

Introduction: A 2017-2018 serosurvey estimated the prevalence of known risk exposures among people diagnosed with hepatitis C (HCV) infection in the general Spanish population at 63.5%. Consequently, Spanish guidelines do not support HCV screening in people without risk exposure.

Description: We implemented HCV screening at the emergency department of *Hospital Universitario Torrecárdenas* in adults aged 18 to 69 without known HCV diagnosis or antibody testing in the previous year who required blood work for any purpose. We subsequently offered positive patients navigation through linkage to care, recording any prior history of risk exposures.

Lesson Learned: We screened 3,840 patients from August 2021 to May 2022, diagnosing 17 new HCV infections (1.48% seroprevalence, 0.44% active infection), 87% of whom had no prior knowledge of their status. We identified risk exposures in 47% of viremic patients' records. HIV or HBV coinfection (47%), injected drug use (41%), origin from countries with medium or high HCV prevalence (18%), and a history of incarceration (12%) were the top and only recorded risk exposures out of the guidelines' 11 possible criteria. Of note, we found that only HIV serostatus and injected drug use history were consistently available across patient records at the time of diagnosis. The remaining nine criteria were almost universally omitted, not indicating whether patients had ever been asked about them.

Recommendations: Our screening program revealed a prevalence of known risk exposures among people newly diagnosed with HCV at our hospital's emergency department of 47%, below the 63.5% estimated for the general Spanish population. The poor quality of patient records on risk exposure renders their use unfeasible in practice as eligibility criteria for screening. Thus, HCV screening beyond risk exposures should be reconsidered for hepatitis C elimination.

1136 Analysis of PrEP for Key Populations in Harare City, Zimbabwe, 2021

Talent Bvochora-Mudavanhu (presenting)¹

¹ Harare City Health, Harare, Zimbabwe

Background: Harare City was one of the first public health sectors to offer key populations (KP) friendly HIV prevention, care and treatment services in Zimbabwe. Pre-exposure prophylaxis (PrEP) access began at Wilkins hospital in 2018 and has been rolled out to 17 facilities in the city. We analysed the characteristics of new PrEP initiation among KPs in 2021 to give evidence-based intervention recommendations in Harare City.

Method: We conducted a descriptive cross-sectional study using secondary data from Harare City Health Department's 18 facilities that offer PrEP. Descriptive summaries and graphs were generated.

Results: A total of 3180 clients were initiated on PrEP from January 2021 to December 2021. Of these, 1866 were KPs, constituting 59% of the total initiations. The largest proportion of people who accessed oral PrEP services were sero-discordant couples who constituted 40%. Female sex workers (FSW) were the second largest population group with 1282(37%) currently on PrEP as of 30 September 2021. Men who have sex with men (MSM) constituted 19%. KPs (male sex workers (MSW), MSM, FSW & Transgender) constituted 47% of clients who came for PrEP refill visit. The general population, people in sero discordant relationships and those classified as other constituted most client profiles for individuals who accessed oral PrEP as continuation, 257 (53%).

Conclusion: There was success in PrEP provision, and this can be attributed to the increase in number of facilities offering the service, HCW trainings on PrEP service provision and safe spaces and moonlight outreaches. There is need for strengthened PrEP stock monitoring to prevent stock outs, and tracking and follow up of clients for PrEP continuation.

1137 Viral Load Monitoring in Patients on Antiretroviral Therapy in a Resource-Limited Setting: Harare City, Zimbabwe, 2021

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Background: Viral load (VL) monitoring for people on Anti-Retroviral Therapy (ART) provides critical information for tracking response to treatment and guidance for timely regimen changes. In Harare City, only 4% of persons on ART in 2019 had a VL test compared to 33% in 2018. We evaluated the HIV program in Harare City to identify gaps and challenges affecting provision of VL monitoring services.

Method: We conducted a process-outcome evaluation using the logic model. We interviewed 10 key informants, 74 health-workers (HCWs) involved in HIV care and exit interviews among 395 persons on ART to assess knowledge on VL monitoring and reasons for not testing for VL. Program inputs, processes and outputs were documented using checklist.

Results: All 17 facilities in the study were offering VL monitoring. Inputs available and adequate included human resources, specimen tubes and transport. Of three VL testing machines seen, one was functional. Two out of 17 facilities had point-of-care machines. No reagents or cartridges were available for all machines. There were no sample transmittal registers. Training on VL monitoring was done in 70% of HCWs and 92% had good knowledge on VL monitoring. Ten facilities were not utilizing monthly cohorts' system to bleed patients. Results turn-around-time ranged from two to eight weeks. There was low awareness among persons on ART on need and availability for VL monitoring 189/395(48%). No VL testing campaigns had been done the quarter of assessment.

Conclusion: The HIV-VL monitoring in Harare City was not performing well. Lack of VL machines, reagents and patient unawareness were major reasons cited for low VL monitoring coverage. There is need for adequate resourcing of treatment facilities with procurement of point-of-care machines at district level, strengthening clinic-laboratory interface, awareness creation on utility and importance of VL monitoring among persons on ART.

1138

Determinants of Non-disclosure of the HIV Status in People Living with HIV

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Background: HIV-related self-stigma represents a major risk factor for poor health outcomes. The lack of HIV disclosure to other than healthcare personnel represent a proxy of self-stigma.

Method: An online anonymous survey for PLWH on antiretroviral therapy (ART) was conducted, in order to investigate the self-reported correlates of treatment and disease burden (TDB) and other HIV-related issues (Cingolani et al, 2022). HIV disclosure has been investigated through the question "Whom do you talk to about your HIV infection?". The response "I only talk with my treating physician/nurse" has been used to categorize HIV-status disclosure: 'yes'=non-disclosure (ND), 'no'=disclosure (D). The association between HIV-disclosure and demographic and clinical variables have been investigated.

Results: 531 PLWHIV completed the questionnaire. Characteristics are reported in Table. 257 participants (48%) reported having disclosed their HIV status only to healthcare workers (ND-PLWH); 324 (52%) reported to talk about HIV also with other people (D-PLWH). The TDB score was comparable between ND-PLWH and D-PLWH ($p=0.456$), as well as the physical, mental, sexual and overall health. ND-PLWH reported a more recent HIV diagnosis ($p=0.02$), lower current reported CD4 ($p=0.02$) and were more frequently on first-line ART ($p=0.01$). Moreover, ND-PLWH reported more frequently the need to talk to healthcare workers about health issues not HIV-related (33% vs 25%, $p=0.04$). At multivariable analysis, subjects with CD4 cell count <200 cells/mm³ showed an independent higher risk of non-disclosure, after adjusting for year of HIV diagnosis and being on first-line ART.

Conclusion: Almost half of the PLWH did not disclose their HIV status outside the healthcare environment. The failure to overcome a clinical frailty related to HIV is an independent determinant of non-disclosure of HIV. The relationship with the treating physician and the possibility of having a comprehensive dialogue should be pursued as a further strategy for self-stigma elimination.

1139

Alcohol Liver Disease and Hepatitis C Virus Infection are the Main Causes of Hepatocarcinoma Development in the Era of Direct-Acting Antivirals Total Accessibility

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Background: In the last decade, the global MAFLD epidemic, hepatitis B virus infection vaccination, and hepatitis B and C antiviral treatments total accessibility could change the underlying liver cancer etiologies. The objective of this study was to analyze the etiological agents in patients diagnosed with de novo hepatocellular carcinoma (HCC) in our center.

Method: Retrospective study in which new HCC patients were analyzed between January 2019 and December 2021 in our center. HCCs etiologies and the BCLC stage at diagnosis were reviewed.

Results: 283 patients diagnosed with primary HCC between January 2019 and December 2021 were reviewed. The underlying etiology was alcohol consumption in 99 (35%) patients, HCV infection in 97 (34%), MAFLD in 36 (13%), unknown in 27 (10%), HBV infection in 19 (7%) and others (hemochromatosis, CBP, and autoimmune disease) in 5 (2%) (Figure 1). 78% of the patients were male with a median age of 69 years. 29 patients were diagnosed with BCLC stage 0 (10%), 106 (37%) BCLC A, 44 (16%) BCLC B, 72 (26%) BCLC C and 32 (11%) BCLC D. 78% of the HCV patients had previously received antiviral treatment and had achieved SVR, and 22% were untreated. 47% of the HBV patients were treated and 53% untreated. No significant differences were found between HCC etiologies and BCLC stage at the time of diagnosis.

Conclusion: Alcohol liver disease and HCV infection are the main underlying liver disease etiologies of HCC in our single-center cohort. The total DAA accessibility and the high HCV cure rates have not only not eliminated HCC risk, but also it persists as one of the two predominant causes. The progressive increase in fatty liver disease is not yet a major cause of HCC development.

1141 Epidemiological Profile HIV of the Yaoundé City Councils, 2021

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Background: The HIV response in cities is part of the global priorities agenda. In the city of Yaoundé, the HIV prevalence is 4.3%, higher than the national one (3.4%) (CAMPHIA, 2017). To improve the targeting of interventions, it appeared necessary, with the support of UNAIDS through the Fast Track Cities project, to develop an epidemiological profile of HIV in the different councils of the Yaoundé city

Method: The data used are captured from the health information system (DHIS 2) in 2021, the Spectrum estimates of 2021 and from the estimations of 2021 made by the MOH Health Information Unit.

Results: The results of our data analysis show that, in the seven city councils of Yaoundé, the HIV infection rates ranging from 4.5% in the council of Yaoundé 2 to 7.0% in Yaoundé 4 are higher than the national value (5.6%). From the programmatic treatment cascades, we can see that, the First 95 was lower in Yaoundé 7 (58.1%) and Yaoundé 4 (79.5%) respectively. This observation was the same for the second 95. Concerning the pregnant women cascade, the ANC coverage is very low in Yaoundé 4 and 5 (72.9% for each). In the councils of Yaoundé 2, Yaoundé 4, Yaoundé 5 (4.5%) the HIV infection rates are respectively 4.3%, 4.5% and 4.5% which are higher than the city average (3.4%). In all the councils, knowing of HIV status is above 98%. However, ART coverage remains low in the councils of Yaoundé 1 (72.7%), Yaoundé 4 (85.9%) and Yaoundé 5 (85.9%).

Conclusion: Conclusively, screening should be intensified in the councils of Yaoundé 4 and 7, ANC attendance should be increased in the councils of Yaoundé 1, 4 and 5, the same as ART coverage.

1142 Sustaining HIV Screening in the Community from 2019 to mid-2022 in Torremolinos, Spain

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Introduction: Outreach screening activities in Torremolinos (a Fast-Track City west of Málaga, Spain) detected high HIV seroprevalence (3.3%) in 2018, signaling an unmet need in providing comprehensive prevention services.

Description: Apoyo Positivo led a multistakeholder effort of social, public, and private sector players to launch a novel community-based voluntary counseling and testing center (CBVCT) in Torremolinos in April 2019. Herein we analyze over three years of the evolution of the service until June 2022.

Lesson Learned: Data collected in our community center CASA Torremolinos demonstrates a sustained increase in the number of tests performed and reactive results from the opening date until mid-2022. CBVCT services halted for only two months, from mid-March to mid-May 2020, with the onset of mandatory lockdowns. Despite having initiated 321 people in our PrEP program, and the success of our harm reduction counseling service for people who practice chemsex, the percentage of people testing positive for HIV was still nearly 5% in the 1st quarter of 2022. According to user reports, the perception of HIV risk seems to have decreased because many people are on PrEP. In addition, the increase of risky sexual practices under the influence of substances, sometimes in groups, could explain the high rate of new HIV positives cases as most of them occur in chemsex contexts.

Recommendations: Data shows how specific community-oriented resources are key for HIV prevention and early diagnosis. Community-based services, such as those described, require continued government assistance and support to achieve UNAIDS goals.

1144

Massive Point of Care Screening in Saliva for Anti-HCV Testing at the Community Men who have Sex with Men-Level is a Feasible and Well-Accepted Strategy

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Background: Spain in one of the high-income countries on the track for hepatitis C elimination. The prevalence of active hepatitis C in the general population is 0.22% but is higher in vulnerable group. Data from Men who have Sex with Men (MSM) is 0.75% in Catalonia. The aim of this study is to screen the general population and MSM in the community using point of care tests in different leisure events.

Method: We design a massive screening for testing of antiHCV antibodies in saliva, using point of care techniques in the people who attended in 3 leisure events in Sitges (Covid 19 testing, Weekend Bears and Gay Pride) Anti-HCV was tested by rapid point of care test in saliva (ORAQUICK[®]) and if it is positive, a point of care HCV RNA (Xpert HCV Fingerstick[®]) was performed. Baseline demographic, self-reported previous HCV infection and a signed informed consent was collected. The project full the full support and collaboration of local authorities and the Sitges Gay association.

Results: We tested 908 adults: 211 during the mass SARS-CoV-2 testing and in the second step 697 individuals who themselves were identified as MSM. The mean age was 37.49 years in the first step and 43.95 years in second. Of the 697 MSM 582 (83.5%) were European and of them, 262 (37.59%) were Spanish. All tests were negative except in MSM group where only one tested positive for anti-HCV and HCV RNA negative (previously treated). All the tests performed took a total of 27 hours, in 5 different days.

Conclusion: Testing hepatitis C in the community is feasible and well accepted at the community level. The prevalence of HCV in MSM is very low. This strategy should be explored in other high-risk groups for hepatitis C who difficult health care, like used drugs or homeless.

1145

Improving Health Outcomes for Adolescent Girls and Young Women through Multi-Sectoral Support: Results of a Pilot Project in Ward 54, eThekweni

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Introduction: The epidemic among Adolescent Girls and Young Women (AGYW) aged 15-24 years remains uncontrolled. HIV prevention efforts must therefore focus on this "priority population", especially in known HIV hot spots such as rapidly growing metropolitan areas. Multi-layered combination prevention interventions are crucial to prevent the spread of HIV among AGYW, particularly approaches using a socio-ecological framework to address individual, household and community risk factors.

Description: This study examines a pilot project undertaken as part of the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) partnership, in collaboration with the KwaZulu-Natal Office of the Premier. TB HIV Care, the main implementing partner for DREAMS in South Africa, supported Operation Sukuma Sakhe (OSS), a ward-based multi-sectoral poverty alleviation strategy implemented by the KwaZulu-Natal provincial government. In Ward 54, eThekweni, TB HIV Care assisted the OSS anti-poverty "War Room" to become fully capacitated so that multi-sectoral partners can address the needs of the most impoverished households. TB HIV Care provided infrastructure, technical support and training so that community caregivers could conduct effective household profiling aimed at identifying vulnerable AGYW who are used to elicit multi-sectoral support for the whole household.

Lesson Learned: Lessons learned include: The importance of using a streamlined digital tool for household profiling; identifying vulnerable AGYW and focussing on the needs of their households; the value of a multi-sectoral approach and cooperative governance for holistic HIV prevention and poverty alleviation; the potential for improving health outcomes, not only for AGYW but for other household members.

Recommendations: This study suggests that the multi-sectoral approach, which uses the vulnerable AGYW as an entry point for solving household poverty, be adopted and strengthened to ensure continued success in HIV prevention, improved health and poverty alleviation for the most vulnerable.

1148 Experience of a Service for Homeless People with Addictions in an Emergency Shelter in Lisbon

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Background: During the COVID-19 pandemic, the Municipality of Lisbon implemented several Emergency Shelters in the city to provide an answer to homeless people. The Emergency Shelter (CAEM Sta Bárbara), which opened on Sept 21, provided a facility (also known as ECAD) that can be used by the homeless with drug and alcohol abuse residing in this shelter, under a framework of a harm reduction intervention. The shelter is managed by two NGOs (Ares do Pinhal and VITAE) and is sponsored and monitored by the Municipality of Lisbon. Present work reports on an 8-month follow-up of infectious disease management.

Method: All the users provided written signed informed consent forms and authorization namely to access epidemiological data and substance use records routinely collected at the program.

Results: Between October 2021 and May 2022, Santa Barbara CAEM had 332 residents. Most were Portuguese (75%), Brazilian (5%) or Ukrainian (4%). Screening for HIV, HCV, and HBV was performed on 224 eligible residents. Concerning HIV, 25 (11%) presented positive serology, while 72 (32%) were reactive for HCV and 38 (17%) for HBV. Regarding TB, 87 residents were screened with only 1 (1%) positive result. As expected, Portuguese represent the most prevalent group for HIV (96%), HCV (87.5%) and HBV (71%).

Conclusion: The specific characteristics of this Emergency Shelter – namely location in the city center and a space for drug and alcohol consumption – allowed safer drug/alcohol use, positively impacting public drug use and harm reduction, and social unrest in this area. The concomitant screening for infectious diseases promotes early diagnoses and treatment initiation, better referral to specialized services, and improved clinical outcomes. Stabilized housing increases adherence and facilitates overall infectious disease management in these at-risk populations.

1149 Screening, Diagnosis, and Treatment of Infectious Diseases with At-Risk Populations

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Background: Infectious diseases represent significant health issues in Portugal and are a leading cause of death and disability in some vulnerable populations, such as drug users and the homeless. In recent decades, harm reduction programs undertake a significant effort to deal with these difficult conditions. In the Mobile Outreach Program (MOP) managed by Ares do Pinhal in Lisbon community screening, linkage to care, disease management, and treatment adherence for infectious diseases have always been a priority.

Method: Increasing the number of screenings and diagnosis, namely for HIV, HBV, and HCV, patient education for harm reduction concerning infectious diseases and drug use (to prevent new infections/reinfections), as well as fighting stigma and myths about treatment, and patient referral, remain a priority within the program. Concomitant management at the MOP of a methadone substitution program and treatment for infectious diseases, based on a direct observation treatment. The present data are based on the medical charts available at the program between 2001 and 2021.

Results: The MOP managed around 8 323 individuals during the study period. For HIV, 28 660 screenings were performed, with an average incidence of 2.2% and a prevalence of 21% during these 20 years. Also, 28 566 AcHCV screenings were performed, with an incidence rate of 2.7%, and a 20-year prevalence of 65.9%. Lastly, for AgHbs, 28 544 screenings were performed with an average prevalence of 4%.

Conclusion: These results highlight the importance of the MOP in the screening and subsequent referral of patients with infectious diseases since 2001. In the last 20 years, the implementation of harm reduction policies promoted a great decrease in the incidence and prevalence of these diseases. The numbers found in the MOP reflect the same data found for drug users in Portugal according to the National Health Institute.

1150

Acceptability of WhatsApp Groups as a Platform for Health Education among Adolescent Girls and Young Women in South Africa

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Background: WhatsApp as many other Messaging Apps or “Messengers” enables messaging and exchanging documents and multimedia element. This research explored the possibilities and challenges of using WhatsApp to support dissemination of health information among adolescent girls and young women.

Method: In this project, health education related topics were thrown into WhatsApp groups of adolescent girls and young women. Participants were recruited online using response driven sampling, through group link referrals. WhatsApp group invitation links were shared on social media platforms like Facebook and in local websites visited by adolescent girls and young women. Trained health worker used WhatsApp discuss health and social issues. After 6 months in the WhatsApp group, WhatsApp based Focus Group was conducted in the group. The objective was to establish their perception of WhatsApp as a means of delivering health education. Chats from the WhatsApp were exported to word, coded, and analyzed using Atlas.ti.

Results: Most of the participants highlighted that the shift to health discussion on social media platform shows was an effective and sustainable strategy. Some participants also indicated that the WhatsApp engagements were helpful in identifying and rectifying targeted areas which might be in need of workshops to improving knowledge. It is also observed that it can help in identifying other areas of rectification in the health sector, thus bringing similar manifestations to other health related challenges. However, negative perceptions were brought forth regarding the use of WhatsApp as a platform for health education among key population groups, these observed technological illiteracy, loadshedding and data shortages.

Conclusion: WhatsApp is an effective and widely acceptable strategy to increase health education among adolescent girls and young women. However, there is a need to exercise caution in rolling out the health education programmes as some youth might have challenges with technology, loadshedding and data shortages.

1152

Effectiveness of Sources of Information on Pre-Exposure Prophylaxis (PrEP) among Female Sex Workers in Soweto, South Africa

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Background: Sources of information on PrEP have an impact on HIV response and towards ending HIV by 2030. Identifying how and where individuals seek information is vital to convey the most effective messages to reduce new HIV infections. The objective of this study was to assess the sources of information on PrEP among female sex workers (FSW) and young women (YW) in Soweto, South Africa.

Method: Quantitative data were collected using close ended questionnaire. A total of 31 female sex workers and young women completed the questionnaire. Descriptive and inferential statistics analysis was done.

Results: Most of the respondents (64%) used social media to access information on PrEP. WhatsApp (62%) was mostly used by young woman (21%), FSW (10%). YW also indicated that they received PrEP information from Facebook (71%). The majority of the respondents were not part of any WhatsApp group that shared information on PrEP but were interested in joining one. The majority of the respondents also indicated that they have always accessed information on COVID 19 from WhatsApp groups and would be interested in receiving PrEP information through short video clips, edutainment, fliers and TikTok videos shared on WhatsApp.

Conclusion: The use of social media and WhatsApp as a means of disseminating PrEP information among FSW and YW could potentially reach out to the key population groups.

1154

Improving Health Equity and Outcomes among Persons with Disabilities in Namibia

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Introduction: Access to health, social and security services by persons with disability is not always easy. For persons with disabilities (PWD) to have full access to health, other social and essential services and equity, strong interventions driven by organizations of persons with disabilities, support groups, PWD bodies and others focusing on persons with disabilities, marginalized and vulnerable groups are needed. Most health and social facilities do not have service providers with sign language skills, hence the need to offer sign language training to health care workers and law enforcement officers to ensure access to information and services especially health, safety and security for hearing impaired Namibians to enhance equity. Access to safety and security by hearing-impaired persons is threatened by limited communication among providers and PWD.

Description: Health care workers from the Ministry of Health and social services and officials from the Ministry of Safety and Security and Immigration (NAMPOL) were equipped with basic communication skills in Namibian sign Language and continued support to facilitate communication between themselves and the hearing-impaired community to access services.

Lesson Learned: Most health and security professionals prefer to communicate directly with clients instead of having sign Language interpreters as sometimes information becomes partial and jeopardises cross-examination and other health processes. The intervention strengthened collaboration and partnerships between various institutions through capacity strengthening and development of the officials to ensure access and full attainment of human rights for hearing impaired persons.

Recommendations: More financial and technical support needed to replicate the training in other ministries and sectors to enhance access to quality services and equity, promote and protect PWD human rights. Efforts should continue and be financed to appoint those with basic sign language competencies in all health, security and social services.

1155

Evaluating CCMD Patients' Compliance with Parcel Collection and Prescription Renewal Using the Pelebox Compared to other External Pick-Up Points in eThekweni, KwaZulu-Natal, South Africa

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Background: The Central Chronic Medicines Dispensing and Distribution (CCMD) programme was rolled out in eThekweni Metro District, Kwa Zulu Natal in 2016. An external service provider packages medicines for registered, eligible patients with chronic conditions who can choose convenient pick-up points in the community. One example of a pick-up point is the Pelebox, an automated smart locker system. The study aim is to compare the collection compliance and prescription renewal rate of patients using the Pelebox to that of those using conventional external pick-up points.

Method: The study population comprised active CCMD patients enrolled in three public health facilities with Peleboxes (two urban, one peri-urban) in eThekweni in August 2021 (n=575 active prescriptions). Using MS Excel, routinely collected programmatic data on patients who chose to collect parcels from Peleboxes and conventional external pick-up points were quantitatively analyzed for the six-month period, from script generation to script expiry.

Results: Collection compliance across all three Peleboxes [Parcel 1 (90.7%, 99.2%, 93.9%) Parcel 2 (84.9%, 95.9%, 87.3% – and both Parcel 1 and 2 (79%, 95.9%, 84%)] were higher than across the two conventional external pick-up points [average: 84.5%, 82.3%, 67.7%]. Prescription renewal rate on the script-expiry date of the patients collecting from Peleboxes were also higher than among those collecting from conventional pick-up points (15.2%; 0%).

Conclusion: The Peleboxes across the three facilities are supporting a better parcel collection and prescription renewal rate than is achieved through conventional external pick-up points. Use of Peleboxes may therefore support enhanced treatment adherence and continued viral suppression to improved epidemic control. Further research to determine significant difference is recommended. The low rate of prescription renewals requires further investigation.

1156

Considering the Voices of the Periphery: An Awareness Centered Approach to Photovoice as a Visual Methodology in PrEP Uptake for Sex Workers in West Rand District

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Background: Photovoice has been indicated to have an awareness approach and benefits for its participants, such as empowerment and critical reflection. This method has not gained setbacks being examined its potential exclusively in sex workers.

Method: In an awareness centered approach, an identified group of sex workers who participated in the assessment were asked to consider ways in which photographs reflect their experiences for PrEP uptake. Photographs were used as discussion starters. These were normally posted on social media, and some taken by field teams during the course of the research, but mostly came from social media platforms, which included posters. Most of the data were extracted on the comment section.

Results: The research aimed to identify photovoice benefits and its limitation in terms of outreach for PrEP uptake amongst sex workers in West Rand. The photovoice method serves different areas of interest, such as empowerment, enhanced technological relationships and understandings, peer support, creative expression and sense of achievement for the intended goal. Photovoice projects higher in personal relevance and intensity when linked with the greater awareness benefits through social media. Most of these identified themes are supported by the wider literature on photovoice and its educative purposes for PrEP uptake. The limitations indicate that photovoice is not suitable for all and requires adaptation for individuals and the potential seriousness of social issues.

Conclusion: Implications for photovoice adoption can be a helpful intervention for PrEP uptake. Further research is required to develop the limited evidence base, particularly quantitative research that would enable comparisons to be made with other interventions.

1157

Examining Attitudes of People Living with HIV Towards Cabotegravir and Rilpivirine Long-Acting Injectable (CAB+RPV LA) during a Hybrid III Implementation-Effectiveness Trial in Europe

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Background: CARISEL, a mixed-methods hybrid study, examined strategies to support implementation of cabotegravir + rilpivirine long-acting (CAB+RPV LA) dosed every two months across five European countries. This qualitative analysis examined patient study participants' (PSPs') attitudes towards CAB+RPV LA at Month (M) 12.

Method: In total, 110 PSP semi-structured qualitative interview transcripts from M12 were analyzed for trends using ATLAS.ti. A theory-driven approach yielded a thematic analysis for Proctor and EPIS frameworks.

Results: CAB+RPV LA acceptability was high, with a positive experience reported by most PSPs (91%). Top reported reasons included: not thinking and/or worrying about taking medication (60%), patient travel facilitation (30%), number of injection visits (27%), and not having daily reminders (24%). Despite the positive view, 61% disliked injection side effects and 9% disliked the number of injection visits. Regarding appropriateness, 58% discussed the least suitable patient characteristics for treatment, including fear of needles (20%) and not tolerating intramuscular injections (11%). With respect to feasibility, 93% of patients had a clinic member to contact with questions to facilitate treatment. Most PSPs (83%) discussed strategies to make appointments easier to remember including calendar (63%), clinic (25%), and personal reminders (21%). Regarding sustainability, PSPs who intended to continue treatment (96%) attributed this to: not thinking and/or worrying about taking medication (35%), not being reminded of HIV status (14%), and having discreet treatment (13%). Relatedly, 74% discussed CAB+RPV LA fitting well in their life, and 86% reported that COVID-19 did not impact their appointment attendance.

Conclusion: PSP qualitative interviews provided evidence that CAB+RPV LA is acceptable, feasible, and sustainable. Adherence and retention are critical to successful implementation over time, and many related facilitators were identified that can be leveraged in the context of sustained treatment strategies to end the HIV epidemic.

1158

Effective Sex Worker to Health Care Provider Communication about Sexual Concerns: A Qualitative Study

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Background: Sex workers commonly experience sexual concerns, yet rarely discuss them with health care providers. The research examined sex worker and health care provider experiences and preferences related to communication about services related to their sexual concerns with the goal of informing intervention development.

Method: Sex worker's data were derived from focus groups and interviews with partnered and unpartnered sex workers who have visited health care centers for health services reporting sexual concerns. Health care provider data came from interviews from a community led monitoring methodology. Sex worker and community led monitoring data were analyzed separately using the framework method of qualitative analysis.

Results: Research findings revealed individual and institutional barriers to effective communication about sexual concerns and highlighted key communication facilitators. For instance, a sex worker to health care provider relationship, sex worker communication as a driver of health care provider communication, and vice versa. Sex workers expressed preferences for open, collaborative communication and health care providers expressed preferences for focused intervention targets, that is identifying concerns, offering resources or referrals and convenient format. A model of effective communication of sexual concerns was developed to inform communication interventions.

Conclusion: Research findings recommends that to improve sex worker to health care provider communication about sexual concerns, knowledge and skills-based interventions that activate patients and that equip providers for effective discussions about sexual concerns are needed, as are institutional changes that could incentivize such discussions.

1160

Increasing Efficiency in Pre-exposure Prophylaxis Uptake for Men who have Sex with Men through the Use of Risk Assessment: A Mixed Method Approach

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Background: Men who have sex with other men are a distinct key population group reached by the successive sampling of population size estimation. PrEP uptake rate among men who have sex with other men is about 3.1%, which is lower than that of other key population groups. The research deployed a field team with a specially designed risk assessment tool to help increase the uptake and efficiency of PrEP uptake among this population group in Tshwane.

Method: The field team assessed the outcome of deploying the risk assessment tool for PrEP uptake in identified regions. This risk assessment tool is a questionnaire administered by trained health care workers and data monitors to assess recent risky behaviors among this key population group, such as having sex without using preventive methods and sharing sharp objects. Individuals assessed to be at high risk of HIV were offered PrEP. A retrospective comparative analysis was conducted using data collected prior and after the deployment of the risk assessment tool.

Results: Prior to risk assessment tool deployment, about 4 of the 67 identified men who have sex with other men who were offered PrEP tested HIV positive, which is a rate similar to the HIV prevalence among the age 15–64 general population in the district. During the course of the research, positive volume was reduced to 21, but 46 of those individuals tested positive. The monthly PrEP uptake rate increased from 0–3% to 32% with the use of the risk assessment tool

Conclusion: The deployment of the risk assessment tool among men who have sex with other men helped reduce HIV testing volume, increased PrEP uptake efficiency and resulted in decreases in case detection. Plans are underway to scale up the tool's use across supported health facilities in the district.

1162 Strengthen Campaigns to Increase Adolescent Girls and Young Persons (AGYP) Awareness of HIV Prevention in the Context of COVID-19

Melissa-Jane Louw (presenting)¹

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Introduction: Adolescent boys and girls require more information on HIV prevention as its prevalence rate and the viral load suppression remain high in this group. During the COVID-19 pandemic in March 2020, schools remain the hotspots for spreading the virus due to the high number of learners in one place. As many young people have to stay home alone Lockdowns and isolations made young people more vulnerable during this time leading them to engage in destructive behaviours including unprotected sex and missing of medication.

Description: The Municipal Council of Windhoek is tasked with the responsibility to address the needs of vulnerable persons and develop the potential of individuals, families and communities within the Windhoek District. One of the social development interventions includes psychosocial support for orphans, vulnerable children and young people. 3 campaigns for AGYP were conducted in May 2022 with external stakeholders (AfriYAN and Namibia Planned Parenthood Association (NAPPA)) within the Windhoek district. They aimed at bringing service closer to young people who are hard to reach due to geographical locations. 440 young people attended the campaigns which included information sharing, the distribution of condoms and family planning service.

Lesson Learned:

- Create safe environments for discussions around HIV/AIDS, Condom use and family planning with both male and female adolescents
- Avail youth friendly health services to remote areas through mobile service
- Consultation sessions with community leaders in targeted areas will facilitate the participation
- Creating small discussions groups to find common solutions proposed by local community groups
- Increase knowledge on contraceptives and safe sex

Recommendations:

- To ensure that extensive HIV education and availability of services are made readily available for AGYP in all residential areas
- Address language barrier to ensure effective information dissemination
- Monitoring of those who left school due to unintended pregnancy
- Online platforms and mobile services

1163 Applying Diffusion of Innovation to Intervention Development: Photovoice as a Campaign Strategy for PrEP Uptake in Johannesburg

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Background: Photovoice approach has been documented as having a sustained and effective awareness creation, empowerment and critical reflection among participants. This project sought to establish the effectiveness of photovoice as a means of disseminating health information.

Method: In an awareness centered approach, an identified group of recipients of care who participated in the assessment were asked to consider ways in which photographs reflect their experiences for PrEP uptake. Photographs were used as discussion starters. These were normally posted on social media and posters. Most of the data were extracted on the comment section. The research aimed to identify photovoice benefits and its limitation in terms of outreach for PrEP uptake amongst recipients of care in Johannesburg health facilities.

Results: The photovoice method serves different areas of interest, such as empowerment, enhanced technological relationships and understandings, peer support, creative expression and sense of achievement for the intended goal. Photovoice projects higher in personal relevance and intensity when linked with the greater awareness benefits through social media. Most of these identified themes are supported by the wider literature on photovoice and its educative purposes for PrEP uptake. The limitations indicate that photovoice is not suitable for all and requires adaptation for individuals and the potential seriousness of social issues.

Conclusion: Implications for photovoice adoption can be a helpful intervention for PrEP uptake. Further research is required to develop the limited evidence base, particularly quantitative research that would enable comparisons to be made with other interventions.

1165

Health Concerns among PWID: The Case of City of Johannesburg Local Clinics on HIV Pre-Exposure Prophylaxis (PrEP) Utilization and Related Intervention Needs

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Background: Pre-exposure prophylaxis (PrEP) is clinically efficacious and recommended for HIV prevention among people who inject drugs (PWID), but uptake remains low and intervention needs are understudied. Notably, PrEP has emerged to address health concerns relatable to people who inject drugs. The utilization of PrEP and intervention needs are essential among this key population group.

Method: The study surveyed local clinics providing care to PWID and who were part of an ongoing longitudinal study of PrEP utilization. PWID completed an online self-administered questionnaire regarding PrEP use and needs.

Results: Described barriers to PrEP utilization occur to one or more socioecological levels. Individual-level barriers included lack of PrEP knowledge and limited HIV risk perception, concerns about PrEP side effects, and competing health priorities and needs due to drug use and dependence. Interpersonal-level barriers included negative experiences with healthcare providers and HIV-related stigma within social networks. Clinical barriers included capacity for PrEP delivery to PWID, poor service which sees patients standing in long queues and structural barriers related to homelessness and lack of money or identification to get prescriptions. Participants and key informants provided some suggestions for strategies to address these concerns and better facilitate PrEP delivery to PWID.

Conclusion: To help address multilevel PrEP uptake and adherence, the research discusses ways that interventions could target information, self-regulation and self-efficacy, social support, and environmental change. PrEP is clinically efficacious and has been recommended for PWID, thus development and testing of strategies to improve PrEP delivery to this high-risk and socially marginalized population are needed.

1166

Perceived Drivers of Behavior Change: Reduction of Alcohol Misuse as a Strategy to Mitigate against Risky Unprotected Sex among Adolescent Girls and Young Women

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Background: Harmful alcohol consumption constitutes a significant cause of the national burden of disease, yielded by risky unprotected sex amongst adolescent girls and young women. It has been a call for concern as it impinges different diseases, hence causing substantial medical and social costs, major economic loss, slowing progress towards the strategic goals of human development. The research seeks to substantiate approaches to the formation of a strategy to combat the harmful use of alcohol based on the analysis of the prevalence of alcohol consumption and related health and social problems.

Method: The research based its analysis of the extent and patterns of alcohol consumption and diseases associated with alcohol abuse. It used existing literature and community led monitoring approach in investigating preventive activities in healthcare and health needs for preventing alcohol abuse and strategies to mitigate against this problem.

Results: The dominant pattern of alcohol consumption is characterized by early onset of alcohol consumption, significant frequency, large doses, mostly strong alcohol beverages, with significant share of low-quality alcohol. This factor contributes to high levels of morbidity. Reported cases of behavioral change, some driving towards risky unprotected sex among adolescent girls and young women and people with mental and behavioral disorders due to use of psychoactive substances is often registered in health care facilities.

Conclusion: Alcohol abuse is a major factor of morbidity, epidemic of non-communicable diseases causing significant medical, social costs and economic costs. High level and unhealthy patterns of alcohol consumption causes high morbidity and mortality from noncommunicable diseases, accidents and risky behaviors. Community dialogues and interventions have been found to have insufficient knowledge, skills and gaps in professional training regarding the prevention of harmful use of alcohol. There is a high need for effective strategies to reduce the prevalence of this risk factor.

1168

Challenges in PrEP Uptake among Men who have Sex with Men in Torremolinos, Spain

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Introduction: Apoyo Positivo offers community-based, comprehensive prevention services to people most at risk of acquiring HIV in Torremolinos, a resort town and Fast-Track City west of Málaga, Spain. Herein we analyze data from people assessed and linked to pre-exposure prophylaxis (PrEP) care at our center, from June 2021 to June 2022.

Description: We deployed a standardized survey to guide which prevention services to recommend, ranging from blood-borne virus screening to harm reduction and PrEP. We collected and analyzed data on sexual practices and substance use and subsequently referred patients eligible for PrEP to one of three neighboring hospitals: Hospital Virgen de la Victoria in Málaga, Hospital Marítimo in Torremolinos, and Hospital Costa del Sol in Marbella. We follow up with people to confirm linkage to care.

Lesson Learned: 214 people visited our prep point service for information. Of those, 160 were eligible for PrEP, and 135 (84.4%) were successfully linked to preventive care. Most of them were Spanish (74.1%), aged 25-44 (72.6%), and almost all (97.0%) were cisgender (131 MSM, 2 women) and 2 non-binary users. A relevant 62% used sex venues, 58% reported practicing chemsex, and 47% inhaled substances (e.g., alkyl nitrites or poppers and cocaine) sharing tools to do so, and 1 user shared needles). Of note, while chemsex has overall decreased from 72% to 59%, slamming or injected drug use increased to 3% of all people in PrEP.

Recommendations: Although we have successfully promoted PrEP adoption among MSM, growing our PrEP Program by 321 users from January 2020 to June 2022, more support is needed to increase linkage to care and encourage uptake in other key populations, including migrants, trans women, and sex workers.

1169

Outcomes of Interventions and Strategies in Addressing Gender-Based Violence Prevention among Adolescent Girls and Young Women in South Africa: An Integral Approach

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Background: Gender based violence remains one of the most serious threats to the health and safety of women and girls. The problem is even more pronounced in local communities where women and girls are at increased risk of violence. Despite growing need, there have been few interventions aimed at primary gender-based violence prevention and weak systematic reviews of GBV prevention efforts specifically focused on adolescent girls and young women. Reviews to date have primarily examined prevention of conflict related sexual violence with very limited focus on intimate partner violence

Method: This study reviewed scientific literature addressing strategies for prevention of GBV and their effectiveness among adolescent girls and young women. Narrative content analysis methods were used to extract findings related to prevention programs recommended by the humanitarian community, such as sociocultural norms change, rebuilding family and community support structures, improving accountability systems, designing effective services and facilities, working with formal and traditional legal systems, monitoring and documenting gender-based violence, and engaging men and boys in gender-based violence prevention and response.

Results: Research findings indicate that a range of GBV prevention activities recommended by the humanitarian community are currently being applied in a variety of settings. However, there remains a limited body of evidence on the effectiveness of these prevention programs, interventions and strategies, especially with continuous rise on the numbers of gender-based violence acts faced by adolescent girls and young women in our communities.

Conclusion: Commonly agreed upon standards or guidelines for evaluation of GBV prevention programming could assist humanitarian stakeholders to build and disseminate an evidence base of effective gender-based violence prevention interventions, programs and strategies. Evaluation of gender-based violence prevention efforts must be given higher priority to justify continuation or revision of recommended gender-based violence programs being implemented in diverse humanitarian settings.

1170 Strengthening Health and Social Services through Partnerships in Walvis Bay

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² UNAIDS, Windhoek, Namibia

Introduction: Following a fire at the Twaloloka informal settlement in Walvis Bay in 2020, which left more than 111 people homeless, with 30 of those children, including a two-week-old infant, and three pregnant women, the municipality of Walvis Bay has been providing holistic health and social services to the residents following their relocation to temporary accommodation, and subsequent more permanent accommodation following construction led by the municipality. Loss of livelihoods, housing, educational materials, food, health and sanitation facilities were key needs for the community.

Description: Walvis Bay municipality established public-private-partnerships (PPP) with various sectors including business community, educational institutions, civil society organisations and affected community members to build back better, socially in the midst of the COVID-19 pandemic.

The municipality engaged with community members to avail water and sanitation facilities through coupon system led and managed by the community for ownership. The municipality also supports the multi-purpose centre, managed by several NGOs providing comprehensive health services for youth including young key populations and women, youth empowerment programmes, economic empowerment programmes, and programmes for eradicating and managing substance abuse and gender-based violence among others. The multi-purpose centre provides various services to the communities and is led and managed by community members and NGOs.

Lesson Learned: Community leadership and ownership were critical in the rebuilding of the houses, allocation and joint contributions to the projects. Continued service delivery for health, water, sanitation and education services were maintained throughout the emergency situation caused by the fire and the COVID-19 pandemic.

Recommendations: Partnerships, relations and accountability mechanisms between municipalities and communities will continue to be strengthened for improved service delivery and livelihoods through partnerships and collaboration with communities.

1172 Quality Improvement Survey among Key and Vulnerable Populations Utilizing HTS Services: A Survey Report of Kopano Ke Maatla

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Background: The need for ensuring good welfare for key and vulnerable populations has grown to be a 'thing of now' phenomenon. The quality of improvement detailing HTS service provision has not reached its level best yet due to some discrepancies and hindrances by the provision of this particular service in health care centres.

Method: The study aimed to identify the health needs of key and vulnerable populations utilizing the services of Kopano Ke Maatla and assess the satisfaction rate of beneficiaries. It took both a qualitative and quantitative direction in its data extraction and implementation plan. A questionnaire was distributed to both male and female beneficiaries of age groups ranging from 15-65. Inclusion in the study was voluntary, on site, and completed by beneficiaries of HTS. During the study period, HTS were provided to 373 beneficiaries, and all of them completed the questionnaire.

Results: Though not statistically significant, the results indicated that GBV (21%), Family Planning (20%) and Pap Smears (19%), followed by Prostate screening (17%) are the services mostly needed by the respondents who utilize community HTS around Atteridgeville. The satisfaction rating by respondents regarding HTS provision was over 95%. A few respondents (less than 1%) request to have a copy of their HIV test results.

Conclusion: There is a need to expand the community-based health services provided for key and vulnerable population beneficiaries. A more intense and broad study is needed to assess the health needs of key and vulnerable populations. This will assist the health planners to provide services that are relevant to communities being served.

1173

Perceptions of Enablers and Barriers to Oral PrEP Uptake, Adherence, and Continuation among MSM

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Background: Pre-exposure prophylaxis was developed as a prevention strategy for individuals at high risk of HIV infection. Men who have sex with men continue not to take PrEP. Efforts to identify these gaps and address such ignorance in pre-exposure prophylaxis uptake are urgently needed.

Method: The study deployed field teams to extract data on the field pertaining the perceptions around PrEP uptake amongst men who have sex with other men. Hotspots, safe spaces and service providers where most men who have sex with other men gather were identified using wisdom of the crowd and response driven sampling. Data collectors received support to use social media platforms for PrEP awareness campaigns and initiation program.

Results: Focus was on sexual risk behaviors as the primary determinant of who should be on PrEP and identified various objective systemic and societal barriers to PrEP access. The requirement that PrEP be prescribed to men who have sex with other men was a perceived deterrent for populations with social mistrust, more specifically due to judgements and low health literacy. Practice norms in response to patient requests were seen as favoring more privileged heterosexual men and women. Social held perceptions, thoughts and biases, sexual stereotypes were the most readily acknowledged, including assumptions about homosexuals being deemed unfit for such services and being sexually 'safe'. Participants criticized and judged same sex partners who chose to prescribe PrEP. This births a lot of insecurities and stigmatization leading to fear of being seen at health care facilities or discomfort communicating about sex and PrEP uptake with health care workers

Conclusion: These early insights from a select sample of early adopting providers illuminate mechanisms through which stigma could compromise PrEP access for men who have sex with other men populations and corresponding points of intervention within the health care system.

1178

Participatory Practice and Community-Led Monitoring in Prevention Research, Tshwane District

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Background: Community Led Monitoring is a common mechanism for community input into the research process. The cross-CLM network is a virtual body that brings together the community and relevant stakeholders to prevention research. Ethical guidelines for health research encourage platforms that promote community input in the research agenda to promote an inclusive, responsive and accountable research process. This study aimed to document the contribution and effectiveness of community led monitoring in the prevention research process.

Method: The study used qualitative and quantitative research, including focus group discussions with community led monitors, as well as informant interviews. It looked at relevant literature on the subject of prevention research and how other scholars understood the community led monitoring epidemiology. An online survey was conducted to collect quantitative data from key participatory stakeholders. Data were collected and analyzed using the SPSS software for quantitative research. Tools were translated to comprehensible language

Results: Majority of community members had given feedback to researchers and had knowledge and participated in the prevention research. However, due to limited funding, data monitors were not able to organize a detailed training on the good prevention practices guidelines to fully comprehend the principles outlined. Discussions also revealed that community members find health research language complex and require more time to critically understand research documents.

Conclusion: Managers of research institutions should allocate resources to train community leaders, research study participants, and data monitors in understanding and implementation of prevention strategies to enhance meaningful stakeholder engagement in research. Data monitors and relevant stakeholders should design a comprehensive plan for monitoring and evaluating all prevention activities. The study highlights some of the effective avenues to engage all stakeholders in the design and conduct of prevention trials. Community capacity should be enhanced and adequately be funded for effective engagement of communities and researchers.

1179

Identifying Services Gaps and Needs along the Substance Use, HIV, and HCV Continuum of Care for People in the Justice System: A Mixed Method Approach

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Background: People in the justice system represent an at-risk population for substance use disorders (SUDs), HIV, HCV, and sexually transmitted infections. As a part of a hybrid type 1 randomized controlled trial to compare two approaches (Patient Navigation and Mobile Health Unit) to prevention and treatment services, a community needs assessment was conducted with justice and community providers. This paper reports on gaps in service delivery between agencies along the continuum of care for people in the justice system, with emphasis on services for SUDs, HIV prevention, and HIV treatment.

Method: The needs assessment survey asked questions about prevention and treatment for SUDs, HIV, PrEP, and HCV. Focus groups were conducted with representation from justice and community providers holding positions as administrators, case workers, and clinicians to gain insight around screening, linkages, and referrals. A mixed method sequential design was used with quantitative and qualitative data collected from four independent agencies. Triangulation identified commonalities and discrepancies between the quantitative and qualitative results. A complementary approach also uncovered gaps in service delivery among community partners.

Results: Survey results identified gaps in services around opioid use disorder (OUD) assessment, HIV/HCV screening, PrEP counseling, and HIV medical care. Namely, justice settings reported a lack of risk assessment, screening, and referrals to care for HIV and HCV. Focus group data provided further evidence that lack of knowledge about available services, interagency communication, and administrative policy were impeding linkages or referral to prevention and treatment.

Conclusion: This paper will present on gaps in prevention and treatment services for SUDs, HIV, PrEP, and HCV in a representative community in the United States. Results will highlight the need for establishing partnerships between justice and providers to facilitate a continuum of care for justice-involved populations. Implications and future directions will be discussed.

1180

The Impingement of the COVID-19 Pandemic on Pre-Exposure Prophylaxis Service Provision: Views from the Lens of PrEP-Dedicated Healthcare Workers in South Africa

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Background: COVID-19 continues to present unprecedented challenges towards our socio-economic setup. In resource-limited settings, one concern is to what extent the pandemic has negatively affected PrEP service provision and its intended uptake goal, leading to setbacks in the remarkable progress of the national strategic plan. Reports from frontline healthcare workers and field team provide the earliest opportunities to understand the impact of the pandemic on PrEP service provision.

Method: The study surveyed health care workers providing care to people accessing and enrolled for PrEP at different identified care facilities in South Africa and who were part of an ongoing longitudinal study of care providers. Both qualitative and quantitative data collection methods were used to collect and analyze data. Health care workers completed both a physical and an online self-administered questionnaire regarding care delivery since inception of the pandemic.

Results: From the health care workers approached and agreed to participate, 58% were women; the median age was 29 years; and 3% were doctors, 12% clinical officers, 51% community led data monitors, 23% social workers or counsellors and 11% non-formally trained assistants. More than 50% of health care workers reported discontinuance, reduction or delays in a variety of routine functions at their health care facilities. In response to these challenges, 69% of health care workers reported an increase in communication with patients via phone or text, 72% reported a larger than usual supply of pre-exposure prophylaxis (PrEP) being given to patients, and 81% reported initiation or increased delivery of PrEP to patients in community settings.

Conclusion: There were ample reports of PrEP service disruptions as a result of the pandemic. However, many attempts at rapid solutions to these disruptions, and dissemination of best practices might benefit other health care facilities and communities at large.

1181

D-Mongolia: Screening and Linkage to Care for Viral Hepatitis in Mongolian Nationals Living in Spain, Preliminary Results

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Background: Mongolia is one of the countries with the highest prevalence of viral hepatitis (B, C and D). In total, 841 Mongolian nationals are reported to be living in Spain mainly in 3 regions (Barcelona, Madrid and Donosti). The aims of the study are to screen Mongolians living in Spain for viral hepatitis, and to comprehensively characterize chronic viral hepatitis among them.

Method: The program is an adult community-based screening consisting of several events that include a specific educational activity regarding viral hepatitis (audiovisual informing about epidemiology, transmission, and therapy) followed by hepatitis B and C testing using HBsAg and anti-HCV point of care testing. Those positive will be tested by point new tools (dried blood test for HBV-DNA, HCV-RNA, anti-HDV and HDV-RNA) and will be linked to care. The first pilot event was performed in Barcelona in April 2022.

Results: From 95 Mongolians living in Barcelona, 70 adults were appointed to be screened, and 33 (47%) subjects performed the educational activity and were tested. Twenty-two subjects were female (67%), median age 47.6 ± 12.3 years, and 12 (36%) subjects had viral hepatitis risk factors. Among them, 3 were anti-HCV+ (9.1%) and 2 with HCV-RNA detectable (67%); two were HBsAg+ (6.1%) and one with detectable HBV-DNA (50%). One patient had hepatitis B/D (3%) with undetectable HDV-RNA and HBV-DNA. Amongst the 5 diagnosed patients, 3 (60%) were unaware of having viral hepatitis. Two subjects had advanced fibrosis calculated by non-invasive markers FIB-4 and APRI. Following events will be conducted in Madrid and Donosti by the end of 2022.

Conclusion: Half of the appointed adult Mongolians living in Barcelona attended our viral hepatitis screening program. The prevalence of HBV, HDV and HCV infection is higher than the Spanish population. In addition, 60% of those tested are unaware of their infection.

1183

How is PrEP Working Out in Manchester, UK?

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Background: Pre-exposure prophylaxis (PrEP) effectively reduces the risk of HIV transmission. In England, PrEP is freely available for those eligible via Sexual Health clinics who also provide regular monitoring and screening for other sexually transmitted infections (STIs). We sought to evaluate the characteristics of those receiving PrEP through our service so we could consider any service improvements or further interventions required.

Method: The records of 1976 patients issued PrEP between August 2020 and July 2021 were reviewed. The following were recorded for each patient: age, PrEP regime, smoking status, co-morbidities, concomitant medications and reported side-effects from PrEP. Bacterial STIs were also recorded, and rates compared between PrEP regimes.

Results: The mean age of patients was 35 (range 16 to 77). 1371 (69.4%) took their PrEP daily, 450 (22.8%) followed event-based dosing and 155 (7.8%) another, a variable, or an unclear method. 735 (37.2%) tested positive for one or more STIs during the year; in total 1137 STIs. Of these there were 173 syphilis, 437 chlamydia and 538 gonorrhoea infections, with no difference in STI rates between PrEP regimens. 553 (28%) patients had one or more comorbidities; 784 took additional prescription medications (40%), 356 (18%) reported a mental health condition and 530 (26.8%) were smokers which is well above the national average of 13.5%. Only 41 (0.02%) patients had documented side-effects from PrEP.

Conclusion: Our observations indicate that PrEP is extremely well-tolerated and that STI rates are high regardless of regimen. The population seeking and taking PrEP have a relevant degree of comorbidity and this must be considered in order to prescribe PrEP safely. Mental health problems and high smoking rates were significant findings; services should provide, or signpost to, mental health support and smoking cessation. It is important to evaluate the wider needs of patients accessing PrEP.

1184

A Pilot Study Qualitatively Exploring HIV Stigma among General Practitioners in Wales

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Background: HIV is now a manageable chronic illness. People living with HIV (PLWH) access primary healthcare services to manage overall health rather than specialist services. HIV-related stigma within primary healthcare services continues to be experienced and negatively impacts the health of PLWH. This study aimed to explore awareness of, and attitudes to, HIV-related stigma among general practitioners.

Method: Four general practitioners working at practices in Wales participated in semi-structured qualitative interviews. Questions explored professional experiences of treating PLWH and knowledge of HIV and stigma. Interviews were analysed thematically.

Results: Overarching themes were drivers of stigma, prevalence of stigma and overcoming stigma. The main factors enabling stigma were uncertainty in communication, gaps in knowledge and not recognizing HIV as a problem. These impacted frequency of offering HIV testing to patients and increased use of precautionary measures such as 'double gloving'. There was low awareness around what constitutes HIV-related stigma in healthcare and the lived experiences of PLWH. The main ways suggested to overcome stigma were increased exposure to PLWH, educational updates for GPs and increased awareness of HIV-related stigma.

Conclusion: The literature presents that stigma continues to pose an issue to PLWH among healthcare. This study presents how systems within healthcare and uncertainty around communication can exacerbate the issue. It would be beneficial to increase GPs' awareness around both the public's perception of HIV and stigma faced by PLWH. Further research is required to expand on findings, to better grasp the prevalence of stigmatizing behaviours within this area of healthcare.

1185

HIV Knowledge among the General Population Participating in the 2022 European Testing Week in Brescia, Northern Italy

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Background: During the European Testing Week in May 2022, the Infectious and Tropical Diseases Clinic of the ASST Spedali Civili di Brescia, together with the Municipality of Brescia, Northern Italy, and local civil societies, organized four days of free rapid screening tests for HIV and HCV. We report the results of a questionnaire that was offered to the participants in order to investigate knowledge on HIV.

Methods: An anonymous, multiple-choice self-completion questionnaire was administered to everyone who performed the screening test or requested a consultation. Categorical variables are expressed as percentages. We compare the answers between four sub-groups: people aged 18-40; >40 years old; heterosexual and LGBTQIA+, in order to evaluate whether there was one or more groups more in need of tailored preventive strategies.

Results: Overall, 228 questionnaires were completed, 50% declared female gender and 75% were 18-40 years old. Around 80% declared to be heterosexual. Overall, more than half of respondents never performed an HIV test before (55%). Those aged >40 years old performed the lowest results: in this group only 10.5% knew the ways of HIV transmission (vs 42% of younger and 47% of the LGBTQIA+), where only 20% aware that undetectable=untransmissible (vs 51% of younger and 63% of LGBTQIA+). PrEP was known from the 42% of LGBTQIA+ and by only 11% and 19% of >40 years old and heterosexual, respectively. Finally, while nearly 70% of young and LGBTQIA+ people would cohabit with PLHIV, only 32% and 55% of >40 years old and heterosexuals would not.

[TAB etw_Magro 2022](#)

Conclusion: The deepest gaps in knowledge of HIV were found in the over 40 yo group. Among all, this group would mostly benefit from tailored preventive initiatives, also considering that in Italy the median age at HIV diagnosis is 40yo. [1] Moreover, HIV stigma is still strongly present among different strata of the population and should be urgently addressed.

1187 Implementing HIV, Hepatitis B, and Hepatitis C Opt-Out Testing in London Emergency Departments

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Introduction: Opt-out testing for blood borne viruses (BBVs) has clear benefits in reducing late diagnosis and onwards transmission, as well as the stigma associated with risk-based testing. In April 2022, London became the first city in the world with the ambition to introduce opt-out testing for HIV, hepatitis B and hepatitis C across all of its hospital emergency departments.

Description: This initiative builds on learning from successful pioneer sites as well as from the COVID-19 response, with implementation challenges being met as they arise in an agile and flexible manner. Any patient having bloods taken in an emergency department is tested for all three BBVs. Notional consent is used, with posters and leaflets informing patients about the process, how to opt-out, and educational messaging about treatment and support to live a healthy life. The programme is funded at £8.85m in year one via the national HIV Action Plan and Hepatitis C Elimination programmes, with similar approaches following in Brighton, Manchester and Blackpool.

Lesson Learned: HIV testing has been implemented in 26 and hepatitis B and C testing in 10 of London's 28 emergency departments. Early results show over 20 people living with HIV have already been identified and engaged in care. Complexities in existing pathology arrangements, for example in reflex hepatitis C testing, have required laboratories and networks to operate in different ways, with no 'one size fits all' approach. Higher than forecast attendance levels have required additional investment, and higher than expected diagnosis rates of Hepatitis B have meant that health systems have needed to redesign patient pathways and ways of working to support increased demand.

Recommendations: Move to full implementation of BBV testing with national data, monitoring and evaluation. Respond dynamically to increased demand with excellent treatment, care and support.

1188 Positive People Live Positive Lives: A Collaborative Mural to End HIV Stigma in Cork City, Ireland

Will Kennedy (presenting)¹, Martin Davoren², Elinor O'Donovan², John Sheridan³, Phil Corcoran²

¹ Positive Cork, Cork, Ireland

² The Sexual Health Centre, Cork, Ireland

³ ACT UP Cork, Cork, Ireland

Introduction: 'End HIV Stigma' is a creative outreach project that aims to reduce stigma about HIV in Cork by bringing the topic into public conversation and public space, educating the general public about the progress in HIV care, celebrating how far we've come and acknowledging how far we have yet to go.

Description: This project was delivered via four work packages: a series of workshops with people living with HIV, a publication, a mural, and a public presentation, and centred the lived experiences of people with HIV in Cork. This was a collaborative project by the Sexual Health Centre, Positive Cork, ACT UP Cork, Cork HIV Treatment Clinic, Cork LGBT Archive, Cork City Council, Ardu Street Art Initiative and Quarter Block Party.

Lesson Learned: The mural depicts the slogan 'Positive People Live Positive Lives' signalling the journey to date in relation to HIV and calling on the community of Cork to End HIV Stigma. The mural acts as a public conversation-starter, literally bringing the topic of HIV stigma into the public space and acts as a landmark of this progress for many years. The mural is showcased on in the city centre, owned by Cork City Council signalling the joint belief.

Recommendations: The current mural is erected for a period of six months. Following this time, the collaborative partners propose printing the mural to postcards with a series of myth busting information on the reverse so that the project can continue to tackle HIV stigma across our community. The planned presentation will outline the participation of people living with HIV and other stakeholders. It will also demonstrate how involvement was encouraged at all stages of the creative process. The mural generated interest leading to opportunities for people living with HIV to provide education and engage in community discussions.

1189 Status Neutral in Chicago: Roadmap to End HIV

Jorge Cestou (presenting)¹

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Introduction: In the city of Chicago, between 2009 and 2016 new cases of HIV plateaued at ~1,000 cases per year and only ~30% of persons living with HIV were virally suppressed.

Description: After data modeling and a 24+ month community planning process, Chicago introduced its Status Neutral approach to HIV service delivery. As a roadmap to end the HIV epidemic and with the goals to (1) increase the number of individuals on PrEP by 20% and (2) increase the number of persons living with HIV who are virally suppressed by 20%, the model was introduced in 2019. This novel model integrated HIV prevention, care, and housing services for all regardless of HIV serostatus.

Lesson Learned: After three years of Chicago's Status Neutral service delivery model implementation, the approach continues being successful. New HIV infections have been recorded at its lowest since 1988 at 652 in 2019 and 627 in 2020 and viral suppression of persons living with HIV has increased to 49% in 2019, and to 61% in 2020.

Recommendations: To promote Status Neutral approaches and ease the implementation stress, national and international partners need to implement similar approaches to funding HIV services. Ending the HIV epidemic through implementing novel practices like Status Neutral approaches in local jurisdictions, while effective in the locality, it is only a building block that if augmented can build highly successful infrastructures in any nation and throughout the globe.

1190 World AIDS Day Run: Tackling HIV-Related Stigma within Communities

Martin Davoren (presenting)¹, Phil Corcoran¹, Niamh O'Connor¹, Nicola O'Connell², Anita Ghafoor Butt², Denise Cahill³, Maeve O'Brien²

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Introduction: It is estimated that over 6,000 people in Ireland are living with HIV. Advances in HIV treatment means that individuals living with HIV can live long and healthy lives. However, the stigma associated with HIV has been well documented.

Description: In 2018 the Sexual Health Centre launched our World AIDS Day Run to highlight HIV Testing and tackle HIV stigma. The event which takes place on World AIDS Day is a 5km run in collaboration with the HSE Sexual Health and Crisis Pregnancy Programme and Healthy Ireland. The run has to date advocated for individuals to 'Know your Status'. From 2018 to 2021, the event and campaign has involved:

- Inviting individuals to become 'Ambassadors against HIV Stigma';
- Signposting participants to their local parkrun event in Ireland to participate in the World AIDS Day Run on December 1st;
- Providing participants with a free dri-fit top that signals World AIDS Day and links to services; and
- At the 5km event, the participants see a myth busting sign at each kilometre. The included myths are as follows:
 1. HIV is not transmitted from sweat, tears or saliva
 2. You cannot get HIV from toilet seats
 3. HIV is not transmitted from sharing food or utensils
 4. You cannot get HIV from kissing
 5. Undetectable=Untransmittable

Lesson Learned: The event has grown from 350 participants in 2018, 430 in 2019, 500 in 2020, and over 1,000 in 2021 signaling societies enthusiasm to tackle the stigma associated with HIV. The World AIDS Day run has facilitated the topic of HIV and its related stigma being brought into the public discourse and signposting individuals to relevant services.

Recommendations: Following consultation with stakeholders and feedback at events to date, the run will be updated to the slogan *End HIV Stigma* in 2022.

1195 Inclusion in Signposting: Ensuring all Communities Can Attain HIV Treatment and Support

Martin Davoren (presenting)¹, Muire O'Farrell¹, Elizabeth Murphy², Arthur Jackson²

¹ Sexual Health Centre, Cork, Ireland

¹ Cork University Hospital, Cork, Ireland

Introduction: Linking individuals living with HIV to clinical care is crucial as effective treatment keeps HIV at an undetectable level in the body and means the virus cannot be transmitted to sexual partners. Considering this, it is vital that individuals migrating to Ireland know how to effectively navigate the healthcare system and thus access treatment, care, and support.

Description: In 2022, the Sexual Health Centre launched a step-by-step guide for individuals coming to the Cork and Kerry Region on 'How to access HIV Treatment'. The guide advises those new to the area that:

- They can contact team members of the Sexual Health Centre who can link you to the local HIV treatment clinic;
- HIV treatment and care is free of charge in Ireland and that an individual's legal status does not affect this;
- That you can bring your HIV medical documentation with you which may have details of your HIV positive diagnosis (including the date of the diagnosis) a list of your current (and any previous) HIV medications, the results of your last 3 blood tests (CD4 counts and Viral Load tests), if possible;
- That individuals should bring a 3 months' supply of medication with them to Ireland if possible; and
- The location of the clinic in Cork.

Lesson Learned: Empowering individuals to navigate the healthcare system is a focus of the Sexual Health Centre. Translating the guide, utilising visuals and collaborating with partners working with migrant populations has allowed for effective, inclusive signposting to all.

Recommendations: Embedding guides focusing on both sexual health and HIV treatment, care, and support, is an important aspect of an individual's transition into a new country and should be embedded into individual country processes.

1196 HIV Testing Training for Non-HIV-Specialists in a Tertiary Hospital: Change in Attitudes and Rates of HIV Screening

Alejandro García García (presenting)¹, Javier Martínez Sanz¹, María Jesús Vivancos Gallego¹, Jesús Pérez Elías¹

¹ Hospital Ramón y Cajal, Madrid, Spain

Background: National and international HIV testing guidelines are poorly known by non-HIV specialists. Increasing awareness is essential to improve HIV screening.

Method: In a tertiary hospital, six infectious diseases physicians provided a 1-hour training session on HIV screening to other departments. A brief questionnaire was used before and after to evaluate attitudes towards HIV screening. We compared the absolute number of tests requested, the screening rate per 1,000 patients attended, and new HIV diagnoses in the 6-month period before and after training, for each department.

Results: 346 non-HIV-specialists (90% <55 years, 59% female), from 31 hospital departments (17 medical, 14 surgical), were trained and answered the questionnaire. According to pre-training questionnaire, 20% of non-HIV specialists (28% medical vs 8% surgical, $p < 0.001$) were aware of HIV testing guidelines (5% ordered routinely, 60% with any obvious exposure risk / indicator conditions, and 35% never did so). In post-training responses, 98% considered the training useful, and responses showing a positive attitude towards routine HIV testing increased to 20%, while those who never requested tests decreased to 2% ($p < 0.001$). Out of an estimated number of 785,499 patients attended in both periods, we observed a 24% increase in HIV tests requested ($p < 0.001$), significant in medical and surgical services; increase was driven by six medical and one surgical department (Figure 1). Increase in new HIV diagnoses in the post-training period (25 vs 37) was seen, although only in medical departments (19 vs 32; $p = 0.068$).

Conclusion: Non-HIV-specialists reported poor knowledge of HIV screening, worse in surgical departments. Directed training was considered useful and significantly improved attitudes towards HIV testing. We observed an increase in HIV testing coverage and its effectiveness, with marked differences between departments.

1197

Johannesburg District's Welcome Back Campaign Activities: Encouraging Re-Engagement with HIV Services

Kate Rees (presenting)¹, Melanie Bisnauth¹, Diana Mokoena¹, Moyaabo Mabitsi¹, Cara O'Connor¹

¹ Anova Health Institute, Johannesburg, South Africa

Introduction: People who interrupt antiretroviral therapy (ART) experience poorer health outcomes. The South African Department of Health instituted the *Welcome Back Campaign* to encourage clients who have interrupted ART to return to care.

Description: In Johannesburg, a media campaign was conducted March-September 2021. Messaging addressed the importance of remaining on ART and chronic medications, particularly during COVID-19. The campaign highlighted that health services were fully operational despite COVID-19. The tagline was: "Your health is in your hands." Media channels included radio, posters, flyers, social media. Activations took place at selected health facilities. We conducted focus group discussions and collected data on campaign exposure through a short survey with re-initiating clients May-December 2021.

Lesson Learned: A third (124/315) of clients re-initiating ART had heard/seen adverts encouraging them to re-engage. Clients exposed to the messaging found it helpful and reported that it influenced their return. However, health service-related and socioeconomic barriers to ART remained, and the numbers of clients re-initiating ART did not increase during the campaign period. At times, there appeared to be a disconnect between the messaging and client experience. Key barriers included changing life circumstances beyond the client's control, not having paperwork or knowledge of ART regimens, lack of disclosure, food scarcity and staff attitude. Clients engaging in internal and cross border migration reported additional barriers to remaining on ART.

Recommendations: Increased flexibility and efficiency within HIV services should be a priority to decrease access barriers and improve client experience, including the expansion of differentiated service delivery and multi-month dispensing. Improvements in the Health Information System would improve the experience of mobile clients and prevent treatment interruption. Health-care workers need to be supported and a culture of person-centred care should be fostered to improve client-provider relationships and support retention.

1198

Images Used in Prevention and Risk Mitigation in Chemsex Campaigns: Analysis to Identify Stigmas in the Denotative Message

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Background: During the last few years, Chemsex (sexual intercourse under the influence of drugs) has become popular among MSM (men who have sex with men). This poses a problem that facilitates STI (sexually transmitted infections) transmission, such as HIV, as people practising it use fewer preventive actions. These types of practices may carry health-related consequences and Governments are now offering new prevention measures, thanks to a deeper data research about this phenomenon. NGOs and LGBTBI+ organisations are putting in place different social media campaigns for prevention and risk mitigation. The information provided in text does not always match with their corresponding images, which creates contradiction.

Method: This study analyses twenty prevention campaigns in Europe, Spain, and Andalusia, and evaluates if the visual message corresponds with the textual message. It analyses as well if there is a stigma among users or if there is a lower risk perception.

Results: Some of the analysed campaigns do not always match the intended message, as some relied more on their attractiveness on social media instead of reaching a target. Sometimes, visual messages have been toned-down and, therefore, the problem was not appreciated. On other occasions, giving an attractive visual image was preferred over transmitting concise information.

Conclusion: Campaigns for prevention and risk mitigation with Chemsex should not be stigmatised nor create moral burden for people practising it, as this can lead into an identity dissociation with the target or that Chemsex is perceived as stigmatising or risk-free.

1199 Trans, Inter, Non-Binary Day at Berlin's Queer Sexual Health Centre (Checkpoint BLN)

Jacques Kohl (presenting)¹, Harald Klant Sadja¹, Nils Merten¹, Jose Juan Moreno Sotos¹, Christopher Clay¹, Christoph Weber¹

¹ Checkpoint BLN, Berlin, Germany

Introduction: Checkpoint BLN is a queer, community-based, NGO-led and state-funded sexual health centre in Berlin. Its services include anonymous HIV and STI testing, PrEP, PEP, HIV and STI treatment. Trans, inter and non-binary (TIN) persons figure among the key populations addressed. Due to frequent discrimination in the German health care system, TIN-persons are justifiably sceptical about the quality of health care and their safety, when they make use of health services. That is why Checkpoint BLN created a safer space for sexual health care especially designed for and exclusively accessible to TIN-persons: Trans Inter Non-binary Day (TIN-Day)

Description: Checkpoint BLN launched TIN-Day in 2020. Every last Saturday of the month, Checkpoint BLN services are exclusively offered to trans, inter and non-binary (TIN) patients. On their visits, patients fill out a short paper questionnaire including questions about gender, sexual orientation and sexual health topics.

Lesson Learned: On TIN-Day, 88 % of the patients identified as trans, inter and/or non-binary. 68 % appreciated the monthly frequency of TIN-Day. 25 % would prefer a weekly frequency. TIN-Day helped to acquire new patients. 66 % of the patients visiting Checkpoint BLN on TIN-Day used Checkpoint BLN services for the first time. 38 % came because they were advised by a friend or acquaintance to do so. Among the non-PrEP-Users, 31 % said that they had too poor information about PrEP to decide whether it was the appropriate safer sex strategy for them. 28 % said that they have not yet made up their mind if PrEP would fit their needs.

Recommendations: Sexual health clinics should offer services especially designed to fit the needs of TIN-People. Information about PrEP should be more accessible to the TIN-Community and emphasise TIN-specific topics such as the interaction between hormones and PrEP.

1200 Increase in HIV Diagnosis among Older Patients in Miami, FL

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Introduction: The Centers for Disease Control (CDC) reported in 2019 that 40% of people living with HIV did not know their status or were out of care and accounted for 80% of new HIV infections. In 2019, Florida had the highest rates of new infections with 4378 cases, 1181 in Miami. In a 2020 Florida Department of Health report, new diagnosis over the past five years increased by 8% in 30- to 39-year-olds and 7% in 50 and older, while other groups decreased.

Description: Emergency Departments (EDs) are critical for advancing public health initiatives because many patients seen in EDs do not access primary care. Two EDs in Miami, FL (one private, one public) integrated routine HIV screening into their existing workflow. Aggregate data from the past four years was used to compare diagnosis rates between both hospitals.

Lesson Learned: At Jackson Memorial Hospital ED, 76% of new HIV diagnosis were over the age of 30, 44% were over 40, and 40% were over 50. Similarly, at UHealth Tower ED, 80% of new HIV diagnosis were over the age of 30, 45% over 40, and 30% over 50.

Recommendations: Increasing HIV screening through EDs in comparable communities should be a public health objective since EDs play a critical role in identifying undiagnosed patients in high-prevalence areas. Routine HIV screening facilitated by electronic health records help address health disparities by overcoming testing bias. Our hospitals' routine screening programs are diagnosing older individuals in Miami-Dade County and linking them to care through our public-private collaboration with DOH Miami-Dade. In 2020, 83% of adults in the US visited a doctor or other health care professional, and 22% visited the ED. If this testing is expanded to all visits, most new HIV infections could be eliminated.

1203 Chemsex Check: Novel Reflective Exercise for People who Engage in Chemsex

Christopher Clay (presenting)¹, Jacques Kohl¹, Christoph Weber¹, Nils Merten¹, D. Paulina Matyjas¹

¹ Checkpoint BLN, Berlin, Germany

Introduction: At queer sexual health clinic *Checkpoint BLN*, we identified an opportunity to unobtrusively engage clients (attending with STI/PrEP concerns) who practice chemsex. We defined as goals (1) encouraging self-directed strategies for harm reduction and positive health outcomes and (2) signaling receptiveness to chemsex issues in counseling. We recognized attitudes towards chemsex to range widely from enthusiastic to ambivalent to struggling, and anticipated concerns of judgment and stigmatization. Chemsex is a known risk factor for HIV acquisition. Among other outcomes, chemsex can potentially impair health and quality of life, including among a sizeable cohort of participants living with HIV.

Description: In conference with practitioners and experts, we developed a casual exercise that stimulates reflection on chemsex habits and deployed it as a leaflet in the clinic's waiting room. On a grid of potential consequences of chemsex both positive and negative, clients first mark which apply to them and then draw their own "red line" separating acceptable from unacceptable characteristics. This increases awareness of chemsex effects, invites definition of individual goals and boundaries and develops discrepancies (if any). If counseling is requested, the filled-out exercise allows for quick visual initial assessment.

Lesson Learned: An anonymous survey among its first few users found that the *Chemsex Check* is deemed useful towards the project's goals, perceived as non-judgmental and reflects users' lived experiences. Respondents would universally recommend the exercise. The project has seen uptake among several related organizations such as drug counseling services, on-site prevention workers and a HIV specialist practice. A Swedish translation was produced with *RFSL Stockholm*.

Recommendations: The project is suited for and would benefit from further distribution, discussion, and evaluation, which we warmly invite. Requests have been received for versions for mobile phones, or more suitable for distribution at scene events.

1205 Health Care Providers' View on a Couple-Based HIV Care and Treatment Program Using the Consolidated Framework for Implementation Research (CFIR) 2.0

Hannah Brooks (presenting)¹, Almiro Emilio², Ariano Matino², Erin Graves¹, Caroline DeSchacht²

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² Friends in Global Health, Maputo, Mozambique

Background: In Mozambique, 15% of HIV-exposed infants seroconvert by 18 months of age. One major barrier to prevention of mother-to-child transmission has been male partner behavior inhibiting women from adhering to treatment. We implemented a cluster randomized controlled trial studying the effect of a couple-based treatment strategy for expectant HIV-seroconcordant couples. This abstract seeks to describe elements of intervention implementation: (1) factors that facilitated provider support for this intervention, (2) implementation challenges, and (3) strategies developed to facilitate implementation.

Method: We conducted 100 in-depth interviews with health care providers (51 providers at intervention sites and 49 at control sites) across seven districts (24 health facilities total) in Zambézia province, between January 2020 and July 2021. Interview questions and data analysis were guided by the analysis framework Consolidated Framework for Implementation Research (CFIR 2.0).

Results: Intervention characteristics (*Relative Advantages*), roles (*Intervention Deliverers*), individuals (*Need*), outer setting (*Local Attitudes, Conditions*), and inner setting factors (*Available Resources, Compatibility*) drove provider attitudes toward implementation. Providers (both in control and intervention sites) felt couple-care was more efficient, accelerated intervention if one person abandoned care, and facilitated couples counseling if mistrust or disagreement were expressed. Providers felt that the program fit well with patient needs and community characteristics, however, expressed concern that women in difficult relationships may not feel comfortable speaking truthfully in front of their partner. They suggested a limited number of women-only visits. Control providers expressed potential concerns regarding adequate space to implement the program and ensure privacy. Small tents and out-buildings were seen as suitable adaptations for program delivery.

Conclusion: Providers working in rural health facilities perceived a substantial benefit to delivering a novel couple-based care program to expectant couples living with HIV, despite structural space limitations and concerns that some male partners could limit a woman's uptake of desired services.

1206

A Brief Patient-Reported Measure of Barriers to ART Adherence for Routine HIV Care: Preliminary Construct Validation of the 7-item I-Score

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Background: Monitoring adherence barriers to antiretroviral therapy (ART) in routine HIV care is recommended. With a conceptual framework, we designed a 7-item patient-reported measure (Interference-Score) capturing seven barrier domains (Thoughts/Feelings, Habits/Activities, Social situation, Economic status, Medication, Care, Health). Produced in English and French with stakeholder engagement and cognitive testing for content validation, here, we present its preliminary construct validation.

Method: In January-June 2022, people with HIV in Canada and France completed the 7-item I-Score along with dichotomized self-reported measures of adherence (7-day, 30-day), intention to adhere, and viral load (four dependent variables). We conducted: 1) inter-item correlations (Spearman's coefficients) to assess item redundancy; 2) logistic regressions with all 7 items (covariates), one model per dependent variable, to assess item significance; and 3) Receiver operating characteristic (ROC) curve analyses on 2), to evaluate the 7-item models' capacity to predict the dependent variables.

Results: Analyses included data from 190 respondents. Spearman's correlation coefficients ranged from 0.33 to 0.74. The logistic regression analyses found the items (covariates) of "Habits" and "Health" were both significantly associated with self-reported adherence (7-day, 30-day) and viral load. The ROC analyses showed the 7-item models were 'excellent' at predicting both 7-day adherence and viral load, correctly classifying at least 80% of respondents.

Conclusion: A simple, valid, and comprehensive clinical screening tool for ART adherence barriers is needed. The 7-item I-Score shows promise. The analyses provide evidence of concurrent validity and limited redundancy. The regression analyses identify the Health and Habits items as independently associated with most dependent variables, while the ROC analyses found the 7-item models could discriminate between respondents in expected ways.

1207

Getting to Zero: Involving Primary Care Staff

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Introduction: In 2022, Greater Manchester-based partnership PaSH (BHA, George House Trust, LGBT Foundation) delivered a series of webinars aimed at primary care staff and focusing on HIV prevention, testing, and management strategies, and locally available services.

Description: Greater Manchester has around 2000 primary care access points across 10 local authorities, served by 5 sexual health service providers. The webinars were split by provider and locality so that each session included staff from the local SHS to outline referral pathways and services. Sessions were aimed not only at clinical staff such as GPs and dentists, but also auxiliary staff meaning that anybody coming into contact with patients could attend. Relevant resources and a session summary were distributed after the webinars via primary care network mailing lists as a reminder for those who attended and an educational tool for those who didn't.

Lesson Learned: Input from clinical colleagues was key, both in ensuring that the sessions were targeted and relevant to attendees in each borough, but also for marketing purposes. In Manchester, for example, the GP HIV Champion was able to support with promotion of the session. HIV prevention and support services working together ensures that messaging about HIV is more 'joined up' and easily digestible for non-specialist staff and combining both topics in a short lunchtime training session was planned with this in mind. It may have been more difficult to convince generalist healthcare professionals to attend two separate sessions on HIV prevention and management.

Recommendations: Developing the knowledge and understanding of primary care staff is vital to ensuring that HIV related information is easily accessible at all healthcare access points and there is clear benefit in community prevention, support, and clinical sexual health services working together to enhance HIV knowledge across the wider healthcare system.

1211

Liver-Related Mortality Trends Before and After COVID-19 Outbreak among a Cohort of Persons Living with HIV in Bayamon, Puerto Rico

Angel Mayor (presenting)¹, Diana Fernandez¹

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Background: Liver conditions, specifically End-stage liver disease (ESLD) are a leading cause of non-AIDS-related death among people with HIV (PWH). COVID-19 pandemic has resulted in an unprecedented health problem world-wide, and this study aims to evaluate the liver mortality trends before and after COVID-19 outbreak among Hispanic PWH.

Method: By using the cohort of adult PWH followed at Bayamon, Puerto Rico since 1992, we evaluated liver mortality causes before (2017-2019) and after (2020-2022) COVID-19 outbreak. Mortality data was obtained by the annual match with the Puerto Rico Health Department Mortality Registry. The study evaluated all liver conditions, ESLD, Hepatitis C (HCV) or B (HBV) viral infections, and Hepatocellular carcinoma (HCC) reported as demise causes in the death certificate. Fisher exact test was used to evaluate mortality differences between the study periods.

Results: Of 2,316 PWH who were alive by January 1, 2017, 66.5% were male, 33.5% injecting drug users, 25.4% reported men with men sex practice, and 144 (6.2%) were reported death by May 2022. Twenty-eight (19.3%) reported at least a liver condition as demise causes; 15 (53.6%) ESLD, 15 (53.6%) HCV, 1 (3.6%) HBC, and 4 (14.3%) HCC. When comparing by study periods: liver (20.0% vs. 18.4%) and ESLD (9.5% vs. 10.2%) rates were similar between periods, HCV infection was lower after outbreak (12.6% vs. 8.2, $p=0.58$, respectively) and HCC was higher after outbreak (2.1% vs. 4.1%, $p=0.61$, respectively).

Conclusion: No significant liver mortality changes were detected with the COVID-19 pandemic among this cohort. HCV and HCC differences as cause of death could be due to a sub-report of death, because the study had only preliminary mortality data for 2022. However, our study detect that the liver conditions had significantly contribute to death in this vulnerable population. Further investigations are needed for a more comprehensive understanding of this relation.

1212

Perspectives from Global Stakeholders on Costing and Financing the Introduction and Scale-Up of Long-Acting PrEP for Women in Low- and Middle-Income Country Settings: Lessons Learned from Daily Oral PrEP

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Background: Financing of new HIV prevention technologies has been identified as a major challenge, with donors and governments hesitant to allocate resources to the interventions. Planning for the monthly Dapivirine vaginal ring and long-acting injectable Cabotegravir is underway in sub-Saharan Africa. We interviewed global stakeholders involved in the introduction and scale-up of daily oral pre-exposure prophylaxis (PrEP) to understand the costing and financing considerations that are likely to impact the scale-up of long-acting PrEP.

Method: Between January-April 2021, we interviewed stakeholders purposefully selected from organizations involved in the global rollout of PrEP. Organizations represented governments, multilateral agencies, donors, academic institutions, and implementers. The interview guide covered three costed rollout planning domains: strategic approaches to introducing and scaling up products, costing and financing variables and data gaps, and additional recommendations to inform systematic planning. Two coders analyzed the transcripts using inductive analysis.

Results: Overall, 26 stakeholders participated. Stakeholders overwhelmingly believed that offering PrEP choice was essential to meeting women's needs. Integration and de-medicalization were frequently cited as important implementation approaches to cost; however, few offered integration models. Stakeholders cited persistent data gaps in costing and financing of communication strategies, awareness-raising, demand forecasting, integration into existing services, human resource training, supportive supervision, and method-specific client counseling. Stakeholders mentioned the need for financing considerations, including co-financing between integrated health services, across funders, and other innovative financing schemes. Needs for cost and financing research included client willingness to pay and unit and incremental costs for integrated service delivery models.

Conclusion: People who may use PrEP would benefit from choice-centric integrated service models, which need to be costed to advocate for financing. The siloed nature of current service delivery needs to be re-assessed to fully realize optimized models of effective integration.

1213 Treatment Continuity of Antiretroviral Therapy (ART) Multi-Month Dispensing (MMD) in DKI Jakarta, Indonesia

Widyastuti Endro Yekti¹ (presenting), Rahmat Aji Pramono¹, Riska Aprilianti², Laurent Ferradini³, Caroline Francis⁴, Aulia Human⁴, Irvin Romyco², Siti Sulami⁴, Dwi Oktavia Tatri Lestari Handayan¹, Rahmat A. Pramono¹

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Introduction: Antiretroviral therapy (ART) multi-month dispensing (MMD) has been proven globally to maintain treatment continuity for people living with HIV (PLHIV) and reduce burden on facilities. Jakarta Provincial Health Office has been working with USAID EpiC project to increase 2mo ART dispensing and scale-up 3mo ART delivery (3MMD). We report program data analysis documenting PLHIV treatment continuity under 1mo, 2mo, or 3mo as well as home-based ART delivery (HbAD) every month.

Description: As of December 2020, data from the National Cohort Registry (ARK) for 17,084 PLHIV from 70 facilities in Jakarta were included in the analysis. Among them, 48.4% received 2mo ART (n=8,265), 41.7% 1mo (n=7,121), and only 1.9% (n=328) 3MMD while 8% (n=1,370) were receiving HbAD. Treatment continuity rates at 12mo following ART initiation were 70%, 89%, and 95% for those receiving 1mo, 2mo and 3mo ART, respectively, and 72% for those receiving HbAD. Compared to 1mo delivery, those receiving 2mo, or 3mo delivery had 3.71 (OR=3.71, 95% CI [3.53-4.03]) or 7.53 (OR=7.53, 95% CI: [6.42-12.14]) more chance of treatment continuity than those receiving 1mo delivery. Those receiving HbAD had a significant but slightly higher chance of treatment continuity than those receiving 1mo (OR=1.12, 95%CI [1.02-1.27], p-value<0.001). VL suppression rate was found to be higher among those receiving 3MMD compared to 2mo delivery (99% versus 95%).

Lesson Learned: Treatment continuity was significantly higher among those receiving 3MMD compared to 1mo, 2mo, or HbAD and was associated with higher VL suppression rates.

Recommendations: 3MMD needs to be expanded in Jakarta to improve treatment continuity and VL suppression. Demand creation and increase ART buffer stock at facilities might help to mitigate remaining barriers which still limit its implementation.

1214 Improved Baseline CD4 Cell Test Coverage to Identify Advanced HIV Disease Patients in Jakarta, Indonesia

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Introduction: A comprehensive package intervention for people living with HIV (PLHIV) with advanced HIV disease (AHD) has been recommended globally to reduce HIV mortality. Baseline CD4 cell test is critical to identify AHD cases. Jakarta Provincial Health Office (PHO) has been working in collaboration with EpiC Indonesia USAID program to optimize baseline CD4 testing among new PLHIV as the entry point for identifying AHD patients in Jakarta.

Description: An initial retrospective review of baseline CD4 testing among new PLHIV between Jan 2019 till May 2021 in 23 facilities found that 53% had baseline CD4 counts, 50% of them being <200 cells/mm³ showing that a substantial number of AHD cases might have been missed. Therefore, Jakarta PHO and EpiC initiated specific AHD interventions in April 2021 including awareness raising, trainings and material distribution, as well as some strong CD4 testing support by providing CD4 tests but also supporting CD4 specimen sample transportation to a referral laboratory network.

Lesson Learned: Between July 2021 to March 2022 in 109 sites in Jakarta, baseline CD4 coverage improved rapidly from 33% to 58% among new PLHIV as well as the rate of detected AHD cases (from 27% to 38%). Given that 49% of baseline CD4 tests were found below 200 cells/mm³, the remaining gap of still undetected AHD cases was estimated around 11%. In parallel, cotrimoxazole coverage and rapid ART initiation also increased among AHD patients.

Recommendations: As the essential way to identify AHD patients, baseline CD4 testing coverage should be strengthened through appropriate funding, forecasting and procurement but also through specific support for sample transportation which might have an important impact depending of the context. Advocacy for implementing the recommended package of interventions for AHD case management is still needed if we aim to further reduce HIV mortality.

1216 Sex Education as a Prevention Tool

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Introduction: Sex education is a fundamental instrument to enhance the development of people at all stages of their life and build an ethic based on responsibility, care, reciprocity, pleasure and empathy, as protective factors that prevent risks behaviors and promote sexual health. The evidence tells us that sex education has a positive impact on sexual health and, in particular, on HIV/STIs reduction. The Sevilla City Council Health Service has been implementing sex education programs in the educational, associative and community framework within the Municipal Health Plan for more than 30 years. The interventions are aimed at all age groups, progressively incorporating other contexts, such as the university and other groups such as those with intellectual disabilities. The service portfolio offers several projects and activities that will be described in the final communication. These educational projects aimed at the young population come together in the Fast-track strategic framework, since the municipal response is essential to curb HIV/STIs and achieve the proposed objectives with zero stigma and discrimination. This is key to guaranteeing the sexual rights of the population.

Description: Frame the municipal sex education project within the Fast-Track strategy to demonstrate that sex education is a prevention tool against HIV/STIs. The methodology varies depending on the stage and age: curricular integration or workshops given by health promotion professionals. Página 2 Active and participatory methodology, focused on the person and experiential based. Content according to age, maturity, interests, and group needs.

Lesson Learned: Qualitative and quantitative results of the last 10 years will be offered. Contents and process evaluation.

Recommendations: Implement the First Municipal Sexual Health Plan in the city of Sevilla, and so contribute to the sexual health of all the population.

1217 Enhancing HIV Screening and Linkage to Care Through Implementation Science in Madeira, Portugal

Nancy Faria (presenting)¹, Elisa Xavier¹, Diogo Medina², Ana Paula Reis¹, Luís Jasmins¹, Vítor Magno Pereira¹, Bruno Freitas¹, Patrícia Prada¹, Luz Lobato¹, Nuno Canhoto¹, José Júlio Nóbrega¹, Fábio Camacho¹, José Ornelas¹, Pedro Santos Gouveia¹, Pedro Ramos¹, Alba Carrodegua², Diogo Medina²

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Introduction: Although the Portuguese Directorate-General for Health (DGS) has recommended HIV screening for people aged 18-64 since 2014, there are still gaps in clinical practice. With an HIV incidence of 3.5:100,000 in 2019, the Autonomous Region of Madeira continues to struggle to meet this public health recommendation. SESARAM manages 47 primary care centers, 3 hospitals, and 1 emergency department (ED) that serve the region's 254,000 residents. All facilities share the same virology laboratory. SESARAM signed the Paris Declaration in November 2020.

Description: SESARAM led a multistakeholder effort of public, social, and private sector players to adopt systematic, opportunistic HIV screening in patients aged 18-70 who required blood work for any purpose. We integrated screening across hospital wards from July 2021, and in the ED and primary care from October 2021, via electronic health record automation algorithms and oral opt-out consent.

Lesson Learned: We screened 17,354 patients from January to May 2022, upscaling HIV testing to an average of 3,471 monthly tests. We diagnosed 5 (0.03%) new cases of HIV (average age 42.4, 100% male, 80% MSM). Although HIV prevalence was considerably lower than the HCV antibody prevalence in our population (0.7%), all diagnosed cases were late presenters (i.e., CD4+ T cell count <350 cells/mm³ at diagnosis), signaling a need to enhance prevention toward achieving an early diagnosis. Linkage to care was complete at 100% of patients attending the first visit with a specialist post-diagnosis, within an average elapsed time of 14 days to linkage and 21 (4-41) days to antiretroviral therapy onset.

Recommendations: When grounded on implementation science and information technology, multistakeholder approaches to screening the general population are feasible and effective at improving HIV diagnosis gaps. We shall now expand to HBV.

1218 Community-Led Online Postal Home Testing: A Case for Third Sector Innovation in Scotland

Alastair Hudson (presenting)¹

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Introduction: 'Home testing' refers to the testing for STIs and/or blood-borne viruses (BBVs) like HIV in settings outside of traditional healthcare contexts, encompassing practices such as self-sampling (where the laboratory processes and tests the sample) or self-testing (where the user tests their own sample). In the United Kingdom, online postal testing has increasingly become adopted and mainstreamed in which individuals order (self-sampling or self-testing) through the internet. Widespread availability of 'home testing' can overcome disparities in access to and uptake of HIV testing. These inequalities have been exacerbated considering the COVID-19 pandemic. Therefore, a community-led home testing offer avails the opportunity to continue policy commitments in zero new HIV transmissions by 2030.

Description: HIV Scotland has provided free home self-testing since March 2020 (through HIVTest.Scot) and, more recently, offered home self-sampling (hiv.scot/test). The home testing offer has been framed as an Amazon-like e-commerce platform with relevant marketing and community branding. In combination of both testing modalities, HIV Scotland has provided over 8000 interventions with self-sampling uptake ongoing.

Lessons learned: With over 8000 home-testing kits delivered (data ongoing in collaboration with Preventx), HIV Scotland continues to demonstrate a highly accessible, engaged click-through journey, for those seeking free home testing in Scotland. The combination of self-sampling and self-testing documents a key intersection demonstrating the behavioural practices and decision-making associated when offered a choice of novel testing mechanisms. This is the first community-led combination offer of its kind in Scotland.

Conclusion: 'Home testing' in Scotland is still in its infancy. This national community-led approach indicates promising research and avenues of future exploratory behavioural science in relation to testing practices outside of traditional healthcare contexts. The incorporation of other BBV testing (such as Hepatitis B and C) is required and the interventional demand further explored.

1219 A Randomized Trial to Evaluate Interventions Aimed at Reducing Risk of HCV Reinfection in Men who have Sex with Men: The Icecream Study Protocol

Kris Hage (presenting)¹, Anders Boyd¹, Udi Davidovich¹, Paul Zantkuij², Ellen Generaal¹, Amy Matser¹, Janke Schinkel³, Eve Todesco⁴, Marc van der Valk³, Hayette Rougier⁵, Karine Lacombe⁵, Maria Prins¹

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Introduction: Despite high uptake of direct acting antivirals and declining rates of primary hepatitis C virus (HCV) infection among men who have sex with men (MSM), reinfection rates are still high. Modelling data indicate that a reduction in risk behaviour is needed to eliminate HCV infections. There is then a need for effective interventions aimed at reducing risk of HCV reinfections in MSM.

Description: We are conducting a multi-centre, 3-arm, randomised, pre-/post-intervention comparison trial evaluating the effect of (1) an online behavioural intervention, (2) home-based self-sampling for HCV RNA testing intervention, or (3) both on HCV risk behaviour. Participants are recruited from HIV treatment and STI/PrEP centres. These individuals are followed for a 6-month interval without intervention, after which participants are randomly assigned to a study arm and followed at 6-monthly visits for an additional 18 months. Questionnaires on risk behaviour are offered to participants at all visits. The primary endpoint is the proportion at risk of HCV infection (as determined by the previously validated HCV-MOSAIC risk score), which are compared between the pre- and post-intervention periods, within each arm.

Lesson Learned: The study initially started in November 2019 but was forced to restart in September 2021 due to the COVID-19 pandemic. Including a control comparator arm with no intervention was deemed unappealing to MSM. Hence, we opted for a 6-month run-in period instead. In June 2022, seven centres in the Netherlands were actively recruiting participants and five centres in France were preparing to recruit participants. On June 1, 2022, 90 participants have been included.

Recommendations: If significant decreases in risk behaviour occur between pre- and post-intervention periods for a given intervention, this intervention could contribute to reducing incident re-infections and achieving HCV micro-elimination. Regardless, the interventions developed herein may help in offering information on prevention or easing access to HCV RNA testing.

1220 Results of a Fast-Track HIV and HCV Screening Protocol at an STI Clinic in Barcelona, Spain

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Introduction: Emergency departments (ED) often act as safety nets due to issues surrounding health equity for key populations affected by HIV and viral hepatitis, as they often lack optimal contact or confidence with their primary care providers.

Description: We implemented a fast-track, immediate referral to specialist care at a novel sexually transmitted infections (STI) clinic in patients presenting to the ED of *Hospital Clínic i Provincial de Barcelona* with genitourinary complaints or reporting recent high-risk exposures, such as chemsex, sharing injecting materials, or unprotected penetrative intercourse. Interventions ranged from immediate HIV, viral hepatitis, and bacterial STI testing, to post-exposure prophylaxis and enrolment in comprehensive prevention services (e.g., pre-exposure prophylaxis, harm reduction). Herein we analyze the results of HIV and HCV testing.

Lesson Learned: We performed a total of 13,451 tests from January 2020 to December 2021. Average monthly testing volumes were 261 ± 172 for HIV and 299 ± 211 for HCV. As a result, we diagnosed a total of 18 (0.28%) people with new HIV infections, including 3 acute infections, 16 (89%) of whom were linked to the first visit with a specialist post-diagnosis. We further diagnosed 7 HCV infections (1.2% seroprevalence, 0.1% active infection), with complete linkage to care at 100% of viremic patients attending the first specialist visit.

Recommendations: Fast-tracking responses to increase and sustain HIV and HCV diagnosis among patients presenting for urgent care with indicator conditions or self-reported high-risk exposures is critical and highly effective at diagnosing new cases of infection for both viruses. Considering the high prevalence rates found in our project, we posit that sexually active adults seeking emergency care in high-prevalence urban settings should be considered at-risk populations for robust blood-borne virus screening policies.

1222 Investigating Factors Impacting the Uptake of HIV Testing in Liverpool among Individuals from an Ethnic Minority Background for Whom English is Not their First Language

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Background: In the northwest of England, BAME populations are disproportionately affected by HIV, with high rates of new diagnoses and late diagnosis. This study aimed to provide a deeper insight into why ethnic minorities may be disproportionately affected by HIV in Liverpool, investigating factors impacting HIV testing uptake and identify ways in which barriers may be overcome to increase access to services.

Method: Fifteen participants were interviewed during the study: ten individuals from an ethnic minority background and five health care professionals. Interviews were recorded and transcribed verbatim and analysed using NVivo software. Transcripts were coded and key-themes identified using an inductive approach.

Results: Results from this study indicated some members of the BAME community in Liverpool may experience various barriers when accessing health services, including the stigma and shame associated with HIV, a perception of not being at risk of acquiring HIV and the language barrier. Furthermore, the need for improved knowledge around HIV and services in Liverpool amongst some members of the BAME community and staff working in health services in Liverpool. Furthermore, the need for improved accessibility to sexual health services for those whose first language is not English. A lack of knowledge and awareness around HIV and sexual health also needs to be addressed to achieve Liverpool's Fast Track Initiative commitment to reduce health inequality and late diagnosis rates, by increasing access to HIV testing services.

Conclusion: Future work should involve the development of community-specific multi-language public engagement initiatives, working in collaboration with local community and religious organisations, to improve knowledge around sexual health and build trust. In promoting awareness and improving knowledge around HIV and services in Liverpool, current barriers to the uptake of service may also be overcome.

1223 Intention to Use Long-Acting HIV Pre-Exposure Prophylaxis among Men who have Sex with Men Participating in the Amsterdam Cohort Studies

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Background: HIV pre-exposure prophylaxis (PrEP) prevents HIV-acquisition. Since oral PrEP is highly dependent on adherence and not all PrEP-eligible individuals are willing to take pills on a (semi-)daily basis, long-acting PrEP could offer an alternative. Studies have shown promising results on the efficacy, safety and tolerance of long-acting PrEP options. We assessed the intention to use oral, intramuscular and subdermal long-acting PrEP among men who have sex with men (MSM).

Method: HIV-negative MSM from the Amsterdam Cohort Studies completed questions on long-acting PrEP between October 2021-March 2022. After a short description of the long-acting PrEP options, intention to use, expected efficacy, adherence and side-effects of long-acting oral, intramuscular and subdermal PrEP were measured using a 7-point Likert scale; the highest quarter on the scale was defined as high. Sociodemographics and long-acting PrEP variables were included in a logistic regression model to identify factors associated with a high intention to use long-acting PrEP.

Results: Median age of the 477 participants was 45.5 years (interquartile range [IQR]=35.6-53.2). The majority (n=363, 76.2%) had never heard of long-acting PrEP. 173 (36.3%) participants reported a high intention to use oral long-acting PrEP, 87 (18.4%) for intramuscular, and 43 (9.0%) for a subdermal implant. A high intention was associated with having ever heard of long-acting PrEP (oral: adjusted odds ratio [aOR]=1.4, 95%-confidence interval [95%-CI]=0.9-2.3, intramuscular: aOR=1.9, 95%-CI=1.0-3.1, subdermal: aOR=3.2, 95%-CI=1.6-6.7) and a high expected effectiveness of long-acting PrEP (oral: aOR=1.4, 95%-CI=1.2-1.7, intramuscular: aOR=1.5, 95%-CI=1.2-2.0, subdermal aOR=1.5, 95%-CI=1.1-2.1).

Conclusion: Among HIV-negative MSM in Amsterdam, awareness of long-acting PrEP was low and intention to use was moderate for oral, and low for both intramuscular and subdermal long-acting PrEP. When long-acting PrEP options become available in the Netherlands, informing MSM about long-acting PrEP is important to ensure that men can make an informed choice that suits them best.

1224 Addiction Treatment Programme for Chemsex Users in the City of Madrid

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Introduction: 'Chemsex' has been declared a public health concern due to its major effects on physical, psychological and social health for users.

Madrid City Council acknowledged that specific actions needed to be undertaken to address this issue.

Description: An *Addiction Treatment Programme for Chemsex users* was implemented, including a wide range of actions:

1. Training courses focused on cultural and sexual identity of LGBT community were conducted, targeting health and social care professionals.
2. A specialised and multidisciplinary care model was developed, first launched in Arganzuela Centre for Addiction Treatment, and extended to three additional centres.
3. Sexual Health and Healthy Leisure workshops were conducted in the 4 centres, in partnership with *Apoyo+* NGO.
4. A programme for risk prevention and the detection of Chemsex users was launched, via social media and PAUSA App contacts.
5. Residential resources for treatment support were progressively adapted to the users' profile.
6. Changes in electronic clinical record were executed in order to enable the record of Chemsex use data.

Lesson Learned: 354 Chemsex users were seen in 2021, of which 60% were Spanish. The average age was 40.2 years (29-59), 60% were highly educated and 57% were working at the moment. Despite poly-consumption being the most frequent pattern, 86% used mephedrone, 8% methamphetamines and 7% GHB (Gamma-Hydroxybutyrate). 33% used intravenous injection. 67% had had a STI within the past year and 56% had a positive diagnosis of HIV.

Recommendations: Specific programmes for Chemsex users should be designed and implemented, taking into consideration their profile and necessities. Social media have proved to be helpful and accessible tools for prevention and detection, making the target population more reachable.

1226 HCV Testing Training for Non-HCV-Specialists in a Tertiary Hospital: Change in Attitudes and Rates of HCV Screening

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Background: HCV infection is a curable cause of chronic hepatitis, but many patients remain undiagnosed. National and international HCV testing guidelines are poorly known by non-HCV specialists.

Method: Six infectious diseases physicians provided a 1-hour training session on HCV-screening to each of the departments. A brief questionnaire was used before and after training to evaluate attitudes towards HCV screening. We compared the number of tests requested, screening rate per 1,000 patients attended, and new HCV diagnoses in the 6-month period before and after training.

Results: 345 non-HCV-specialists from 30 departments (17 medical, 13 surgical) were trained and responded to the questionnaire. According to the pre-training questionnaire, 18% of non-HCV specialists (30% medical vs. 3% surgical, $p < 0.001$) were aware of HCV testing guidelines (5% routinely ordered HCV testing, 60% with an obvious exposure risk or indicator conditions and 34% never did so). In post-training responses, 98% considered the training useful; responses showing a positive attitude towards routine HCV testing increased to 20%. The rate of those who claimed to never request tests decreased to 2% ($p < 0.001$). Out of 783,842 patients attended in both periods, we observed a 12.6% increase in HCV tests requested ($p = 0.022$), significant in medical (17.8%, $p = 0.019$) but not in surgical departments (1.29%, $p = 0.5$). A global 15.78% increase in HCV positivity rate ($p = 0.11$) was observed due to a 16.5% increase in medical departments ($p = 0.027$) (table 1).

Conclusion: Non-HCV specialists reported poor knowledge of HCV screening guidelines, worse in surgical departments. Training was considered useful and improved predisposition for HCV screening in all departments. An improve in HCV screening was detected after intervention, although only in medical departments.

1227 UNAIDS and Fast-Track Cities: Implementing Multi-Stakeholder Initiatives to Accelerate the HIV Responses in Brazil

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Introduction: The Joint United Nations Programme on HIV/AIDS (UNAIDS) in Brazil launched the "Fast-Track Cities Dialogues" in 2021, a series of multi-stakeholder workshops with representatives of the municipal and state legislature, civil society organizations (CSOs) and health management professionals from 15 Brazilian priority cities in order to debate the advances and challenges in the HIV responses at the municipal level. In 2022, UNAIDS launched a public request for five proposals from civil society in order to select community leadership projects that contribute to accelerating the local HIV responses.

Description: The 15 cities received technical support from Brazilian Ministry of Health and UNAIDS for the qualification of management based on scientific evidence. The FTC Dialogues contributed to the development of evidence-based responses to the HIV epidemic at the municipal level. The CSOs initiatives were selected in four Brazilian regions on topics such as combined HIV prevention, vertical transmission, early diagnosis and undetectable equals untransmittable. All projects received support from municipal health management, as well as training of communication from UNAIDS.

Lesson Learned: The project is in progress and will be concluded in the first half of 2023. The first lesson is the importance to engage the CSOs to use the Brazilian information systems to formulate proposals to the local gaps to HIV. The second lesson the importance of the mobilization of multi-stakeholders in the implementation, in order to accelerate the results.

Recommendations: The project will evaluate the results quantitative and the qualitative, to measure the effectiveness of the actions. In addition, communication materials such as booklets and videos are being produced to work on the two dimensions of communication of the projects: internal, connecting the local community, and external, sharing these experiences for replication in other cities with similar contexts around the world.

1228

A Cross-Functional Approach to Reducing Stigma towards HIV/HCV Infection in Central and Eastern Europe

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Introduction: Stigma remains one of the most significant challenges facing people living with HIV/HCV across healthcare, community and legislative settings and is a crucial barrier to accessing care. The burden of HIV and HCV infection remains high in Central and Eastern Europe, affecting millions of people. Many countries in this region lack specific guidelines and methods for HIV/HCV elimination. Deficiencies in screening and treatment programmes, combined with prejudices directed towards at-risk groups, serve to exacerbate the harms that stigma produces. Eliminating HIV/HCV stigma is therefore critical in improving access to care and reaching the targets set by the WHO.

Description: This virtual, interactive forum unites stakeholders from multiple European regions, including healthcare professionals and representatives from non-governmental organisations and patient advocacy groups. Through a mixture of plenary presentations, case studies, and interactive workshops, attendees can exchange best practices and discuss targets for anti-stigma actions as well as potential barriers and solutions to key problems. Pre- and post-meeting surveys will be used to measure the impact of stigma in participating countries as well as meeting effectiveness and the success of anti-stigma initiatives arising from the meeting.

Lesson Learned: Multi-stakeholder engagement and a multifaceted approach to discussing the impact of HIV/HCV stigma are key to ensuring meeting outputs are actionable and practical. Best practice sharing should be focused on interventions with measurable outcomes. Limitations imposed by virtual meeting platforms may impact interactivity; however, post-meeting follow-up will help incorporate learnings into future forums.

Recommendations: This forum presents valuable opportunities to share knowledge within a multidisciplinary group working to combat HIV/HCV stigma. Key meeting outputs include insights into successful anti-stigma programmes, including barriers and critical success factors. Consensus on priorities for anti-stigma activities in healthcare, community and legislative settings aim to inform future policies and guidelines.

1229

HIV among Migrants in Precarious Circumstances in the EU and European Economic Area (EU/EEA)

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Background: HIV epidemics in the EU/EEA are diverse in transmission modes, regions, and groups affected. Migrants make up about one third to half of all new HIV cases. Concentrated HIV epidemics among migrants occur mainly in urban centers, where migrants often live in precarious circumstances. Data gaps exist on HIV burden and access to HIV services among migrants, especially for individuals in precarious circumstances such as irregular migrants, estimated to be between 3.9 – 4.8 million (2017).

Method: We conducted a systematic search and review of peer-reviewed and grey literature (2014-2021) to answer the following review questions: what is the burden of HIV among migrants in precarious circumstances in the EU/EEA? Which groups are particularly affected? What is their access to HIV services along the HIV continuum of care, and which factors shape their access?

Results: Migrants are disproportionately affected by HIV compared to other populations in the EU. HIV prevalence among urban migrant communities from sub-Saharan Africa (SSA) was 4%. About 40 % of new HIV cases among migrants were acquired post-migration. Irregular migrants faced particular challenges in accessing HIV services in the EU, with only 50% of member countries granting free access. Migrant men who have sex with men, sex workers, and people who inject drugs, and migrants from SSA were the groups most affected by intersecting barriers to access. Major barriers were restricting policies, but also fear of discrimination and deportation. Effective community-led interventions for migrant key populations were identified, but better collaboration with statutory agencies is needed to make them sustainable.

Conclusion: HIV acquisition risk arises from the migration context and related precarious circumstances. High post-migration HIV infection rates calls for intensified HIV prevention using community-led approaches. Equitable access to health and HIV services regardless of immigration status should be ensured. Cities can play a critical role in facilitating access to services for migrants in collaboration with community-based/led organizations.

1230 Integrated Center for Social and Health Responses: A Response from the “Almada Municipality without AIDS” Initiative

Inês Correia (presenting)¹, Cátia Pires¹, Fatima Gomes¹, Bruno Pinto¹, Joeli Souza¹, Mariana Vicente¹, Joelsy Pacheco¹, Daniela Lages², Paula Brito², Nuno Silva Marques², Alexandre Tomás³, Rita Cunha⁴

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Introduction: In the scope of the Fast Track Cities Initiative, “Almada Municipality without AIDS” inaugurated in September 2021 the Integrated Center for Social and Health Responses (ICSHR), a collaborative and complementary work between the Municipality of Almada, the Almada-Seixal Health Center Group, the Garcia de Orta Hospital and the Group of Activists in Treatment.

Description: The ICSHR aims to improve access to health for populations most vulnerable to HIV infections, Viral Hepatitis (HV), other Sexually Transmitted Infections (STIs) and Tuberculosis, and to promote timely linkage and retention in treatment. The target population are people in situations of social vulnerability, and at increased risk for these infections, namely undocumented migrants, people who use drugs, sex workers, homeless people and men who have sex with men. The ICSHR offers screening services, medical and nursing consultations, referral to the National Health Service (NHS), social service, peer support and material distribution for STI prevention and safer drug consumption. As a result of this partnership, the ICSHR implemented the first decentralised PrEP consultation in Portugal. The responsibilities and management of financial, human and/or material resources are shared and foreseen in a specific collaboration protocol. Recently, a decentralized consultation for the treatment of viral hepatitis was also implemented and an STI consultation is expected to open in July 2022.

Lesson Learned: The results prove that bringing together municipalities, formal health care and community-based interventions, contributes to the provision of effective and adapted health care responses, by removing barriers that often make prevention, diagnosis and adherence to treatment unfeasible for people living with and/or at increased risk of these infections.

Recommendations: Partnerships between Municipalities, NHS and the civil society, sharing the same objectives, could be replicated at regional and national level as they prove to be an asset to the community considering the gains in individual and public health.

1233 Personalized Strategies to Support MSM to Know their HIV Status in Nairobi, Kenya

Joseph Omwamba (presenting)¹

¹ Ishtar MSM, Nairobi, Kenya

Introduction: Client centered service delivery approaches that enable men who have sex with men (MSM) to know their HIV status are important in programmatic contexts where homosexuality is stigmatized or criminalized, and community- and self-based HIV testing modalities are not observed. Offering a variety of personalized approach in various outreach entry points that meet the differentiated preferences of MSM can provide effective, safe and efficient ways to reduce the impact of HIV on individuals and help such programming move towards epidemic control in perceived unsafe environments.

Description: Ishtar MSM, supported by GF through Kenya Redcross Society, implemented different outreach strategies to mobilize MSM to access HIV testing, prevention, care, treatment and STI treatment services in Nairobi. The personalized approaches mainly focus on volunteer peer mobilizers/educators to promote HIV testing behaviors. Social media approach uses online outreach workers, community social influencers, targeted campaign messaging, and dedicated dating sites and groups to direct MSM these being platforms in which they can self-assess their risk behaviors and seek appointments for HIV testing at MSM friendly or led service friendly center as the Ishtar Wellness Center.

Lesson Learned: From April 2019 to May 2022, 7308 MSM have accessed testing services, with 378 identified as HIV positive and enrolled on care and treatment. Average quarterly case-finding rates increased by 13% following the implementation of these personalized approaches. These case-finding efforts have seen the increase in HIV prevention, care, treatment and support services over the 3-year period.

Recommendations: Ending the AIDS epidemic within the community is unachievable if individuals who are at high risk of HIV infection are not getting services in ways that meet their needs in order to stay healthy. Providing a variety of mobilization strategies can help scale up HIV programming coverage among MSM, especially in unfriendly areas.

1234 Behavioural Risk Before, During, and After Hepatitis C Treatment among Men Who Have Sex with Men with HIV Before and in the Direct-Acting Antiviral Era

Kris Hage (presenting)¹, Anders Boyd¹, Daniela Van Santen¹, Kees Brinkman², Arends Joop³, Fanny Lauw⁴, Bart Rijnders⁵, Arne van Eeden⁶, Marc van der Valk⁷, Astrid Newsum¹, Amy Matser¹, Janke Schinkel⁷, Maria Prins¹

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- ⁷ Amsterdam UMC, Amsterdam, Netherlands

Background: With the introduction of direct-acting antivirals (DAAs) almost all individuals with hepatitis C virus (HCV) can be cured with well-tolerated regimens. Given the simplifications of treatment and higher cure rates, men who have sex with men (MSM) may be less prone to behavioral change following HCV treatment.

Method: Data from the Dutch observational MOSAIC study between 2009 and 2017 were used. We included MSM aged >18 years who were successfully treated for HCV. Risk behaviour was based on a continuous, validated HCV risk score (HCV-MOSAIC score=0-7). Changes in risk score before (median=20, interquartile range (IQR)=4-39 months), during (median=6, IQR=3-6 months) and after (median=27, IQR=11-53 months) HCV treatment were stratified by treatment type and modeled using linear regression with Generalized Estimating Equations adjusting for age at first visit, previous treatment for HCV and number of HCV infections.

Results: Of 143 study participants, 131 MSM were included with 157 infections. Median total follow-up was 29 months (IQR=10-54). Median age at baseline was 45 years (IQR=40-50); 78.6% were born in the Netherlands. For MSM treated with interferon-based (IFN) treatment, the average risk score decreased from 2.9 (95%CI=2.4-3.3) pre-treatment to 1.6 (95%CI=1.3-1.9) during treatment and remained stable afterwards (1.6, 95%CI=1.4-1.8). For MSM treated with DAAs, the average risk score decreased from 2.5 (95%CI=2.1-2.9) pre-treatment to 1.8 (95%CI=1.3-2.2) during treatment and 1.9 (95%CI=1.5-2.2) post-treatment (Figure 1). There was no evidence of overall differences in risk scores between treatment regimen across timepoints ($p=0.109$).

Conclusion: Although there were concerns that risk-taking behaviour could increase following DAA treatment, we found no difference in behavioural patterns in MSM between IFN and DAA regimens. Nevertheless, a large proportion of individuals treated with DAAs are at risk of HCV reinfection (i.e., score ≥ 2.0) post-treatment, underscoring the need for ongoing HCV testing and behavioural interventions.

1235 A Pandemic Can No Longer Hide Another One: The Response of the Community-Based NGOs, Members of Coalition PLUS' European Platform to the COVID-19 Crisis

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Introduction: The strict lockdown during the COVID19 pandemic in late 2019 was a reduction of means in public health system, the fight against HIV and hepatitis. Despite their hard work, the community-based NGOs of the CoalitionPlus Europe Platform have been ignored or not heard by their respective governments. Therefore, they decided at a steering committee meeting in April 2021 to produce a document for advocacy purposes. This document aims at promoting more than 40 years of community expertise in the field of the HIV epidemic to reassert the need for the place of NGOs in the policy-making process and advocacy in times of crisis.

Description: In order to approve the main parts of the document, six NGOs, one European Platform member per country, shared their findings and needs. The information was collected secondarily during a capitalization stage, with qualitative interviews between the CoalitionPlus capitalization pole and one representative per country. These two stages enabled the front and the back of the document to be edited, draw conclusions and make demand. The front of the document presents a shared assessment of the Covid pandemic including discontinuation of care, a decline in HIV testing and use of combination prevention. The back side highlights a major action undertaken by each NGO in its country. This ranges from a more global, digital-oriented and outreach service.

Lesson Learned: Ending the HIV epidemic and managing future pandemics calls for a real health democracy: anything that serves the most vulnerable populations will serve the greatest number. National and European authorities have understood that the HIV epidemic can only be stopped with community expertise and innovation. The management of the Covid19 crisis is a perfect illustration

Recommendations: We emphasize the need for governments to work with community NGOs on a common issue to make the advocacy understood.

1236

Addiction Treatment and Harm Reduction Needs among MSM Engaging in Chemsex in Poland

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Background: Chemsex is a colloquial term used by gay, bisexual, and other men who have sex with men (MSM) in Poland to describe the use of psychoactive substances (usually typically mephedrone and GHB/GBL) during sex. This study sought to understand the personal and social context of chemsex and finding primary and secondary factors that could have an impact on this type of behaviours. Use of these drugs by gay, bisexual, and other men who have sex with men (MSM) in Poland looks to have risen sharply from relatively low levels and, as yet there is little data to inform appropriate harm reduction services.

Method: Six focus groups were conducted with 62 self-identifying gay men (age range 18–56) who currently lived in Warsaw, and who had used mephedrone, GHB/GBL or both immediately before and during sex with another man during the previous 12 months. Data were subjected to a thematic analysis. Data from the focus groups were linked to 171 surveys conducted at the same time throughout Poland among the same of group of clients – the questionnaires measuring minority stress, quality of sex life, anxiety and addiction.

Results: Chemsex it's a sex and drug trend defined by a syndemic of behaviours and circumstances uniquely connected to gay culture:

1. A tendency to have a higher number of partners
2. Understanding of harm reduction methods, STI prophylactic, type of psychoactive substance and appropriate dosing was lacking
3. Population disproportionately affected by HIV and other STIs
4. Issues around sex
5. Using drugs aremen via geo-sexual networking Apps normalized
6. Easy access

Conclusion: Chemsex is mainly a growing phenomenon from the cities. So is the HIV epidemic. The inclusion of Polish cities in the international initiative Fast-Track Cities will allow the introduction of innovative prevention and harm reduction programs targeted at key populations.

1238

Community Health Care Worker's Gender Attitudes in the Education and Safety of Adolescent Girls in South Africa: An Analysis from a Randomized Controlled Study

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Background: Adolescent girls face threats to their well-being and safety as a result of gender-unjust attitudes and norms, and these risks are often exacerbated during humanitarian emergencies. While humanitarian actors have begun to address community health care workers' behaviors and attitudes as an approach to support and meet the needs of adolescent girls, best practices to improve their well-being in these settings are yet to be identified.

Method: We identified data from current literature to analyze changes in attitudes among community health care workers and changes in schooling and violence victimization for girls ages 12 to 17 years old in community setups

Results: Participants were recruited in September 2020 for baseline (September to November 2020) and endline (May to July 2021) data collection. Baseline and endline data for both community health care workers and adolescent girls were available for 684 girls. The average ages of adolescent's girls and community health care workers were 12 and 38, respectively, and 89% of community health workers were female. The predictor of interest was the change in community health care workers' gender attitudes between the 4 points in time, where attitudes were measured using 12 underlying survey questions. The primary outcomes of interest were dichotomous and included improvement in schooling participation and declines in physical, sexual, and emotional violence and feeling uncared for. Important limitations in this study include the self-reported nature of outcomes, use of single questionnaire items to construct the outcome variables, and potential self-selection bias.

Conclusion: Results suggest that supporting community health care workers to increase gender attitudes may be associated with benefits in dual outcomes of education and safety for adolescent girls at local communities. Further research is needed to better understand how to induce a shift in these attitudes in multisectoral programming.

1240

People at the Center: Using Communication to Strengthen the Fast-Track Cities Local Response to HIV

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Introduction: In 2022, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Brazil selected five Civil Society Organizations (CSOs) that operate in five Fast-Track Cities in Brazil to develop activities related to the response to HIV at the local level. The five cities have different epidemiological profiles compared to the national average and the objective is to produce specific local interventions, adapted to the context, led by the community and focused on improving rates.

Description: CSOs are implementing activities and collaborating with the local response to HIV, together with the municipal health management and UNAIDS Brazil, after decisions were made with the participation of local authorities and legislators. In addition to programmatic support, UNAIDS provided communications guidance through workshops on tools to use depending on the location, populations and epidemic context. The training included mechanisms to document the process and results to demonstrate the contribution of CSOs to the response.

Lesson Learned: The project is in progress, expected to be completed in December and results to be presented in 2023. One of the contributions identified is the key role of communications and how its mechanism of implementation varies depending on the different roles of each CSO's target audience. For example, while digital content will most likely reach for an CSO with a younger audience, physical materials work for another CSO that serves pregnant women.

Recommendations: Among the next steps is communication materials (videos and photos). UNAIDS went to the CSO and to beneficiary's home to document the project and results of this successful communication, besides portraying how relationships were fundamental to ensure that the women continued in treatment with no interruption in health services and how this exposed them to fewer vulnerabilities – one example is an CSO that serves PLHIV and links pregnant WLHIV and health services.

1242

Impact of the COVID-19 Pandemic on Testing Services for HIV, Viral Hepatitis, and Sexually Transmitted Infections in the WHO European Region, 2021

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Background: The COVID-19 pandemic continued to challenge healthcare systems during 2021. Following an assessment conducted in 2020 [1,2], we re-examined impact on HIV, hepatitis B/C and sexually transmitted infection (STI) testing services in the WHO European Region.

Method: The 2020 survey was revised by the COVID-19 impact assessment consortium of partners [3], coordinated by EuroTEST [4], and disseminated to testing facilities between 13 December 2021 and 13 March 2022.

Results: We received 102 responses from 32 community testing sites, 40 secondary level care clinics (SLCC) and 30 laboratories in 33 countries. Compared to the same period in 2019 (pre-COVID-19), across infections, an average of 55% of sites reported decreased testing volumes during January-May 2021 and 34% during June-October 2021 (figures 1A and 1B). By setting, more community testing sites reported decreases in both time periods (63% and 42%, respectively), followed by secondary care clinics (54% and 33%) and laboratories (51% and 31%) (figures 2A and 2B). The most commonly reported new measures implemented to restore testing provision were remote counselling and HIV self-testing/home-based sampling (all settings); expanded outreach testing (community sites); triaging of patients and testing by appointment-only (secondary care) (no data available for laboratories) (figures 3A and 3B). Three new measures remained in place by the end of 2021/early 2022 in more than a quarter of sites: remote counselling (51%), HIV self-testing/home-based sampling (41%), testing by appointment-only (26%); and two measures were expected to remain in the future in more than a third: remote counselling (49%), HIV self-testing/home-based sampling (38%).

Conclusion: While less dramatic than in 2020, reported impact on testing services remained considerable during the first half of 2021 and diminished somewhat during summer/early fall 2021. Community testing sites were most severely affected. Some services have adapted well to mitigate impact of the pandemic with some changes now embedded into routine practice.

1243

Descriptive Study of Transmission of Sexual Infections (STI) in the Municipality of Murcia: Murcia Fast-Track

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Background: The epidemiology of sexually transmitted infections (STIs) has been changing in recent years worldwide. Murcia is the seventh municipality by population in Spain. It is an important university city and a common meeting place for young population, highlighting some of its neighborhoods for their alternative atmosphere and being a place of reference for the LGBTIQ+ community. Knowing the epidemiological behavior of STIs can help us adopt new strategies to gain control

Method: Descriptive analysis of STIs and variables associated with their transmission in Murcia, 2011-2021

Results: The municipality of Murcia has the highest prevalence of regional STIs (40.6%; n=2204), with HIV being the most frequent (24.2%), 50% of cases of Late Diagnosis (LD), and 24.17% of cases of AIDS, while the annual incidence rate with values is always higher than the regional and national ones, up to 1.6 times in 2021 ([figure 1](#)). The incidence rates/year of other STIs due to *C. trachomatis*, gonococcus, and syphilis show an upward trend with a further increase marked in 2021, up to 1.33-2.4 times ([figure 2](#)). The affected group is male predominance (78.9%), with a median age of 37 years (IQR 28-47), 23.22% with a country of origin other than Spain, and 67.84% are Men who have Sex with Men (MSM)

Conclusion: The high degree of LD of HIV and the increase in cases of the rest of STIs in the municipality of Murcia indicates the need to intensify prevention campaigns aimed at the most vulnerable groups as the most effective tool to reduce its transmission. It has become one of the strategic objectives of Public Health of the City Council of Murcia, culminating in creating a municipal center for comprehensive attention to STIs: Murcia Checkpoint.

1244

Opt-Out HIV and Hepatitis C Testing in ED: First 6 Months of Manchester's Emergency Testing in Emergency Times

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Background: Manchester sits in the top 16 local authority areas of HIV prevalence in the UK (>5/1000 per head of population). We achieved our long-held ambition to start screening for HIV and Hepatitis C (HCV) in ED attendances aged 16+ Manchester Foundation Trust at Manchester Royal Infirmary (MRI) ED on 1.12.21 and at Wythenshawe ED on 15.3.22. North Manchester General Hospital (NMGH) is due to start soon with increasing lab capacity.

Method: We formed a weekly working group across 3 sites and 10 departments. We gained ethical approval for notional consent. Results management, re-engagement tools and use of community support developed further as the project progressed.

Results: [See table.](#)

Conclusion: This is a well-focused initiative resulting in new HCV and HIV diagnoses. There has been no detrimental effect on ED patient flow and testing is acceptable to patients. It allows epidemiological monitoring HIV and HCV prevalence and progress towards HCV elimination. Holistic care of those already diagnosed but disengaged is key. Our local initiative is helping to shape the national programme.

1245 Approaching Gender-Based Violence from a Biomedical HIV Prevention Approach

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Background: While gender-based violence has been shown to increase women's risk of HIV acquisition, the role of GBV biomedical approach is ambiguous. Clarifying how GBV may act as a barrier to accessing HIV prevention, treatment and care, for instance PrEP and antiretrovirals will not only provide insights into how to best meet individual women's HIV care needs, but also inform local health-oriented HIV control strategies.

Method: The study implored a comprehensive care and treatment review. It synthesized and analyzed existing evidence regarding the influence of GBV on engagement in PrEP and HIV services among women living with HIV, including members of key populations that is sex workers and those who use drugs. It further explored response driven sampling and wisdom of the crowd through assessment tools like questionnaires. This methodology managed to acquire 319 respondents, a subset of 187 respondents met the criteria and were included in the review.

Results: The study covered 13 local health facilities within Gauteng region. The majority utilized quantitative cross-sectional designs, with the rest using longitudinal, qualitative or mixed methods designs. Taken together, findings suggest that GBV impedes women's uptake of HIV testing, care, and treatment, yet this can vary across different geographic and epidemic settings. Substantial gaps in the literature do still exist, including studies on the impact of GBV on engagement in PrEP and research among women.

Conclusion: The review contributes to knowledge regarding the role GBV plays in women's engagement in PrEP and HIV services. Findings reveal the need for more longitudinal research to provide insights into the causal pathways linking GBV and HIV. More engagement is also needed to clarify the impact of GBV on PrEP use and adherence as well as the impact of GBV on engagement along the HIV services among key populations

1246 Free Formula for All: Supporting Mothers Living with HIV who Choose to Formula Feed their Babies

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Introduction: The safest way for a UK-based mother living with HIV to feed her baby is formula milk. Women living with optimally controlled HIV may be supported to breastfeed and are advised of the small on-going risk of HIV transmission. The All-Party Parliamentary Group on Infant Feeding reported the cost of infant formula to have a serious impact on family budgets costing up to £32.30/week.

Description: As a multidisciplinary team caring for pregnant women living with HIV, we believe women should be supported to make an informed choice about infant feeding, free from financial restraints. Manchester Foundation Trust and George House Trust, a local HIV charity worked together with each of the ten Greater Manchester (GM) borough's Public Health Departments to persuade them to make funding available and to ensure that free formula milk is available to those who need it. From April 2022 all 10 GM boroughs committed to provide sterilisers, bottles and infant formula to all women living with HIV who choose to formula feed. 72 women have been supported so far with >2,000 bottles of milk distributed. On evaluation:

- 100% felt the scheme met their baby feeding needs
- 78% reported not having to worry about the cost of formula milk
- 89% reported having benefitted generally from accessing the service
- 100% reported a wish to use the service again in the future

Lesson Learned: Initially, not all boroughs of GM were welcoming of the scheme and ongoing work was required to embed it into routine practice. Subsequent service evaluation has demonstrated positive patient feedback and an additional benefit of providing women with voluntary sector support.

Recommendations: The successful provision of free infant formula to women living with HIV should not be dependent on the area you live in and should be routinely provided across the UK.

1247

Towards Zero New HIV Infections in Amsterdam in 2026: Reaching Undocumented Migrants for HIV and STI Testing and Linkage to Care

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Introduction: In the four largest cities in the Netherlands, an estimated 560 people live with undiagnosed HIV, including 300 in Amsterdam. Amsterdam targets having zero new HIV infections in 2026. Undocumented migrants are disproportionately affected by HIV and often contract HIV after migration. Moreover, access to healthcare is experienced as limited. The aim of this study was to analyze the outcomes of an HIV/STI testing program for undocumented migrants through community-based testing.

Description: Between May 2021 and January 2022 data for this cross-sectional study was collected during outreach testing activities of the Amsterdam Center for Sexual Health (CSH) of the Public Health Service, and the NGO Doctors of the World. Activities were organized in collaboration with migrant partner organizations. Participants were tested free-of-charge for HIV, syphilis, gonorrhea, chlamydia and if indicated for Hepatitis B and C. Prior to testing, a healthcare provider-administered questionnaire was filled out.

Lesson Learned: 126 people from 22 countries were tested for HIV during 28 outreach activities. Mean age was 37 (IQR 32-43). 49 people were additionally tested for chlamydia, gonorrhea and syphilis, 42 for Hepatitis B and 14 for Hepatitis C. We found zero new HIV infections and 5 positive chlamydia cases.

[Table 1. Participant characteristics](#)

Reaching 52 HIV first time testers and 19 first time testers since migration shows the importance of these activities. The number of participants tested were lower than initially expected due to lower attendance per testing day for various reasons.

Recommendations: To increase the likelihood of reaching undocumented migrants for HIV/STI testing and linkage to care, focus should be on on-site provider-initiated testing, e.g., during outreach healthcare activities, and on easy access to centers for sexual health. Collaboration between healthcare providers and community stakeholders is essential.

1248

Mandatory HIV Stigma E-Learning for NHS Staff

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- ⁵ Dobby Theatre, Manchester, United Kingdom

Introduction: HIV stigma within healthcare results in discriminatory practice and can delay or prevent those living with HIV in accessing healthcare. This leads to complaints, physical and psychological morbidity and in some cases disengagement from care and subsequent mortality. It is now government guidance that HIV stigma training is mandatory for healthcare staff. Manchester is classed as having an extremely high prevalence of HIV infection 5.89/1000 (>5/1000). Sitting within our city-region programme to end new transmissions of HIV (HIVe) and our Fast Track City commitment to end HIV related stigma, Manchester Foundation Trust in partnership with George House Trust and Dobby Theatre, developed an HIV healthcare stigma online mandatory training module for hospital staff. This is the first training of its kind in the UK.

Description: Specialist HIV nurses, doctors and community partners across the region collaborated to design the training; interviews with people with lived experience of HIV-related stigma in healthcare were conducted and were an integral part of the training package. Interviewees provided examples of stigma they experienced but also offered ways in which healthcare staff could reduce this in the future. Evaluation questions were co-designed to test the training and to further shape the module.

Lesson Learned: Developing the training requires multidisciplinary input from clinical/ community/ commissioning sectors and the key involvement of those with lived experience.

Getting hospital trusts to recognise the need, to support and mandate the training remains a challenge despite national guidance that this is needed.

Recommendations: From the experience thus far, we recommend: 1) wider roll out to other hospital trusts, within and beyond Greater Manchester. 2) Feedback 3) Developing an amended training package suitable for social care (and other) settings accessed by the local population of people living and aging with HIV.

1250 Primary Care Webinars to Update HIV Knowledge and Increase the Uptake of HIV Testing

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- ⁷ George House Trust, Manchester, United Kingdom

Introduction: Project aim:

- improve uptake of HIV testing in Primary Care (PC),
- increase awareness of clinical indicator conditions,
- share experiences of people living HIV, and the message undetectable=untransmittable (U=U).

The project sits within our Greater Manchester (GM) programme to end new transmissions of HIV (HIVE) and our Fast-Track City commitment to end HIV related stigma. A webinar was collaboratively piloted, designed and delivered against the project outcomes.

Description: Initially planned for face-to-face delivery, COVID-19 led to digital sessions, across GM (10 areas). Delivery model:

- Four standalone 1.5-hour interactive webinars between April and July 2021
- 'HIV: Let's Sort This Together' (HIVE Campaign) branding, eventbrite and PC/Sexual Health Network contact lists were used to recruit
- A follow-up Information sheet with slides

Lesson Learned: Of the 138 registered (GPs 76, Dentist 35, Pharmacy 7, Opticians 2, Other 20) from all 10 GM areas, 76 attended. 9 people completed a post-event survey – 100% agreed or strongly agreed with statements that confidence or knowledge had increased. Timing delivery around the GP pandemic response:

- Digital delivery allowed for greater flexibility and collaboration, but difficult to measure impact
- Minimal funding meant the wider drive and ambition in GM to address HIV-specific challenges, and the support of the sexual health and PC networks was invaluable
- Metrics to show subsequent levels of PC testing is not available at a GM level
- Feedback indicates attendees found it informative; greater understanding of testing (who and when), the efficacy of modern treatment & U=U
- 'My understanding of people's experience of living with HIV has increased' received the strongest agreement post-event

Recommendations: Online webinar delivery is a successful method of increasing awareness of HIV in PC. Next steps:

- Contact attendees to see if how they are using their new knowledge one year later
- Review alongside other project activity, and agree PC related actions within the GM HIV Action Plan

1251 Evaluation Findings of an Intensive Support Service for People Living with HIV in the UK: Improving Outcomes through a Voluntary Sector-Led Collaborative and Cross-Sector Working

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Background: The need for targeted health and social care co-ordination for people living with HIV (PLWH) was identified as a gap by staff at Manchester Foundation Trust. The Intensive Support Service (ISS) was set-up and run by George House Trust, forming part of a larger project working towards ending HIV transmission in Greater Manchester (HIVE). The service aims to ensure that PLWH receive the support they need to reach undetectable, and therefore untransmittable, viral levels (U=U).

Method: To evaluate the ISS, a mixed method approach with 3 data collection pathways was adopted:

- Structured qualitative interviews at two time-points with service users
- Stakeholder qualitative survey
- Quantitative service level data

Results: Quantitative data reveals: an average 96% improvement in clinic attendance, 79% of service users had an undetectable viral load or were expected to become undetectable imminently; 79% reported improvements in general well-being; 85% reported an improvement in general wellness. Qualitative data support these findings demonstrating improvements to service user wellbeing and mental and physical health, alongside an increase in ability to manage and accept living with HIV. A single point of contact supported those with multiple needs to navigate the complex health and social care system. Success was achieved via collaborative and cross-sector working, bridging the gap between clinical and social care services. Stakeholders agreed that the service should continue to operate and expand across the GM region.

Conclusion: This voluntary sector led service, working in collaboration with clinical teams to address the wider complex needs of PLWH, resulted in improved outcomes with many service users achieving an undetectable viral load. Thus, the evaluation findings demonstrate that the ISS is one effective intervention to help efforts to end the HIV epidemic through preventing the onward transmission of HIV. The use of similar interventions should be considered by others working towards attaining UNAIDS targets / equal access to U=U.

1252

An Approach to Harm Reduction Interventions in Community Health Care Settings: An Integrated Approach for People who Inject Drugs

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Background: Harm reduction refers to interventions aimed at reducing the negative effects of health behaviors without necessarily extinguishing the problematic health behaviors completely. The vast majority of the harm reduction literature focuses on the harms of drug use and on specific harm reduction strategies, such as syringe use and razors. Harm reduction approach can address other risk behaviors that often occur alongside drug use for instance comorbidities. Harm reduction principles have been applied to harms such as sex work, and tobacco use. Our interventions aim to extend it to other health risk behaviors and to a broader healthcare audience.

Method: Building on the extant literature, we used data from in-depth qualitative interviews with 37 drug users, age range of 19 – 31 years from a local health care community. 23 shared syringes and razors, whilst 14 indicated acquiring their injecting tools from clinics. This was to describe harm reduction principles for use in healthcare settings.

Results: Our data monitors defined six principles of harm reduction and generalized them for use in healthcare settings with drug and substance users. The principles include humanism, pragmatism, individualism, autonomy, incrementalism, and accountability with consented reach. For each of these principles, we presented a definition, a description of how healthcare providers can deliver interventions informed by the principle, and examples of how each principle may be applied in local health care facilities.

Conclusion: Harm reduction principles in local health care facilities improve clinical care outcomes given that the quality of the provider-patient relationship is known to impact health outcomes and treatment adherence. Harm reduction can be a universal precaution applied to all individuals regardless of their disclosure of negative health behaviors, given that health behaviors are not binary or linear but operate along a continuum based on a variety of individual and social determinants.

1253

Efforts to End HIV in a Generation in Greater Manchester Phase 1 (HIVE): Evaluation Findings from a Stakeholder Survey

Natalie Hammond (presenting)¹

¹ Manchester Metropolitan University, Manchester, UK

Background: The vision to reduce new HIV transmissions in Greater Manchester, as part of the plan to end HIV in a generation, led to the creation of the HIVE programme. HIVE comprised several different elements including, scaled community combination prevention, a peer-led campaign and web platform, a step-up scheme, an intensive support service for people living with HIV, a National HIV Self-sampling scheme and online training, resources & podcast for Primary Care.

Method: One element of the overall HIVE evaluation, was an online qualitative stakeholder survey gathering information around perceived successes, challenges and additionality. 41 invitations were sent to project stakeholders and 17 participants responded.

Results: The results that cut across multiple elements of HIVE programme converge around 4 themes: innovation, partnerships and relationships, planning and evidence base, and complexity. HIVE enabled innovation and the ability to try and test interventions across the HIV sector in Greater Manchester. HIVE facilitated and enabled relationship development, however ongoing relationship development is essential to enable collaborative working; this requires further investment in terms of time, space and resources. Research underpinning the decision-making evidence base could have been strengthened. Partnership working with communities and service users to develop appropriate interventions required further development in some aspects of the programme. HIVE, whilst a significant investment, was potentially overly complex for the resources available.

Conclusion: Investment in projects that facilitate cross-sector partnerships to develop innovative interventions and offer a space for learning, are essential to ending the HIV epidemic. In developing new projects, a strong evidence base drawing on community and service user input is essential. By working *and* learning together, efforts to end new transmissions of HIV can be realised.

1254

Increasing HIV Testing amongst MSM at Risk of Late Presentation of HIV: A City-Based Approach in Amsterdam

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Introduction: Amsterdam has achieved tremendous progress in curbing new HIV infections, however, the late presentation of HIV infections in MSM remains a challenge. Low perceived risk, high perceived severity/burden of living with HIV, traumatic memories from the early AIDS epidemic, lack of communication with GPs, and missed opportunities by healthcare providers continue to increase the risk of late presentation in a small group of MSM in Amsterdam.

Description: The Last Mile project is developing strategies to improve HIV testing among MSM, at risk of late presentation. A participatory, systematic intervention development approach is employed, guided by the Behavior Change Wheel (BCW) (Michie et al. 2014;). BCW provides nine sequential steps from needs assessment to implementation. To accomplish this, a series of ten focus groups have been conducted with MSM in Amsterdam (n=15). Furthermore, expert interviews (n=11) were undertaken to identify key behavior change strategies. Acceptability, Practicability, Effectiveness, Affordability, Side-effects, and Equity (APEASE) criteria guided the selection of intervention strategies. Education/consciousness-raising and enablement were identified to address the lack of risk perception while environmental restructuring, modeling, and persuasion were identified to mitigate the high perceived severity/burden of living with HIV.

Lesson Learned: Unique programmatic insights are offered by the study at a time when several Fast-Track Cities are near to closing the gap between HIV testing and new HIV infections. Importantly, the Last Mile project shows that the challenges of acceptable, feasible, and effective interventions for small and diverse groups of MSM can be mitigated by community participation in the intervention development approach.

Recommendations: A systematic community co-creation approach when combined effectively with the behavior change wheel to develop impactful and targeted interventions, has a high potential to overcome psycho-social risk factors related to the late presentation of HIV in MSM.

1255

Differences in the Profile of Patients who used Psychosocial Support Center (PSC) Before and Since COVID-19

Gonçalo Bento (presenting)¹, Maria Eugénia Saraiva¹, Sofia Melo Refoios¹, Gonçalo Bento¹, Renata Vicente¹, Nuno Ferro¹

¹ Liga Portuguesa Contra a Sida, Lisbon, Portugal

Background: In addition to socio-economic and public health consequences, Covid19 promoted a set of anxious and depressive symptoms and fear of (co)infection. Through PSC from Liga Portuguesa Contra a SIDA, we intend to explore the existence of differences in the profile of patients who benefited from these services before the pandemic (April 2nd, 2018) and since the first identified case of covid 19 in Portugal (March 2nd, 2020).

Method: From 2 April 2018 to 9 May 2022, PSC supported a total of 2.274 patients (805 before Covid19; 1206 since Covid19). 1206 were men, 1065 were women and three were transgender, with a mean age of 38.5 years (SD=14.1), subdivided by different kinds of support (social, psychological, legal, and nutritional). Regarding serology, 898 lived with, at least, one STI, and 1376 were familiar/partners.

Results: Using the non-parametric tests – Qui-square (χ^2) and the Mann-Whitney (U) – we studied the existence of statistical differences in the profile of patients who used the ISS before and since covid19.

Conclusion: Compared to the period before Covid19, since March 2, 2020, PSC has been more sought by women, immigrants, and infected patients, with a higher percentage of demand for psychological, legal, and nutritional support, as well as preventive and informative materials. Regarding the number of appointments, there were no statistically significant differences for psychological support in terms of the two periods, however, there are differences in a social level that seems to indicate people are more aware of social difficulties (e.g. social exclusion, unemployment, food products).

1256 Participatory and Community-Based Research

Nganhale Francine (presenting)¹

¹ ICWCA, Yaoundé, Cameroon

Introduction: The method used by our organization is essentially based on the participation of all stakeholders.

Description: Three activities in this sense were carried out during the year within the framework of a specific project and taking into account three countries namely Cameroon, Central Africa Region, and Gabon:

- Training in TIC
- Collaboration with media influencers
- A community evaluation of services offered to people living with HIV

Lesson Learned: As COVID-19 requires, the use of ICTs (Zoom, jitsi, etc.) has enabled the country networks to link up with these collaborative tools through training and the use of these tools. Collaboration with media influencers in Cameroon, Central African Republic and Gabon has enabled them to reach nearly 2000 PLHIV through Facebook pages (icwca), a website (www.icwcaregionaloffice.org) and a WhatsApp group (icwcameroon) and to find solutions to their daily problems together. Establishing a platform for meetings with technical and financial partners involved in the fight against HIV. By carrying out an evaluation of the service offered in terms of care for people living with HIV; ICWCA wants to get involved as a community in the evaluation of health policies and above all to bring out objective data on the situation of PLHIV.

Recommendations: Multiplying awareness-raising workshops to ensure better appropriation of ICTs by its members; Through increased awareness campaigns, make the 2,000 subscribers markers for ICWCA. Advocate for the limitations identified in the field to lead to participatory and community-based solutions.

1257 Undergraduate LGBTQI Students' Perceptions and Awareness of Safe Sex Practices and Related Institutional Services at a Metropolitan University in South Africa

Olayiwola James Oladipo (presenting)¹

¹ Treatment Action Campaign, Johannesburg, South Africa

Background: Globally and locally, youth, particularly members of the LGBTQI community and university students, are at more risk of contracting HIV, which has increased over the last 30 years. This increase can be linked to risky sexual behaviour that is fostered by societal prejudice, non-inclusive sexual and reproductive healthcare and safe sex programmes. Numerous studies have investigated the awareness and views of university students on safe sex practices but none with the LGBTQI students. Hence this study aimed to explore undergraduate LGBTQI students' perception and awareness of safe sex practices and related institutional services at a metropolitan university in South Africa.

Method: Qualitative study that followed an exploratory and descriptive approach. Six semi-structured interviews were conducted with six participants who were registered students at the chosen university and identified as members of the LGBTQI community. Thematic analysis was conducted, trustworthiness was achieved to reflect consistency and validity of the study, and ethical considerations were adhered to.

Results: Themes and sub-themes emerged around factors that impact engaging in safe sex practice like culture, religion, and peer pressure; knowledge of condoms and the factors that affects the use of condoms; self and mutual masturbation as safe sex, and other practices like oral sex and cybersex. Lastly, the available institutional services were reflected on and recommendations given.

Conclusion: Participants felt sexual health history conversations between sexual partners should be promoted as this has an effect on safe sex. Lack on inclusive sex education and safe sex awareness, cultural and religious exclusion, over-sexualisation by peer groups continue to put LGBTQI youths at continued risk of HIV. They recommended more inclusive programmes and open forum for LGBTQI youth to be able to access information about safe sex and be aware of the safe sex services available to them.

1258

Web-Based Distribution of Self-Testing Kits in Ukraine: Key Results and Lessons Learned from HealthLink Project

Olena Vlasiuk (presenting)¹, Daryna Shevchuk¹, Khrystyna Brodych¹

¹ 100% LIFE, Kyiv, Ukraine

Introduction: In Ukraine, 30% of PLHIV are not aware of their HIV-status, therefore much effort is needed to achieve “the first 95” goal. In order to increase testing uptake, HealthLink Project launched a website (prozdorovia.in.ua) to offer oral-based HIVST kits delivery via mail to all Ukrainian regions.

Description: Starting from October 2020, website visitors are offered to uptake online screener, and those with high risk are automatically offered an option to order an oral-based HIVST kit for themselves or their partners. Online orders are automatically distributed among regional coordinators who are responsible for order confirmation, delivering the kit, and follow-up calls.

Lesson Learned: Online orders between October 2021 – February 2022 (n=4324) demonstrate that the vast majority of website users (82%) have never tested for HIV. About 18% were men, 33% of whom identified themselves as MSM. About 12% of all users were SWs, 7% PWIDs and 6% PLHIV partners. 67% of female users ordered additional kit for male partners, indicating indirect reach of men. Nearly 80% of persons who ordered kits were aged 15-25. In addition to increased confidentiality, HIVST users highly appreciated the opportunity to order a kit 24/7, since they were not able to visit testing sites during work hours. In addition, about half of users asked for additional services in their order forms (prevention packages, HCV testing, PrEP counselling).

Recommendations: Online strategy is effective in reaching younger populations who have never been tested before. This strategy provides opportunity to offer additional services and is beneficial for people from small or remote locations without any testing sites, as well as for people who are not able to visit regular sites due to work or other reasons. Considering high demand, Project recommends implementation of online screeners for a more targeted reach.

1259

HIV Prevention for Central Asian Migrants

Dina Masalimova (presenting)¹

¹ AFEW-Kyrgyzstan, Bishkek, Kyrgyzstan

Introduction: Migration is one of the key factors affecting the HIV epidemic in Central Asia. I.e., Kyrgyzstan has 1 million labour migrants out of 7 million population. 30% to 40% of newly registered HIV cases in the country report migration experience in the past. Migrants are not accessible for their home country healthcare systems and are often neglected by health authorities of destination countries.

Description: The “Migrants Health” Project is the first Central Asian programme to pilot a model for providing HIV services for key population migrants from the region. The Project designed counseling modules to equip migrants with knowledge on HIV prevention during migration and established a system for cross-border referrals to ensure its’ beneficiaries know their status before departure, and are linked to HIV-preventative (through a friendly NGO in destination country) and treatment (via sending ARVs from home) while in migration.

Lesson Learned: The Project reached 2300 migrants with counseling, and tested 1950 migrants on HIV. The overall yield was 13%, with detection rate among people in migration being 2-3 times higher than among those getting prepared for migration.

Migrants who found out about their status while abroad usually don’t go back to their home country to start ART until their HIV is advanced \ health deteriorates. The treatment options for labour migrants in destination countries are often limited to buying ARVs from pharmacies or contacting local NGOs for help (not available in most regions). Kyrgyzstan is the only Central Asian country to recently introduce a mechanism allowing migrants to get registered with the health authorities “remotely” (without coming back to the country) and start treatment.

Recommendations: HIV risks for people in migration increase. Healthy and safe migration counseling are important for HIV prevention. Advocacy efforts are needed to ensure treatment availability for migrants in the destination countries.

1262

Factors Associated with Unfavourable DS-TB Outcomes in the Johannesburg Health District, South Africa

Choene Madibogo (presenting)¹

¹ City of Johannesburg Health Department, Olifantsfontein, Gauteng, South Africa

Background: We investigated factors associated with unfavourable treatment outcomes among all drug-susceptible tuberculosis (DS-TB) patients.

Method: A retrospective cohort study in Johannesburg health district. All DS-TB patients initiated on treatment from January 2017 to December 2018 with outcomes were included. TIER.NET data was analyzed using STATA17. A p -value < 0.05 considered statistically significant

Results: We included 21341 patients consisting 12358 (57.9%) males, 8982 (42.1%) females and 1219 (5.7%) children < 8 years. Participants' median age was 38.0 IQR (30.0-47.0). The 19951 (91.8%) were new and 1750 (8.2%) previously treated. The 19010 (89.1%) were newly registered, and 2331 (11.0%) transferred/moved in. Pulmonary DS-TB patients were 17638 (82.6%) and 3703 extra-pulmonary DS-TB patients (17.3%). Furthermore, 57.9% (12349) were HIV co-infected on ART, 6.7% (1435) HIV-positive not on ART and 7.1% (1525) HIV status unknown. Laboratory-confirmed cases were 89.6% (15627), remainder diagnosed clinically and by X-ray. Most, 15113 (70.9%) completed treatment (95% Confidence interval (CI): 70.2% to 71.4%), 2846 (13.3%) cured (95% CI: 12.9% to 13.8%). The 3382 (15.9%) had unfavourable outcomes (95% CI: 15.4%-16.4%), with 1939 (9.1%) lost to follow-up (95% CI: 8.7% to 9.5%), 1316 (6.2%) and died (95% CI: 5.9% to 6.5%). In multivariate logistic regression analysis, aged ≥ 50 years (AOR = 2.0, p -value < 0.000), male (AOR = 1.1, p -value = 0.002), retreatment patients (AOR = 1.5, p -value = 0.000), transferred/moved in (AOR = 0.7, p -value = 0.002), HIV positive not on ART (AOR = 4.5, p -value = 0.000), HIV status unknown (AOR = 2.0, p -value = 0.000) and X-ray confirmed (AOR = 1.2, p -value = 0.004) emerged as predictors for unfavourable outcomes

Conclusion: The district fell short of the World Health Organization's goal of a 90% treatment success rate. Lost to follow-up and death were major risks of unfavourable outcomes. Interventions targeting patients with identified risks for unfavourable outcomes could improve outcomes

1263

7 Years of Support to Patients Infected or Affected by HIV and other STI in an Psychosocial Support Center (Espaço Liga-te)

Gonçalo Bento (presenting)¹, Sofia Melo Refoios¹, Maria Eugénia Saraiva¹, I Renata Vicente¹, Nuno Ferro¹

¹ Liga Portuguesa Contra a Sida, Lisboa, Lisboa, Portugal

Background: "Espaço Liga-te" is a Psychosocial Support Center (PSC) of Liga Portuguesa Contra a SIDA, based in Lisbon (Fast Track-City), that aims to support People Living with HIV (PLVIH) or with any other Sexually Transmitted Infections (STI) and affected people, through individual interventions adjusted to each patient needs, contributing to prevention, care, and treatment of STI, promoting Health Literacy and the adoption of safe behaviors.

Method: PSC works in an Integrated Model of Intervention contributing to Primary, Secondary, and Tertiary Prevention, developing activities in a biopsychosocial health approach through a specialized and personalized response to patient's individual needs, providing Social, Psychological, Nutritional, and Legal Support. In this poster, 7 years of different types of intervention are summarized, dividing patients and total of appointments by each type of support. Information was gathered through sociodemographic questionnaires and analyzed using SPSS, v.25.0.

Results: The following results were gathered in these 7 years:

- The majority of patients followed by PSC are men and each 2.4 patients with any type of support provided by PSC were diagnosed with HIV or other STI.
- Even though social support has more patients, psychological support has more appointments contributing to the treatment compliance of patients diagnosed with HIV or other STI.

Conclusion: Since 2003, PSC Espaço Liga-te has contributed to improve the quality of life of PLHIV and other STI, contributing to reducing stigma and social discrimination felt by these patients, promoting prevention, and contributing to early diagnosis and treatment, as well as for social inclusion and for the adoption of safe behaviors. Throughout the years, the intervention has been updated to provide adjusted responses to the patient's needs following the most updated guidelines and information provided by WHO and UNAIDS regarding HIV and other STI.

1264 Participatory and Community-Based Research

Nganhale Francine (presenting)¹

¹ ICWCA, Yaoundé, Center, Cameroon

Introduction: The method used by our organisation is essentially based on the participation of all stakeholders.

Description: Three activities were carried out:

- ICT training;
- collaboration with media influencers; and
- a community assessment of services offered to people living with HIV.

Lesson Learned: The use of ICTs (Zoom, jitsi...) has enabled the country networks to become familiar with these collaborative tools through training and the use of these tools.

Collaboration with media influencers in Cameroon, CAR and Gabon has enabled them to reach nearly 2000 PLHIV through Facebook pages (icwca), a website (www.icwca regionaloffice.org) and a whatsapp group (icwcameroun) and to find solutions to their daily problems together.

Establishing a platform for meetings with technical and financial partners involved in the fight against HIV. By carrying out an evaluation of the service offered in terms of care for PLWHIV; ICWCA should be involved as a community in the evaluation of health policies and especially to bring out objective data on the situation of People Living with HIV.

Recommendations: Multiplying the number of awareness-raising workshops to ensure better appropriation of ICTs by its members; Through increased awareness campaigns, make the 2000 subscribers markers for ICWCA,

Advocate for the limitations identified in the field to lead to participatory and community-based solutions.

1266 Impact of Media Representation on Community Perceptions towards Key and Vulnerable Population (Sex Workers) in Johannesburg, South Africa

Likwa Sithole (presenting)¹

¹ The Best Health Solutions, Gauteng, South Africa

Background: This study examined the effects of media representations on sex workers in Johannesburg in the most read daily paper in the region, Daily Sun. The objectives of this research were threefold. The first was to find out how media representations have a bearing on the attitude and behaviors of sex workers in Johannesburg as they interact with the wider community and how these perception fuel human rights violations within sex work while the second was to examine the meanings sex workers make out of the stories about themselves. The third objective was to explore the perceptions of sex workers on the stories about their trade. In light of these objectives this study began by enquiring on how sex workers were portrayed in the paper before conducting focus group meetings and in-depth interviews.

Method: The archival footage was used in identifying stories that were published between January 2016 and May 2018 and were analyzed using qualitative content analysis.

Results: Qualitative content analysis revealed that the stories published by the publication are largely negative and tended to provide an incomplete picture of sex workers. Informed by the encoding and decoding model which falls under the reception theory the study was also able to establish that sex workers formed different interpretations of the stories that were written about them and also determined that the stories in the Daily Sun had a bearing in the way sex workers interacted with the wider society

Conclusion: Media plays a critical role in shaping perceptions and how sex workers are treated around the City.

1267 Étude sur le Vécu au Travail des Pairs Educateurs LGBT engagés dans la lutte contre l'épidémie du VIH/SIDA à Yaoundé Cameroun, et ses Incidences sur les Comportements des Populations Clés (HSH)

Eric Landry Ngono (presenting)¹

¹ Association camerounaise pour l'épanouissement et l'autonomisation des personnes vulnérables, Yaoundé, Centre, Cameroon

Background: La prévention du VIH, nécessite un minimum d'informations, et sur les comportements à adopter pour éviter une contamination. Des OBC identitaires recrutent pour la circonstance des agents de sensibilisation par les pairs, parfois désignés "Pairs Educateurs" (PE), recrutés en tant que membres de la "population clé" ciblés par l'action de prévention. Un PE a pour mission d'obtenir le consentement de personnes (LGBT) au dépistage du VIH, d'examiner, avec elles, les facteurs qui les mettent à risque vis-à-vis de la propagation du VIH, et de leur prodiguer des Conseils en (CCCD).

Method: Or, la connaissance des risques de transmission du VIH est insuffisante pour éviter des comportements à risque. En 2021 et 2022, j'ai mené deux enquêtes en psychodynamique du travail auprès des OBC « ASCEAU-PEV+ » et « AAH » pour le vécu au travail des PE et les difficultés psycho-sociales qu'ils rencontrent. La psychodynamique du travail est une méthode précise et reconnue en psychologie du travail, présentée dans l'édition de 1993 de l'ouvrage de Christophe Dejours, "Travail Usure Mentale".

Results: Les différentes modalités de vécu de ce travail selon les groupes sont connues et les risques encourus en termes de souffrance au travail sont mises en évidence. En l'absence de cette discussion, pointe le risque d'un vécu de vulnérabilité ou de surcharge de travail, qui peut mobiliser des défenses nuisibles à la coopération, ou aux soins portés aux pairs, sans compter l'atteinte portée au sens même du travail.

Conclusion: Les actions des PE sont-elles en adéquation avec les dispositions psychiques des couples LGBT à suivre les conseils annoncés lors des animations de CCCD ? Cette évaluation est décisive pour atteindre les objectifs visés par la mise en place de ces emplois, notamment pour éviter les séropositifs LGBT « perdus de vue ».

1268 8 Years of AIDS SOS Helpline: User Profile (2014 TO 2021)

Gonçalo Bento (presenting)¹, Maria Eugénia Saraiva¹, Ana Rita Correia¹, Sofia Melo Refoios¹

¹ Liga Portuguesa Contra a Sida, Lisboa, Lisboa, Portugal

Background: Following the example of other countries in which phone lines ("helplines") played a leading role in supporting both people infected with HIV/AIDS and those concerned, in 1991, the Portuguese League Against AIDS (PLAA) started SOS SIDA Helpline. The service is free of charge, anonymous (carried out by technicians with specific training in the area of HIV/AIDS and telephone counseling) and operates at a national level. In 1993, it joined the project to train a European Federation of AIDS Helplines, thus valuing the exchange of experiences with other organizations.

Method: Through a descriptive analysis, we present the profile of the user of the AIDS SOS Helpline. From January 2014 to December 2021, the Helpline received 4103 calls, most of them serious ($n=3823$; $\%=93.2$). The "White calls" ($n=280$; $\%=6.8$). The so-called "white calls" include jokes, silences, obscenities, and when they hang up with no interaction between the psychologist who answers and the user.

Results: The majority of users are adult men that ask information for themselves. The reasons of the calls can be very different, ranging from the perception of having had a risky behavior, to the symptoms associated with HIV or places where it's possible to perform a test (3rd or 4th generation).

Conclusion: Most people who contact the helpline are adult men who refer more often that the purpose of the call is to learn about the modes of transmission, with sexual transmission being the most frequent, and the clinical aspects of infection, with greater focus in seroconversion and symptoms.

As for those who mentioned having had a sexual behavior, most claim that it was heterosexual with an occasional partner, and the most frequent risky sexual behavior was not using a condom, regardless of sexual practice, or breaking it.

With regard to the support provided during the call, the user could have more than one support, most of which were clarified, followed by counseling and referral.

1275

Use of Cohort Tracing in eThekweni to Ensure HIV and TB Patients Continue Treatment and Care Following a Social Crisis and Health Emergency

Grace Mufamadi (presenting)¹, Judith King²

¹ eThekweni Municipality, Durban, South Africa

² Health Systems Trust, Durban, South Africa

Introduction: Amid the challenges of COVID-19, 10 days of widespread public unrest across KwaZulu-Natal Province during July 2021 blocked access to health services through road and facility closures and disrupted medical supply chains. Numerous medicine collection points and pharmaceutical warehouses were either temporarily closed or looted and destroyed.

Description: eThekweni Municipal Health Unit, Department of Health (DoH), and Health Systems Trust (HST) teams partnered to scale up implementation of a focused intervention to ensure that patients whose HIV and/or TB treatment had been interrupted during and in the aftermath of the unrest could be returned to care.

A cohort of 31 295 patients with missed clinic appointments as at 20 July 2021 formed the baseline for return to care; 27 254 were traced for resumption of treatment within a four-week period, and either returned to facilities for medicine collection, or referred to an agreed community drop-off point for medicine delivery. Of the 9 252 patients who had missed viral load testing, 7 935 were tested within four weeks.

An innovative response matrix of focused community-level mobilisation and service delivery, use of technology, layered interventions, and strong mayoral leadership and support ensured that within a month of the unrest, 88% of patients were returned to care.

Lesson Learned: Intensified case management, diligent data capture and daily reporting, and strong appointment systems are essential for efficient retrieval and follow-up of identified patients. This recovery plan minimised the length of patients' treatment interruptions and is currently applied as an emergency response for tracing patients affected by eThekweni's devastating floods in April 2022.

Recommendations: This strategy stabilises patients' clinical care following social crises and improves routine continuity of care towards achievement and maintenance of viral suppression – thereby preventing HIV drug resistance, onward viral transmission, illness and death.

1276

An Update on HCV Elimination Efforts through Screening and Linkage to Care in Madeira, Portugal

Vitor Magno Pereira¹ (presenting), Elisa Xavier¹, Diogo Medina², Luís Jasmins¹, Ana Paula Reis¹, Nancy Faria¹, Bruno Freitas¹, Patrícia Prada¹, Luz Lobato¹, Nuno Canhoto¹, José Júlio Nóbrega¹, Fábio Camacho¹, José Ornelas¹, Pedro Santos Gouveia¹, Pedro Ramos³, Alba Carrodeguas², Diogo Medina²

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² Gilead Sciences, Madrid, Spain

³ Secretaria Regional de Saúde e Proteção Civil da Madeira, Madeira, Portugal

Introduction: SESARAM manages 47 primary care centers, 3 hospitals, and 1 emergency department (ED) that serve 254,000 residents in the Portuguese Autonomous Region of Madeira. All facilities share the same laboratory.

Description: SESARAM launched a multistakeholder effort of public, social, and private sector players to adopt systematic, opportunistic HCV screening in patients aged 18-70 who required blood work for any purpose. Screening was integrated across hospital wards from January 2020, in the ED from July 2020, and in primary care from December 2020 via electronic health record algorithms and oral opt-out consent.

We used reflex testing for the first time in Portugal, wherein positive HCV antibody tests trigger HCV core antigen confirmation on the same specimen without physician or patient initiation.

Lesson Learned: We screened 34,307 patients (76% per protocol, 24% per clinical decision) in the 34 months from August 2019 to May 2022, upscaling HCV testing to an average of 1,009 monthly tests. We found 0.51% antibody prevalence and 44% viremia; 87% of cases were detected in the ED. We successfully linked 95% of patients to care, with failures related to social barriers in complying with healthcare in intravenous drug user patients.

An analysis of the quarterly moving averages of antibody and RNA prevalence in the population reveals a decreasing trend over time, crossing zero between 2024 and 2026, ahead of WHO's elimination goal for 2030.

Recommendations: When grounded on implementation science and information technology, multistakeholder approaches to screening the general population are feasible and effective at improving HCV diagnosis gaps and achieving elimination. Emergency departments seem to be the most effective setting to conduct large-scale population screening of HCV.

1277 AIDS SOS HELPLINE: Comparison between the Period before COVID-19 and Since COVID-19 (2018 to 2021)

Gonçalo Bento (presenting)¹, Maria Eugénia Saraiva¹, Sofia Melo Refoios¹, Ana Rita Correia¹

¹ Liga Portuguesa Contra a Sida, Lisboa, Portugal

Background: Following the example of other countries in which support phone lines ("helplines") played a leading role in supporting both people infected with HIV/AIDS and those concerned, in 1991, Liga Portuguesa Contra a SIDA (LPCS) started the SOS SIDA Helpline. The service is free of charge, anonymous (carried out by psychologists with specific training in the area of HIV/AIDS and telephone counseling) and operates at a national level. In 1993, it joined the project to train a European Federation of AIDS Helplines, thus valuing the exchange of experiences with other organizations.

Method: This sample was divided into two groups: Before covid (April 1st 2018 to March 2nd 2020), and since COVID-19 (March 3rd 2020 to December 31st 2021). Before COVID-19 there were 1292 calls (55,5%), 1183 serious (91,6%), and since COVID-19 there have been 1034 calls, 909 serious (87,9%). In this investigation, only serious calls are considered. In order to analyze the existence of statistically significant differences in some of the nominal variables under study, the non-parametric chi-square test (χ^2) was used. We only present positive responses (Yes) to each of the variables.

Results: The following results were gathered in these 4 years (two pre-covid years and two years since pandemic):

- There are multiple statistical existence differences in nominal variables in study regarding the both periods;
- The majority of AIDS helpline are men adults which demonstrates adequate fear towards the HIV infection.

Conclusion: Comparing the two periods, it is possible to conclude that since COVID-19, the AIDS SOS Helpline has received more calls from PLHIV and AIDS, corroborated in table 2, and younger adults. As for the reasons of the calls, while before COVID-19 the types of tests and the routes of transmission seem to be the most frequent reasons, since COVID-19 users have called to learn about PEP and PrEP, which seems to show a greater concern for their own health and HIV prevention.

1278 Contribution des Professionnels des Médias et des Religieux Face aux Populations Clés dans l'Atteinte des 95-95-95

Dagobert Chyrol Kounkeu Ngoumba (presenting)¹

¹ Association camerounaise pour l'épanouissement et l'autonomisation des personnes vulnérables, Yaoundé, Centre, Cameroon

Background: Le respect des droits des Populations Clés au Cameroun reste encore une équation particulièrement difficile à résoudre: un fait s'explique, entre autres, par des raisons politiques, religieuses et socio-culturelles. Ainsi ils éprouvent d'énormes difficultés à vivre librement leur orientation sexuelle, leur identité et expression de genre ce qui les amènent à vivre en cachette, face à une société qui les juge de vecteur de maladies, de vices et de mauvais exemples pour les générations futures. Ils sont victimes de VBG Cette situation de rejet et de haine poussée à un certain niveau pourrait se traduire par des actes de violences et de violations des DH fondamentaux. Ces conditions difficiles ne permettraient pas la fin du sida en 2030, dans un pays où la prévalence du VIH chez les HSH est estimée à 42,2 %

Method: Cette activité consiste à réunir en plusieurs sessions de dialogue pour les professionnels des médias, les religieux et les leaders des populations clés pour discuter de la problématique sur les violations des droits et le traitement de l'information au Cameroun. Ces sessions de dialogue sont aussi une occasion d'inviter ces derniers à s'impliquer davantage dans la lutte contre les violations des droits au Cameroun.

Results: L'environnement est favorable pour un accès facile aux soins et aux traitements des populations clés leçons apprises: Les professionnels des médias et religieux sont sensibilisés sur les VBG envers les pops clés, Et se sont engagés à un meilleur traitement de l'information, conscients de l'importance de leur rôle dans la riposte au VIH/Sida pour l'atteinte des 95-95-95.

Conclusion: Promouvoir une meilleure compréhension et le respect des droits de toute personne quelle que soit son orientation sexuelle, son expression de genre et ou de son identité de genre est gage de l'atteinte de la fin du sida en 2030.

1279

8 Years of Mobile Screening Unit "Saude + Perto" - Portuguese League against AIDS (PLAA)

Gonçalo Bento (presenting)¹, Maria Eugénia Saraiva¹, Ana Rita Correia¹, Sofia Melo Refoios¹

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Background: The PLAA was founded in 1990 and it is the oldest institution in Portugal, in the HIV area, providing care and support to patients infected or affected by HIV or any other Sexually Transmitted Infection (STI). The PLAA's main project regarding Prevention, Diagnosis, and Treatment of HIV and/or any other STI is the Mobile Screening Unit (MSU) "Saúde + Perto". MSU aims to facilitate access to testing, counseling, diagnosis, care, and treatment of HIV and other STI among vulnerable populations (MSM, Drug Users, Homeless people, Sex Workers and their clients, and Immigrants). This MSU was the first unit in Portugal to perform screenings for all Sexually Transmitted Infections (STI), being an innovative project created by the PLAA in 2013.

Method: This mobile unit goes through the councils of Lisboa, Loures, and Odivelas performing health screenings for HIV/AIDS and other sexually transmitted infections (STI). These screenings are all free of charge, confidential, and anonymous. The MSU has a multidisciplinary team composed by: A doctor, a psychologist, a technical of Screening Analyses, and mediator.

Results: From October 1st 2014 to May 10th 2022, 8796 people performed screening test at MSU: 5025 (57,1%) men, 3754 (42,7%) women and 17 (0,2%) transgenders (16 M to F; 1 F to M) with an average age of 40,9 (SD=16,0) years. A total of 37.112 tests were performed on a set of 10 STI, with the following results:

Conclusion: From these results, considering the total number of screening tests and the reactive/positive results we can say that:

- 1 in every 31,5 screened patients had a reactive result to HIV;
- 1 in every 4,9 men screened patients had a reactive/positive result to, at least, one STI; and
- 1 in every 2,6 women screened patients had a reactive/positive result to, at least, one STI; Key populations, compared with the general population, have more reactive/positive results in all STI, except HPV.

1281

A Peer-Driven Intervention to Increase HIV Testing and Linkage to HIV Services for Ukrainian MSM

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Background: In Ukraine, men who have sex with men (MSM) are the only key population with rising HIV incidence. Unprotected sex and low perception of HIV risk is common. Only 24% of MSM have accessed HIV prevention services; 65% have ever tested for HIV. We developed and field tested a peer-driven intervention (PDI) for hard-to-reach groups of MSM at elevated risk for HIV, in Kyiv, Ukraine to improve uptake of HIV and STI testing, PrEP, and ART.

Method: The PDI was informed by formative research and delivered by 8 peer interventionists from the hard-to-reach MSM groups, who were trained to provide HIV-related information to MSM; offer condoms and oral HIV self-tests for partners; and assist with HIV/STI testing, referrals to ART, and PrEP for those eligible. The PDI was delivered at safe places chosen by participants. An online baseline and 3-month follow-up survey included demographic, risk behaviors, and awareness and use of HIV services. Changes in the outcomes were modeled via linear probability regression.

Results: [Figure 1 and Table 1](#)

From July-October 2021, we enrolled 100 hard-to-reach MSM in the study (Figure 1). Post-intervention follow-up showed increases in HIV/STI testing, accessing NGO services, and HIV knowledge in all groups of MSM (Table 1). Many (19%) tested for HIV for the first time. PrEP uptake also improved post-intervention with 40 of 77 (52%) eligible MSM initiated PrEP and 67% of them remained on PrEP through follow-up. Five HIV-positive MSM were referred for ART; two started ART by 3 months. MSM expressed high satisfaction with the PDI and peer leader communication and reported feeling safe sharing confidential information.

Conclusion: Our peer-driven intervention successfully improved HIV/STI testing, PrEP and ART engagement among groups of MSM at highest risk for HIV infection, who have been previously left out of effective HIV prevention programs in Ukraine.

1282

Examining the Relationship Between Stigma, Nativity, and HIV Testing in Latino Sexual Minority Men through the Lens of Social Action Theory

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Background: Latino sexual minority men (LSMM) experience significant HIV disparities. In Miami, a US HIV epicenter, LSMM experience 53% of new HIV diagnoses. The aim of this study was to examine whether contextual factors are associated with recent HIV testing. Informed by Social Action Theory, we hypothesize contextual factors (nativity and stigma) serve as barriers to HIV testing by diminishing self-regulatory processes including depressive symptoms.

Method: We conducted a secondary analysis of the DÍMELO study, a cohort study of 290 LSMM in Miami which identified factors associated with PrEP and behavioral health treatment engagement. We used structural equation modeling to test proposed direct and indirect associations among variables: language preference, birthplace, HIV testing stigma, depression and HIV testing in the last 6 months.

Results: Participants were mostly White (79.3%), gay (83.8%), and endorsed preference for English (82.4%); 51.4% were born outside the continental US. 52.8% indicated clinically significant depressive symptoms. Global fit indices suggested good model fit. Non-US-born men had greater odds of recent HIV testing ($\beta=0.246$, $p=0.003$). Yet, non-US-born men reported higher HIV testing stigma ($\beta=0.144$, $p=0.033$), which in turn was associated with depressive symptoms ($\beta=0.249$, $p=0.001$), and with less likelihood of HIV testing ($\beta=-0.273$, $p=0.003$).

Conclusion: Findings indicate US-born men were less likely to report an HIV test; novel approaches are needed to engage this group in increased HIV testing. There is heterogeneity in LSMM who are born outside the continental US. Although they were more likely to be tested, they reported greater stigma. Those with higher stigma were more likely to be depressed and less likely to test. Results suggest non-US-born LSMM may benefit from destigmatizing outreach campaigns addressing concomitant depression.

1284

A Socioecological Analysis of the Barriers and Facilitators to HIV Pre-exposure Prophylaxis Uptake Among Men Who Have Sex With Men and Transgender Persons in South Africa

Bulumko Futshane (presenting)¹, Raymond Chimatira¹, Joram Chikwanda¹, Dumo Jebese¹, Edward Sibanda¹, Thandu Thengwa¹, Sisanda Gaga¹,

¹ Beyond Zero, Cape Town, WC, South Africa

Background: Under the Global Fund grant (2019 – 2022), Beyond Zero scaled-up access to HIV pre-exposure prophylaxis (PrEP) for MSM in nine districts and TG in four districts. 32 791 MSM and 7 288 TG were to be HIV-negative and eligible for PrEP in the implementing districts. To enhance PrEP uptake among MSM and TG, this study examines their perceptions of PrEP.

Method: Three focus group discussions (FGDs) with 24 peer educators and two FGDs with 13 target beneficiaries were conducted in March 2021. The data were analysed using thematic content analysis. The qualitative analysis was supplemented with programmatic data to describe the current PrEP coverage in the implementing districts.

Results: The PrEP coverage was 24% of estimated HIV-negative MSM and 13% of estimated HIV negative TG. Participants identified barriers at the sociocultural level, including sexual identity-related stigma associated with HIV PrEP being marketed as an intervention for “key populations”; HIV-related stigma associated with the labelling of PrEP medicines as antiretroviral therapy (ART); lack of sensitised healthcare workers at public healthcare facilities. At the community level, healthcare access issues e.g., medicine stock-outs and PrEP availability only in larger urban centres; and limited community knowledge were reported. Partner-level barriers included the perception of PrEP as ART by sexual partners and the need to hide PrEP due to trust issues which arise. Individual-level barriers included reluctance to take a daily oral tablet for prevention; concerns about PrEP’s safety; and availability of other HIV prevention options, e.g., condoms.

Conclusion: Scale-up of the PrEP programme requires careful attention to individual, social and structural factors that act as determinants of HIV vulnerabilities in the South African context. Our findings can inform future PrEP implementation efforts aimed at increasing uptake among this population.

1285

Does Collaborative Work place HIV Self-Testing Kit Distribution Improve Case Identification among Men Aged 18-34years? A Case Study for Kisumu County, Kenya

Dorothy Oketch (presenting)¹

¹ Ministry of Health, Kisumu, Nyanza, Kenya

Introduction: Despite the strategies implemented to improve HIV testing, uptake remains low among men in sub-Saharan Africa (SSA). In Kenya, 27.5% of men aged 15 to 64 living with HIV don't know their status compared to 17.3% among women. Kisumu County department of Health (CDH) in collaboration with Population Services Kenya (PS Kenya) launched HIV self-testing Kits (HIVST) distribution for men at workplaces. We assessed its impact on HIV testing and Case identification in Kisumu County, Kenya

Description: In April 2020, PS Kenya in collaboration with Kisumu CDH trained 30 peer educators to distribute HIVST. Informal workplace hotspots were mapped and eligibility screening was done for all persons identified. Clients were offered option to test onsite or offsite with trained counsellors following up offsite clients via phone for their experiences and reported results. Clients who reported positive results offsite were offered confirmatory test in a facility of their choice while onsite testers were offered confirmatory testing and linkage to ART upon testing positive. Data was aggregated onto monthly forms and remitted to program's District Health Information Software (DHIS 2) system. Uptake of HIVST kits, testing, positive and linkage was described using frequencies and proportions.

Lesson Learned: As at July 2021, a total of 43,880 HIVST kits were distributed, with 32,472(74%) received by men 18-24years of which 31,549 (72%) kits were issued to offsite testers. A total of 531 positive cases were identified with 231(43%) offsite and 300 (56%) onsite testers, however offsite positivity (4.8%) was higher than on-site positivity (2.9%). Of the total positives, 347(65.3%) clients had confirmatory tests, with 338 (97%) confirmed positive. Of the total positive cases confirmed, 300(88.8%) clients were successfully linked to ART.

Recommendations: HIVST enhances case identification among men, hence the need to scale up the initiative among men to complement other approaches in improving identification among this group.

1287

A Local Government Framework for Gender Responsive and Human Rights-Based HIV and AIDS Community Mobilisation and Empowerment (Public Policy -Defining the Centrality of Communities in Urban HIV Responses)

Kenneth Mwansa (presenting)¹

¹ UNAIDS, Lusaka, Zambia

Introduction: Lusaka City Fast-Track Technical Committee aimed to develop a framework for gender responsive and human rights-based community HIV and AIDS mobilisation and empowerment among people living with HIV.

Description: Lusaka undertook a step-by-step process of mobilizing vulnerable communities for empowerment. In the first steps the team engaged communities, understood their needs, particularly those of the most vulnerable members, and how to start the process of empowering groups within the communities to represent community interests. These activities included: mapping of the vulnerable and most at risk groups in Lusaka City. Assessed their need in relation to basic community human rights such as: education, social protection, participation, health services, access to community facilities and decent living and working conditions.

Lesson Learned: Community Based Groups (CBOs) were identified representing women living with HIV from geographical areas considered most vulnerable in Lusaka City. These groups were capacitated in analyzing, designing, and implementing community initiatives to address their prioritized needs. A community mechanism for monitoring and evaluating the work of the community was designed and implemented. Empowered communities can change the trajectory of the HIV epidemic. Women living with HIV community-based support groups, have demonstrated that empowered community women living with HIV are better placed in the fight against community stigma and eliminating vertical transmission of HIV to babies and children born from HIV positive parents.

Recommendations: Understanding the dynamics of the power 'structures', that not only influence health service delivery, but in many cases dominate local government decision-making and perpetuate vulnerability, is crucial for any intervention aiming to empower women and men living with HIV and those communities most marginal to the centre of power.

1288

Structural Barriers to HIV Prevention among Men who have Sex with Men (MSM) in Buffalo City Metro District, South Africa: Stigma, Discrimination, and Healthcare Access

Sisanda Gaga (presenting)¹, Raymond Chimatira¹, Pam Qavile¹, Bulumko Futshane¹

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Background: Men who have sex with men (MSM) in South Africa have disproportionately high rates of HIV infection than the general population. To advance our understanding of how structural barriers may shape MSM's healthcare-seeking behaviour and engagement with HIV prevention services, we draw on a focus group discussion (FGD) conducted with MSM in Buffalo City Metro Municipality (BCM) in the Eastern Cape province of South Africa.

Method: Participants (n=14; age range 25 to 50 years) were identified through social media platforms (WhatsApp and Facebook), word of mouth and snowballing techniques. The FGD guide explored how MSM lived experiences e.g., access to healthcare services, stigma, discrimination, gender inequality and socio-cultural norms. The FGD was conducted in the local isiXhosa language and was audio-recorded and transcribed into English. Participants were provided lunch.

Results: The primary factors that emerged include (1) concern about safety; (2) emotional and psychosocial abuse within their communities and in general; (3) few programmes or organisations providing social services; (4) long waiting times at health facilities and lack of appropriate skills and knowledge among health care workers (HCWs) e.g., for sexual history taking and clinical examination; and (5) stigma and discrimination from HCWs. When sick some participants sought medical assistance from the public health facilities, whilst others preferred traditional medicine. This choice was largely informed by one's belief and personal choice. The emerging themes impacting negatively on healthcare-seeking behaviour include (1) stock-out of medicines, (2) negative staff attitudes, (3) homophobia, stigma and discrimination; and (4) poor provision of information to patients.

Conclusion: Our research points to the substantial structural-level barriers that must be addressed in order to achieve meaningful and effective HIV prevention for MSM in BCM and similar settings in South Africa.

1291

Overview of an NHS Primary Care Service Providing Medical Services to Migrants and Other Excluded Populations

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² Cardiff & Vale NHS, Cardiff, United Kingdom

Introduction: The Cardiff & Vale Health Inclusion Service (CAVHIS) is a primary care centre funded by the local health service to provide general medical services to individuals and families who find it challenging to access healthcare and are not otherwise registered with a GP. It was originally created to meet the medical needs of asylum seekers to Cardiff who were in the initial phase of Home Office assessment processes. The wider service model now includes care for other people such as sex workers, homeless people or those unable to attend their local GP practice due to being excluded from their lists.

Description: The service is fully funded as a non-GMS funded practice within the primary care directorate of the university health board which is in turn funded by the Welsh Government. It provides free medical care, prescriptions, screening for communicable diseases including blood borne viruses, tuberculosis, sexual health and cervical screening.

Lesson Learned: Following the fall of Kabul and the Russian invasion of Ukraine, the service helped groups of populations settle into their new country and ensured not only that their routine medical care is continued but also their needs for testing for blood borne viruses, sexually transmitted infections and cancer screening are met. TB screening is provided for those from higher risk countries and the service has close liaison with infectious diseases, sexual health services, sexual assault services and mental health services.

Recommendations: Work has commenced offering free PrEP to new migrants from at risk groups of HIV infection, with a focus on gay and bisexual MSM from countries with homophobic legislative practices who may not be aware of how to link in with sexual health services. This is also an opportunity to provide PrEP to Black African migrants who may not be offered PrEP through conventional primary care services.

1292 Documenting Human Rights Barriers among Men who have Sex with Men and Transgender Persons in South Africa

Bulumko Futshane (presenting)¹, Raymond Chimatira¹, Dumo Jebese¹, Joram Chikwanda¹, Edward Sibanda¹, Thandu Thengwa¹, Sisanda Gaga¹

¹ Beyond Zero, Cape Town, South Africa

Background: Key populations face human rights violations (HRVs) which impacts their access to critical interventions for HIV prevention, treatment, and related services. The data contribute to addressing the gap in the literature caused by the delayed inclusion of African MSM and TG in HIV policies and research.

Method: This study describes how Beyond Zero built the HRV reporting system and discusses data on the HRVs experienced by men who have sex with men and transgender persons who accessed HIV prevention services between 01 January to 31 December 2021.

Results: 249 individuals reported having experienced HRVs. 113 (54.6%) were physical violations, 145 (58.2%) were psychosocial harassment, 15 (18.3%) were experienced within the workplace, and 59 (23.7%) were experienced at a healthcare or social services institution. 77% of the physical violations and 70.4% of the psychosocial violations occurred in the home and local community settings. 76.1% of the perpetrators of physical violence and 79.3% of the perpetrators of psychosocial harassment were known. Most incidents of physical violence (80.5%) and psychosocial harassment (92.4%) were not reported due to fear of homophobic or transphobic violence.

Conclusion: Our findings demonstrate the feasibility of documenting HRVs among key populations within HIV prevention programmes. Key populations should be systematically screened for HRVs and linked to legal or other services.

1294 A Participatory Approach to Tackling an Urban HIV Cluster among People Who Inject Drugs in the US

Michelle Rose (presenting)¹

¹ Norton Healthcare, Louisville, KY, USA

Introduction: The Kentucky (KY) Department of Public Health reported an HIV cluster within Jefferson County, KY among people who inject drugs (PWID) effective 1 January 2021. In response to this urban cluster, the study team and PWID designed a participatory research project aimed at preventing new infections.

Description: Focusing on HIV knowledge, prevention, treatment as prevention, and self-testing, this 18-month project has three core objectives:

1. Develop a PWID-driven social messaging campaign by PWID for PWID.
2. Implement the project in collaboration with leaders within PWID community to promote and disseminate the targeted social messaging campaign, and
3. Evaluate the project's acceptability and preliminary effectiveness through quantitative data collection via a quasi-experimental, repeated cross-sectional design and analysis of administrative data on service utilization.

Lesson Learned: The project is currently in its sixth month. The original project design relied on 15 PWID Community Advisory Board (CAB) members to conceive of the social messaging campaign and drive dissemination. Meetings were held monthly. Following multiple overdoses, housing disruptions, incarcerations, and hospitalization, CAB participation dropped to three members. In late May, remaining CAB members identified alternative options for regular and meaningful PWID engagement and tasked project staff with execution.

Recommendations: Throughout June, staff conducted 1-on-1 interviews and semi-structured 45-minute listening sessions among PWID. Feedback has greatly informed the shape of the campaign, sparked interest among PWID, brought in new CAB members, identified the need for subcommittees, and improved overall design. Next steps include continue project implementation grounded in weekly PWID feedback, bi-weekly subcommittee meetings, and monthly CAB meetings.

1295 Migration, Drug Use, and Access to Healthcare Services: Participatory Research with Nepalese Community who Use Drugs in Lisbon, Portugal

João Santa Maria¹, Patrícia Pestana¹, Rosário Costa¹, Juliana Salvador¹, Mariana Faria¹, **Maria Salazar (presenting)**¹, Adriana Curado¹, Ricardo Fuertes¹

¹ Grupo de Ativistas em Tratamentos, Lisbon, Portugal

Introduction: GAT IN-Mouraria is a harm reduction center for people who use drugs (PWUD) located in a historic neighborhood of Lisbon with growing communities from South Asia. The contact with these communities has not been constant over the years, and knowledge on their health and social needs is insufficient to allow an effective intervention. A previous study of 2016 with a group of Nepalese PWUD suggested increased HCV risks related to changes in drug use patterns after arriving in Portugal.

Description: The center offers a set of services, with an integrated approach. It is possible to access rapid testing for HIV and viral hepatitis, basic healthcare, HCV treatment, social support, and then peer-led harm reduction: education, drug equipment and a safer space to use drugs. Since 2015, 144 clients from South Asia accessed rapid testing. Clients from Nepal and India were those reporting higher rates of injecting drug use (26% and 29% respectively), although the proportion of HCV reactive tests was not more than 9%. Recently a group of Nepalese PWUD started approaching the center looking for harm reduction services. Most are men (only one woman), between 23 and 40 years, unemployed, and a considerable part experiences homelessness.

Lesson Learned: Despite the growth of South Asian communities, as well as signs of social vulnerability and high rates of drug use, their presence is not yet reflected in the activity of an easily accessible harm reduction center.

Recommendations: Building on the connection to the Nepalese PWUD group, the aim is to develop strategies to increase the capacity of reaching these communities. Basic information through a structured questionnaire is being collected, and a focus group is planned to explore their experiences on migration, drug use and access to healthcare and welfare services. Community discussions will follow in order to inform the development of recommendations for service improvement.

1296 Addressing Inequities in the HIV Testing and Treatment Cascade Using a Child and Youth Care Work Approach

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Introduction: There is considerable inequity in the HIV testing and treatment cascade in South Africa. Children are left behind compared to adults in meeting the UNAIDS 90-90-90 targets (90% of HIV-infected individuals diagnosed, 90% on ART and 90% with virologic suppression). Young children reached 75%-53%-37% to the targets in 2020 compared to adults at 92%-66%-61%. The needs of children are not being prioritized in responding to HIV, calling for a holistic child-centred approach.

Description: A child and youth care work approach has been effective to support children impacted by HIV/AIDS. The National Association of Child Care Workers (NACCW) developed programmes provided by trained and regulated child and youth care workers (CYCWs) for orphaned and vulnerable children. CYCWs provide interventions in schools, homes, and healthcare settings for children most impacted by HIV/AIDS. Currently, NACCW is in partnership with UNAIDS and the Mayor's office deploying 20 CYCWs in eThekweni, an epicentre of the pandemic in South Africa.

Results of the project have been the strong partnerships built; increased uptake of HIV Testing Services; community engagement, youth linked back to care; and youth mobilized to support and motivate their peers through action groups called Youth Forums. There are over 3,000 young people that were reached with HIV testing, counselling, treatment initiation and retention in care; nearly 100 community leaders capacitated to promote HIV prevention and care; and over 2,000 community members reached with anti-stigma messages on HIV and TB.

Recommendations: A critical factor to the success of the programme is the use of a 'piggyback' approach which leverages on existing systems with a co-funding approach between NACCW and other partners – including government departments – to advance its coverage of beneficiaries and its sustainability. The programme addresses the inequities in HIV prevention and care for children through CYCWs in communities to target orphaned and vulnerable young people

1297

Scoping the Feasibility of Developing and Evaluating a Peer Support Service for People Living with HIV in Wales: A Rapid Qualitative Inquiry Approach

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² Public Health Wales, Cardiff, United Kingdom

Background: Recently the Welsh Government released its HIV Action Plan for Wales, presenting its roadmap for achieving zero HIV by 2030. An integral part is to develop and deliver a peer support service (PSS) for people living with HIV (PLWH). To achieve goal Public Health Wales engaged with Cardiff University to conduct a scoping study exploring the potential for developing a service in Wales. The study aim is to identify enablers and barriers to establishing a Wales-based PSS and articulate potential service delivery model.

Method: The study is structured around the framework of actions for complex intervention development. This study contained multiple elements to deliver its aim, here we present the two primary data collection projects:

1. Semi-structured Interviews Exploring The Experiences And Views Towards Peer Support With Service Providers With Experience Of Designing, Setting Up And/Or Delivering PSS For PLWH In The UK. Interviews Were Conducted Using The Teams Platform.
2. An Online Survey Exploring The Experiences And Views Towards Peer Support Among PLWH In Wales [N=154].

Results: Findings were triangulated. Five key areas were identified that need to be considered when developing a PSS in Wales:

1. Determining and maintaining core principles of PS
2. Structure of the host organisation
3. Context of HIV and services in Wales
4. Evaluation and determining success

Each of these areas presents a depiction of where service users and providers agree on ways to ensure success of a potential PSS. However, the development of any service must also account for the dichotomy between and amongst service users and providers.

Conclusion: Any service needs to be flexible to meet the vast needs of PLWH. Development must include buy in from both service users and providers. Establishing a sustainable PSS in the longer term requires several stages and this is the first in that process.

1299

Pregnancy and Adherence to Antiretroviral Therapy: Following Women Living with HIV Over One Year in a Specialized Health Care Center in São Paulo, Brazil

Cindy F. Lima (presenting)¹, Wilson César Ribeiro Campos¹, Letícia Graça Gomes da Silva¹, Nádia Z. Narchi¹

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Background: High rates of unplanned pregnancies, multiparous woman, in addition to the risks of STI, as the HIV, are daily issues in health services. Therefore, the aim of this study was to analyze the use of contraceptive methods among women living with HIV (WLHIV) who discovered pregnancy in 2020, assisted in a Specialized Health Care Center.

Method: Descriptive data analysis from cross-reference table in SPSS software, version 26. The sample was composed of all pregnant women (n=32) with pregnancy beginning between 01/01/2020 and 31/12/2020, until the conclusion of the gestational process, assisted in a SAE, in São Paulo. Data were collected from the prenatal records and medical records.

Results: From the analysis of the variables number of pregnancies x contraceptive use, we identified that 19% (N=6) of prenatal records did not carry the information about contraceptive method use. Among the group with 1 pregnancy (n=7), 57% reported using contraceptives. In the groups of 2 or 3 pregnancies (n=16) and 4 pregnancies or more (n=9), approximately 56% in each group reported not using contraception. Of the 32 pregnant women, 44% (14) knew the diagnosis prior to pregnancy, and of these, 71% had two or more pregnancies. Regarding pregnancy planning, of the 32, 53% (17) reported that the pregnancy was unplanned, 14 had no information in prenatal records, and only 1 reported pregnancy planning.

Conclusion: The lack of contraceptive methods results in high rates of both unplanned pregnancy and multiparity. The absence of collected information denotes the professionals' lack of attention to the theme. This data is not new to the literature, but it demonstrates that even today it is necessary to improve the approach to sexual and reproductive health, in order to enhance women's autonomy over their reproductive choices.

1300 Contribution of Adolescent Peer Educators from Key Population to Reach The 95-95-95 Target in Yaoundé City: Fast-Track City Project

Ngoumjouen Pasma Rosalie (presenting)¹, Ngatchou Epse Touko¹

¹ Horizons Femmes, Yaoundé, Cameroon

Introduction: In Cameroon, 409,794 people live with HIV of which 15.97% are aged between 15 and 24 (NACC, 2017). Due to this prevalence, youth is the main agent of HIV transmission. In order to respond effectively and efficiently to HIV, within the framework of Fast Track City Project in Yaoundé, three Community Based Organizations (CBO) targeted key populations (KP) like female sex workers, transgender people and Persons Who Inject Drugs (PWID) and, with the support of UNAIDS, have form a cohort of 24 KP adolescent peer educators aged 18-24 in order to contribute the achievement of the 95-95-95 target.

Description: During "Mois Camerounais", period focused on HIV fight, The association Horizons Femmes and two other ones joined their efforts to develop a unique action plan targeting KP. The action plan consisted of two activities: identification and training workshop: a cohort of 24 peer educators (14 female sex workers-FSW, 10 PWID and 10 trans-people) were set up and were trained on HIV/AIDS/STI, GBV and human rights. Organization of sensitization and HIV campaigns: sensitization was conducted by peer educators either in Drop-In-Centers or in different hotspots (KP checkpoint) usually in friendly environment. Concerning HIV campaign testing, two strategies were implemented to carry this activity either in Drop-In- Centers or hotspots.

Lesson Learned: From November to December 2021, adolescent peer educators performed activities and the following results were recorded: 1880 (1395 FSW, 232 Trans people and 253 PWID) adolescent KP were sensitized, 510 (137 FSW, 120 Trans people and 253 PWID) tested for HIV of which 4 (1FSW, 2 Trans people and 1PWID) were reactive and linked to treatment. 5333 male condoms, 1057 female condoms and 7317 lubricant gels were distributed.

Recommendations: From the results above, peer education has the potentials to comprehensively improve HIV knowledge, to influence positive opinion change and to adopt positive behaviours among young people. Therefore, it should be overseen by the National AIDS Control Committee.

1302 Harnessing the Critical Role of Community Structures towards Prevention of Mother-to-Child Transmission of HIV: Lesson Learnt from USAID-Funded ICHSSA 2 Project in Lagos State

Olufemi Oke (presenting)¹

¹ ARFH, Lagos, Nigeria

Introduction: One of the fundamental challenges to implementing successful PMTCT programs in Nigeria is the barrier to the identification of positive pregnant women and uptake of PMTCT services. In Nigeria, the ANC coverage is still at 67% and a lot of women still delivers at the TBA homes, makeshift maternity and even within residential home.

Description: The Association for Reproductive and Family Health (ARFH) currently implementing the Integrated Child Health and Social Services Award (ICHSSA) in Lagos State engaged and collaborate with all the TBAs, traditional, religious leaders and women groups to identify non-hospital delivery so that they can be referred for HTS.

Lesson Learned: The community level identification of pregnant women commenced on the project in FY21Q1. All the positive women identified across the community structures were tested for HIV, ICHSSA 2 project supported the enrolment of identified positive pregnant women at the facility and community level on the project. A total of 1482 HIV positive pregnant women identified [facility – 1153, TBA-247 and community- 82] were enrolled on the Project.

Despite the fact that Lagos state has a robust healthcare system within the reach of pregnant women to attend ANC, 329 (22%) out of 1482 positive pregnant women did not attend ANC as they were identified across within TBA outlets and through home deliveries.

Recommendations: ICHSSA 2 project through its robust community presence, partnership with TBAs and CQIT, incentivized enrolment support was able to identify 329(22%) of all positive pregnant women who would otherwise not have had opportunity to attend PMTCT program and therefore contributed to the increase in MTCT. ICHSSA 2 Project will continue to collaborate with TBAs, maternity homes and other community structures for the identification of HIV positive pregnant women and will ensure the tracking of mother-baby pair until the final outcome.

1305 Analysis of Contraceptive Method Use among Women Living with HIV who Discovered Pregnancy in 2020 in a Specialized Health Care Center, São Paulo, Brazil

Cindy Ferreira Lima (presenting)¹, Wilson César Ribeiro Campos¹, Nádia Zanon Narchi¹

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Background: Understanding the repercussions of pregnancy on the health of women living with HIV (WLHIV) is fundamental for reducing maternal and infant morbidity and mortality. This study aimed to analyze the impact of pregnancy on the viral load, CD4 results and use of ART among WLHIV who discovered pregnancy in 2020, assisted in a Specialized Health Care Center in São Paulo, Brazil.

Method: Descriptive data analysis. The sample was composed of all WLHIV (n=15), with onset of pregnancy between 01/01/2020 and 12/31/2020, who knew the previous diagnosis, until the conclusion of the pregnancy. Data were collected from the prenatal and medical records.

Results: Through the analysis of variables as viral load, CD4 cell at gestation, and use of ART prior to gestation, we identified that 46.8% of pregnant women had active viral load, 26.7% had CD4 <350 cells/mm³, and 40% were in irregular or no use of ART. Through the analysis of variables viral load, CD4 cell at delivery and ART use during pregnancy, we found that active viral load rates decreased to 20%; however, CD4 levels remained the same. Regarding ART use, there was a reduction of irregular or no use for 20% of the sample.

Conclusion: Pregnancy had a positive impact on treatment adherence, with improved ART use and viral load control. However, CD4 restitution didn't change. It is worth the analysis that, although they knew the serological status, almost half of the sample had characteristics of low adherence to treatment before pregnancy, which can lead to serious health risks. This highlights the need for improvement of the WLHIV monitoring, with development of strategies that enhance adherence and maintenance of long-term HIV treatment in this population, also prioritizing the dialogue on reproductive planning in the health care centers.

1306 What Could it Cost to Deliver Long-Acting PrEP in Low- and Middle-Income Country Settings?: A Systematic Scoping Review of Studies Costing PrEP Service Delivery

Craig Heck (presenting)¹, Delivette Castor¹, Chris Obermeyer², Niharika Vasant Telrandhe¹, Katie Schwartz³, Daniela Quigee¹, Jason Zucker⁴, Justine Deacon⁵, Christine Malati⁶, Kibret Yohannes⁷, Katharine Kripke⁸, Steven Forsythe⁸

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Background: Activities to introduce long-acting pre-exposure prophylaxis (PrEP) methods are underway. Costing data, vital for advocacy and planning to accelerate PrEP delivery, remains understudied. To inform PrEP rollout plans, we examined PrEP costing evidence, described the costed domains, and assessed evidence gaps.

Method: We conducted a scoping review of peer-reviewed literature across nine electronic databases for articles published between January 2010-June 2022 on PrEP costing in low- and middle-income countries. Gray literature was identified by searching websites and repositories. Two independent reviewers conducted title, abstract, and full-text reviews.

Results: We screened the title/abstracts of 1,139 publications. Preliminary findings from 19 full-text reviews that included women showed most studies focused on modeling, rather than direct costing, and costed payer or health system perspectives. Product costs were consistently included, but laboratory costs, other clinical services, personnel, overhead, capacity building, and other costing assumptions were inconsistently measured or reported. Few modeling studies included costs for counseling and adherence support, demand creation, service integration, policy and program planning, monitoring and evaluation, supply chain logistics, or health information system adaptations. Costing studies did not consistently report costing methodology, cost data structure, cost categories, the source of costing data, and their corresponding assumptions.

Conclusion: The current evidence suggests that key activities involved in product introduction efforts are missing or under-estimated in PrEP costing studies. Most cost studies have examined products individually but within an integrated package. Identifying core elements that accurately reflect implementation and scale-up efforts and provide transparent modeling assumptions can improve our understanding of the resource portfolio needed to galvanize financing for long-acting PrEP. Future simulated and actual costing studies should provide more details to adequately understand the cost implications of decisions related to the rollout of current and future PrEP technologies.

1307

The Role of OVC Program in Achieving HIV Epidemic Control through Community HIV Case Finding: Lesson Learnt from USAID-Funded ICHSSA 2 Project in Lagos State

Olufemi Oke (presenting)¹

¹ ARFH, Lagos, Nigeria

Introduction: The paradigm shifts in OVC program led to the pivoting of OVC program to supporting HIV cascades. The OVC program leverage on the robust community presence of OVC Case managers to support HIV case finding among children and adolescents across various communities.

Description: The Association for Reproductive and Family Health (ARFH) is the Integrated Child Health and Social Services Award (ICHSSA) project in Lagos State. The project is collaborating with community-based organizations (CBOs) who also work with community case managers supporting the community hotspot, genealogy and sexual network testing.

Lesson Learned: ICHSS 2 Project in Lagos state leverage on the good will and robust community presence of the community case managers to conduct HTS among children and adolescents during home visit and community level interventions. Within a month of HTS activities May 2022 a total of 9483 HTS conducted yielded 58 positives children with a yield of 0.6%. Even though the 2018 Nigeria HIV/AIDS Indicator and Impact Survey put prevalence of HIV among children at 0.2%.

Recommendations: OVC program remains a critical ally to partner with at the community level through the community case managers if Nigeria is to achieve HIV epidemic control. This collaboration and partnership should be nurtured and explored.

1308

From the Local to the Global: Municipalities are an Opportunity for the Implementation of Comprehensive Sexuality Education in Chile

Leonardo Arenas (presenting)¹

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Introduction: The global community working in HIV prevention has stressed the importance of having permanent Comprehensive Sexuality Education programs as a tool for the prevention of HIV/AIDS and STIs. Several international agreements and commitments recommend and call on countries to implement CSE programs in primary and secondary education.

The adhesion to the "Declaration of Paris", which the Santiago Council signed in 2015, is presented as an opportunity to advance in the prevention of HIV in educational establishments are administered by the municipalities.

Description: The Santiago City Council, has faced the challenge of incorporating the topics of CSE and Non-Sexist Education in the school curriculum in a continuous way.

1. Participatory diagnosis of the school community on CSE.
2. Secondary school students' assembly about CSE.
3. Non-sexist Education Workshops with the participation of the educational community and NGOs.
4. Design of the CSE Plan with the participation of the educational community.

Lesson Learned: For implementation of CSE is necessary to count on the support of the educational sector: teachers and directors who can visualize how CSE should be implemented in the school curriculum, the gradualness of the contents according to the age of the students and develop strategies for the mainstreaming of CSE and gender issues in all subjects according to the grade levels.

Recommendations:

1. Despite the evidence of the contributions to the development and prevention of HIV, STIs and unplanned pregnancies made by the implementation of CSE at the local level.
2. The design of the CSE policy should contemplate the gradualness of the actions to be implemented in the classrooms.
3. The entire educational community must agree the implementation of the policy in order to ensure that it has a broad support that allows it to be maintained over time.

1309 Breaking the Biases Around HIV among Adolescent Girls and Young Women

Mercy Njaagah (presenting)¹

¹ Positive Young Women Voices, Nairobi, Kenya

Background: As MYTRIBE a group of young women living with HIV from Positive young women voices a community-based organization in Kenya dandora have taken upon ourselves an initiative of putting an end to new infections. We have been having brainstorming sessions, creation of awareness around HIV and formulating programs which is critical for success. POSITIVE YOUNG WOMEN VOICES, HealthCare providers and the community is at the forefront to end new HIV/AIDS infection. However their contribution and the models of actions they offer has remained marginalized mostly due to lack of support from the government and larger Aid agencies From advocacy to service delivery. Curbing the new infections will depend on greater efforts to create awareness on U=U and bridge the gap between civil society, healthcare providers and young women ,infected and affected, through provider-consumer education support programme.

Method: Identified existings gaps among adolescent girls and young women in marginalized areas:

- Unprotected sex
- Less awareness on HIV
- Unequal power dynamics in sexual decision making
- less willing to seek services
- Unhelpful and judgmental health workers
- Stigma and discrimination
- Sexual and gender-based violence

Objectives:

- Prevention of new HIV infections through education of PREP, PEP and proper condom use
- Sensitization of U=U and viral suppression
- Consumer provider education support programs to bridge the gap between health workers and CSOS

Results: PROPOSED ACTIVITIES: Approaches to HIV interventions

1. Biomedical prevention
 - Condom use promotion
 - Elimination of mother to child transmission
 - STI treatment
2. Behavioral intervention
 - HIV testing
 - Behavior change communication.
3. Structural Intervention
 - Building resilience of young women and girls through mentorship programs
 - Adolescent girls enrolled in secondary school to reach their career goals.
4. Positive living
 - Sensitization on U=U
 - viral suppression
 - Mental health support forums
 - Proper adherence to all the ART Components

Conclusion: All biases around HIV on young women will be broken as the synergies of activities on reducing HIV Infections will have been intergrated to hit the common goal reducing new HIV/AIDS infections.

1310 Increasing HIV Testing and PrEP Uptake in Rural Communities of South Carolina

Kamla Sanasi (presenting)¹, Sayward Harrison¹, Adrena Harrison², Katie Green², Taanya Mannain², Faith Polkey², Mary Kathryn McGregor, Sharon Weissman

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Background: Approximately 42% of individuals living with HIV reside in the South, with a disproportionate number of new diagnoses occurring in under-resourced rural areas. South Carolina (SC) with one of the highest prevalence of rural of HIV has 2 fast track cities with significant momentum, however these efforts have been slow to reach rural areas. This program sought to strengthen connections between a Fast Track City (Columbia) and rural areas in order to build capacity across the state for HIV testing and PrEP prescription. (Pillars 1 and 3 of the EHE).

Method: HIV navigators were embedded in 2 rural emergency department(ED) and 2 rural community health centers in SC. The HIV navigator offered opt-out HIV testing to individuals seeking care, regardless of diagnosis. Individuals testing negative for HIV were educated about PrEP and offered PrEP linkage. Patients who tested positives were linked to rapid HIV care.

With the onset of the COVID-19 pandemic, the navigator had to leave the ED. The protocol was shifted to a COVID-19 drive through testing site and subsequently a COVID-19 vaccine drive through site.

Results: Through this outreach program, a total of 2,679 rapid HIV tests were offered between July 2019- June 2022. Minimal offerings during the years prior. Navigator-1 offered 2354 tests, 1059 tests were performed with 10 positive HIV results. 22 patients were referred for PrEP with 10 engaging in care. Navigator-2 offered 325 tests (July 2021 -June 2022), 16 tests were performed with 1 positive result. 13 were referred for PrEP with no engagement in PrEP care.

Conclusion: Embedding an HIV navigator in non-traditional rural sites improved HIV testing and uncovered previously unknown HIV diagnosis. PrEP uptake remained low. Further research needs to be done to understand barriers to PrEP uptake.

1311 Awareness and Acceptability of HIV Pre-Exposure Prophylaxis (PrEP) among Female Sex Workers in: A Cross-Sectional Survey Conducted in Horizons Femmes Yaoundé, Cameroon

Denise Ngatchou Epse Touko (presenting)¹, Ngoumjouen Pasma Rosalie¹

¹ HORIZONS FEMMES, Yaoundé, Cameroon

Background: In Cameroon, HIV prevalence remains high among female sex workers (FSW) with an estimated rate of 24.3% (IBBS, 2016). HIV pre-exposure prophylaxis (PrEP) has been adopted as an additional innovative strategy of HIV prevention among key population. The implementation of this new strategy started on June 2019. To explore awareness and acceptability of PrEP, a cross-sectional survey was conducted among female sex workers aged of at least 21 years.

Method: From July 08th to December 23rd 2019, we conducted a cross-sectional survey in which 17 items questionnaires were administrated to 210 FSW with an age range between 25-30 years. These Questionnaire items specifically addressed female sex workers on awareness and acceptability of PrEP. Statistical analysis were conducted using CPRO 6.2, and SPSS 22 software.

Results: A total of 210 FSW from range age of 21- 50 were surveyed. Overall, 86.2% (181/210) of respondents were aware of PrEP against 13.8% (29/210) who heard about PrEP for the first time. The main source of information was the outreach activities conducted by peer leaders and the counselling conducted by psychosocial counselors. Regarding acceptability, 143 respondents stated their intention to adopt PrEP as additional HIV prevention strategy whereas 62, who are still reflecting, perceive PrEP as a secondary barrier to protection for HIV infection. 22% respondents were not in favor of PrEP with the mindset that it can lead to a decrease in condom use with their clients. A study also shown a strong significant association between the level of knowledge and acceptability of HIV-PrEP, i.e. 4.3 times the chance of acceptability of PrEP, with a P value=0.001. Also, there was a significant association between a high risk of contracting HIV and the acceptability of PrEP, i.e. a P value=0.021.

Conclusion: To Conclude, we can assert that FSW who perceived themselves to be at risk for HIV acquisition find daily oral PrEP as an acceptable prevention strategy.

1314 Exploring the CDC's "Social Vulnerability Index" and Related Sub-Themes at the Census-Tract and State-Level by PrEP Status among a National Sample of Young Sexual and Gender Minorities

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Background: This study used standardized measures for structural determinants of health at the community and state-level, and examined their association with lifetime PrEP use in young sexual and gender minority (SGM) individuals.

Method: A nationwide US sample of N=3330 SGM ages 13-34 provided demographic and address information. Logistic regression models stratified by gender (cisgender sexual minority men (SMM) vs. transgender/non-binary (TGNB) participants) characterized associations between PrEP experience (i.e., lifetime use) and social vulnerability at the census-tract level (using the CDC Social Vulnerability Index; SVI), city type, EHE jurisdiction status, and state-level healthcare policies.

Results: Approximately 33.3% of cisgender SMM and 17.5% of TGNB participants reported PrEP experience. Relative to their PrEP-experienced counterparts, PrEP naïve cisgender SMM were younger and lived in census-tracts with lower median household income and higher vulnerability in terms of socioeconomic status, household composition and disability, minority status and language, and housing type and transportation. These participants were also more likely to live in the Southern US, but less likely to live in EHE jurisdictions, metropolitan cities, or in states with Medicaid expansion. Among TGNB participants, PrEP naïve participants were younger, non-Latinx and lived in census-tracts characterized by higher vulnerability in terms of underinsurance, socioeconomic status, minority status and language, housing type and transportation, and overall vulnerability. PrEP naïve TGNB participants were also less likely to live in EHE jurisdictions or metropolitan cities.

Conclusion: PrEP experience remains suboptimal particularly in TGNB participants. Results support previous research demonstrating the impact of social determinants, state-level policies, and city type on HIV prevention efforts. It extends this research by using standardized measures of social vulnerability to show associations of PrEP experience with social determinants of health among young SGM.

1315

Viremia Clinic Benefits in People Living with HIV on Antiretroviral Therapy (ART) with Viremia: A Case Study

Lameze Witbooi (presenting)¹

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Introduction: UNAIDS Data 2020 South Africa progress toward 90-90-90 targets (all ages) states that 92% of people are aware of their status, of which 75% are on ART, of which 92% are virally suppressed (viral load <50 copies). A viral load (VL) of >50 in a person living with HIV on ART is defined as viremia (2019 South African ART Clinical Guidelines). Barriers to the 8% non-suppressed include a delay in the repeat of VL testing and switch to 2nd line ART, out-of-cohort VL testing and hasty switching to 2nd line, a lack of intensified, multi-disciplinary biopsychosocial patient-centred management care plans, and lastly, the lack of practising ART medicine within current guidelines. Training and mentoring clinicians on guidelines were pertinent in an approach to decreasing viremia.

Description: The viremia clinic model was applied to assess if intensified multi-disciplinary biopsychosocial patient-centred management care could achieve viral suppression, and improve clinician knowledge of country guidelines. 14 patients with viremia were identified through the National Laboratory VL for Action list that avails viremia results. Files were reviewed to assess whether the VL were within the cohort and to identify clinical gaps that were addressed during mentoring/ in-service training. Patients were recalled monthly for the next 3 months. VL was repeated after 3 months. The viremia prior to the viremia clinic ranged from 390 – 67 400. Viral loads after 3 months ranged <20 – 3 290.

Lesson Learned: The viremia model led to improved clinician knowledge of viremia management. Patients were pleased to be in partnership with clinicians to identify barriers and develop individualised care plans. Opportunistic infections were prevented with suppression and the commencing of prophylaxis where appropriated

Recommendations: A viremia clinic concept is an excellent approach to addressing viremia using multi-disciplinary biopsychosocial patient-centred management care and improving clinician knowledge and skills.

1316

Distinguishing Equivocal HIV Screening Laboratory Signatures in the Emergency Department: An Update

Jason Wilson (presenting)¹, Heather Henderson¹

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Background: We consider the clinical presentation of patients with equivocal HIV test results in the ED (HIV Ab/Ag+, HIV Ab-) found through routine ED-based HIV screening. We further describe those patients who presented to the ED during acute seroconversion (acute +) compared to characteristics of patients who were ultimately found to have false + (Ab/Ag+, Ab-, viral load 0) initial screening results.

Method: We analyzed 65 months of HIV testing data (May 2016 – October 2021) and determined the number of patients who had an Ab/Ag+ screen. Patients with Ab/Ag+ but a non-equivocal HIV+ lab signature (Ab/Ag+, Ab+, viral load >0) were removed. Then we determined the remaining number with an equivocal laboratory signature (Ab/Ag+, Ab-). We separated those patients into 2 groups: false + (Ab/ag+, Ab -, viral load 0) and acute + (Ab/Ag+, Ab-, viral load >0), and conducted chart review on all patients.

Results: We screened 92,287 patients for HIV (16% of ED volume) in 65 months. 1,403 patients had a Ab/Ag+ result (1.5%) and, of those, 1,293 had non-equivocal positive HIV results (87.4% of Ab/Ag+ results, 1.2% of the total tested (1.2%). 110 of those (12.5% of Ab/Ag+, 0.13% tested) were Ab/Ag+, Ab-. Of those 110, 70 had no detectable HIV RNA (false +, 9.3% of Ab/Ag+, 0.13% tested). 40 of the 110 with equivocal results had a viral load >0 (acute +, 3.3% of Ab/Ag+, 0.05% tested). Qualitative review of equivocal patient charts during the Ab/Ag reactive screening encounter showed statistical significance for acute positive results in younger male patients who have sex with men.

Conclusion: Scale up of ED based HIV screening, improved linkage and earlier treatment initiation require highly reliable diagnostics during the clinical encounter. Until rapid PCR is more widely available, clinical characteristics of patients may help providers interpret test results.

1320 Understanding the Effects of COVID-19 on HIV Care among Adolescents and Young Adults Living with HIV in Kenya

Moiraj Majaha (presenting)¹

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Background: Mitigation measures mandated by the Kenyan government during the COVID-19 pandemic posed a considerable risk of disrupting clinical services, including access to HIV services. Understanding the impact of these measures on HIV outcomes among youth (10-24) living with HIV (YLH) can inform optimization of service delivery during future public health emergencies.

Method: We conducted a mixed-methods evaluation, using cross-sectional COVID-19 survey data and qualitative interviews collected within an ongoing clinical trial, to evaluate the impact of COVID-19 on medication adherence, access to ART, clinical services utilization and mental health among YLH. Correlates of YLH outcomes were evaluated using logistic regression. Transcripts from interviews with a subset of YLH was analyzed using a thematic analysis approach, and triangulated with quantitative results.

Results: 1066 YLH completed the survey, and 71 YLH participated in interviews. Overall self-reported medication adherence was high (97%). Few (3%) respondents reporting missing ART doses 1 or more days in the past week. Despite high adherence, 26% of survey participants reported challenges accessing ART from clinics. Older YLH (20-24 yrs), and clients enrolled at CCC (vs PMTCT) had higher odds of experiencing difficulties accessing ART (OR=1.72, 95% CI: 1.21-2.44, p=0.003; OR 1.67; 95% CI: 1.13-2.50; p=0.011, respectively). Interviewees shared concerns about nationwide ART stockouts, which they felt affected access and created anxiety. Female participants were more likely to face challenges accessing HIV clinical services (OR=2.04; 95% CI: 1.13-3.86; p = 0.023). Participants who reported feeling loneliness were more likely to report challenges with adherence (OR=0.19; 95% CI: 0.07-0.52; p=0.001). Interviews revealed that COVID-19 disrupted social support networks for YLH, negatively contributing to mental well-being.

Conclusion: Efforts to optimize HIV care for YLH should consider strategies to strengthen the ART supply chain and integrate mental health services into the HIV care system.

1321 Understanding Sexual Health Service Access for Gay, Bisexual, and Other Men who have Sex with Men (GBMSM) in the Republic of Ireland during the COVID-19 Crisis: Results from a Cross-Sectional Study

Adam Shanley (presenting)¹, Kate O'Donnell², Peter Weatherburn³, John Gilmore⁴, Cathal O'Broin⁴, T Charles Witzel⁵

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Background: In Ireland, the COVID19 crisis led to sexual health service closures while clinical staff were redeployed to the pandemic response. GbMSM face preexisting sexual health inequalities which may have been exacerbated. We aim to understand sexual health service accessibility for gbMSM in Ireland during the COVID19 crisis.

Method: EMERGE recruited 980 gbMSM in Ireland (June 2021) to an online survey investigating wellbeing and service access through sexual networking apps, social media and collaborators. We fit multiple regression models reporting odds ratios (ORs) to understand how demographic and behavioural characteristics (age, sexual orientation, HIV testing history/status, residence region, birth region and education) were associated with ability to access services.

Results: 410 gbMSM accessed sexual health services with some or no difficulty during the COVID19 crisis. 176 attempted but were unable. A further 382 gbMSM did not attempt service access and were excluded from this sample and analysis. Baseline: mean age 35.4 years, 88% gay, 83% previously tested for HIV, 69% Dublin-based, 71% born in Ireland and 74% with high level of education. In multiple regression, gbMSM aged 56+ years (OR=0.34 95%CI:0.15,0.81), not previously tested for HIV (OR=0.46 95%CI:0.23,0.92) and with medium education (OR=0.51 95%CI:0.33,0.80) had lowest odds of successfully accessing services. GbMSM with HIV were most likely to be able to access services successfully (OR=2.79 95%CI:1.22,6.37). Services respondents had difficulty accessing were: STI testing (76.1%), HIV testing (60.2%) and PrEP (50.0%).

Conclusion: Service access difficulties mapped onto pre-existing inequalities for gbMSM. Recovery efforts should prioritise engaging older gbMSM, those who have not previously tested for HIV and those without high levels of education.

1322 Innovation in Research Paradigms to Address Advancing PrEP among Black Women

Neena Smith-Bankhead (presenting)¹, Leisha McKinley-Beach²

¹ Atlanta Black Women Leaders on PrEP, Atlanta, GA, USA

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Background: To date, cisgender women have not experienced the benefit of choice in options for HIV prevention, whether due to regulatory issues or study design considerations. As such, utilization rates of HIV biomedical prevention modalities, namely PrEP, among cisgender women, in particular Black women, often lag farther behind any other defined category of individuals at risk for HIV. This session will discuss proposed strategies necessary to bridge the gap between prevention technology and consumption among cisgender women with reasons for HIV prevention by 2030.

Method: This session will include interactive and didactic elements. We will use an open dialogue approach to promote lively discussion and questions and answers. Attendees will co-lead an in-depth conversation around the socioscientific considerations for cisgender Black women and biomedical HIV prevention.

Results:

- Provide an update on the HIV biomedical prevention research pipeline in the US
- Explore historical barriers to trial design and innovative design strategies to include US-based cisgender women
- Address misconceptions around indications of need and PrEP utilization among women
- Discuss health equity-centered approaches to center women who could be diagnosed with HIV
- Explore strategies for community engagement and education

Conclusion: Addressing HIV prevention strategies for cisgender Black women requires an understanding of the culture, needs, and services required for successful approaches to HIV prevention. Utilizing HIV prevention models that are designed for other populations has proven not to be successful in replicating these models for Black women. Participants will leave this session with examples of best practice models and tools created for and designed by Black women.

1323 Intimate Partner Transmission of HIV: Peer-led Pilot Programme in 5 Cities in Indonesia

Oldri Mukuan (presenting)¹

¹ UNFPA, Jakarta, DKI Jakarta, Indonesia

Background: Indonesia has over the years scaled up HIV testing services at health facilities which has resulted in doubling the number of test from 1 million in 2013 to 2.5 million tests in 2017. Despite this scale up, Indonesia still has to increase HIV case finding efforts. This increase is needed to reach the first 90, as currently not more than 40% of PLHIV know their HIV status.

Method: The partner notification (PN) is an approach that has the potential to improve coverage while also identifying people with HIV that has not been diagnosed. Initially, partner notification or PN has been used to help contain the spread of STIs since the early 1900s. In addition to the individual clinical benefits, PN has significant public health benefits including; controlling the spread of STIs, reducing STIs related to morbidity and mortality and reaching people with asymptomatic STI infections.

UNFPA Indonesia supports the Ministry of Health and Indonesia People Living with HIV Network (JIP) in developing the outreach and peer support guidelines for prevention of HIV among intimate partners (Partner Notification) in Indonesia (West Jakarta, Bandung, Denpasar, Surabaya and Makassar). The process looks into specific information and capacity required for the outreach workers, and peers support in delivering the HIV prevention programme particularly on reaching intimate partners of Key population and PLHIV.

Results: From 1 month pilot implementation (September 2019), the local team that consist of Peer Outreach Worker and Peer Support able to reach 49 PLHIV partners and 42 among them agreed to access HIV testing. As for the cascade 90:90:90 data, 10 were tested positive (20% positivity rate) and 8 started the ARV treatment (80%).

Conclusion: The result from 5 cities shown that the intervention could contribute significantly to accelerate 'test and start' policy approach through HIV prevention interventions in intimate partner sexual transmission.

1324

Barriers to Retaining Key Populations on Pre-Exposure Prophylaxis: Findings from an Implementation Science Study in Lusaka, Zambia

Maurice Musheke (presenting)¹

¹ Centre for Infectious Disease Research in Zambia, Lusaka, Zambia

Background: Riding on the Key Populations Investment Fund (KPIF) program – an HIV prevention, treatment and care program for key populations supported by the U.S. Centers for Disease Control and Prevention in Lusaka, Zambia – we adapted the social network strategy – a peer driven self-referral approach – to bring back key populations – men who sex with men (MSM), and female sex workers (FSW) into PrExposure Prophylaxis (PrEP) care and explore barriers to retention in PrEP care.

Method: In-depth interviews (n=30) and focus group discussions (n=45) were conducted with MSM, FSW, and PWID who had dropped out of PrEP. In addition, in-depth interviews with health care providers and peer promoters (n=15) were conducted. Data were analysed using open coding first, and then interpreted using latent content analysis.

Results: At personal level, fear of being perceived as already infected by HIV, concerns about side effects of PrEP, and a lack of motivation to take medication when not infected undermined treatment continuation. At inter-personal level, concerns about losing sexual partners on account of being perceived as HIV-infected, and concerns about involuntary disclosure of sexual behavior to partners and parents/guardians forced key populations to prioritize their relationships at the expense of their own health. Health-system-level factors included distance to nearest health facility providing PrEP, and fear of stigma and discrimination by health care providers. The high mobility of FSW in search of sex work opportunities compounded by the opportunity costs of traveling back to their usual treatment centers for treatment forced FSW to abandon PrEP.

Conclusion: Client-centred interventions, including client-provider dialogue about treatment experiences, are required to address personal-level factors whilst community-based distribution of PrEP could mitigate the financial costs of access care. More sensitization on PrEP targeting both KP and the general population is needed to improve acceptability of PrEP as part of HIV prevention.

1325

Positive Linkage Initiative (PLI) for Young Populations in Zambia to Help with the HIV Response

Rita Chilambu-Kalamatila (presenting)¹

¹ National HIV/AIDS/STI/TB Council, Lusaka, Zambia

Introduction: Adolescents aged 10-19 comprise 23 percent of the total Zambian population. There are approximately 1.7 million adolescents aged 15 to 19 years in Zambia. In 2014, there were around 856,000 adolescent girls aged between 15-19 according to the National Census 2014 estimates. Young people as a whole along with other sub groups defined as key populations in the 2017-2021 National

The HIV incidence among young women, aged 15-24 years in 2016 was 11.8 times higher than among young men of the same age group. It is in view of this that the National HIV/AIDS/STI/TB Council introduced an initiative known as the Positive Linkage in order to improve the uptake of HIV services among young people both negative and positive

Description: The National HIV/AIDS/STI/TB Council with support from UNICEF trained young people in Peer Education and theatre for development as a way of imparting skills which they would be using in their daily activities with the adolescents and young people. The focus of the initiative is on linking HIV Positive trained peer supporters who are experienced with supporting adolescents living with HIV to peer educators in health centres to help mentor and develop their capacity to support adolescents living with HIV.

Lesson Learned: The PLI has increased adolescent and youth awareness on HIV and AIDS, SRHR, Positive Living, Ending Child and Early Marriages and other youth related issues. It has enhanced their leadership and speaking skills as well as participation in advocacy campaigns around HIV and SRHR. The PLI has also helped to reduce stigma among young.

Recommendations: The PLI envisions itself contributing significantly to the transformation of adolescents especially adolescent girls and young women to become more assertive and take charge of their health thereby reducing HIV infections.

1326

Rapid Assessment of the Impact of COVID-19 on People Living with HIV and Key Populations

Rita Chilambu-Kalamatila (presenting)¹

¹ National HIV/AIDS/STI/TB Council, Lusaka, Zambia

Background: Zambia recorded its first Covid-19 case on 18 March, 2020. In response to the outbreak, the Zambian government prepared the Covid-19 National Multi-sectorial Contingency and response mechanism. – WHO segmented populations that were more likely to succumb to Covid 19. Among these populations were People living with HIV and key populations. It is against this background that an assessment to determine the impact of Covid 19 on access to HIV and other health services by people living with HIV and key populations was conducted.

Method: Primary data was collected through interviews, focus group discussions (FDGs) and key informant interviews (KII) from 20 districts of Zambia. A two-stage sampling procedure was used in the selection of districts. Simple random sampling was used to select PLHIV. The sample size for the assessment was 1000 PLHIV and 100 KPs. The sample assumed a confidence of 95%; 4% precision around the estimate, with a design effect of 1.5; and a response rate of 90%.

Results: PLHIV reported challenges such as transport, unplanned appointments by healthcare workers, disbursement of expired drugs and fear of being exposed to the Covid 19 virus. PLHIV and key populations needing access to HIV services and prevention, those who reported lacking basic water and sanitation facilities such as hand sanitizer (42%), clean water (11%), masks (22%) and tissues (58%). Among the KP, the assessment found that aside from the stigma and discrimination that KPs face, the pandemic also limited their access to PrEP, condoms and lubricants. Violence within the KP relationships was also reported due to limitations in movements

Conclusion: Based on the findings the assessment recommends that government continues to provide 3-6 months options for ART during the successive Covid 19 waves, consider differentiated service delivery of ART, create platforms for KP members for support and increase mental health support for these two populations.

1327

Differential Access to HIV Communications: An Investigation of the Roles of Education and Gender in Lusaka and Chongwe Districts

Rita Chilambu-Kalamatila (presenting)¹

¹ National HIV/AIDS/STI/TB Council, Lusaka, Zambia

Background: The 2018 Zambia Demographic Health Survey (ZDHS) shows that the overall HIV prevalence in Zambia is 11.1% among women and men aged 15-49. Adolescents and young people in particular face challenges in preventing HIV and early pregnancy. Among AYP, the uptake of key HIV prevention interventions such as Social and Behavioural Communications (SBC). It is against this background that an investigation on the roles of Education and Gender on differential access to HIV Communications was conducted.

Method: The research employed both the quantitative and qualitative methods. The study was conducted in Lusaka Urban and Chongwe rural respectively. A total of 400 respondents from primary, secondary and higher learning institutions from urban and rural areas were sampled. Three (3) HIV service providers were also purposively sampled to provide information from the implementation side of the study. The sampling method used in the study was the stratified sampling method.

Results: This study found that school-going cohorts in urban and rural areas were aware of what HIV was though the level of knowledge was more in urban areas than rural. Accessibility of HIV information services vary across rural and urban settings. In terms of accessibility of HIV information, urban school-going cohorts had more access compared to those in rural areas. This study found that the interpretation of gender roles is embedded in the cultural beliefs and practices of the Zambian society in general.

Conclusion: There has been many interventions world over to prevent and treat HIV, Zambia has indeed not been side-lined in the fight against HIV and AIDS. However, the success of such interventions is driven or inhibited by various factors for both rural and urban populations. There is need therefore, to understand differentials between rural and urban areas with regards to HIV interventions and their outcome.

1328 LGBTQ Engagement and Quality of HIV Care in 50 Fast-Track Cities

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Background: Fast-Track Cities commit to working with key populations and addressing the stigma and barriers that they face. LGBTQ populations rely on various types of actors – including local governments, nonprofits, providers, and the private sector – to help foster community resilience.

Method: In 2021, IAPAC conducted a survey of 275 key informants involved in LGBTQ issues across 50 Fast-Track Cities worldwide. Questions utilized Likert scales to assess expert opinion on topics such as quality of care, LGBTQ support from various local actors, and other facets of well-being among LGBTQ communities.

Results: Productive and respectful engagement with local LGBTQ communities was found to be positively associated with better quality of HIV care among all stakeholder groups: local governments, health and service providers, non-governmental organizations (NGOs), and the private sector. NGO engagement had the most powerful association with HIV care quality; those who found NGO engagement with the LGBTQ community to be “poor” rated HIV care at an average of 1.7 on a scale of 1 (“poor”) to 5 (“excellent”), those who found NGO engagement to be “moderate” rated HIV care at 3.6, and those who found NGO engagement to be “excellent” rated HIV care at 4.2. The role of NGO engagement was perhaps the most impactful because NGOs scored better overall at engagement than the other groups, underscoring their critical role for LGBTQ communities. However, government, provider, and private sector engagement with LGBTQ communities also had more modest associations with HIV care quality.

Conclusion: While this study did not explore causation, it suggests that better engagement with LGBTQ communities and better HIV care are associated. City governments and municipalities, health and service providers, NGOs, and the private sector all have a role to advancing the mission of Fast-Track Cities and LGBTQ equity more broadly.

1332 Facilitators and Barriers to Delivery of Dispensing Messages to Caregivers of Children Living with HIV at Four HIV Care Centres in Kampala: A Qualitative Study

Eleanor Magongo (presenting)¹

¹ Uganda Ministry of Health AIDS Control Program, Kampala, Uganda

Introduction: In Uganda, despite optimization of children to more efficacious Anti-retroviral Therapy (ART), viral suppression rates among children remain low, at 77%, way below the UNAIDS target of 95%. Uptake and administration of ART is hindered by low literacy levels among caregivers. We explored facilitators and barriers to delivery of dispensing messages to caregivers at four HIV care centres in Kampala, Uganda.

Description: We conducted a qualitative study at four HIV clinics in Kampala. Data were collected through 7 FGDs of 6-9 participants each and 12 key informant interviews with health care workers between 19th October–2nd November 2021. Data was analysed using content thematic approach informed by the Capability, Opportunity and Motivation Model of Behaviour (COM-B model).

Lesson Learned: Availability of skilled and knowledgeable health workers, visual messages especially flip charts, drug demonstrations on administration, use of toll-free telephone, and short message service reminders were noted as facilitators. The barriers noted included: shared counselling and clinical rooms that impede confidentiality, dispensing messages not provided routinely but targeting those initiating or not adhering to ARVs, negative attitude of some health workers, heavy client load limiting the time spent with caregivers to offer dispensing messages, lack of mentorship on dispensing messages, negative beliefs, inadequate audio-visual messages on drug administration and effects of none adherence, and COVID-19 pandemic related restrictions.

Recommendations: There are major barriers to the delivery of dispensing messages to caregivers of children living with HIV. Initiatives to improve dispensing messages should build on the existence of skilled and experienced health care workers at all HIV clinics and a network of expert clients who draw on their own experiences taking ARVs to educate others. Advocacy to address the broader health system challenges such as space and health workforce constraints will be critical as well.

1336

Prevalence of HIV among Women in Prostitution Cared for by Médicos del Mundo in Almeria, Spain

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Background: One of the contexts where HIV transmission occurs most often is within the context of sex work. These people, the vast majority of whom are women, are at high risk of contracting or transmitting HIV, as well as other sexually transmitted infections, as they are very likely to engage in risky sexual behaviour¹. In addition, there are other aspects that increase the vulnerability of this population to HIV, such as marginalisation, limitations in negotiating condom use and access to prevention, substance abuse, trafficking, lack of social and legal services, and lack of sex and HIV education^{2,3,4}. **OBJECTIVE:** To find out the prevalence of HIV among prostituted women who are part of the harm reduction programme for people in prostitution developed by Médicos del Mundo in Almeria.

Method: Cross-sectional descriptive epidemiological study, the instrument used for data collection was the form prepared by Médecins du Monde. The SPSS version 22.0 statistical package was used for statistical analysis.

Results: 98.6% tested negative and 1.4% tested positive.

Conclusion: Women in prostitution in the province of Almeria who are part of the harm reduction programme run by Médicos del Mundo are not a vector of transmission of HIV infection.

1338

Preferences for Enhanced Treatment Options to Address HIV Care Engagement among Women Living with HIV and Perinatal Depression in Malawi

Steve Mphonda (presenting)¹

¹ UNC Project-Malawi

Background: Option B+ offers lifelong ART to pregnant or breastfeeding mothers, but postpartum loss to HIV care, partially driven by perinatal depression (PND), threatens the impact of this policy. This study aims to understand women's and providers' preferences for developing a feasible intervention to address PND and support engagement in HIV care among women living with PND and HIV.

Method: We conducted a total of 6 focus group discussions (FGDs) involving 4 clinics in Lilongwe District from December 2018 through February 2019. We conducted 2 FGDs each among 3 stakeholder groups: clinical staff, prenatal women, and postnatal women. Perinatal participants were living with HIV and screened positively for PND using the validated Edinburgh Postnatal Depression Scale (EPDS). Clinical staff were nurses who were trained antiretroviral therapy (ART) providers. Interviewers led FGDs in Chichewa using a semi-structured guide. Data were analyzed using deductive and inductive coding in NVivo 12 software.

Results: Women favored ART linkage services, but providers said they already offered such services, with mixed results. Individual counselling was universally supported. A perceived benefit of group counselling was peer support, but there were concerns among women regarding confidentiality and stigma. Women liked mobile appointment reminders but identified low phone ownership as a barrier. Participants recommended home visits as an additional care engagement strategy. Women consistently discussed the need for social support from family members and friends to address PND and support engagement in HIV care.

Conclusion: This study highlights the importance of peer encouragement to support perinatal HIV care engagement among women with HIV and PND. The results from this study can be used to support intervention development to increase HIV care engagement and improve long-term HIV outcomes in women with PND.

1339 Chemsex and Clinical Services in Russia

Nikolay Lunchenkov (presenting)¹, Barrie Dwyer², Susanna Rinne-Wolf³

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³ Technical University of Munich, Munich, Germany

Background: HIV continues to be a significant public health issue in Russia. Increased HIV vulnerability is often associated with legal and social factors, which increases exposure to risk situations and creates barriers to accessing effective HIV services. Led by Terrence Higgins Trust in collaboration with a number of key agencies across Russia, the project was able to use experience of the organization and that of its partners in the project to develop initiatives such as development of the most up-to-date recommendations to go forward for implementation.

Method: The aim of this study was to find out which of the existing recommendations created by the working group are of most value to both Chemsex users and doctors. Participants were asked open-ended questions to discuss the text of the recommendations and the potential challenges of implementation. Six focus group discussions (FDG) in Moscow, Ekaterinburg and Chelyabinsk were conducted with 47 participants to explore their views and opinions about the recommendations. Each focus group had 6 to 10 participants and lasted one hour. FGD participants from a medical community came from various backgrounds.

Results: Participants talked about a variety of different aspects concerning Chemsex, reporting a wide range of experiences in relation to these aspects and a wide range of needs and demands. Even though the participants came from different professional backgrounds and had diverse views on matters, their thoughts and ideas about what is needed had great overlaps.

Conclusion: Overall, all of the 52 recommendations put to the participants of the focus groups received very positive support, being deemed important and of use. In regard to some of the situations and issues covered, some of the participants found it difficult to identify which of the recommendations were of more importance to them or would positively affect their lives over the others under consideration.

1343 Contribution of Adolescent Peer-Educators in Disclosing Serological Status: Experience of the City Province of Kinshasa, DR Congo

Patrick Phanzu (presenting)¹, Naomie La Santé¹

¹ Kinshasa, Kinshasa, Congo, Democratic Republic of the Congo

Background: Evaluate the satisfaction of adolescents living with HIV (AVIH) on the actors involved in the announcement of their HIV status. Secondly, to assess the association between ad types with the prevalence of depressive symptoms and viral load suppression.

Method: Data from a qualitative survey carried out in 2018 among 73 AVIH, aged between 9 and 19 at the time of the announcement, all followed at the Pediatric Hospital of Kalembe-lembe in Kinshasa, DRC. Information on the actors involved and the circumstances of the announcement was obtained by interviewing APHAs. The PHQ-2/9 was applied to look for depressive symptoms.

Results: Of the 73 APHAs interviewed, 28 (38.4%) were male and the median age was 14.8 at the time of disclosure. All were aware of their HIV status. The interview revealed 5 types of disclosure of HIV status: disclosure by parents/guardians, care providers, peer educator (PE) associated with the provider, accidentally and by self-discovery.

Conclusion: Announcement of serological status involving PEs would be better appreciated by APHAs and would not only have a positive effect in the acceptance of HIV status, but also in improving adherence to treatment and in reducing post-announcement stress.

1344

Prise en charge VIH des Minorités Sexuelles et de Genre Déplacées Internes Victimes de la Crise Anglophone par Alternatives-Cameroun

Jean Jacques Dissoke Maniben (presenting)¹

¹ Alternatives Cameroun, Yaoundé, Cameroon

Background: La crise anglophone a limité la prise en charge VIH des minorités sexuelles et de genre "MSG" dans la partie anglophone du Cameroun. Selon l'Organisation des Nations Unies, environ 400.000 personnes ont migré vers les métropoles notamment Douala. On retrouve : Men sex Men (MSM) et les Transgenres. Le véritable défi était alors d'identifier, sensibiliser, dépister et lier au traitement ces « MSG » déplacées internes positives au test VIH.

Method: Nous avons élaboré des outils d'enquête en langue anglaise identifiant les MSG déplacées internes. Ensuite, 10 enquêteurs MSM et transgenres ont été recrutés et formés pour des descentes dans 4 quartiers et 10 points chauds concentrant en majorité la communauté anglophone. A travers les dépistages et sensibilisation (Détermine et préservatifs), les positifs étaient référés vers un drop in center.

Results: Au cours de la période d'octobre 2021 à juin 2022, 762 déplacés internes ont été identifiés et sensibilisés soit 289 MSG à l'instar de 208 MSM et 81 transgenres. 94 dont 53 transgenres et 41 MSM ont été dépistés positifs et mis sous traitement.

Conclusion: La prise en charge des MSG déplacées internes a été une grande expérience. D'une enquête de terrain au dépistage démedicalisé allant à la mise sous traitement, nous avons développé une technique de prise en charge en période de crise. Ce qui nous amène à éviter les nouveaux cas d'infection à VIH, contrôler le taux de prévalence actuelle et surtout contribuer à l'atteinte des 95-95-95.

1345

Urban HIV and AIDS Programming Using Data for Evidence and Decision-Making

Sungani Chalemba (presenting)¹

¹ National AIDS Commission, Lilongwe, Malawi

Introduction: Blantyre city has a significantly higher burden of HIV than other districts in Malawi. It also lags behind the rest of the districts in terms of the coverage of HIV testing and linkage of people living with HIV (PLHIV) to antiretroviral therapy. In 2020, the city had the highest HIV prevalence in Malawi (19.7%) and the lowest proportion of people with suppressed HIV viral load (59.9%). Yet, a large proportion of the population, particularly males were unaware of their HIV status

Description: National AIDS Commission working with its partners like Cooper Smith have developed the first multi user data pipeline with key information at the finger tips for health care workers and AIDS activists to inform programming. The data pipeline has dash boards on all the key areas of HIV and AIDS which challenged to the city authorities. Some of the challenges noted were

- Fear of stigma and discrimination
- Limited number of health workers trained and providing services
- Poor attitude of health workers towards clients
- Perceived lack of confidentiality among health workers
- Limited free/safe space for HTS clients
- Legal issues for the key population especially the transgender population

Lesson Learned:

- Greater need to intensify HIV self-testing,
- Creation of a conducive environment for conducting HIV testing in health facilities is key (e.g. attitudes for health),
- Intensification of HTS outreach services, using community health workers or peer service providers is vital
- Creation of static HTS sites for young people

Recommendations:

- Reach under-served sub-populations via modern communication platforms (social media, Facebook etc)
- Data sharing needs to be encouraged across the board to improve evidence based decision making and joint planning and working together among partners
- Extend opening times for health facilities and establish evening clinics
- Establish a confidential directory or database of ART clients to facilitate tracking of clients

1346 Predictors of Low Antiretroviral Adherence at an Urban South African Clinic: A Mixed Methods study

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Background: Low adherence to antiretroviral treatment (ART) in people living with HIV (PLHIV) remains a critical issue, especially in vulnerable populations. Although ART is responsible for greatly reducing the mortality and morbidity associated with HIV, low treatment adherence continues to impact the effectiveness of ART. Considering that a high level of adherence to ART is required for the excellent clinical outcomes with which ART is often associated, understanding the complex contextual and personal factors that limit high levels of treatment adherence remains paramount. Poor adherence remains an issue in many South African communities many years after the introduction of ART. Our study sought to understand the specific factors and the interactions among them that contribute to non-adherence in this patient population in order to devise successful and contextually appropriate interventions to support ART adherence in PLHIV.

Method: This mixed-methods study employed a study-specific questionnaire ($N=103$) and semi-structured interviews ($N=8$) to investigate the factors linked to non-adherence at the Heideveld Community Day Centre in Cape Town, South Africa.

Results: Over half (57.3%) of participants were ART non-adherent. Non-adherence was correlated with younger age, negative self-image and a low belief in the necessity of ART ($P < 0.05$). In patient interviews, alcohol use, treatment fatigue and stigmatisation emerged as contributors to suboptimal adherence.

Conclusion: The results suggest that there remains a need for context-sensitive interventions to support PLHIV in South African communities. Future research needs to ensure that these targeted interventions take these factors into consideration.

1348 Implementing Pre-Exposure Prophylaxis for HIV Prevention in Correctional Settings: Experience from a Statewide Correctional System within the United States

Matthew Murphy (presenting)¹, Susan Ramsey^{1,2}, Brooke Rogers³, Evan Ames², Drew Galipeau⁴, Julia Uber², Siena Napoleon¹, Lauren Brinkley-Rubinstein⁵, Sophie Byrne², Anne Teitelman⁶, Justin Berk², Philip Chan¹

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Introduction: HIV disproportionately impacts populations experiencing incarceration. Pre-exposure prophylaxis (PrEP) is effective at preventing HIV acquisition among individuals at heightened risk; however, little is known about PrEP implementation in correctional settings.

Description: In November 2019, the Rhode Island Department of Corrections (RIDOC) began offering PrEP (oral daily Emtricitabine/Tenofovir) throughout its facilities. RIDOC is a unified, statewide correctional system in the United States. A physician served as PrEP provider, overseeing the clinical evaluation for PrEP candidacy, medication initiation, and discharge planning. All enrolled individuals were offered support in navigating community linkage to PrEP care.

Lesson Learned: As of April 1, 2022, 814 referrals to the PrEP provider were generated. Approximately 35% ($n=309$; 255 men, 54 women) were evaluated. Of those 309, 35% ($n=109$; 88 men, 21 women) elected to initiate PrEP. Clinical testing and evaluation (screening for PrEP eligibility) was completed for approximately 82% ($n=89$; 69 men, 20 women). Of those, approximately 54% ($n=48$; 29 men, 19 women) completed the necessary clinical evaluation to initiate PrEP, were deemed appropriate candidates for PrEP use, and had medication delivered to a RIDOC facility for initiation. From this group, 79% ($n=38$; 20 men, 18 women) initiated PrEP while incarcerated. In total, 8 (4 men, 4 women) were successfully linked to PrEP care in the community post-release.

Recommendations: While this program was feasible and acceptable, it will only be sustainable with reliable funding for the medication and requisite clinical care. In addition, greater knowledge of PrEP among correctional nursing staff and providers is critical for successful implementation. Future research is needed to characterize the barriers to retention and persistence in care in this population, as well as the role that other formulations, including injectable and event-driven PrEP, may play in facilitating PrEP uptake and adherence.

1351

Integration of Human Right Intervention with Prevention Program to Achieve Target 95:95:95

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Introduction: It is well-noted that to accelerate the 95-95-95 achievement in Indonesia's HIV response, the programme should also address stigma, discrimination, and gender based violence that affect access and adherence to HIV testing and treatment for PLHIV and key populations. Indonesia AIDS Coalition (IAC) with support from the Global Fund working to addressed the above challenge by integrating Human Rights (HR) interventions in HIV response from 2019, which was elaborated in 2022-2023 through the integration of HR intervention in HIV Prevention for Female Sex Workers (FSW) Program.

Description: The PINTAR approach was designed to combine the FSW outreach and access to HIV tests and treatment with Human Rights aspects as follows: 1) Know your rights (basic human rights-based awareness), 2) Intimate Partner Violence Screening in FSW outreach, 3) Documentation of Human-Rights Violation and Violence, and 4) Developing referral system in Human-Rights Violation cases. FSW community-based peer leaders conduct IPV Screening in their outreach activities and collaborate with existing IAC HR infrastructure; community paralegals, supported by legal aid organizations to follow-up cases.

Lesson Learned: PINTAR implementation of February-June 2022 in Jakarta resulted in 100% of 2.775 FSW reached were also screened for IPV, whereas 30 of them reported experience of IPV. The relatively low data are heavily affected by the low willingness of FSW to report the violence they encounter, as well as their understanding that violence is part of their professional risk.

Recommendations: The collaborative approach of Human Rights intervention and key population prevention program is essential to further elaborate the human rights program, although data and program improvement are also necessary. Basic human rights knowledge will also need to be fully enforced on key populations to cease the normalization of violence against the group.

1358

Application of the Mechanism of State Social Contracts with the Public Organizations of Tajikistan in the Field of HIV/AIDS Prevention

Pulod Dzhamolov (presenting)¹

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Introduction: Reduction in funding from the international donors is a serious problem many countries in Eastern Europe and Central Asia have to face. Over the past years the sector of non-governmental organizations has built up a huge capacity to effectively implement HIV prevention and care services, including services for particularly affected groups and communities.

Description: The study on the development of the state procurement mechanism for HIV related services included three stages. The analysis of the legislative and legal framework was carried out. The document "Specifications and standards of social services on the provision of support to the people living with HIV and their environment" has been developed, the document regulates the provision of social services, the timing of the provision of social services and the calculation of the cost of the provision social services. This document was approved by the Order of the Ministry of Health and Social Protection of Population of the Republic of Tajikistan No. 141 dd. March 7, 2019. Implementation of the mechanism of the state social contracting/participation in the tender for the public organizations working in the field of HIV/AIDS.

Lesson Learned: In 2020 preparations for the participation of the public organizations working in the field of HIV in the tender for obtaining a state social order took place. The public organization "SPIN Plus" implements the state social order project "School of Patients Living with HIV", activities are carried out in the penitentiary system and the center of drop in services. In 2021 there were 130,000.0 somoni received from the government, in 2022 - 220,000.0 somoni were received.

Recommendations: Development of the social contracting mechanism in the healthcare sector for all key population groups in Tajikistan. 2. Certification of peer to peer consultants for the possibility to work in the governmental projects.

1359

Ending Sexual Based Violence against Female Sex Workers and Gays in Blantyre City of Malawi

Sungani Chalemba (presenting)¹

¹ National Aids Commission, Lilongwe, Malawi

Introduction: Malawi is one of the countries that uses the law to criminalise and punish offenders of minority sexual rights, which has created high prevalence and incidence rates of HIV among these populations which are pegged at 49% and 38 percent way above the normal level in the general population which is at 9%

Description: The National AIDS Commission (NAC) and its partners have been working to support the minority populations of gays and female sex workers (FSW) access to health and strengthen the rights of minority populations to access HIV services. Stigma and discrimination of HIV positive clients is also very high in the country including sexual violence against FSW from their clients, bar personnel and even the Police who are supposed to protect them

Lesson Learned: Through conducting legal reforms including the enactment the HIV and Prevention and management ACT, NAC has managed to scale down violence against sexual and minority people's rights. Its partners also challenged the courts which has resulted in the HIGH court ruling that some laws like vagrancy laws in the penal code were unconstitutional and infringing on the rights of minority populations like sex workers. NAC and its partners have also been holding mobile courts to improve access to justice for the minority and also to sensitise the public on the dangers of perpetuating sexual violence. The mobile courts are held within the communities which the offenders come from hence create massive awareness on the same.

Recommendations: Mobile courts need to be supported to increase number of client's rights to be fully protected. NAC should also continue to sensitise the public on the need to stop stigma and discrimination and enforce punishment of the law. FSW and gays need to be part and parcel of project implementation to increase ownership and involvement.

1361

R-CAD (Real Time Cascade Analysis Dashboard): a Community Solution to Strengthen HIV Prevention Program toward Female Sex Workers in Indonesia

Alfan Zafar Abdurachman (presenting)¹, Patrick Johannes Laurens¹, Hilmansyah Panji Utama¹, Aditya Wardhana¹,

¹ Indonesia AIDS Coalitions, Jakarta Selatan, Jakarta, Indonesia

Introduction: Robust recording and reporting system is a crucial component to support provision, analysis, and use of data that can stimulate 95:95:95 global target achievement. However, Indonesia HIV program's data are presented aggregately rather than analysis of specific intervention areas, which renders difficult to identify district challenges and needs. Indonesia AIDS Coalition (IAC) as the implementor of HIV Prevention for Female Sex Workers (FSW) Program responds to this by utilizing a system to capture district-specific data and analyse it to produce a tailored approach for mentoring to increase achievement

Description: IAC uses the R-CAD (Realtime Cascade Analysis Dashboard), a system for integrating geospatial techniques in FSW Program. The Peer Leader (field officer) initiates the data collection process that was verified at the district and provincial levels. Thereafter, IAC conducted further validation and consolidation before presenting the data in R-CAD. R-CAD visualized aggregate cascade analysis in real-time at all levels, giving room to further analyze and evaluate the program's progress against its goals and providing early warning of any emerging issues

Lesson Learned: Using this system, IAC successfully identifies alert areas and develops tailored strategies to respond to the district's issues based on FSW Program reports in January-June 2022 in 131 intervention areas. This semester, IAC found that 16 regions need strengthening of outreach skills to reach accurate key populations to increase case findings, and 12 regions need simple case management skills to increase the ARV initiation rate. Mentoring strategies were then developed and implemented to respond to these issues

Recommendations: The R-CAD has significantly improved the program implementation by providing exact data to allow the development of a district-specific mentoring approach that responds to each district's needs. Although this differentiate mentoring strategy is requires extensive resources, IAC believes that its impact will be greatly beneficial for the improvement of the program

1362

High Prevalence of Non-communicable Diseases among People Living with HIV in Lusaka Urban: A Cross-Sectional Survey from Lusaka, Zambia

Daniel Mwamba (presenting)¹

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Background: Of the almost 38 million living with HIV, 27.5 million have access to lifesaving ART. The scale-up of treatment access has stabilized the HIV epidemic and significantly increased life expectancy for people living with HIV (PLHIV). These gains are now being threatened by the growing burden of non-communicable diseases (NCD) that disproportionately affect PLHIV especially in low- and middle-income countries. Prevalence of NCDs among PLHIV remain scares in sub-Saharan countries, including Zambia. Establishing the magnitude of NCDs burden is the first step in development of appropriate intervention.

Method: From 21st March to 22nd April 2022 a cross sectional survey was conducted among 448 PLHIV aged 18 and above receiving care at 2 high volume ART clinic in Lusaka urban to establish the prevalence of hypertension, prediabetes, diabetes and dyslipidemia. Hypertension was defined as any of the three BP reading readings with 140mmHg and above and/or 90mmHg and above. Diabetes as Fasting Blood Sugar 7.0 mmol/L and above or Random Blood Sugar 11.1 mmol/L and above or HbA1c 6.5% and above; dyslipidemia as Total Cholesterol 5.2 mmol/L and above or Low-Density Lipoprotein (LDL) 3.4 mmol/L.

Results: The cumulative prevalence of NCDs in both clinics was 58% among the 448 survey participants: hypertension at 46%, dyslipidemia 10%, Prediabetes and diabetes at 7% and 3% respectively. The prevalence of NCDs among male participants was 74% and 51% among females.

Conclusion: The prevalence of NCDs among PLHIV in Lusaka is alarming high and mostly undiagnosed. A national wide survey is required to inform policy makers. Improving health facilities diagnostic capacity, building capacity of health care providers and assuring adequate supply of NCDs medication while integrating NCD and ART services is needed to achieve NCDs/HIV care optimization.

1363

Risk Factors associated with Late Presentation to HIV care in the "Treat All" Era in sub-Saharan Africa: A Systematic Literature Review

Daniel Mwamba (presenting)¹

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Background: Late presentation to HIV care (with CD4 count <350cells or WHO clinical stage 3 or 4) remains a norm in sub-Saharan Africa. This is despite the 2016 World Health Organization HIV guidelines recommending the initiation of antiretroviral therapy (ART) in all people living with HIV regardless of clinical and immunological status. The aim of this systematic review was to describe the prevalence and demographics of adults aged >15 years who are late to present to HIV care in sub-Saharan Africa.

Method: PubMed, Embase, ISI web of knowledge, Health System Evidence Global Index Medicus databases, web engines and conference websites were searched for relevant studies, grey literature and abstracts conducted between 2015 and 2020.

Results: 9 studies were included in the review. Males represented 58% of the total 714, 929 participants aged >15. The prevalence of late presentation to care was 44%, (95% CI: 37–51). The odds of late presentation to care for males was 1.54 (95% CI: 1.05 – 2.36); aged >36 was 1.55 (95% CI: 0.98 – 2.69); not being married was 1.065 (95% CI: 0.99 – 1.15).

Conclusion: Late presentation to HIV care remains high among adults living with HIV in sub-Saharan Africa. Being male, not married, and being above 35 years of age were found to be associated with higher odds of late presentation to care. Strategies that allow early HIV detection and treatment and innovative approaches targeting population at risk are needed to achieve expected HIV program outcome of the treat all policy.

1364

I Do Not Need to Be [Intrinsically] Motivated: Feasibility and Acceptability of a Behavioral Economics-Based Intervention to Optimize Retention in HIV Care among Latinos Living with HIV in Florida

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Background: The Fast-Track HIV targets remain elusive, especially among at-risk population groups. Racial and ethnic minorities are at higher risk of being undiagnosed, untreated, or not achieving viral suppression. Retention in HIV Care (RICH) is essential for ending the HIV epidemic. To improve RICH among Latinos living with HIV (LLHIV) in Central Florida, we evaluated the feasibility and acceptability of an intervention leveraging loss aversion with deposit contracts. That intervention, which we will pilot test, requires the distribution of payments that can later be deposited.

Method: Three focus group discussions were conducted with LLHIV (n=5). An in-depth interview was conducted with one service providers. Conversations were recorded and transcribed. Deductive (based on the Ecological Validity and Cultural Sensitivity framework) and inductive coding was used to identify themes and sub-themes.

Results: About 50% of participants were male (n=2) or female (n=2). Almost half (n=2) self-identified as gay or heterosexual (n=2). Overall, respondents found the intervention both feasible and acceptable. Rather than referring to payments as "motivation," they found the word "incentive" to be more appropriate. A case manager or social worker, as opposed to a medical doctor or nurse, was identified by most as the best person to provide the incentive. Incentives anticipated to be effective included cash, flexible gift cards, and transportation support. Explaining these incentives in a person's native/preferred language was noted to be important. Incorporating Hispanic culture in the way information is provided was noted as a very important step in intervention implementation.

Conclusion: Respondents thought that incentives like cash or "open" gift cards provided in a culturally responsive manner would be effective at improving RICH. It is critical that a behavioral-economics-based intervention aiming at optimizing RICH is developed in a culturally responsive manner.

1365

A Qualitative Examination of the Impact of Intimate Partner Violence among Men Living with HIV who have Sex with Men

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Background: Intimate partner violence (IPV) is a serious public health problem among men living with HIV who have sex with men (MLWHSM), with rates of IPV perpetration (IPV-P) and victimization (IPV-V) similar to or higher than among heterosexual samples. Preliminary evidence suggests a link between IPV-V and nonadherence to antiretroviral therapy (ART), decreased odds of viral suppression, and HIV care disengagement. In contrast to a much larger literature examining the association between IPV and HIV risk behavior, the association between IPV and HIV treatment outcomes has rarely been examined among MLWHSM.

Method: In-depth individual interviews were conducted with n=10 MLWHSM who had experienced IPV in the past 12 months. Participants were asked about perceptions of the impact of IPV on HIV treatment, the broader impact of IPV, and factors that could mitigate the effects of IPV. Collection, coding, and analysis of the qualitative data adhered to rigorous qualitative methodology, including use of a semi-structured interview guide, audiotaping and transcribing of interviews, thematic analysis of data, coding of transcripts by two independent coders, and checks on coding agreement.

Results: Several participants reported that they stay in a less than ideal relationship, including continuing to endure victimization, because they believe that living with HIV limits their options for alternative partners. Participants experienced worsening of mental health attributable to IPV-V. However, they did not perceive IPV-V to have a significant impact on ART adherence or other aspects of HIV treatment. Social isolation and a greater need for social support were common themes. Participants suggested that support groups tailored to their situation might be the most effective way to address their needs.

Conclusion: Key targets for intervention in this population were identified in this work: stigma related to living with HIV, mental health, and social support.

1366

Communicating the City and Hackney Women's Reproductive Health survey

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Introduction: The City of London and Hackney Public Health team and partners delivered a local version of the national Women's Reproductive Health Survey (summer 2021). The local survey ran between April and May 2022 and was open to women and those described as female at birth and who were now trans or non-binary, aged 16-55 years old. The purpose was to gather insights to help shape local services. A key aim was to ensure that responses were representative of the local populations in terms of age, ethnicity, religion, and sexual orientation. The survey received more than 2,500 responses, which is one of the highest response rates seen with surveys locally. The total spend on communications, promotion and engagement was modest, at around £1,000.

Description: The survey covered topics including pregnancy, contraception, menopause, and menstruation. A comprehensive communications plan was implemented, which helped to secure a high take-up of responses. The chance for respondents to win incentives in a prize draw, and the fact that women's health is a timely issue, may have contributed to this interest.

Lesson Learned: Approaches to stakeholder engagement included drawing insights from representatives of more marginalised communities, promotion via elected Members and commissioned providers, press releases and paid-for social media adverts (targeted through geographic location and demographic criteria), and a pop-up on the sexual health e-service platform. In addition, primary care networks were engaged and asked to send out SMS messages to patients meeting the survey eligibility criteria. Public Health did a weekly follow-up with GP practices with a leader board of responses, to encourage further promotion.

Recommendations: Respondents were also asked whether they consented to follow-up contact about related issues, and 52% opted in, which provides a strong engagement base for further work on women's health.

1367

Ten-Year Review of Expanded HIV Testing and Linkage to Care Collaborative Impact on Identifying New HIV Diagnoses in Chicago

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Background: Since 2011 the Expanded HIV Testing and Linkage to Care (xTLC) program has supported routine HIV screening in healthcare settings on the south and west sides of Chicago in alignment with Centers for Disease Control and Prevention and U.S. Preventive Services Task Force guidelines. This consortium of sites works together to improve rates of HIV screening, streamline linkage to care, and assist in implementation of updated guidelines and regulations over time.

Method: We performed a retrospective review of surveillance reports and program data from 2011 to 2019 from the Chicago Department of Public Health and xTLC to assess the proportion of new HIV diagnoses in Chicago the xTLC program has identified. We analyzed the proportion of new diagnoses each year, and the proportion of new diagnoses based on sex at birth.

Results: In 2011 xTLC identified 3% (n=35) of all new diagnoses, but by 2019 identified 28% (n=181) (See Table 1). From 2011 to 2019, the program identified a total of 14%, with an annual mean of 13.4% of all male new diagnoses and 24.4% of all female new diagnoses. Since changes to the Illinois AIDS Confidentiality Act in 2016, xTLC partners have identified 21% of all male new diagnoses and 35% of all female new diagnoses.

Conclusion: In the city of Chicago, the xTLC collaborative has been critical in identifying new HIV diagnoses, particularly among women. The increase in the proportion of new diagnoses identified by the xTLC program over time reflects the long-term impact of the program. HIV screening policies in the state of Illinois were also an important component of continuing to improve outcomes for people living with HIV who were not previously aware of their diagnosis.

1368

Socio-Structural Factors Relate to PrEP Knowledge and HIV Testing among Community Members in HIV High Impact Zip Codes in Miami, FL

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Background: Black individuals in the U.S. remain the most disproportionately impacted by new HIV diagnoses, with high indication for PrEP but low rate of PrEP uptake. Socio-structural factors may limit access to HIV prevention tools. We assessed the relationships between PrEP knowledge and HIV testing with barriers to care, mental health, having a primary care provider, and a history of incarceration.

Method: The Five Point Initiative (FPI) is a community-informed implementation strategy piloted between September 2019 and March 2020 in Miami, Florida in predominantly Black communities heavily impacted by HIV. During FPI outreach residents completed a survey and were offered HIV testing, PrEP information, and cash vouchers to partnering businesses. Survey captured factors including barriers to care, incarceration, having a primary care provider, language, and place of birth.

Results: Surveys were completed by 654 community members: 84% Black [48% Afro-Caribbean], 10 % Latinx/o/a, 74% born in the U.S., 93% with English as primary language, 26.8% with incarceration history, and 67% without knowledge of PrEP. Data analyses indicated that not knowing about PrEP was related to higher barriers to care (e.g. distance to medical facilities), not having a primary care provider, a history of incarceration, higher mental health symptoms, identifying as Latinx/o/a, and speaking Spanish. Having a more recent HIV test related (a) negatively with being born outside the U.S. and identifying as Latinx/o/a but (b) positively with a history of trauma and incarceration.

Conclusion: PrEP knowledge and HIV testing may be impacted by barriers to care, access to a primary care provider, jail/incarceration, language, ethnicity, country of birth, and mental health symptoms. All these factors need to be addressed in order to ensure full access to HIV prevention tools in communities highly impacted by HIV.

1369

Prevalence and Characteristics of HIV Recipients of Care who Interrupt Treatment in Lusaka Province: A Retrospective Cohort Analysis

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Background: Zambia has achieved great milestone in expanding access to ART for people living with HIV (PLHIV) with over 1,200,000 on treatment. As the country is striving to achieve HIV epidemic control, retention of LPHIV in care remains a big challenge. Routine program data suggests that interruption in treatment (IIT) is high in Lusaka. Characterizing HIV recipients of care (RoC) who disengage from treatment would be informative to develop appropriate interventions.

Method: A retrospective cohort analysis was conducted to describe characteristics associated with IIT among RoC in Lusaka province. A RoC was classified as having an IIT if they have missed their ARV pharmacy appointment by 28 days or more, and have not transferred-out or died. A representative sample of RoC who were on treatment as of 1st February 2021 was extracted from routine medical records then ascertained their IIT status one year later. Characteristics like district, age, sex, duration on ART were analyzed to establish association with IIT during the analysis period of interest. Unadjusted/Adjusted odds ratio (OR) effect estimates were computed for both univariable and multivariable analysis.

Results: Records from 165157 RoC were analyzed. 17848 (10.8%) had IIT as of 31st January 2022. Lusaka (11.5%) and Chongwe (12.3%) districts showed higher proportion of IIT clients compared to the other districts. Age groups 20-24 (21.6%), 25-29 (18.8%) and 30-34 (15.1%) showed higher proportions of IIT clients. 50% of RoC on ART for ≤ 18 months had an IIT at the end of the reporting period. Sex, education level and marital status were not associated with IIT.

Conclusion: IIT is higher among young adults; age appropriate and targeted interventions are needed to improve retention in HIV care among population at high risk of IIT.

1370 AIDS Free Pittsburgh: Ending the Epidemic in Allegheny County, Pennsylvania, USA

Jerone Stoner (presenting)¹

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Introduction: Allegheny County is the second highest jurisdiction in Pennsylvania for the number of new HIV cases and people living with HIV. In 2015, the Allegheny County Health Department, Allegheny Health Network, Jewish Healthcare Foundation, UPMC, and other regional organizations formed the AIDS Free Pittsburgh (AFP) collective to eliminate new AIDS diagnoses and reduce new HIV infections by 75% by 2025.

Description: AFP partners are dedicated to five strategies: 1) Diagnose HIV early in the course of infection, 2) Achieve 95% viral suppression, 3) Build capacity for PrEP/PEP, 4) Facilitate linkage-to-care within 48 hours of diagnosis, and 5) Support efforts to reduce transmission among key populations. In line with these strategies, AFP has coordinated continuing education, community outreach events, and health marketing campaigns.

Lesson Learned: From 2015 to 2020, there was a 43% decrease in new HIV cases in Allegheny County. However, racial disparities persist in terms of the number of people newly diagnosed with HIV, with more diagnoses among Black individuals each year than any other race. AFP partners are using this data to support meaningful engagement with communities of color and other key populations impacted by HIV. Measuring success based on in-kind data requests includes tradeoff between timeliness and accuracy.

Recommendations: In the second five-year phase of the project, AIDS Free Pittsburgh is focusing on opportunities to deepen meaningful community engagement and operate with integrated diversity, equity, and inclusion (DEI) principles. The collective recognizes that the local HIV epidemic cannot end without an intersectional focus on social determinants of health. The project is pursuing community foundation support to pilot paid leadership opportunities for persons with or otherwise impacted by HIV to demonstrate equity and value of their time. Match funding from local, state, and federal government sources is recommended to amplify project impact.

1371 PrEP Knowledge and Interest among Incarcerated Women at Risk for HIV in the United States

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Background: The criminal-justice involved population in the US is among the most vulnerable and heavily impacted by HIV; incarcerated women have been found to be as much as 15 times more likely to be living with HIV than women in the general population. They also consistently report high levels of HIV risk behavior. While there has been a marked increase in PrEP use in the US, PrEP uptake among at-risk women has lagged other groups. A chief contributor to underutilization of PrEP appears to be a general lack of knowledge regarding PrEP and a limited ability to accurately assess risk. However, little work has been done to assess gaps in PrEP knowledge and interest among incarcerated women.

Method: Fifty-eight incarcerated women who met sex or drug risk screening criteria for PrEP initiation completed a baseline interview (between 5/22/2021 and 7/1/2022) as part of a larger PrEP linkage study. In that interview, they were asked about their knowledge of PrEP, perception of HIV risk, and interest in initiating PrEP.

Results: Just over half of the participants (51.7%) had never heard of PrEP before enrolling in the study. On a PrEP knowledge questionnaire, participants, on average, endorsed a misperception regarding PrEP on more than half of the items (6.8/12). Over half (56%) believed that they were at risk for HIV prior to incarceration, and a similar number (58%) believed that they will be at risk for HIV after release from incarceration. The vast majority of participants (86%) were at least somewhat interested in initiating PrEP.

Conclusion: PrEP knowledge is low among incarcerated women at elevated risk for HIV. However, interest in PrEP is high, suggesting that interventions aimed at providing information about PrEP and facilitating linkage to care may be efficacious.

1372

"I'm Living Proof he Helps You": A Mixed-Methods Ecological Momentary Assessment Examining Spirituality and Survivorship among PLWH in New Orleans, with Implications for Just-in-Time Adaptive mHealth Intervention

Simone Skeen (presenting)¹, Rayna Gasik¹, Stephanie Tokarz¹, Chelsea Solano¹, Aubrey Spriggs Madkour¹, Katherine Theall¹, Gretchen Clum¹

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Background: In New Orleans, an IAPAC Fast-Track City, 1,083 per 100,000 people live with HIV (PLWH), 2.85 times the 2020 U.S. rate. PLWH often endure depression, violence, posttraumatic stress, and alcohol misuse, which can drive poorer adherence while undermining emotional wellbeing. Environmental stressors, encountered in daily living, can incite or exacerbate extant psychiatric symptomatology, pointing to the need for just-in-time adaptive mHealth interventions (JITAI) attuned to the local cultural context. We present early findings from the NOLA GEM study, focused on activating spirituality-based coping skills via mHealth.

Method: NOLA GEM enrolled local PLWH, measuring multidimensional daily stressors via smartphone "daily diaries," and tapping experiential insights on resilience-building and coping skills via semi-structured interviews. Daily diary-reported prayer-, religion-, and meditation-based coping in response to stressful events were analyzed to predict lagged effects on emotional regulation and PTSD, controlling for day and individual characteristics. Interviews were analyzed through framework analysis, supplemented by Lean UX techniques.

Results: $N=49$ PLWH ($M_{age}=53$, 83.67% Black, 65.31% male) were surveyed daily over 14 days. $n=12$ participated in interviews. Rumination was significantly reduced in individuals who used religious coping one or two days post-stressor. Acceptance of emotions was significantly increased in individuals who used prayer or meditation three days post-stressor (Table 1). Themes illustrative of the self-soothing, meditative, and post-traumatic growth benefits of personal spirituality emerged. Faith communities were valued, despite latent tensions with individualistic spiritual lives (Table 2).

Conclusion: A JITAI attuned to the strengths of New Orleans PLWH must potentiate coping skills rooted in spirituality. Careful triangulation of idiographic modes of personal spirituality, the benefits of religious fellowship, and the needs of secular PLWH, must inform decision rules, tailoring variables, and content development.

1373

The Epidemic of the Mind

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Background: Our objective is to start a conversation, to urge the need to make more research in different parts of the world with young people that are not always part of the conversation. We want to provide a reality check from youth perspective about STIs and HIV, help all stakeholders to understand that this is not only a health pandemic but also an epidemic of the mind. We want to expose some of the limitations and areas of opportunity in creating a more holistic approach to Sexual Health and Rights.

Method: Two main methods have been used; we made a literature review of more than 150 sources about STIs and HIV, as well as all possible factors that can be determinant to its and management and society influence on it, highlighting five principal factors such as: Knowledge & Awareness, Stigma & Discrimination, availability, gender equality, religion & Spirituality. We conducted 323 surveys with two groups of participants to them we asked questions about their understatement and perception about healthcare access and barriers to access sexual healthcare services. This research is combination of both.

Results: Identifying the drivers of disparities in health care access is a key task in order to reach universal health coverage with equal access to care for the entire population. The benefits of HIV service availability are tremendous, they include reduced transmission and death rates but also substantially reduced health care expenses.^{58,60} However, investments must be precisely tailored to the specific needs of a region in order to reach their full potential.

Conclusion: Youth should have a say and a position about how and when to interact with Sexual health services, youth should be able to state what they consider a priority and leave behind the stigma that comes with everything in relation to sexual health and rights.

1377

Tracking Report: Government and Peer Support Group Strategy to Reengage Patients Lost to Follow-Up in HIV Treatment in Tangerang City, Indonesia

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Introduction: In Tangerang City until 2020, the number of people living with HIV (PLHIV) on antiretroviral therapy (ART) was 393 people with 178 cases lost to follow up (LFU) (45.3%). PLHIV on ART are relatively low compared to the LFU cases. Therefore, the DHO initiated a program to trace and reengage PLHIV that are LFU by allocating the budget, engaging the peer support group, and civil society organizations (CSOs).

Description: Three strategies used to trace the LFU patients, namely by SMS/WhatsApp, call by phone, and home visits. These strategies were operationalized through a Standard Operating Procedure for each Care Support and Treatment (CST) sites and CSOs. Additionally, a regular coordination with peer support group, and CSOs conducted to monitor and evaluate the tracing progress. The results of the tracing was 16 out of 56 PLHIV reengage to access HIV treatment. Evidence illustrates that 8 PLHIV (14%) reengaged through the home visits, followed by 6 PLHIV (11%) through SMS/WhatsApp, and the call by phone method was 2 PLHIV (4%). The main challenges to conduct the tracing are incomplete and fake addresses, unreachable contact number, fear of discrimination from family and relatives, unavailable or inactive health insurance, and fear of side effects of drugs.

Lesson Learned: Most effective method to reengaged PLHIV back to antiretroviral treatment is the home visit method. This provides more opportunity for peer support group to explore and solved the barriers for PLHIV reengagement to the treatment. In conclusion, program intervention of tracing for lost to follow up of PLHIV is impactful and achievable when enabling government policy and budget is in place, district-level leadership is activated and meaningfully engage peer support and CSOs.

Recommendations: All CST sites must improve the quality of PLHIV data and contacts to ensure that every PLHIV LFU is eligible to be traced.

1378

Community-Based Accompaniment in the Intervention with People who Experience Homelessness (PWEH): HIV Prevention, Screening, and Treatment

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Introduction: "Cascais Sai à Rua" (CSR) project was created by Cascais Municipal Chamber and SER+ and consisted in creating a multidisciplinary team, specialized in the intervention with PWEH. Cascais is part of "Fast Track Cities", an initiative focused on ending HIV infections and AIDS-related deaths.

Description: PWEH are a vulnerable population for HIV and HCV infections. It is necessary to minimise their vulnerabilities, reduce the risk of infection and increase their chances of therapeutic success. CSR's goal was to facilitate clients' access to social rights and health/community services. CSR accompanied 55 PWEH in Cascais (10/2020-06/2022) and focused on having a relationship of proximity and flexibility with the clients and shrinking the bureaucracies involved in the intervention.

Lesson Learned: Prior to the intervention, 48 clients were in a homeless situation. 20 were aware of their HIV status, 5 of these lost to care (LTC). By building a trusting relationship with the clients, with the crucial support of the Peer and low number of cases attributed to each case manager, we achieved the following results:

- 32/55 clients screened (HIV, HVB, HVC and Syphilis) at least once.
- SER+ diagnosed 6 new infections: 5 HVC and 1 HIV (co-infected), 5 of those linked to care.
- 4/5 LTC clients returned to care.
- 28/48 clients improved their housing situation.

Recommendations: In conclusion, only through a relationship of proximity, guided by collaborative and participative approaches, it is possible to achieve consistent and lasting results. The presence of a Peer in a multidisciplinary team working with PHEW, seen by the clients as both a "role model" and "one of them", is essential to the intervention. Finally, the services available for vulnerable populations such as PWEH should not be standardised, but rather adapted to every individual's needs and characteristics.

1383

Building a Digital Platform to Data-Driven Outreach for Harm Reduction Organizations

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Background: Harm reduction organizations are critical towards preventing harms associated with drug use, including overdose and HIV. In Texas, harm reduction organizations lack a unified data system that would allow data to drive prevention and response efforts for community outreach. This project aimed to develop and deploy a digital tool to improve data-driven community response among harm reduction organizations in Texas.

Method: We used a community-engaged research approach. We conducted qualitative interviews with N=76 stakeholders stratified by people who use drugs and harm reductionists. Data were analyzed using Applied Thematic Analysis. We used a co-design process to improve support for data collection among harm reduction organizations. This included multisectoral meetings focused on developing empathy across sectors, framing the problem, conducting generative design work, sharing ideas for technology design and development, reviewing wireframes and prototypes, and iterative testing and refinement.

Results: Results highlighted the need for a unified, multilingual reporting system uniquely tailored for harm reduction organizations. Anonymity, data transparency, protection from legal repercussions, data accuracy, and community-branded marketing emerged as key themes for the overdose platform. Emergent themes included the need for real-time data in a dashboard designed for community response and tailored to first responders and harm reduction organizations. Key platform features included: supply distribution platform, anonymous overdose report form, syringe service tracker, and data dashboards at the organization-level and community-level.

Conclusion: Our study highlights a multisectoral co-design process across community-academic-industry partners to develop a digital platform tailored to the unique needs of harm reduction organizations serving people who use drugs at risk for HIV. These partnerships are essential towards building data collection tools that will be trusted in the community, adopted among harm reduction organizations, and will provide reliable, near real-time data to inform community response efforts.

1385

Tuberculosis in Andalusian Disadvantaged Areas

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Background: A significant impact on the provision and access to essential health services related to tuberculosis surveillance and care has been detected as a result of the COVID-19 pandemic; an estimated 100000 increase in the overall number of deaths between 2019-2020. In the near future, the current situation is expected to worsen due to socio-economic inequalities, increased after the COVID-19 pandemic.

Method: Cross-sectional study of tuberculosis cases in Andalusia from 2019-2021, geospatial analysis of incidence in socioeconomically disadvantaged areas (DAs). Incidence rates (IR) estimation per 100,000 inhabitants, disaggregated by province and DAs.

Results: In 2019-2021, 1993 cases were reported to Andalusian surveillance system; 1925 cases (96.59%) could be georeferenced and 416 were identified as DAs cases (20.87%). Almeria and Seville were the provinces with a higher DAs prevalence, 30.29% and 30.05% respectively. No province presented less than 10 cases; at least one case was reported in more than 75% DAs. The average IR for the 99 DAs that were analyzed was 30.49. This result was higher than the average IR found in other regions of Spain. The DAs in which more than 20 cases were registered (4/99) had more than 20000 inhabitants and an average IR of 103.60 cases. DAs where at least 10 cases were registered presented an average IR of 85.08 cases.

Conclusion: DAs account for 17% of the population. The prevalence found in DAs was 21%. The average IR was higher than Andalusia and Spain's. 27 of DAs exceeded the low endemicity threshold proposed by WHO, reaching maximums of 182 cases per 100000 inhabitants. That exceed the IRs found in the developing world. A comprehensive approach to this situation is essential, prioritizing and acting on DAs to prevent tuberculosis transmission.

1387 Is Shigellosis a New Sexually Transmitted Infection?

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Background: Shigellosis is an intestinal infection of fecal-oral transmission. Although it is normally associated with food or water outbreaks, in recent years there has been an increase in cases due to sexual transmission in men who have sex with men (MSM). In January 2022, the UK Health Security Agency reported an increase in cases of *Shigella sonnei* infections with an XDR profile of sexual transmission. In Andalusia, 50 confirmed cases were reported in 2021-2022, 42 were men. In October 2021, a 7 cases cluster with similar characteristics to the UK was reported in Seville city.

Method: Cross-sectional study of shigellosis cases in Andalusia that affect the MSM community based on data from the Andalusian epidemiological surveillance system.

Results: 42 male cases, between 21 and 82 years of age were detected. MSM prevalence was 73.81%; 11 had HIV coinfection (35.48%), 4 were Pre-exposition prophylaxis (PrEP) users (12.90%) and 23 had a previous sexually transmitted infection (STI) in the last year (74.19%). Incidence rate by province for men of these ages were higher in Granada (3.14), Seville (2.91) and Malaga (1.25). In October 2021, a 7 cases cluster was detected in Seville city. All cases were men between 30 and 46 years. MSM practice was confirmed in 4/7, 2 with HIV infection and 1 PrEP user. The molecular characterization showed that all cases shared the same resistances with each other and with the U.K. outbreak.

Conclusion: An increase in cases of shigellosis in young men is detected, with a prevalence of MSM of 73.81%. At least 7 cases were identified with the same microbiological strain as the UK outbreak. It would be advisable to incorporate preventive advice against shigellosis in STI and HIV prevention programs.

1388 Monkeypox Outbreak in Andalusia: a Socioeconomical Approach

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Background: In May 2022, the UK Health Security Agency reported several cases of monkeypox (MPX) with no history of recent travel to endemic areas or contact with previously reported cases. Since then, many countries have reported more than 8000 confirmed or investigational cases. As of July 12, 2,447 confirmed cases of MPX had been reported in Spain. In the current situation, it appears to be related to specific sexual risk behaviors, especially among men who have sex with men (MSM). Being a new disease in our environment, it seems interesting from a public health perspective to analyze the characteristics of the affected population and whether it may be related to their socioeconomic level.

Method: Cross-sectional study of MPX cases in Andalusia, studying socio-economic, demographic, geospatial and clinical variables. Incidence rates (IR) were calculated by province, per 100000 inhabitants and per 100000 males aged 15-69 years (IRM). Average income per person (API) information was obtained with a census section disaggregation level.

Results: On July 11, 232 MPX cases were declared in Andalusia, 228 were men (98%); 219 declared MSM practice (96%), 42% had HIV. The provinces with the highest IR were Malaga IR:7.61, IRM:20.63; Granada IR:3.04, IRM:8.38 and Seville IR:1.80, IRM:5.04. We found that the AIP of Andalusia ranges from €4053 to €26796. It was categorized by quintiles, finding that 52.59% of the cases were between Q4-Q5. The rate ratio between Q5/Q1 was 1.95.

Conclusion: In Andalusia, MPX is a disease that mainly affects MSM (94%); HIV prevalence in this subgroup is 42%. Malaga, Granada, and Seville were the provinces with the highest IR. Unlike other diseases with high incidence in this population group, IR was directly proportional to a higher average AIP.

1391

BEAU: A Programme and Online Magazine to Tackle HIV Stigma

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Introduction: The Love Tank CIC, funded via Fast Track City London's anti-stigma programme, has developed an online magazine that directly addresses HIV stigma. Both the outcome of the magazine, and the process of its development – through peer-led story telling – address stigma directly.

Description: BEAU – a programme of anti-stigma work by and for London based gay and bisexual men living with HIV aims to change the narratives around HIV stigma. An online magazine BEAU: by the beautiful HIV + community – uses narrative-based storytelling, photography and illustration to tell the 'ordinary' lives of living with HIV. BEAU seeks to move 'beyond' HIV status, striving to build an environment where we fight HIV stigma by narratives of living with HIV that move beyond HIV status. Whilst the online magazine, in and of itself, tackles internal and external HIV stigma, the process of developing BEAU also strives to be stigma-busting. It does so by bringing together gay men with HIV to create the content and the output, to learn new skills – such as copywriting and content development, and to build peer support through the process of development.

Lesson Learned: There is a thirst amongst London gay men living with HIV to share their narratives with and beyond living with HIV. The programme has attracted participation from a diversity of London's beautiful HIV + community including men in their mid-70s, Black men, trans young men, migrant men, and those who have never publicly written about living with HIV. As the online magazine progresses into its second and third editions, even more men are stepping forward to have their voices heard.

Recommendations: Further programmes that re-conceptualise what stigma is, and how we respond to it should be developed. Peer driven approaches, that move beyond HIV status, offer inspiration to often unheard voices.

1393

Peasy Piloting a Gonorrhoea Education and Testing Programme in London-Based Black Caribbean Men: Not as Easy as One, Two, Pee

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Introduction: Black Caribbean (BC) men have the highest diagnoses of gonorrhoea (GC) in England. Data from Sexual Health London showed that BC are less likely to use online STI testing services. A pilot was initiated to test an outreach model, previously used in MSM.

Description: London-based The Love Tank undertook a 12-month pilot from November 2020 aiming to increase testing for gonorrhoea amongst BC men titled "PEasy- testing for gonorrhoea: as easy as one, two, pee". In addition to a dedicated education website www.onetwopee.info, the pilot aimed to collect urine samples from up to 1000 men in London social settings such as gyms, sports events, bars and other venues, with sign-up to an online STI testing service. The pilot sought to use this 'pee-in-a-pot' outreach method as a stepping-stone to enrolment in more sustainable sexual health services.

Lesson Learned: Despite persistent efforts to engage with settings, and with the target group, the pilot engaged with only a third of its target number (335), distributed test kits to only 10% them (32), with only half of those kits being returned for laboratory testing (17). Evaluation of the pilot highlighted: the impact of COVID lockdowns on access to settings; as lockdowns lifted, unwillingness of venues to permit access for COVID safety reasons and because of perceptions of STI stigma; and navigating STI stigma and assumptions within the target group, including low knowledge levels about STIs.

Recommendations: The programme made assumptions that outreach models frequently used to target MSM could easily be transferred to another target group. Additionally, the pilot underestimated the time and resources to build relationships with venue staff. Outreach and education models that build better base-line knowledge of sexual health in the target group should be under-taken before attempting more complex and elaborate outreach approaches.

1394

Prevalence of Mental Distress in Adults with and without a History of Tuberculosis in an Urban Zambian Community

Tila Mainga (presenting)¹

¹ London School of Hygiene & Tropical Medicine, Lusaka, Zambia

Background: People with TB have a high prevalence of mental distress. Mental distress during TB investigation and treatment is driven both by biological factors, such as morbidity, and social economic factors, including increased levels of poverty. There is growing evidence that these factors are likely to persist beyond TB treatment completion. Little is known about the mental health of TB survivors compared to people who have never had TB before.

Method: Data for this cross-sectional study were collected from an urban Zambian community participating in the 'Tuberculosis Reduction through expanded ART and TB Screening' (TREATS) TB prevalence survey. The main aim of TREATS was to measure the impact of a TB and HIV intervention on TB incidence and prevalence. A screening measure of mental distress (SRQ-5) was included in the TREATS questionnaire administered to all participants taking part in the TREATS TB prevalence survey. Associations between primary exposure (history of TB), and other co-variables, with the outcome were investigated using logistic regression and a random effects model, adjusting for clustering on sample area. The model also adjusted for other risk factors.

Results: There was a total of 3393 participants in the study, 120 of whom were TB survivors (3.5%). The overall prevalence of mental distress (SRQ-5 ≥ 4) in the study population was 16.9%. TB history was not associated with mental distress (OR 1.09, 95% CI 0.67-1.77, P value 0.72). Mental distress was associated with being female, older age and alcohol abuse.

Conclusion: Our finding shows no association between TB history and mental distress. However, the results from this study indicate mental distress is a significant public health problem in Zambia, with approximately every one in six people screening positive for mental distress in the general population. Urgent measures are needed to understand and mitigate drivers of mental distress in this population.

1395

Towards Sustainable Quality Harm Reduction Services to People Who Use and Inject Drugs

Zaitun Ahmed (presenting)¹

¹ Department of Health, Mombasa, Kenya

Introduction: Kenya like other parts of the world is grappling with effects of drug and substance abuse and more so Mombasa County. One of the salient negative impacts of drug use is the transmission of HIV and Hepatitis through sharing of injection. HIV prevalence in Mombasa 7.4% according 2020 HIV estimate but this is higher (18%) among PWUID. the significance of injecting drug use in driving the Kenyan HIV epidemic particularly manifest at the coast where nearly half of all PWID live and 20.5% of these are infected with HIV. While significant progress was made at the national and county level concerning harm reduction interventions, there remains a profound need to have customized and targeted efforts in the Journey to Self-Reliance at the county level that will strategically address the need of PWUID in Mombasa County, thus the concept of sustainable business plan.

Description: Opinion and ideas were sought from the stakeholders to get their perception towards the current service delivery to this key population typology. The beneficiaries, their families and other stakeholders were brought on board and interviewed on whether they are aware of MAT services and also how they view services being provided and who else apart from donors that can support harm reduction services.

Lesson Learned: Stakeholders' engagement, public/private partnership, and County leadership is key in ensuring sustainability of quality services to the community and on the other hand the multi-sectoral approach is key towards achieving fast track target of 2022

Recommendations: Involvement of county government and private sectors and local investment into harm reduction programming demonstrate the potential of enhancing service delivery and sustaining the gains towards HIV prevention, treatment and care for the people who inject drugs

1396

The Benefits of Grindr as an Outreach Tool with Rural-Based and Not Out GBMSM

Mark Doyle (presenting)¹

¹ HIV Ireland, Dublin, Ireland

Introduction: This paper addresses the role of Grindr as a community outreach tool in providing sexual health and well-being information to harder to reach populations of gbMSM; namely rural based, and not out gbMSM. A combination of socio-cultural and policy factors elevate risk for rural gbMSM; including but not limited to increased social stigma, resultant internalised stigma and a lack of gbMSM specific sexual health clinics outside major urban centres.

Description: Five separate, but thematically linked, case studies are presented based on interventions with rural dwelling and not out gbMSM in Ireland. These case studies examine the role of social and internalised stigma in these men's reluctance to seek out healthcare and how this can be countered by adopting a sex positive and empathetic communicative approach.

Lesson Learned: Interventions delivered through Grindr provide an opportunity for these men to control their level of identification and thus feel more comfortable in seeking advice and asking questions pertinent to their sexual health. Opportunities are then opened for referrals to appropriate care providers and testing/treatment.

Recommendations: I argue that Grindr can be thought of as a central organising technology within a broader and developing online ecology of sexual health intervention that is particularly relevant to cohorts that are less likely to be engaged with the community or to present themselves at clinics. It is recommended that sexual health outreach incorporate specific app-based interventions into their practice owing to the diverse cohorts of gbMSM who use these apps who are less likely to be reached by traditional community or venue-based outreach.

1398

Scaling Up Cervical Cancer Screening at an HIV Clinic in Manzini, Eswatini: A Quality Improvement Project

Yves Mafulu (presenting)¹, Gugu Dlamini¹, Shirley Terblanche², Khetsiwe Maseko¹, Abigail Oliver¹, Phindile Nkambule², Simphiwe Dlamini², Sukoluhle Khumalo¹, Phumlile Khumalo¹, Thabile Ndlovu³, Nkululeko Dube¹

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² Georgetown Global Health Eswatini, Manzini, Eswatini

³ Municipal Council of Manzini, Manzini, Eswatini

Introduction: AHF clinic is situated in Manzini, Eswatini, and partners with the Manzini City Council to provide HIV Services to approximately

15000 clients. About 9300 (62%) of these are women aged 15 years and above. A unit was set up to cater for the sexual and reproductive health (SRH) needs of these female clients with only one nurse. Cervical cancer (CxCa) is the 4th most common cancer in women, and Eswatini had the highest rates of cervical cancer in the World in 2018. Delayed diagnosis due to failure to screen leads to a higher risk of developing cervical cancer. During the year 2020 (January to December), only 9% (840/9300) of women on ART were screened for CxCa at AHF Manzini. A QIP was implemented in February 2021, aiming at increasing the CxCa screening uptake from 9% to 60% by September 2022.

Description: A QIP team was set up in February 2021. An additional nurse was hired through AHF's partners' support to increase CxCa screening capacity. After defining the aim and indicators to track, the QIP team conducted a root cause analysis ([Figure 1: Root cause analysis](#)). The QIP team then defined the improvement objectives derived from the prioritized root causes in the fishbone, the action steps, the responsibilities and the timeline as shown in [Figure 2: Improvement plan](#). Results show a shift i.e., 10 data points above the median. Positivity rate is 1% (60/4116). 88% of positives were treated and 12% (7/19) are being followed up ([Figure 3: Results](#)).

Lesson Learned: Pairing CxCa eligibility screening with routine TB screening and streamlining clients through integrated services allow the identification of women eligible for CxCa screening, thus increasing CxCa screening uptake.

Recommendations: Despite improvement in the number of eligible women screened for CxCa, the facility's volume is beyond our capacity to screen all eligible women yearly. Therefore, more human resources are needed. Moreover, onsite treatment options for precancerous lesions need to be made available.

1400 Politics, Advocacy, and Leadership: The Role of a City's Mayor in Accelerating Fast-Track Cities

Farrah Hart¹, Emma De Zoete (presenting)¹

¹ Greater London Authority, London, United Kingdom

Introduction: The role of a city's mayor is complex: it is often assumed that they hold more power than they actually do. In reality, influence convening and advocacy can play as much of a role as directly commissioned services or statutory levers.

Description: This presentation examines the role of the Mayor of London and how he has called upon both his statutory and non-statutory powers to bring together regional programmes of work relating to HIV and Hepatitis C. The presentation sets out the stage these elimination programmes are at; the use of Mayoral levers; and the next steps for the mayor.

Lesson Learned: We explore different elements required in order to bring political leadership to two sometimes disparate fields of practice; some of the obstacles faced in doing so at different stages in the elimination journey; and how these can be overcome.

Recommendations: We conclude that political leadership can greatly assist in facilitating partnership and harmonisation between complex and large-scale programmes with distinct groups of stakeholders, as long as the process is carefully managed.

1401 Hepatitis C in People Who Use Drugs: Timeline from Screening to Cure

Alexandra Aguiar (presenting)¹

¹ SER+, Lisbon, Portugal

Background: Portugal is committed to the goals defined by the WHO in 2016, with a view to eliminating hepatitis C by 2030. Despite the high efficacy of new direct-acting antiviral drugs (DAA) in eliminating the infection, the low rate of diagnosis and treatment in people who inject drugs (PWID) compromises their healing potential.

Method: The results were collected from 264 HCV screening sessions for PWID in Cascais and Oeiras between 11/01/2020 – 12/31/2021 at SER+, in a Mobile Unit and in ETET (Specialized Technical Treatment Team) Oeiras/Cascais. Screening sessions and clinical monitoring were carried out by 2 specialized technicians, and linkage and follow-up to health care provided by a peer.

Results: 148/264 tested for HCV; 134/148 not reactive; 18/148 reactive; 2/18 did not accept to be referenced; 10/18 dropped out; 6/18 followed up. 2/6 are cured now. 74/116 did not perform the test, because they were cured; 9/116 not tested, (reactive for HCV, in treatment); 33/116 not tested, (reactive for HCV, but not linked to care); 32/33 were reconnected to care; 15/32 dropped out; 17/32 followed up, two are cured now; 15/17 of those who remain in follow-up, four started therapy. 55% of those who dropped out, refused peer mediation; 95% of those who followed up, accepted peer mediation.

Conclusion: In recent years, different models of treatment for hepatitis C outside the hospital environment have been studied, seeking to increase its accessibility. It was found that it is possible to obtain high rates of adherence and response to therapy (above 90%) with weekly/biweekly drug dispensing schedules, in places such as community centers attended by patients undergoing addiction treatment.

1405 Chemsex and HIV+: Andalusian Surveillance and Prevalence Study

Alvaro Serrano Ortiz (presenting)¹, Cesar Rodriguez Garcia², Valme del Río García², Rocío Fernández Urrusuno², Nicola Lorusso³

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² Servicio Andaluz de Salud, Andalucía, Spain

³ General Directorate of Public Health of Andalucía, Malaga, Andalucía, Spain

Background: Chemsex (intentional drug consumption to facilitate, prolong or intensify sex between men who have sex with men, MSM) is associated with serious health risks, such as HIV infection, other sexual transmission diseases (STD), addiction to substances, mental and physical health impairment, leisure hypersexualization, or reduced work/academic performance. Most used drugs are GHB/GBL, mephedrone, methamphetamine, poppers and cocaine, while policonsumption is frequent. About 22% of HIV+ MSM in Spain practice chemsex. Addressing this challenge from a Public Health perspective requires a better understanding of the local/regional situation.

Method: A cross-sectional study of the Andalusian HIV+ MSM population was performed by means of a simple randomised sample. Cases registered in the Andalusian Epidemiologic Surveillance System between 2005-2022 were considered. Exclusion criterion: no record of MSM behavior, no recorded follow-up. The main outcome was chemsex practicing. We described categorical data via counts and percentages; or means, standard deviations and minimum-maximum values if quantitative. The proportion of chemsex practitioners in the target population was estimated using the Wilson score.

Results: Sixty-seven people met the criteria: 14 (20.9%) were asked about chemsex practices. Three of them were not explicitly asked about the practice, but about use of related drugs. Seven cases responded affirmatively (50% of those asked, and 10.4% of the sample). The estimated proportion of cases who would practice chemsex was 10.45% (5.15%-20.03%, 95% CI), $p < 0.05$.

Conclusion: Our estimated proportion of HIV+ MSM practicing chemsex was considerably lower than that reflected in national evidence. However, the low proportion of inquired individuals suggests an underestimation of the practice. Addressing this phenomenon seems urgent. Multidisciplinary approaches including community network and LGBTIQ+ collectives will help designing preventive, protective and palliative strategies.

1406 Facilitators of PrEP Persistence among Black and Latinx Transgender Women in a PrEP Demonstration Project in Southern California

Erik Storholm (presenting)¹

¹ San Diego State University, San Diego, CA, USA

Background: Black and Latinx transgender women in the United States (U.S.) are at disproportionately high risk for HIV. Although HIV pre-exposure prophylaxis (PrEP) reduces the risk of HIV infection, uptake and persistence (i.e., ability to continue taking PrEP over time) can be a challenge for Black and Latinx transgender women due to myriad social and structural forces.

Method: In this qualitative study, we present unique data on the facilitators of PrEP persistence from Black and Latinx transgender women who initiated PrEP and exhibited varying levels of persistence during a demonstration project in Southern California. PrEP persistence was assessed by collecting quantitative intracellular tenofovir-diphosphate (TFV-DP) levels on dried blood spot (DBS) samples collected at weeks 12 and 48. Informed by the socioecological framework we conducted and analyzed interviews using qualitative content analysis to determine themes on the facilitators of PrEP persistence.

Results: Individual-level facilitators included the use of reminders, having high individual-level HIV risk perception, feeling empowered to take PrEP, and reporting having improved peace of mind and mental health because of taking PrEP. Interpersonal/Community-level facilitators included feeling motivation to prevent HIV in the community, motivation to prevent HIV in the context of sex work, and having high community-level risk perception. Structural-level facilitators included having positive experiences in affirming healthcare settings and having PrEP visits combined with other gender-related healthcare visits.

Conclusion: Interventions aiming to increase PrEP uptake and persistence among Black and Latinx transgender women in the U.S. should harness the multiple levels of support exhibited by those who were able to start and persist on PrEP in the face of the myriad social and structural barriers.

1407

An Analysis of the HIV Positivity Outcomes of Service Users through the Sexual Health London e-Service

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² Chelsea and Westminster Hospital NHS Foundation Trust, London, United Kingdom

⁴ City of London, London, United Kingdom

Background: Sexual Health London is an online sexually transmitted infection postal testing service. Londoners provide self-sampled capillary blood for HIV testing. Service users with reactive HIV test results are signposted to a local sexual health clinic for confirmatory testing. We present data on confirmed HIV infections identified via the e-service and HIV positivity rates over time.

Method: A retrospective analysis was undertaken of the results of HIV tests performed between 8th January 2018 and 1st July 2022. The number of confirmed HIV infections and HIV positivity rates were compared over time according to gender and sexuality.

Results: 869,948 HIV tests were analysed. These samples came from Men who have sex with men (MSM) (n=180,279), Men who have sex with women (MSW) (n=230,517), and Women who have sex with men (WSM) (n=459,152).

The confirmed HIV positivity was 0.119% (215/180064) amongst MSM, 0.010% (24/230,517) in MSW, and 0.007% (30/459,152) among WSM. Positivity over time is in Table 1. Confirmed HIV infections and positivity rates according to gender and sexuality are shown in graphs 1-2. The positivity rate linear trendline in MSM decreased and increased among MSW and among WSM.

Conclusion: This study demonstrates the value of a regional large scale online testing service in meeting the targets set by Fast Track Cities. An increase in HIV confirmations among MSM was observed over the pandemic but levels have reverted to pre-pandemic levels. The decreasing HIV positivity rate in MSM is in keeping with national HIV trends. Confirmed infections among heterosexual men and women has significantly increased, most likely because of the growth of the e-service and because large patient populations moved to test online. This finding may suggest a true increase in HIV prevalence in this cohort, or that high-risk heterosexuals are becoming confident in the online service. The positivity rates more recently appear to be diminishing so longer and more detailed analysis is required.

1408

Evolving Action Plan

Edgar Rodriguez (presenting)¹, Anjelica Barrientos²

¹ Austin Public Health: Fast-Track Cities, Austin, TX, USA

² City of Austin Public Health Department, Austin, TX, USA

Introduction: The Austin/Travis County Fast-Track Cities (FTC) Initiative implemented several stakeholder engagement strategies to Implement prioritized activities identified in the local Action Plan. The program's partnership framework supports a diverse and robust membership, allowing for substantial Action Plan input, feedback, and continuous development.

Description: With the 95-95-95 goals in mind, four Priority Areas have been finalized for the Austin/Travis County FTC as the following workgroups: *Prevention; Testing & Rapid Linkage; Retention, Re-engagement, & Viral Suppression*; and *Social Determinants of Health & Equity*. The 2020 Action Plan was improved through three key activities: (1) November 2021: after a consortium meeting with current local HIV/AIDS data, the workgroup chairs created SMARTIE goals for their respective workgroups; (2) February 2022: FTC Re-launch engaged service providers, community members, and advocates to Actively participate in the workgroups including an additional fifth workgroup towards grant collaboration; (3) June 2022: establishing a cyclical commitment proposal for workgroup Chairs and community-led sustainability. As of March 2022, and with support from FTC staff, community assessments and interventions have begun planning their implementation phases.

Lesson Learned: On-going opportunities for engagement are essential to stakeholder buy-in and our commitment to a community-based and -driven initiative. The Action Plan report includes a narrative and data from the Texas Department of State Health Services, a timeline of the local FTC initiative, a process for updating Action Plan items, Priority Area Workgroup Action Plans, and Acknowledgements.

Recommendations: The local Action Plan is a living document that is updated as needed. The Plan has companion documents where specific Workgroup Activities will be documented and monitored, and outcomes tracked. All FTC members are updated on each Workgroups' activities and community events through a monthly newsletter in order to foster cross-collaboration. The Action Plan is a foundation for Workgroups to Continue implementing activities and work towards evaluation.

1409 You're the Cure

Cherise Rohr-Allegri¹, Alan Mauricio¹, Vanessa Zuniga¹,
Cherise Rohr-Allegri (presenting)¹

¹ San Antonio AIDS Foundation, San Antonio, TX, USA

Background: Latino San Antonians are disproportionately affected by HIV and sexually transmitted infections. Stigma regarding HIV, misinformation, and lack of awareness have led to an increase in HIV diagnoses and STIs in teens and young adults. To prevent new infections and bring awareness to the resources available to prevent HIV, the San Antonio AIDS Foundation implemented an education program in high schools in Bexar County. The goals of this intervention were to: 1) increase awareness of risk factors associated and transmission of HIV; 2) reduce stigma and discrimination associated with HIV status; and 3) encourage screening and testing of STI/HIV.

Method: The 55-minute interactive presentation, "You're the Cure," was shared with more than 20,000 high school students across four school districts in Bexar County. Students were predominantly Latino (>70%), with a median of 50% economically disadvantaged. Students were asked to complete pre and post surveys to assess knowledge about HIV and STIs.

Results: Of the 19,264 respondents assessed, 18,790 (98%) teens indicated learning new information about HIV/AIDS and/or the HIV antibody testing process. Ninety-four percent indicated being more motivated to seek HIV testing as part of their regular sexual health and wellness. We know from informal interviews that young people being tested at SAAF came there in response to the education program.

Conclusion: This intervention has had a significant impact upon the HIV/AIDS and STI knowledge of teens and young adults. Furthermore, after participating in the "You're the Cure" intervention, teen and young adults who are at risk for HIV indicated being more motivated to seek HIV antibody testing and other prevention resources such as PrEP and condoms. This understanding has helped to overcome the stigma surrounding HIV and STIs in the Latino community.

1410 Advocacy for City Change in HIV Capacity for Prevention and Treatment

Linda Rose Frank (presenting)¹, Antoine Douaihy¹

¹ University of Pittsburgh, Pittsburgh, PA, USA

Introduction: Cities are in need of champions to lead efforts to enhance access to prevention and treatment through engagement of city officials from neighborhoods. The development of an HIV Commission serves as one type of vehicle to achieve this goal.

Description: The City of Pittsburgh HIV Commission was initiated by Pittsburgh City Council to provide a mechanism for community input to identify and inform city officials of current and emerging HIV issues as well as co-occurring contributors to HIV in the community including STIs, hepatitis, substance use/misuse, and mental illness. The HIV Commission consists of volunteers representing healthcare, education, academia, business, and community-based organizations, and HIV consumers that work together to develop materials and briefs to inform city council of such issues.

Lesson Learned:

- Engagement of community stakeholders in a city HIV commission is critical to obtaining timely and relevant input
- Diverse nature of membership of the HIV commission is key to gleaning a range of perspectives and approaches to informing city leadership
- Communication and building relationships with city leadership is essential to assure that messages and information about HIV are included in conversations and thinking about community need by city leadership.

Recommendations: HIV prevention and treatment access is essential to be included on the agenda of city leadership in addressing HIV as a major public health challenge along with many of the contributors to risk of HIV infection. An HIV Commission can serve as one approach to assuring that city leadership is informed about key issues and that this generates dialogue, problem solving, and solutions for change and capacity building.

1411 Experience of PrEP in a Community-Based Structure in Porto: First in Portugal

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² Centro Hospitalar Universitário do Porto, Porto, Portugal

³ GAT, Lisbon, Portugal

Introduction: Pre-exposure prophylaxis (PrEP) is a valuable tool in the fight against HIV infection, along with other preventive measures. Its universal access is fundamental, and the creation of community-based structures for its distribution is a challenge, but also a necessity.

Description: PrEP consultation at Associação Abraço emerged, the result of the effort of professionals from the University Hospital Centers of Porto and São João. Since November 2021, a team from each hospital has carried out a weekly consultation period of 3 hours at the Association's premises, whose initial appointment is promptly and opportunistically scheduled by Abraço to users who go there for clarification and/or screening of sexually transmitted infections (STI). There were 191 consultations, with a total of 77 users. Of these, 73 were cisgender men (94.8%), 2 were cisgender women (2.6%), 1 was a transgender woman (1.3%) and 1 was a non-binary client (1.3%), aged between 20 and 59 years (median 29, AI 9). Forty users (51.9%) were Portuguese, and the most common foreign nationality was Brazilian (28/37, 75.5%). Sexual intercourse was the only likely risk behavior for acquiring HIV, with 2 users being sex workers. About a quarter of users (n=19, 24.7%) were discharged from the consultation, mostly due to lack of indication for PrEP. Fifty-six users (72.7%) are currently undergoing therapy. STIs were diagnosed and treated in 14 users, with no new cases of HIV infection.

Lesson Learned: The creation of community-based structures contributes to safe and universal access to PrEP. The prospective study of these strategies is important because it allows identifying points for improvement and assist in the implementation of this model in other places.

1412 Does Feminizing Hormone Therapy Increase CVD Risk in Transgender Women with HIV?

Claudia Martinez (presenting)¹, Nicholas Fonseca Nogueira¹, Beteal Ashinne¹, Ana Salazar¹, Natalie Aguilar¹, Abraham Melara¹, Barry Hurwitz¹, Todd Brown², Maria Alcaide¹

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Background: Transgender women (TW) are disproportionately affected by HIV infection, and people with HIV are at an increased risk of cardiovascular disease (CVD). In addition, over 50% of TW use Feminizing Hormone Therapy (FHT), which may further affect cardiovascular risk. This study evaluates cardiovascular health of TW with HIV (TWH).

Method: TW ages 20-60 with HIV diagnosis on stable antiretroviral treatment were enrolled. Participants completed a health survey, measures of traditional CVD risk factors (age, race/ethnicity, BMI, waist circumference, blood pressure, insulin resistance and lipids), sex hormone levels, inflammatory markers and measures of vascular function (flow mediated dilation, arterial stiffness and endothelial progenitor cell counts). We compared traditional CVD risk factors and measures of vascular function among TW and cisgender men and women with HIV.

Results: 18 TWH participants were enrolled in whom FHT regimen, hormone levels, and inflammatory markers were characterized. 11 TWH (not diabetic and on FHT) were matched (1:1:1) by age, ethnicity, and BMI to cisgender men (n=11) and women (n=11) with HIV. There were no group differences in traditional CVD risk factors except that TWH displayed lower LDL levels when compared to cisgender men and women. Flow mediated dilation did not differ among groups; and arterial stiffness was higher in cisgender women. Among TW, we found correlations between sex hormone binding protein with HDL, and testosterone/estradiol with triglycerides. In addition, estradiol levels had a moderate negative relationship with TnFa (r=-0.485) while total testosterone levels had a strong positive correlation with several inflammatory markers including: CCL2/MCP1 (r=0.523), IL-8 (r=0.504), ICAM-1 (r=0.530), and SCD14 (r=0.605).

Conclusion: TWH on FHT have lower LDL, and flow mediated dilation and arterial stiffness did not suggest an increase in CVD risk. FHT may contribute to a protective inflammatory status that may result in lower CVD risk.

1413

Ward AIDS Committees: Building Community Ownership through Local Leadership, Coordination, and Capacitation

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¹ eThekweni Municipality, Durban, South Africa

² International Association of Providers of AIDS Care, Durban, South Africa

Introduction: The South African HIV response is led by the South African National AIDS Council which sits atop a hierarchical structure of Provincial AIDS Councils, District AIDS Councils (DACs), and Ward AIDS Committees (WACs) for coordination and support of prevention and treatment programs. Unfortunately, numerous challenges exist to ideal implementation. The ward (grass roots) level is critically important. It's where people live, work, learn and grow up, engage in relationships and sexual behavior, etc. Epidemics exist and grow at the ward level, and it is where stigma and discrimination have their impact. Activities and interventions are rolled out in wards. However, despite the importance of local coordination structures, few eThekweni WACs exist and even fewer are functional.

Description: Fast Track City eThekweni undertook a UNAIDS supported DAC functionality assessment with findings and recommendations. A strengthening strategy was thereafter developed by a team of local municipality staff supported by UNAIDS and IAPAC. The mayor embraced the strategy and implemented recommendations. beginning with appointment of a dedicated District AIDS Coordinator mandated to reestablish WACs in all 111 municipal wards. Contentious ward leadership changes, COVID-19, civil unrest, and floods caused implementation setbacks. Undaunted, a team of municipality staff, NGOs, Civil Society leaders, and IAPAC developed and rolled out trainings initially targeting Community Development Workers, Zonal Coordinators, Community Mobilizers, and identified WAC members helping with revitalization. Currently, 9 out of 30 WACs have been reestablished, and members continue to undergo training. Remaining wards wait for WAC revival during the financial year.

Lesson Learned: Modules discussing epidemic control and U=U, PrEP, and stigma elimination were eye opening motivating participants to mobilize for WAC membership. Feedback indicates successful re-establishment of WACs restores hope and community interest in the HIV response.

Recommendations: Scale up WAC re-establishment for awareness and improved outcomes in communities.

1414

Effectiveness of Enhanced Adherence Counselling among Unsuppressed Key Population Individuals in South Nigeria

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¹ Heartland Alliance Nigeria, Uyo, Nigeria

² USAID Nigeria, Lagos, Nigeria

³ Caritas Nigeria, Abuja, Nigeria

Background: HIV is one of the world's most devastating public health challenges and has infected and affected millions globally. With the recent advancement in ARVs, the wonder pill Dolutegravir in combination with Tenofovir-Lamivudine, viral suppression (VS) which is the key indicator for accessing treatment outcomes has been achieved in a faster and less toxic way. The level of VS or unsuppression is determined by referral of blood samples from our One Stop Shops (OSS) to proximally close PCR laboratories, with Un-suppressed viral load (VL) in patients on ART occurring when the drug fails to suppress a person's VL and is associated with decreased survival and increased HIV transmission indicated by a result ≥ 1000 copies/ml.

Method: This retrospective descriptive cross-sectional study was carried out among 7,629 clients, HIV positive, and on ART between January to December 2021 as extracted from the clients' EMR from Heartland Alliance Nigeria OSS in 2 states (Akwa Ibom and Cross Rivers). The primary focus of this study was the proportion of clients with unsuppressed VL results but achieved VS after undergoing a 3-month Enhanced Adherence Counselling (EAC) using the approved EAC algorithm via peer-to-peer community-based key population subgroups approach.

Results: 7,629 clients on TLD, for a period of 3 months above was reviewed, 425 (5.5%) clients had unsuppressed VL with results ranging from 1003 to 1,490,013 copies/ml, records of 420 (99%) previously unsuppressed clients who had at least 3 EAC contact, completed and had a second VL sample/results were analyzed with suppressed results (95.5%) now ranging from TND to 871 copies/ml.

Conclusion: An effective EAC process when adequately deployed with a 99% completion rate achieved above, will lead to an improved VS status of 96% suppression rate for clients who are HIV positive with the overall aim of an improved health outcome being achieved.

1415^X Public Health Event on HIV

Victoria Ayala (presenting)¹

¹ Gilead Sciences, Madrid, Spain

Introduction: Gilead Spain in collaboration with IAPAC, organized for 10th consecutive time, a Public Health Conference on HIV/AIDS in partnership with the Ministry of Health. As a novelty, Gilead Spain decisively aimed at organizing the event at a public institutional venue.

Description: On the 4th of April of 2022, the Public Health Event on HIV/AIDS took place at the Spanish National Parliament, framed under the concept "The commitment of Spain towards HIV/AIDS after more than 40 years of the first diagnosis in Spain and the world", participating on the event the most relevant stakeholders within the institutional, health, academic and research sphere, with a massive influx and turnover of attendants.

The event was structured around three panels that reflected on:

1. the progress made in Spain in regards of the prevention and treatment of HIV/AIDS
2. the way forward to achieve UNAIDS 2030 goals
3. the political commitment towards HIV/AIDS, with spokespeople at the Health Commission of the Parliament

Lastly, the event was accompanied by a photographic exhibition on the main ephemeris and campaigns to address HIV/AIDS in the past 40 years.

Lesson Learned: The Event and exhibition met four distinctive objectives:

- Allowed the introduction and discussion of the accomplishments, challenges, and goals on the fight against HIV/AIDS in Spain
- Raised awareness on the importance of prevention and testing
- Increased the engagement of multi-sector representatives and strengthened the alliances with/among them
- Contributed to the alignment and commitment of the participants to work in the advancement of the Ministry Government and UNAIDS goals.

On top of that, the Event served as platform for the Ministry of Health, that announced that the HIV will be one of the priorities of the Spanish Presidency of the Council of the EU during the second semester of 2023.

1418^{Opt-Out Testing in ED: Success at Last across London?}

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Background: Fast Track Cities (FTC) emphasised the need for opt-out HIV testing in primary care and acute care. This inner London borough with a diverse population had introduced these initiatives prior to FTC. This study describes the levels of testing and diagnosis in this borough throughout FTC and the COVID pandemic.

Method: Opt-out HIV testing in primary care was incentivised as part of the RHIVA trial from 2010-2015, and as part of the local enhanced service after this date. Opt-out HIV testing in acute care was introduced in 2015 and was never incentivised. Opt-out HIV testing in ANC and fertility predates this and was never incentivised. Data was extracted retrospectively from electronic databases held within the hospital.

Results: <https://docs.google.com/document/d/1trMbW55g4U7htSs5hfDIM-FFeAfFPAQThmOM8E3xM1-U/edit?usp=sharing>

Please see the linked results table.

Conclusion: Total number of tests in primary care, sexual health, antenatal clinic and fertility fell by 60% in 2020, consistent with reduced activity from lockdown. Number of HIV tests from acute care only fell by 6%. The total number of new diagnoses fell by 38%. This may represent a genuine fall in diagnoses or may reflect lack of access to testing. Baseline CD4, overall activity data, partial 2022 data and demographic data will be presented to clarify this issue. Incentivisation did not increase the likelihood of HIV testing. This study suggests that maintaining opt-out HIV testing in acute care ensures access to diagnosis when other services are reduced. Work needs to ensure that the access in primary care and sexual health is restored.

1419

First Spanish STI Experts Forum (FEXITS): One Year of Experience

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Introduction: STIs are a major public health problem due to the lack of early diagnosis and treatment, in addition to their high incidence. For a comprehensive approach, not only physical, but also social, cultural, economic and gender determinants must be considered, which is essential to adapt to the contexts of diversity of population groups (age groups, functional diversity, sexual and gender diversity, ethnicity, sexual violence and people with chronic diseases, including people with HIV).

Description: In order to find inclusive and effective solutions to this, the Forum of Experts on STIs (FEXITS) has been launched, made up of a group of professionals from different fields who have led the creation of spaces for debate between the clinical and community sectors and institutions. The action plan set in motion includes meetings with Public Health Directors and those responsible for HIV and STI Plans at national and regional level (Basque Country, Balearic Islands, Valencia, Catalonia, Andalusia, among others), awareness days, debates and workshops, both in digital and face-to-face format, which have involved almost a hundred key agents in this field and thanks to which synergies have arisen that have served as a basis for drawing up the FEXITS Recommendations Report.

Lesson Learned: Among the conclusions of this group, the importance of coordination between care centers, community initiatives and institutions in order to enrich each other's knowledge. In addition, it stresses the importance of ensuring equitable and fair access to diagnosis and treatment, as well as the incorporation of population based STI screening plans, which are essential for the early detection of asymptomatic cases.

Recommendations: Finally, all of this must be developed focusing on the patient and integrating the gender perspective, reversing the stigma focused on women and allowing them to experience their own sexuality in a safe and respectful manner.

1420

Finding Every Person with Undiagnosed HIV: Indicator Conditions-Based HIV Testing as a Trigger for Expanding Case Finding among In-Hospital Patients in Kyiv, Ukraine

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Background: 30% of PLHIV in Ukraine are not aware of their status. There is emerging need to expand HIV-testing to find undiagnosed cases. ECDC&WHO recommend routine Indicator Conditions (ICs)-based testing in hospitals where HIV-positives make-up min.1% of total patients. ICs indicating the likelihood of having HIV with the probability of >0.1% (means threshold of HIV cases >than 1 per 1000) is effective strategy to identify undiagnosed cases, however, routine HIV-testing in Ukrainian hospitals is rarely conducted due SARS-CoV-2. Medical staff do not recognize common ICs as HIV-related and this increases the number of patients with advanced HIV-infection and reduces the survival of PLWH. The ICs can help to end-up HIV-transmission by 2030. We assessed the prevalence of ICs among newly diagnosed PLHIV in Kyiv hospitals.

Method: Retrospective-cohort-study of 1900 medical records of patients hospitalized to 5 hospitals during 01/2019 -12/2020. Patient's records were divided in two groups: HIV-positive (n=470) and HIV-negative (n=1430) test results. The prevalence of ICs was compared in both groups.

Results: Hospitalized patients were HIV-diagnosed at IV (42%) or III (32%) clinical stages. Median age of PLHIV: 36 years; 59% were men and 41% were women. There was correlation between ICs and HIV-prevalence, but HIV-testing rates among patients with ICs was low: only 16.17 %were tested in the 0-1-days of hospitalization [Tab.1 Number of Days Hospitalisation](#). The most prevalent ICs, for which healthcare providers rarely prescribe HIV-testing: angular cheilitis(3.9%), anemia(2.3%), uveitis(0.7%) and other.[Tab.2 List of Ds](#)

Conclusion: Current practice of HIV-testing in Kyiv hospitals represents a missed opportunity of new HIV-case finding. Medical staff should increase their knowledge of ICs to finding new HIV-cases. Further studies should be implemented.

1421 Integrated Health Information System is Key to Achieving HIV/AIDS Targets: Findings from the Final Evaluation of Health Information Systems Project, 2015-2020

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Background: Health Information System (HIS) Project was implemented by MDH from 2015 to 2020 with funding from the Centre for Disease Control and Prevention (CDC). The project aimed at strengthening the health information systems for providing quality HIV services in Tanzania mainland and Zanzibar.

Method: The evaluation used mixed methods where both qualitative and quantitative data collections happened simultaneously. A multistage cluster sampling approach was applied. A total of 10 regions and 20 districts were sampled. For quantitative survey, we included a total of 71 facilities (including 18 dispensaries, 23 health centres, 12 district hospitals, 11 regional hospitals and 7 other hospitals). We collected qualitative data through Key Informant Interviews (KII), Group Interviews (GIs)/Focused Group Discussions (FGDs) and Case Studies consent.

Results: Majority of system users at facility level (85.3%) reported that their data management needs were addressed by the introduction and/or strengthening of the health information systems, and 96.5% admitted that the systems benefited their work. A much higher proportion of users agreed that they would recommend the system to colleagues (95.4%), the system simplified their daily tasks (92.4%) and the system was useful in their day-to-day activities (91.4%). 95.5% of the users agreed that systems provided information for decision making and 87.9% considered the system to meet their reporting needs.

Conclusion: The project was universally relevant and timely, the finding that was supported by its alignment to the national policy frameworks and strategies to guide electronic health information systems. Its utility at the facility level underscored the key roadmap towards achieving UNAIDS goals. Few gaps observed such as a need to finalize integration and interoperability should be addressed to facilitate smooth operations at the facility level.

1427 Contribution of Adolescent Peer-Educators in Disclosing Serological Status: Experience of the City Province of Kinshasa, DR Congo

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Background: HIV status disclosure to adolescents living with HIV (ALHIV) remains a challenge. For caregivers, status disclosure to ALHIV is often delayed due to fears that the information may lead to negative emotional, mental, and social consequences.

Method: A qualitative survey carried out in 2018 evaluated the satisfaction of ALHIV with the way HIV status disclosure was carried out and by whom. In addition, the survey assessed the association between how ALHIVs learnt of their status with the prevalence of depressive symptoms and viral load suppression using the PHQ-2 and 9. 73 ALHIV from the Pediatric Hospital of Kalembe-lembe in Kinshasa, aged between 9- and 19 at the time of disclosure, participated in the survey.

Results: Of 73 ALHIVs interviewed, 28 (38.4%) were male and the median age was 14.8 at the time of disclosure. All were aware of their HIV status. The interview revealed 5 types of disclosure of HIV status: disclosure by parents/guardians (PG), care providers (CP), peer educator (PE) associated with the provider, accidentally and by self-discovery. The PE disclosure method records the highest percentage in terms ALHIV's appreciation of the process (100%) along with the fact that no survey subject who had this method of disclosure reported depressive symptoms or suicidal thoughts or attempts. CP disclosure while also ranking high for appreciation of the process (81.3%) showed similarly "low" viral load outcomes (PE 73.3%, CP 68.8%). The PG disclosure method showed the highest percentage of depressive and suicidal thoughts as well as attempts (14.3%, 14.3% and 4.8% respectively).

Conclusion: Disclosure of serological status involving PEs would be better appreciated by ALHIVs and would not only have a positive effect in the acceptance of HIV status, but also in improving adherence to treatment and resultant viral suppression besides reducing post-announcement stress. The findings also suggest the need to explore avenues to better equip parents/guardians and care providers on HIV disclosure communication strategies for ALHIVs which will not elicit negative feelings.

1461 Assessing HIV Care Loss to Follow-Up in 15 US Fast-Track Cities

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Background: Patients' loss to follow up (LTFU) at various points of the HIV Care Continuum can hinder efforts towards achieving global 95-95-95 targets, particularly the second and third 95 targets which focus on ART initiation and viral suppression respectively. The Fast-Track Cities Institute conducted a survey among the network of Fast-Track Cities in the United States to assess how jurisdictions are defining and addressing patients' LTFU in HIV care.

Method: An online survey including a mix of quantitative and qualitative questions was administered on the Qualtrics platform to the network of US Fast-Track Cities with the request for each jurisdiction to submit one survey response on behalf of the jurisdiction. Responses were received from 15 jurisdictions. The survey assessed jurisdictional definitions of LTFU, proportion of LTFU in the jurisdiction, and existing interventions to re-engage LTFU.

Results: When asked about how respective jurisdictions defined LTFU in relation to time of patient non-compliance with clinic visits; 3 jurisdictions responded 12 months, 5 jurisdictions responded 6 months, and 5 jurisdictions responded >6 months; and 2 jurisdictions were unsure. The most common factor contributing to LTFU was housing instability (14 jurisdictions); followed by loss of health insurance (8 jurisdictions), community-level stigma (8 jurisdictions), and perceived good health (8 jurisdictions). The three most common interventions to re-engage LTFU PLHIV included phone calls (11 jurisdictions), home visits (9 jurisdictions), and letters/emails (8 jurisdictions). Of the 8 cities that reported on proportion of patients LTFU in the past 12 months, LTFU ranged from 8%-31% with an average of 21.4%.

Conclusion: There is a lack of standardization in the definition of LTFU across US cities which can hinder state- and national- level analysis. Given only approximately half of the cities in this assessment reported proportion of LTFU in the past 12 months, there is a need to further support Fast-Track Cities to collect and report these data. Future assessments of LTFU in the context of progress made against the 95-95-95 targets can provide insights into how to close the gaps particularly on the 2nd and 3rd 95 target.

1462 Quality of Care for PLHIV Across 6 Fast-Track Cities (FTCs): Effects of Stigma and Discrimination in HIV Care in Healthcare Facilities

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Background: Stigma and discrimination in healthcare settings are barriers to quality care for PLHIV and compromise access and adherence to ART. UNAIDS has identified eliminating HIV-related stigma as part of the global HIV agenda.

Method: A cross-sectional study was conducted from 2020-2021 among 2,784 PLHIV in 150 health facilities to examine quality of care (QoC) perceptions in 6 FTCs: Kinshasa, Kigali, Lusaka, Lagos, Yaoundé, and Jakarta. The study covered 8 QoC domains including assessing effects of stigma and discrimination on HIV care. Data was collected using a 36-question questionnaire.

Results: In all 6 FTCs, between 21% to 84% of respondents reported fear of non-confidentiality of their HIV status. The proportion of PLHIV fearing disclosure of HIV status is higher in Kinshasa (84%), Lagos (78%), and Kigali (77%). While only 2-3% of respondents feared discriminatory practices in Kigali and Lagos, fear related to refusal to treat and differential treatment was higher in Jakarta (16%), Yaoundé (13%), Kinshasa (10%), and Lusaka (9%). The survey showed that 9% of respondents refused to visit health facilities in Lagos, 5% in Kigali, Kinshasa and Lusaka, and 2% only in Yaoundé. Few PLHIV were asked to pay more for care than other patients ([see Table 1](#)).

Conclusion: Stigma and discrimination against PLHIV in healthcare facilities remain significantly high in five of the six cities. Negative attitudes of healthcare workers can impede access to healthcare services and negatively impact PLHIV quality of life. These results demonstrate the urgent need to improve healthcare providers' interactions when addressing the needs of PLHIV. Cities' efforts to improve stigma and discrimination data, including on key populations, will help develop effective interventions to address barriers to healthcare services access and enhance PLHIV QoC.

1463 National Dialogue on the Intersection of Racism and HIV as a Public Health Crisis in the United States

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Introduction: In 2021, the US Centers for Disease Control and Prevention declared racism a public health crisis and issued a call to action to address racism's impact on health. The International Association of AIDS Providers of AIDS Care (IAPAC) launched the *National Dialogue on the Intersection of Racism and HIV as a Public Health Crisis* – an online townhall-style discussion among city, county, state, and national policymakers, health department officials, clinicians and service providers, and community advocates in 12 Fast-Track Cities.

Description: In each Fast-Track City, the National Dialogue addresses HIV and racism, COVID-19's impact on HIV care, community organizing, and political engagement. Prior to each session, local partners are engaged to curate panels on city-specific issues that impact health equity and outcomes in communities of color. To date, the National Dialogue has hosted discussions in Chicago, Baltimore, Birmingham, Boston, and Denver.

Lessons Learned: Several themes have been prevalent across the five National Dialogue sessions concluded: medical mistrust among communities of color, social determinants of health as a factor in race-based health disparities, and programmatic funding limitations for addressing racial health disparities and their underlying causes. Community activists were responsive to innovative, creative methods for patient retention and regaining community confidence: partnering with the Black ballroom community to hold mobile clinics in Chicago, incorporating sexual health clinics with job placement programs in Baltimore, and using social media to connect community health workers with new mothers in Birmingham. A key cross-cutting takeaway was the need for funding community-based organizations closest to hard-to-reach populations to bolster engagement and care.

Recommendations: Discussion from this initial set of National Dialogue sessions has highlighted existing challenges and identified best practices, and innovations being implemented in five US Fast-Track Cities. These discussions can inform municipal health equity action plans that highlight the concerns of impacted communities and offer community-generated solutions.

1464 Modelling HIV Epidemic Control in Cities and Municipalities

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Background: Fast-Track Cities aim to accelerate local responses towards attaining HIV epidemic control. Mathematical modelling provides insight into HIV epidemic control trajectories, informs programmatic decision-making, and help allocate resources.

Method: A literature review was conducted to assess the use of mathematical modelling to guide HIV epidemic control strategies in city and other comparable municipal settings. Search criteria included: studies published on or after 2015; one or more of the following search word combinations in the title and/or abstract: 90-90-90 + Model, 95-95-95 + Model, TASP + Model + HIV, PrEP + Model + HIV; done in city or municipal settings; were projections related to specific interventions. Exclusion criteria included solely cost-effectiveness analysis, generalized models, and overviews of other studies.

Results: A total of 14 studies were identified. Eight were in the Global North and six were in the Global South. The studies encompassed four types of models: agent based (5), compartmental (6), microsimulation (1), and network (1). All models looked at the impact of PrEP on epidemic control, usually in conjunction with another intervention (TasP/ART (4), Care Continuum Optimization (2), HIV Vaccine (1), combination prevention 2)). Findings included: long-acting PrEP outperforms oral PrEP in decreasing HIV incidence (2); care continuum optimization in conjunction with PrEP was effective in reducing incidence (4); ART is more effective than PrEP in reducing HIV incidence (3); and PrEP cost is a limitation for it to be widely used to reduce HIV incidence (4 studies). Additionally, four studies showed targeted PrEP as more effective than untargeted PrEP, and one study demonstrated the opposite.

Conclusions: Mathematical models in city and municipal settings have primarily focused on the impact of PrEP and TasP/ART in reducing HIV incidence. City-level studies focusing on other innovative prevention strategies as well as focus on additional sub-groups could provide important information on strategies for epidemic control.

1465

Assessing the Impact of Long-Term Adherence to ARVs on Quality of Life among PLHIV in Lagos, Nigeria

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Background: Attaining and sustaining viral suppression through long-term antiretroviral therapy (ART) adherence is critical for achieving epidemic control. Quality of life (QoL) among people living with HIV (PLHIV) can potentially impact their ability to achieve long-term ART adherence and subsequent viral suppression, which is key in reducing new infections and AIDS related mortality.

Method: A survey assessing quality of care (QoC) among PLHIV was conducted in Lagos, Nigeria with 578 participants. Survey questions specifically pertaining to the perceptions around long-term ART were assessed to evaluate its effects on QoL. This observational, cross-sectional study was conducted from 2020-2021 among PLHIV receiving care at various healthcare facilities in Lagos using tablet-enabled and paper-based questionnaires.

Results: A total of 578 PLHIV took part in the study. 49.8% (288) reported having achieved viral load suppression. 28.9% (167) agreed or were neutral that they do not like how their antiretroviral (ARV) medication makes them feel. 18.2% (105) and 18.5% (107) agreed or were neutral that the number of pills that they take and the number of times that they must take pills daily for HIV makes their lives difficult. 20.6% (119) agreed or were neutral that they did not like the way HIV medication made them look and believed the side effects of the medication are noticed by other people. 38.4% (222) were either neutral or did not agree that they would be on their medications for life.

Conclusions: This assessment underscores the need for further review on the impact of ART-related medication fatigue on QoL among PLHIV. With a significant percentage of PLHIV not receptive to taking their ARV medications for life, issues related to ART negatively impacting Quality of Life such as pill count, number of doses, and side effects should be considered in epidemic control efforts.

1467

Strategies to Improve Retention in Care and Treatment of Adolescents and Young People Lost to Follow-Up (LTFU) in Health Facilities in Lusaka

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Background: Tracing LTFU among AYP living with HIV was conducted by The Latkings Outreach Program, a community-based organization (CBO), from 2020-2022. Data were collected in two public hospitals with the highest number of patients LTFU. LTFU was defined as 30 days absence from the date of the last appointment. The interventions implemented based adolescent-centered care approach focusing on reengaging AYP in care, and included: home visits, a buddy system for counseling and treatment support; short text messaging and weekly call reminders; community drug distribution points (CDDP); and weekly youth meetings.

Methods: Tracing LTFU among AYP living with HIV was conducted by The Latkings Outreach Program, a CBO, from 2020-2022. Data was collected in two public hospitals with the highest number of patients LTFU. LTFU was defined as 30 days absence from the date of the last appointment. The interventions implemented based adolescent-centered care approach focusing on reengaging AYP in care, and included: home visits, a buddy system for counseling and treatment support; short text messaging and weekly call reminders; community drug distribution points (CDDP); and weekly youth meetings.

Results: Chipata and Matero, General Public Hospitals, showed the highest number of AYPs who dropped the ART. Of the 513 AYPs enrolled in treatment over 12 months across both hospitals, 79 in Chipata and 181 in Matero, 260 AYPs (50.5%) were identified as being LTFU. Women made up 65% of those needing to be re-engaged into care, among them 48% reported as LTFU and were between the ages of 18-24 years. 227 (87%) of AYPs reported as LTFU were successfully traced, 66% being young women among the 15-24-year-old age group. Of the AYPs traced, 150 (66%) were re-enrolled and achieved viral suppression. The number of AYP transferred was 35 and 2 patients only died.

Conclusion: Improving the LTFU tracing and strengthening the collaboration between community-based networks and health facilities plays a significant role in ensuring long-term engagement in care of AYP. Adolescent peer-driven interventions focused on addressing challenges around differentiated service delivery (DSD), enhanced adherence counselling, and treatment support remain key in re-engaging and retaining AYPs in care.



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PLATINUM



GOLD



SILVER

