



# AMSTERDAM

## FAST-TRACK CITIES 2023



25-27 SEPTEMBER 2023

E-POSTER ABSTRACTS

**IA PAC**  
INTERNATIONAL ASSOCIATION  
OF PROVIDERS OF AIDS CARE

FAST-TRACK  
**CITIES**  
INSTITUTE

× City of  
× Amsterdam

× GGD  
× Amsterdam







# 1001 Highlight the New Strategic Approach to Ending AIDS

Michael Oke (presenting)<sup>1</sup>

<sup>1</sup> Michael Adedotun Oke Foundation, Garki, Nigeria

**Background:** While the global community has appropriately chosen the theme: End Inequalities, in the various fragile structures of healthcare systems, which was the case when COVID-19 struck? As the world quickly regroups and mobilizes against COVID-19 and prepares for future pandemics, we risk repeating many of the same mistakes that have prevented us from leveraging the 40 years of the AIDS response to help, end the new pandemics, and this is supposed to be the right time to solve and have some sort of strategy for ending AIDS.

**Method:** While we know that there has been significant progress in the population and with people living with HIV, as well as in various societies, we need to be better prepared to defeat AIDS and other pandemics while also supporting economic recovery and stability. Fulfilling promises to address inequalities will save millions of lives and improve and benefit society as a whole, recognizing the importance of communities, particularly PLHIV and key populations, in HIV response.

**Results:** Some of the best practices demonstrated during the COVID-19 pandemic were community-led responses, such as community-led monitoring. The Global AIDS Strategy 2021-2026 (End Inequalities. End AIDS) and the 2021 Political Declaration on AIDS have revealed the reasons why the world fell short of the 90-90-90 targets and why we need to call for urgent and transformative action to end social, economic, racial, and gender inequalities, restrictive and discriminatory laws, policies and practices, stigma, and multiple and intersecting forms of discrimination that are perpetuating the global AIDS epidemic.

**Conclusion:** As a result, this paper advocated for the reintroduction and implementation of the appropriate policy in a conducive environment, as well as the appropriate strategic framework and systems, such as health, community, and supporting the HIV Trust Fund.

# 1002 Stigmatization of People Living with HIV in Senegal

Madjiguène Gueye (presenting)<sup>1</sup>

<sup>1</sup> National Network of People Living with HIV, Dakar, Senegal

**Background:** In Senegal, the attitudes and behaviors of the general population on stigma and discrimination against people living with HIV (PLHIV) and other vulnerable groups is not sufficiently documented. It is in this context that the National Network of People Living with HIV (RNP+) conducted a study to assess the level of stigma and discrimination against PLHIV.

**Method:** This is a descriptive, cross-sectional observational survey conducted in 2017 at sites where RNP is represented (Dakar, Saint Louis, Kaolack, and Ziguinchor). The data collected gave a quantitative sample N= 400 distributed as follows: 17.2% MSM; 1.5% gays or lesbians; 0% transgender; 1.5% sex workers; 5.8% injecting drug users; 0.2% refugees or asylum seekers; 4.2% members of an indigenous group; 2% migrant workers; 1.2% prisoners; and 69.8% PLHIV not belonging to any key population.

**Results:** 400 people were surveyed, including 228 (57%) women and 172 (43%) men. The survey showed that almost 1 in 2 people (45.8%) reported having had at least one experience of stigma and/or discrimination by others. Key populations (MSM and SW) are more vulnerable to gossip, insults, threats, or physical aggression. Furthermore, the Senegalese population is not yet ready to support equal rights for sexual minorities.

**Conclusion:** Despite several interventions carried out by the AIDS program, the level of stigmatization and discrimination of PLHIV remains high in Senegal.

# 1003 Aging Well with HIV in Senegal: Associations Get Involved

Madjiguene Gueye (presenting)<sup>1</sup>, Gabrièle Laborde-Balen<sup>2</sup>

<sup>1</sup> National Network of People Living with HIV, Dakar, Senegal

<sup>2</sup> Institute of Research for Development (IRD), Marseille, France

**Introduction:** With the success of antiretrovirals, people age with HIV, but develop chronic diseases that complicate their care and quality of life. The *VIHeillir* project, "Aging well with HIV in Cameroon and Senegal," aims to integrate five comorbidities (hypertension, diabetes, cervical cancer, and viral hepatitis) into clinical follow-up through a public health approach. The community component, supported by associations, develops support activities. This presentation describes community-based interventions in Senegal.

**Description:** In Senegal, the project has been running since 2020 in three health facilities in Dakar. Five associations are involved: associations for people living with HIV, diabetics, hypertensives, and the elderly. Activities focus on chronic disease prevention and screening, patient support, and advocacy on behalf of elderly people living with HIV (EPLHIV).

**Lessons Learned:** Between March 2022 and May 2023, 70 activities were organized, including nutrition education, community screening for diabetes and hypertension, gymnastics and aqua aerobics, and evening dances. Over 900 people participated. The results show that:

- Sports and leisure activities are the most appreciated. In addition to prevention, they help break down isolation.
- Meetings between associations from different fields are mutually enriching. Non-HIV associations have benefited from the "activist culture" of HIV associations.
- The cost of transport and distance limit seniors' participation in activities.

**Recommendations:** The HIV experience has shown that associations are the essential link between clinical services and the community. The *VIHeillir* project demonstrates the importance of the role played by a collective of associations in preventing chronic illness and supporting EPLHIV. Next steps will include advocacy to promote the integration of these activities into national strategies.

# 1004 Cost of HIV Care in Kenya: An Alternative from Public Provided Free HIV Care Services

Stephen Mutuku (presenting)<sup>1</sup>

<sup>1</sup> National AIDS Control Council, Nairobi, Kenya

**Background:** Costing estimates direct costs of providing HIV services from healthcare facilities, laboratories, and pharmacies including ARVs provision and laboratory services in private health facilities including stand-alone laboratories and pharmacies. The objectives (i) compare costs of delivering HIV/AIDS care and treatment across existing models of care in private sector against costs in public health facilities under existing guidelines (ii) develop lifelong multi-state model to establish cost of care leading to UHC and 90-90-90 target (ii) understand motivations of private for-profit players providing HIV services.

**Method:** Study utilized two methods (i) activity-based costing (ABC) model to estimate the unit costs (ii) multi-state HIV model to establish the epidemiological costs of HIV and NCDS care controlled UHC mechanism and private sector Insurance framework.

**Results:** An inclusion of 21% markup on the overheads' (e.g., rent, electricity, water, and maintenance) direct cost was estimated as per literature, providing a range of 13% to 30%. Dispensing was the largest cost component in ART service provision in tier 2 and 3 facilities. Others such as reception, triage, and first and second consultations do not account for a significant proportion of the direct cost of HIV service provision. Estimated cost of ART provision is US \$589 and US \$54.33. Costs per visit are US \$147.20 in tier 2 and between US \$88.05 to US \$107.28 in tier 3 respectively. Tier 4 laboratory costs were the largest with CD4 count costing US \$285.10. Estimated cost of ART provision is US \$1,873.62, and cost per visit is US \$468.40.

**Conclusion:** Inflation remains a key risk in the achievement of 90-90-90, more than double HIV infection across the period. The private sector has the opportunity to bring in efficiencies to achieve the 90-90-90.

# 1006 For the Community or Me: Framing HIV Pre-Exposure Prophylaxis Use as a Public or Private Matter

Joel Martinez Higuera (presenting)<sup>1</sup>, Kai Jonas<sup>2</sup>

<sup>1</sup> Harvard University, Cambridge, MA, USA

<sup>2</sup> Maastricht University, Maastricht, Netherlands

**Background:** Next to PrEP uptake barriers such as cost, PrEP knowledge and awareness, or stigma, yet another potential barrier may be how PrEP use is framed within communities. PrEP campaigns in urban municipalities often promote a medicalized “private” frame that emphasizes personal HIV risk management. We explore how a relational (i.e., “public”) frame emphasizing community maintenance of sexual health is increasingly relevant and provides new ways to advance biomedical HIV prevention.

**Method:** We sampled MSM from the United States (N=311 in 2015) and the Netherlands (N=222 in 2020) soon after the official introduction of PrEP in each country. Our data captures a unique cross-cultural examination of early adoption of PrEP frames. Using a combination of linear regressions and machine learning approaches (decision trees and random forests), we examined the prevalence of support for different PrEP frames, their person-level correlates, and their relevance for community-oriented actions like comfort disclosing one’s own PrEP use.

**Results:** In both countries, most of the sample were neutral about PrEP framing (US: 44%, Netherlands: 48%), a sizeable portion held either a private framing (US: 23%, Netherlands: 28%) or a public framing of PrEP (US: 33%, Netherlands: 24%). The consistent predictor of PrEP frames across countries was PrEP status: PrEP users were more likely to hold a public frame or be neutral; non-users were more heterogeneous in their PrEP frames. Lastly, in both countries, MSM who held a private frame were *least* comfortable disclosing their PrEP use, while MSM who held a public frame were *most* comfortable disclosing their PrEP use.

**Conclusion:** PrEP messaging could improve by understanding how and whether MSM frame their PrEP use as a public or private matter. Not only is there already a vocal subset of MSM that have a community-oriented framing of PrEP which could be activated, changing MSM’s views on PrEP disclosure in context-informed interventions may also promote uptake.

# 1012 Sub-National Investment Response on AIDS Elimination by 2030: Case Study in Jakarta

Lely Wahyuniar (presenting)<sup>1</sup>, Myranda Zahrah Putri<sup>1</sup>, Leonita Agustine<sup>1</sup>

<sup>1</sup> UNAIDS Indonesia, Jakarta, Indonesia

**Background:** Since the early 2000s, Indonesia has demonstrated a strong commitment to combating HIV, and significant financing from both domestic and foreign sources has been acquired to enable a much-increased national response. While great progress has been made in limiting HIV and AIDS, recent epidemic updates for the country as a whole and for DKI Jakarta separately show that neither the country nor DKI Jakarta individually are on schedule to terminate HIV and AIDS as a public health issue by 2030. Expanded and enhanced program efforts will be required to meet these criteria.

**Method:** The purpose of this study was to reach alternative targets, the projected resources needed to achieve these results, and the estimated returns on investment of the alternative scenarios. The AIDS Epidemic Model (AEM) software was used to generate the results with alternative scenarios: Baseline, Fast-Track 2024, Fast-Track 2027, and No External Funding of CSOs after 2020. The scenarios compared with the annual number of new HIV infections, number of HIV infections averted, PLHIV, HIV-associated deaths, deaths averted, Disability Adjusted Life Years (DALYs) saved, DALYs costs and investment returns.

**Results:** The results showed that the “Fast-Track 2024” scenario is best for projected annual number of new HIV infections, projected number of HIV infections averted annually, projected number of PLHIV on ART, projected DALYs saved, projected resource needs for non-ART prevention, projected resource needs for treatment, projected total annual resource needs, and return on investment. The “Fast-Track 2027” scenario is the best or most aggressive scenario for the projected number of HIV infections averted annually, projected annual number of HIV-related deaths among the population aged 15+ years, projected resource needs for non-ART prevention, and projected return on investment.

**Conclusion:** Finally, the “Fast-Track 2024” scenario is selected because there will be over 3,300 additional lives to be saved. The comparative gains include only returns on investment up to the year 2030.

# 1020 Prevalence of Recent HIV Infections among Key Populations and Other Vulnerable Groups Using the Recent Infection Testing Algorithm (RITA) in Southern States of Nigeria

**Mark Akhigbe (presenting)**<sup>1</sup>, Roger Abang<sup>1</sup>, Paul Umoh<sup>1</sup>, Abiye Kalaiwo<sup>2</sup>, Rita Agba<sup>1</sup>, Francis Odior<sup>1</sup>

<sup>1</sup> Heartland Alliance Nigeria, Uyo, Nigeria

<sup>2</sup> USAID Nigeria, Lagos, Nigeria

**Introduction:** HIV adversely affects KP: Men who have sex with men (MSM), Female sex workers (FSW), People who inject drugs (PWID), and transgender individuals (Trans). Tracking recent infections within these groups is crucial for effective prevention and control efforts. The RITA algorithm utilizes Asante kits for fast diagnostic testing and identifies recent HIV infections by checking the viral load of clients who tested positive. A viral load equal to or greater than 1000 copies/ul confirms RITA recent infections.

**Description:** This retrospective study conducted in south-south Nigeria extracted data from electronic medical records of HIV-positive clients using the RITA algorithm testing procedure during HTS between January 2021 and January 2023 to estimate the prevalence of recent HIV infections and identify the associated factor. The study reviewed the HIV-positive results of 9597 clients, including MSM, FSW, PWID, and trans clients. The overall prevalence of recent HIV infections was 26%, with the highest prevalence observed among FSW at 33% and the lowest among the trans at 11%. Factors associated with recent infections included being female, being younger, having multiple sexual partners, and inconsistent condom use.

**Lessons Learned:** This study emphasizes the high frequency of recent infections among FSWs and the requirement for focused interventions to lower HIV transmission in this community, including modifiable risk variables linked to current diseases that can help design efficient prevention measures. The research also underlines the necessity of quick and targeted treatment to lower HIV prevalence in KPs in Nigeria.

**Recommendations:** These programs should concentrate on lowering risk factors for recent infections, such as encouraging condom usage, limiting sexual partners, and facilitating access to HIV testing and treatment facilities. FSW should be given priority in HIV preventive initiatives. RITA can be used to regularly track the prevalence of recent HIV infections and help the countries' efforts at HIV prevention and controlling the epidemic.

# 1021 Reduce New HIV/AIDS Infections among Key Populations Through Community Engagement in Cameroon in the COVID-19 Situation

**Wadjo Noupa Moise (presenting)**<sup>1</sup>

<sup>1</sup> Alcondoms Cameroon, Douala, Cameroon

**Introduction:** Cameroon is one of the countries most affected by HIV in Central Africa. The prevalence among key populations is alarming. High HIV prevalence is associated with high-risk sexual behaviors such as inconsistent use of condoms and lubricants and high rates of sexually transmitted infections (STIs). Stigma and discrimination have further marginalized key populations by reducing the country's ability to control the HIV epidemic. This policy aims to reduce morbidity and mortality related to HIV and STIs and to mitigate its socio-economic impact on Cameroonian society. Among the strategic approaches, the plan emphasizes improving access to prevention, care and treatment for key populations.

**Description:** As part of the CHAMP project which is an ongoing HIV/AIDS prevention, care and treatment project for key populations which is funded by USAID and implemented by CARE CAMEROUN and CHP and implemented by identity-based community organizations in order to help achieve the results targeted by this project, which is aligned with the national strategy plan and the objectives of UNAIDS, namely 95-95-95, where we at Cameroon condoms have used the participation of our peer educators and social counselors for the achievement of results of this project

**Lessons Learned:** Implementation of the CHAMP project during the FY21 fiscal year between October 2020 and September 2021 (case of AI condoms Cameroon) we sensitized 10,625 key populations and screened 4,877 and had 321 positive or 315 positives were put on ART treatment., we diagnosed 365 STIs. With 86 viral load samples and 84 viral load results deleted and 02 detectable results.

**Recommendations:** Community engagement supports the need for differentiated service delivery models on access to testing services (HIV testing, viral load) than to treatment services. Or the varied preferences of key populations related to new mechanisms for serving community needs.

# 1024

## Lost to Follow-Up in a PrEP Community-Based Service: Our Experience in Bologna, Italy

Sandro Mattioli (presenting)<sup>1</sup>, Carolina Patrucco<sup>2</sup>

<sup>1</sup> PLUS Aps, Bologna, Italy

<sup>2</sup> S.Orsola-Malpighi Hospital, Bologna, Italy

**Background:** PrEP in Italy is still paid by users. Some users stopped visits and PrEP. Mainly, economic reasons are cited in the literature.

**Method:** We administered a questionnaire to every user who left our PrEP-Point in Bologna, Italy. Our aim was to investigate how many users left the center and why.

**Results:** From February 2018 to March 2023, we enrolled 265 PrEP users. 94 (36%) left the service during this period; of these, 74 (79%) answered the survey. 27 (36%) left the service because they moved to another city and/or to another center; 17 (23%) are currently in a monogamous relationship; 6 (8%) use barrier methods (condom); 6 (8%) missed one or more appts, mostly because of scheduling problems; 4 (5%) were not satisfied at the PrEP point; 2 (2%) had financial difficulties; 1 (1%) experienced PrEP side effects. 41 (55%) are not on PrEP anymore, while 33 (45%) are still on PrEP but in a different setting: 2 (3%) moved to another community center, 24 (32%) moved to a clinic, 7 (10%) use PrEP without medical control. On the perceived risk of HIV, 52 (70%) consider it low, while 22 (30%) consider it medium or high. On PEP use, 10 of 74 users reported PEP after leaving the PrEP-Point.

**Conclusion:** We observe that the general belief that those who start PrEP will continue to use it throughout their lives is not supported. The majority (36%) moved to another city or to another PrEP center, particularly during the covid crisis. An important part of the sample (23%) claims to be in a monogamous couple but only 8% use the condom. A small but significant percentage of users are still on PrEP but not controlled. Very few users cited financial problems, a figure that probably correlates with the median age of the sample: 39 years.

# 1030

## Reduce New HIV/AIDS Infections among Key Populations through Community Engagement in Cameroon in the COVID-19 Situation

Wadjo Noupa Moise (presenting)<sup>1</sup>

<sup>1</sup> Alcondoms Cameroon, Douala, Cameroon

**Introduction:** Cameroon is one of the countries most affected by HIV in Central Africa. Prevalence among key populations is alarmingly high. High HIV prevalence is associated with high-risk sexual behaviors such as irregular condom and lubricant use, and high rates of sexually transmitted infections (STIs). Stigma and discrimination have further marginalized key populations, reducing the country's ability to control the HIV epidemic.

**Description:** The CHAMP project, funded by USAID and implemented by Care Cameroun, CHP and community-based organizations, aims to prevent, care for and treat HIV/AIDS among key populations. The project is in line with the national strategic plan and the 95-95-95 objectives. The involvement of peer educators and social counselors is essential to achieving the project's results.

**Lessons Learned:** CHAMP project achievement in fiscal year FY21 between October 2020 and September 2021 (Al Cameroun condom case):

- 10625 key populations reached.
- Screening of 4,877 people, of whom 321 tested positive and 315 were put on ARV treatment.
- Screening of 2,365 STIs.
- Of 286 samples, 214 had an undetectable viral load and 22 detectable.

**Recommendations:** Community engagement supports the need for service delivery models differentiated on access to screening services (HIV testing, viral load) versus treatment services. The varied preferences of key populations linked to new mechanisms for meeting community needs.

# 1031

## Hormone Care for Marginalized Trans and Non-Binary People in a Public Health Setting

Mark A.M. Van Den Elshout (presenting)<sup>1</sup>, Fayaaz Joemmanbaks<sup>2</sup>

<sup>1</sup> Amsterdam University Medical Center, Amsterdam, Netherlands

<sup>2</sup> Colored Collective, Amsterdam, Netherlands

**Introduction:** In the Netherlands, demand for transgender care at specialized clinics exceeds capacity to an extent that mean wait times are 3+ years. These long waits cause psychological stress, sometimes leading to depression and suicidal ideation, and compel people to self-medicate using black-market or otherwise informally acquired hormones, without medical supervision. On top of general access problems, some trans and non-binary people experience additional barriers to access healthcare, such as lack of documentation status or stigma e.g., for doing sex work. (Anticipated) stigma in a broader context can consequently lead to reduced trust in governmental institutions, under which the healthcare system.

**Description:** To meet this need for healthcare within a safe environment, a local community organization for queer people of color and the local public health service collaborated to create a community-led trans clinic, funded by the City of Utrecht. This clinic offers a safe(r) space and provides hormone and sexual healthcare including pre-exposure prophylaxis to prevent HIV. Furthermore, it aims to regain trust in and act as a bridge towards the regular healthcare system.

**Lessons Learned:** For this project, we learnt it is rewarding to work together as community organization and public health service with local government, to meet needs of specific marginalized populations, such as trans people of color, undocumented trans people, and trans people who are doing sex work.

**Recommendations:** Access to healthcare needs to be structurally safeguarded for all, but specifically marginalized trans and non-binary people. Even though it is commendable that local government steps in, this should not hinder national coverage or lower national priorities to fix this gap in healthcare.

# 1035

## Reaching Underserved Communities for Sexual Healthcare: How to Make Public Health More Publicly Available

Mark A.M. Van Den Elshout (presenting)<sup>1</sup>, Rosalie Lau<sup>2</sup>

<sup>1</sup> Amsterdam University Medical Center, Amsterdam, Netherlands

<sup>2</sup> Public Health Service of the Utrecht Region, Utrecht, Netherlands

**Introduction:** Public health services (GGD) in The Netherlands are committed to serve communities who experience barriers in accessing regular healthcare. Some notable barriers are lack of information about available services, lack of confidence in the facilities and staff, and sociocultural constraints related to gender, age, beliefs, and cultural preferences. Additionally, obstacles such as accessibility of the nearest health facility also pose significant challenges. The GGD's Centre for Sexual Health (CSH) focuses on populations who have higher incidences of sexually transmitted infections (STIs) or who are more vulnerable to poorer sexual health outcomes. However, some of these populations remain underrepresented among people seeking care at the CSH. Therefore, we aim to apply additional strategies to better reach underserved communities.

**Description:** Strategies to reach underserved communities currently mostly focus on triage, meaning the thresholds to access services are lowered for people with specific characteristics. A limitation of this passive strategy is that it merely selects at the gate and does not directly influence who reaches that gate. Other –more active– strategies, summarized as outreach, focus on reaching these communities in a way and a place that is convenient for these communities. This may familiarize communities and the network of organizations surrounding them with the CSH's staff and services on offer and can facilitate peer-driven uptake.

**Abstract Learned:** To overcome the defined barriers, it is essential to educate staff in recognizing and respecting (cultural) diversity within target communities to ensure services are tailored to relevant norms, beliefs, and practices. This promotes a sense of inclusivity, increases trust in healthcare providers, and encourages greater utilization of CSH and regular healthcare services.

**Abstract Recommendations:** Involving service users in CSH program evaluation improves service relevance and effectiveness. Institutions should plan for extended timeframes and allocate sufficient resources for successful program implementation. Including underserved groups in health research promotes equitable service delivery. Diverse population representation leads to a better understanding of health needs and preferences.



# 1041 Rethinking Risk: How Has Risk Related to Sex between Men and Sexual Health Outcomes Been Conceptualized Since 2015

David Field (presenting)<sup>1</sup>, John de Wit<sup>2</sup>, Diane Dixon<sup>3</sup>, Chantal Den Daas<sup>4</sup>

<sup>1</sup> Gay Men's Health Service, Dublin, Ireland

<sup>2</sup> Utrecht University, Utrecht, Netherlands

<sup>3</sup> Edinburgh Napier University, Edinburgh, Scotland, United Kingdom

<sup>4</sup> University of Aberdeen, Aberdeen, Scotland, United Kingdom

**Background:** Sex between men has been associated with risk since the AIDS epidemic. This study explores how risk is being conceptualized within the context of biomedical and social changes in the last decade, specifically the introduction of Pre-Exposure Prophylaxis for HIV and the widespread "*Undetectable equals Untransmittable*" public health messaging around HIV.

**Method:** A systematic search of three databases was performed using key words. Papers were included if published between 2015-2020 and were from pre-identified geographic regions. A qualitative data saturation methodology was used to synthesize the data. Papers were reviewed and coded for implicit and explicit definitions of risk. Coding continued until no new conceptualizations emerged in three consecutive papers.

**Results:** Data saturation was achieved at 24 papers. The concept of risk was noted to be broad and heterogeneous as six distinct components emerged: Outcome oriented risk, Behavioral risk, Demographic risk, Biomedical risk, Individual risk factors, and Interpersonal risk factors. Within these components, risk branched out to over 100 more granular definitions.

**Conclusion:** Risk may have become meaningless through its ubiquity, the heterogeneity seen in the definitions and conceptualizations of risk could lead to miscommunication when discussing negative health outcomes and how to prevent them. Additionally, researchers, clinicians, and service users may understand and utilize risk in different ways and therefore come to different conclusions about what causes negative health outcomes.

# 1042 Prevalence and Density of Malaria Parasitemia among HIV Individuals in Warri, Nigeria

Felix Enwa (presenting)<sup>1</sup>

<sup>1</sup> Delta State University, Abraka, Nigeria

**Background:** Malaria parasite has been observed to be a common infection in Human Immunodeficiency virus (HIV), an increase in malaria infection in adults. This experimental study is sets to determine the prevalence and density of malaria parasitemia in Warri community, South-Southern Nigeria.

**Method:** A total of 600 participants were screened for Human immunodeficiency virus and malaria parasite using WHO systems two and Giemsa staining technique for thick and thin blood films and absolute parasite counts done respectively.

**Results:** The prevalence rate of 38% and 39% were obtained for malaria parasite infection among HIVSP and HIV/SN respectively. The difference in malaria parasite infection was not statistically significant ( $P > 0.05$ ) between HIVSP and HIVSN. However, the mean parasite density in HIVSP was significant ( $P < 0.05$ ) when compared with HIVSN. The mean parasite densities of  $2384 \pm 747$  and  $1883 \pm 645$  were recorded for HIVSP and HIVSN respectively. The mean parasite densities of  $2385 \pm 782$  and  $2383 \pm 717$  observed for males and females respectively showed no statistically significant difference ( $P < 0.05$ ).

**Conclusion:** This study has shown a high prevalence of malaria parasite among the HIV infected subjects.

# 1043

## Critical Analysis of the Falling Age of Initiation among the Injecting Drug Users and the Programmatic Response in Manipur, India

Kingson Kamkara (presenting)<sup>1</sup>

<sup>1</sup> UNDP, Kohima, India

**Background:** Manipur is the first pioneering state in India to implement Harm Reduction (HR) in India. Manipur lies adjacent to the Golden Triangle. Manipur has the third highest rate of HIV Sero-prevalence in India. There are about 32,000 injecting drug users (IDUs) in Manipur (Quest 2011). The IDUs in Manipur contribute to 50% of the total HIV infection (NACO HIV epidemiological surveillance 2005). Manipur has shown the highest estimated of adult HIV prevalence 1.4% in India. The HIV prevalence among the IDUs is 12.89%.

**Method:** Master thesis using the modified conceptual framework adapted from Andersen and Newman to interrogate the literature 7 years of my working experience in Manipur for implementing Harm reduction with Project ORCHID funded by (BMFG) Avahan AIDS initiative India. Worked in selected district of 2 states in northeastern state in India, Manipur and Nagaland, with 31 non-governmental organizations (NGOs). With the target of 18,000 (IDUs), 4000 (FSW), and 1450 (MSM) to organize my findings.

**Results:** The age of initiation of injecting drug use is decreasing in Manipur. Adolescent IDUs are more vulnerable than adult IDUs, as consequences of legal obligation and non-availability of Harm reduction (HR) services. About 94.5% of first injection was usually administered by adult IDUs so, It increases in sharing of needle and syringes, paraphernalia and unsafe sex which increase in HIV, HCV, STIs, overdoses, abscess and premature mortality. While HR for adult IDUs has proved to be effective in Manipur, it has decreased in HIV prevalence among adult IDUs from 76% in 1997 to 12.8% in 2011.

**Conclusion:** Acknowledging the decrease in age of initiation and vulnerability, the magnitudes of barrier to utilization of HR services can facilitate early intervention of HIV prevention programs.

# 1054

## Scoping Review on Initiatives to Use Patient-Reported Outcome Measures in HIV Care: A Focus on Countries of Origin and Targeted Outcome

Kim Engler (presenting)<sup>1</sup>, Abdul Cadri<sup>2</sup>, Francesco Avallone<sup>2</sup>, Bertrand Lebouché<sup>2</sup>

<sup>1</sup> McGill University Health Centre, Montreal, QC, Canada

<sup>2</sup> McGill University, Montreal, QC, Canada

**Background:** Support is growing for the integration of patient-reported outcome measures (PROMs) into routine HIV care. However, little work has synthesized knowledge on these PROM initiatives and their targeted outcomes.

**Method:** We conducted a rapid scoping review of literature published since 2005 to describe efforts to feed PROM data back to healthcare providers on their individual patients to inform HIV clinical practice. Four databases (Medline, Embase, PsychINFO, CINAHL) were searched on May 4, 2022, using a search strategy designed with an academic librarian. Projects involving symptom screens for tuberculosis case-finding were excluded. Here, we present findings on retained initiatives' country of origin and the patient-reported outcomes they measured, using an adapted taxonomy.

**Results:** Of 13,062 records generated for review, we retained a final sample of 106 documents which referred to 70 distinct initiatives. Represented were the United States of America (n=31;44% of initiatives), seven European countries (n=20;29%), nine African countries (n=12;17%), two Southeast Asian countries (n=3;4%), Australia (n=3), Canada (n=2), and Korea (n=1). In order of frequency, the measured patient-reported outcome categories were: mental health (n=42;60%, most often depression), substance use (n=26;37%, most often alcohol and/or drug use), self-management (n=19;27%, most often adherence), symptoms (n=14;20%, most often perceived side effects), sexual health (n=12;17%, most often sexual behavior), physical health (n=10;14%, most often perceived health), treatment (n=9;13%, measured variously), violence/abuse (n=8;11%, most often interpersonal violence), cognition (n=7;10%, measured variously), quality of life (n=7;10%), stigma (n=6;9%, most often disclosure of HIV status), socioeconomic issues (n=5;7%, measured variously), social support (n=3;4%), and body/facial appearance (n=1;1%).

**Conclusion:** PROM initiatives in HIV care appear most prevalent in North America, followed by Europe, and most frequently target mental health, followed by substance use.

# 1055

## Construct Validity of the 7-item I-Score: A Comprehensive Patient-Reported Measure of Adherence Barriers for HIV Care

**Kim Engler (presenting)**<sup>1</sup>, Serge Vicente<sup>2</sup>, David Lessard<sup>2</sup>, Hayette Rougier<sup>3</sup>, Lucas Delvallez<sup>2</sup>, Karine Lacombe<sup>3</sup>, Dominic Chu<sup>2</sup>, Jean-Pierre Routy<sup>2</sup>, Alexandra de Pokomandy<sup>1</sup>, Marina Klein<sup>1</sup>, Bertrand Lebouché<sup>2</sup>

<sup>1</sup> Research Institute, McGill University Health Centre, Montreal, QC, Canada

<sup>2</sup> McGill University, Montreal, QC, Canada

<sup>3</sup> Hôpital Saint-Antoine, Montreal, QC, Canada

**Background:** To identify adherence barriers to antiretroviral therapy (ART) in routine HIV care, we created a 7-item patient-reported measure (Interference-Score). It assesses seven barrier domains (Thoughts/Feelings, Habits/Activities, Social situation, Economic status, Medication, Care, and Health) and has undergone cognitive testing.

**Method:** To evaluate the measure's construct validity, we recruited people with HIV (PWH) on ART at our HIV clinic in Montreal, Canada, from Jan-Dec 2022. Participants completed the measure along with 4 dependent variables (DVs) at baseline (Time 1) and 4 weeks later (Time 2). DVs were dichotomized self-reported measures of adherence (past 7 days, past 4 weeks), intention to adhere, and viral load. Analyses included: a) inter-item correlations (Spearman's coefficients) to check item redundancy (Time 1); b) logistic regressions, with one model per DV, to assess the significance of each item (covariate); and c) Receiver operating characteristic (ROC) curve analyses with corresponding areas under curves (AUCs), to determine the 7-item models' predictive capacity. Analyses b) and c) were performed using I-Score Time 1 items to predict DVs at Time 1 and Time 2, respectively.

**Results:** Analyses included 127 PWH at Time 1 and 107 at Time 2. Correlation coefficients ranged from 0.26 to 0.69. The items (covariates) of "Habits/Activities", "Health" and "Economic status" were significantly and independently associated with from 1 to 3 DVs. AUCs showed the 7-item models' predictive capacity to be "excellent" for viral load, correctly classifying  $\geq 84\%$  of respondents. The models were also "acceptable" for adherence in the past 4 weeks and past 7 days, correctly classifying  $\geq 70\%$  of respondents.

**Conclusion:** The 7-item I-Score was predictive of self-reported viral load and adherence, providing evidence of its construct validity.

# 1056

## Increasing Uptake of Oral PrEP Through Integration of HIV Prevention into Family Planning Clinic: A Case Study of Five Counties in Kenya

**John Mungai (presenting)**<sup>1</sup>

<sup>1</sup> Clinton Health Access Initiative, Nairobi, Kenya

**Background:** In Kenya, most HIV infections are sexually transmitted or associated with pregnancy, childbirth, and breastfeeding. Kenya reports that 23.6% of all new HIV infections occur among AGYW with high rates of unintended pregnancy. This high HIV incidence illustrates the need for integration of HIV prevention into SRH to curb transmission of new infection and hence aid the county in achieving zero new infections by 2030.

**Method:** The program purposively selected 5 Counties with high prevalence. Three SRH CHWs were selected from each of the 25 facilities and trained for PrEP service delivery. Health education was done for the clients. Rapid Result Initiative activities followed by data reviews with real-time action plans were put in place. Data was collected using the ODK tool for analysis and support. Those who opted out were dropped and offered risk reduction counseling and SRH services without discrimination.

**Results:** From the data collected over the period Sept-Dec 2022, 14,602 clients offered FP services. All clients were sensitized to HTS and PrEP of which 8,214 were tested. 76 clients tested positive for HIV and linked to treatment. Out of the remaining clients, 76% (6,185) were screened for PrEP eligibility and 51% (3,154) were linked to PrEP. Out of the 49% (3,031) clients who were not linked to PrEP, 63% were in stable relationships and opted for other methods. The remaining clients (37%, 1,121) declined PrEP, and the reasons were documented.

**Conclusion:** Integration of PrEP into SRH increases PrEP uptake and reduces the transmission of HIV. Further, sensitization on PrEP to SRH clients increases PrEP knowledge leading to increased acceptability and use. Capacity building of HCWs enhances positive perception and increases uptake. In addition, having integrated services maximizes the impact of limited resources and addresses missed opportunities.

# 1057 Amadora: A Journey Towards Zero HIV

Susana Nogueira (presenting)<sup>1</sup>

<sup>1</sup> Amadora City Council, Amadora, Portugal

**Introduction:** In Amadora we believe that the fight against the HIV epidemic is a fight for human rights. Amadora prevalence rate is higher than that in the Lisbon Metropolitan Area (LMA) and Portugal. Our city is a large multicultural suburb of the LMA, with 171.500 inhabitants of more than 100 nationalities, in only 23.8Km<sup>2</sup>. For a small area, we face specific social and economic challenges that need to be addressed by the community as a whole. The policies implemented are focused on the people, balancing equity and inclusion and acknowledging the diversity, range and the specific needs of disproportionately affected populations, such as homeless/ marginally housed individuals, people who use drugs and young people.

**Description:** Our city implemented a Local Strategic Plan in 2020. This public policy framework involves: City Council, University, ONGs/ associations, NHS, National Association of Pharmacies, and the wider community. Taking advantage of our expertise, and the experience of local services, the Plan is a local answer, with a holistic approach to a global problem.

The Plan is based in four axes:

- Prevention – tackling stigma and enhancing health literacy – awareness campaigns for young people and the community, needle exchange program
- Specialize training for health professionals and ONG workers
- Increase screening/ testing/ linkage to care
- Maintain a collaborative governance framework

**Lessons Learned:** Our Plan is dynamic. We currently developed a new partnership, regarding the homeless individuals and people who use drugs, enabling us to implement new strategies that are evidence-based.

**Recommendations:** We got our first global report in 2022. We therefore intend to present the work developed so far, the status of the Plan, the outcomes and the challenges addressed. Building a society for all, where everyone can achieve their potential, is a challenge that we have decided to make as a city/ community that cares for one another.

# 1059 Long-Term Pre-Exposure Prophylaxis Retention among Men Who Have Sex with Men and Transgender Persons: Systematic Review and Meta-Analysis

Feline de la Court (presenting)<sup>1</sup>, Maria Prins<sup>1</sup>, Elske Hoornenborg<sup>1</sup>, Maarten Schim van de Loeff<sup>1</sup>, Liza Coyer<sup>1</sup>, Anders Boyd<sup>1</sup>

<sup>1</sup> Public Health Service Amsterdam, Amsterdam, Netherlands

**Background:** Successful implementation of pre-exposure prophylaxis (PrEP) requires long-term retention in PrEP care among those with increased likelihood of HIV. This study aimed to estimate the proportion of long-term retention in PrEP care and extent to which variability in PrEP retention is attributable to population- and program-specific characteristics among men who have sex with men (MSM) and transgender persons (TGP).

**Method:** We performed a systematic review and meta-analysis examining PrEP studies and conference abstracts retrieved from the PubMed and Ovid online databases, capturing demonstration projects or observational studies published from January 1, 2010, to March 24, 2021. We included 84 studies (totaling 90 study “cohorts” analyzed) that reported on retention of oral PrEP for HIV and included predominantly MSM and TGP. Retention in PrEP care (i.e., proportion of participants continuing PrEP) was obtained from each study and used to estimate the cumulative probability of remaining on PrEP and rate of PrEP discontinuation over time via a random-effects meta-analysis survival model. We examined sources of heterogeneity by including study-level covariates in this model.

**Results:** The pooled cumulative probability of PrEP retention was 77.0%, 64.7%, 48.5%, and 24.1% at 6, 12, 24, and 60 months, respectively. Rates of PrEP discontinuation were significantly ( $p < 0.05$ ) lower in studies from Europe, Australia, and multiple regions (vs. North America), and with  $\geq 3$ -monthly follow-up (vs.  $< 3$ ). Rates were significantly higher in studies from Africa (vs. North America), with lower median age, higher proportions of non-MSM/TGP participants, higher proportions of participants with unspecified (vs. mixed) ethnicity, with unspecified (vs. daily) PrEP regimen, free-of-charge (vs. unspecified) STI testing, whose data were from conference abstracts (vs. peer-reviewed papers), and that were more recent.

**Conclusion:** PrEP retention decreased over time and differed across population and program-specific characteristics. The heterogeneity across studies highlights PrEP implementation challenges and need for tailored retention strategies.



# 1062 Integrated Service of HIV Healthcare Network in Whole City Towards Ending AIDS in Thailand by 2030

Suwimon Khusuwan (presenting)<sup>1</sup>

<sup>1</sup> Chiangrai Prachanukroh Hospital, Chiangrai, Thailand

**Background:** The strengthening program for ending AIDS within 2030 in Chiangrai province used the same model of prevention and treatment in whole city since 2015. Chiangrai, the northern province of Thailand, has been one of top five cities of new diagnosed HIV cases in previous decades. The accumulative cases of people living with HIV/AIDS (PLWHA) were around 16,000 cases in the year 2022. In the present year, the comprehensive HIV healthcare network service nearly achieve a goal of an AIDS-Free society.

**Method:** The comprehensive awareness, prevention and treatment program set up since 2015 consisting of combat the spread of HIV, extensive awareness, treatment, and prevention program have been implemented across Chiangrai. These programs include prevention methods, proper treatment, and a tracking system aiming to reduce the incidence of the new HIV infection and mortality. Integrated service with a multidisciplinary team including community-based organization (CBO) consists of generalized HIV testing in general population for early diagnosis, prompt treatment with same day or rapid ART, Post-exposure prophylaxis (PEP), Pre-exposure prophylaxis (PrEP), tracking loss to appointment system, partner tracking system, implementing easier consultation and referral system to tertiary hospital.

**Results:** New HIV cases in Chiangrai decreased by 28% compared with the last five years. Reaching out to the population for HIV testing is at a rate of 106%. 94% of PLWH were retained to treatment demonstrated high level of engagement and adherence to treatment. 92% of PLWH achieved viral suppression, less than 1000 copies/ml, in the year 2022. The mortality rate of PLWH with good adherence is 1.5%.

**Conclusion:** The integrated service with multidisciplinary team of HIV healthcare network in Chiangrai is absolutely a key factor toward ending AIDS by 2030.

# 1064 Risk Factors of Tuberculosis Mortality in Thai Regional Hospital

Suwimon Khusuwan (presenting)<sup>1</sup>

<sup>1</sup> Chiangrai Prachanukroh Hospital, Chiangrai, Thailand

**Background:** Tuberculosis is one of the infectious disease leading causes of death in Africa, Southeast Asia including Thailand. HIV co-infection, elderly and some comorbid disease such as diabetes, chronic kidney disease, COPD and cirrhosis were a risk factor of death.

**Method:** Descriptive study conducted in September 2020 until September 2021 in 883 patients who were diagnosed tuberculosis. The primary outcome aimed to identify a risk factor of death in tuberculosis cases. Analytic methods were descriptive statistics (percentage, means, and standard deviations) and multiple logistic regression in death group shown as hazard ratio (HR), p value, and 95% confidence intervals.

**Results:** Among 163 from 883 cases (18.46%) were dead. The average age in the dead group was  $64 \pm 16$  years old. Factor associated with death were age more than 50 years old, diabetes and chronic kidney disease ( $P < 0.01$ ,  $P = 0.04$  and  $P < 0.01$  respectively). HIV co-infection was not associated with death ( $P = 0.15$ ). Based on multivariate analysis, the increased risk of death were age more than 50 years old (HR 2.82, 95% CI 1.81-4.38,  $P < 0.01$ ), chronic kidney disease (HR 3.04, 95% CI 1.21-7.66,  $P = 0.02$ ) and bacteriologically confirmed TB (HR 4.13, 95% CI 2.59-6.60,  $P < 0.01$ ).

**Conclusion:** Death in tuberculosis were associated with age more than 50 years old, chronic kidney disease and bacteriologically confirmed TB. However, HIV co-infection was not contributed to risk of death in this study.

# 1066

## Out-of-Pocket Costs among Clients Receiving Medication-Assisted Therapy Services at Three Clinics in Dar es Salaam, Tanzania: A Comparison of Costs between Daily Observed Therapy and Take-Away Doses

**Thomas Mnzava (presenting)**<sup>1</sup>, Chutima Suraratdecha<sup>2</sup>, Kokuhumbya Kazaura<sup>1</sup>, Eva Matiko<sup>1</sup>, Elizabeth Amuli<sup>3</sup>, Nyagonde Nyagonde<sup>1</sup>, Emmanuel Mtete<sup>1</sup>

- <sup>1</sup> US Centers for Disease Control and Prevention, Dar es Salaam, Tanzania
- <sup>2</sup> US Centers for Disease Control and Prevention, Atlanta, GA, USA
- <sup>3</sup> Muhimbili National Hospital, Dar es Salaam, Tanzania

**Background:** Tanzania launched daily-dose medication-assisted therapy (MAT) in 2011 for HIV prevention for people who inject drugs (PWID). While MAT is provided free, clients incur out-of-pocket expenses including travel, food, and medical costs, which may affect access. In 2019, MAT services were offered using two approaches: daily observed therapy (DOT) and take-away dose (TAD). We assessed clients' out-of-pocket costs for DOT and TAD approaches at three clinics in Dar es Salaam, Tanzania.

**Method:** We randomly selected 300 clients aged  $\geq 18$  years attending MAT clinic for  $\geq 6$  months, targeting  $\sim 10\%$  of the clients from each clinic. Clients were contacted during clinic visits and asked to complete a structured questionnaire about medical costs, travel costs, and travel time to reach clinics. The number of weekly visits was multiplied by cost per visit to estimate annual costs. Costs were collected in Tanzanian Shillings and converted to 2019 US dollars (USD).

**Results:** Clients in DOT and TAD had average out-of-pocket annual costs of \$1,127 and \$205, respectively. DOT clients experienced higher costs than TAD clients (travel and food: \$642.45 vs. \$140.64; medical \$374.87 vs. \$43.27; childcare: \$102.12 vs. \$15.62; and others: \$6.94 vs. \$3.43). Average travel time for DOT and TAD clients to access MAT clinics was 589 and 148 hours, respectively. The average annual number of visits was 364 for DOT and 83 for TAD, resulting in \$3.10 and \$2.50 per visit for DOT and TAD, respectively.

**Conclusion:** The TAD model resulted in client savings compared with DOT. Expanding MAT services to additional clinics may lower client costs. We recommend identifying cost-effective MAT services that considers both programmatic and client costs.

# 1072

## Jua Mtoto Wako Implementation: Enhanced Case Management Approach to Achieving Viral Suppression in Turkana County

**Edwin Isaac (presenting)**<sup>1</sup>

- <sup>1</sup> Amref Health Africa, Kisumu, Kenya

**Background:** USAID Imarisha Jamii adopted enhanced case management approach through *Jua Mtoto wako initiative* due to the fact there was slow improvement in viral suppression notwithstanding interventions in place by the project. Based on focused group discussions (FGDs) conducted and feedback from various intervention done it was noted that each unsuppressed CALHIV is unique and requires individualized plan to effectively address unsuppression barriers and that one shoe fits all doesn't work, hence *Jua Mtoto wako* model.

**Method:** Sample collection was done for only children and adolescents on antiretroviral therapy for at least 6 months who had at least one documented viral load in the last 12 months. 257 were line listed with high viral load and was assigned one OVC case manager, one clinical staff from Imarisha Jamii and one department of health staff as the persons responsible for the enhanced case management for the first cohort. The team characterized and did root cause analysis for unsuppression with the aim of developing suppression plans to inform service delivery. The team routinely monitored planned interventions and activities and provided services based on needs developed in the suppression plans for a period of 4 months. Some of the joint interventions included joint household visits, individual caregiver sessions, individual adherence session with ALHIV, OTZ clinic enrolment, direct observed therapy by case workers, enhanced adherence counseling, regimen switching, linkage of caregivers to different support groups, dose adjustment, optimization, direct services under healthy, stable, safe, and schooled. [JMW PIC](#)

**Results:** From the total of 257 CALHIV enrolled in *Jua Mtoto wako* between November 2022 to January 2023 with high viral load 219 (85%) achieved viral suppression with 26 still not suppression but 12 had pending viral load results. [JMW Results](#)

**Conclusion:** Wholistic approach to factors resulting to unsuppression to CALHIV prevents re-lapse to unsuppression and improves adherence to medication. This also clearly separate clinical and non-clinical causes of poor outcomes.

# 1074 Renal Outcomes over the Course of Five Years of Oral Pre-Exposure Prophylaxis Using Emtricitabine/Tenofovir Disoproxil Fumarate among Men Who Have Sex with Men in Amsterdam

**Dita Bolluyt (presenting)<sup>1</sup>**, Mark A.M. van den Elshout<sup>2</sup>, Eline Wijstma<sup>1</sup>, Anders Boyd<sup>1</sup>, Elske Hoornenborg<sup>1</sup>, Maria Prins<sup>1</sup>, Maria Prins<sup>1</sup>, Liffert Vogt<sup>3</sup>, Maarten F. Schim van der Loeff<sup>1</sup>

- <sup>1</sup> Public Health Service of Amsterdam, Amsterdam, Netherlands
- <sup>2</sup> Public Health Service of the Utrecht Region, Utrecht, Netherlands
- <sup>3</sup> Amsterdam UMC, Amsterdam, Netherlands

**Background:** Tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) is used as oral pre-exposure prophylaxis (PrEP) to prevent HIV. TDF is known to be potentially nephrotoxic, although the risk of renal adverse events in PrEP users appears to be low. We assessed the association between PrEP use and kidney function over the course of five years.

**Method:** We included men who have sex with men (MSM) from the Amsterdam PrEP demonstration Project (AMPrEP) at the Public Health Service of Amsterdam who had at least one follow-up creatinine measurement. Plasma creatinine was measured yearly, between August 2015 and December 2020. Participants were offered a choice between daily or event-driven PrEP. Kidney function was measured as the estimated glomerular filtration rate (eGFR) using the CKD-EPI equation.

**Results:** Among the 351 participants analyzed, mean eGFR at baseline was 100mL/min/1.73m<sup>2</sup> (SD 14) and declined -0.30per year (95%CI -0.59, -0.01) during a median follow-up time of 54.2 months (IQR 47.0-57.6). Among 261 participants (74.4%) who were followed-up at least 48 months, mean eGFR at 48 months was 96 (SD 15). Over time, lower mean eGFR was observed in those using daily compared to event-driven PrEP (-2.30, 95%CI -3.75, -0.85) and older participants (per 10 years at baseline: -5.75, 95%CI -6.70, -4.80). Twelve participants (3.4%) had an incident eGFR <60 during follow-up, but this was persistent in none.

**Conclusion:** Oral TDF/FTC as PrEP gave no concerns for renal safety over the course of five years. The decline in eGFR over time was small and within the range expected of normal ageing. These data support guidelines advising less frequent or optional screening among younger people without kidney-related comorbidities.

# 1076 « Je Bouge Positive » Program: City Hall-Hospital Partnership in the Implementation of a Physical Activity Program Adapted for People Living with HIV in Nice

**Lysandre Blanckeman (presenting)<sup>1</sup>**, **Charlene Falzon (presenting)<sup>1</sup>**, Julie Valbousquet<sup>2</sup>

- <sup>1</sup> Nice City Hall, Nice, France
- <sup>2</sup> Corevih Paca Est, Nice, France

**Introduction:** The benefits of physical activity have been demonstrated in improving the quality of life of people living with HIV (PLHIV), lessening the side effects of new treatments, and reducing the risk of comorbidities. The city of Nice joined the Fast Track Cities network in 2018. Strongly invested in public health, the municipality launched in 2019 the "Nice Acti'Santé" system aimed at supporting the most vulnerable people in the practice of physical activity adapted to their health, needs and desires.

**Description:** As part of the partnership project Objectif Sida Zéro, Nice and the Alpes Maritimes are committed, the Clinical Virology Department of the University Hospital of Nice and the Acti'Santé department of the Health Department of the city of Nice wished to propose a program of physical activity adapted to insufficiently active PLHIV, with or without comorbidities, aged over 50. A 12-week program was set up with 8 participants from February to April 2023, combining weekly gentle gymnastics and Nordic walking sessions supervised by a teacher in an adapted activity, as well as an independent session. Two other groups of 8 participants will follow the program in spring and autumn 2023.

**Lessons Learned:** The overall evaluation of the program will take place at the end of autumn 2023. Participants are evaluated at the start and end of the program in order to measure the effects on their physical condition, their quality of life and more generally their health. The first results analyzed are rather encouraging.

**Recommendations:** The FTC initiative promotes the implementation of physical activity programs adapted to PLHIV in a global public health approach of the municipality, contributing to the promotion of health and the destigmatization of PLHIV.

# 1078

## High HIV Prevalence and Factors Associated with Self-Reported HIV Positive Status among Sexual and Gender Minorities (SGM) Using Smartphones in Delhi, India

Harsh Agarwal (presenting)<sup>1</sup>, Thiago S. Torres<sup>2</sup>, Stephanie Chung<sup>1</sup>, Karin Yeatts<sup>1</sup>, Jack Harrison-Quintana<sup>3</sup>

<sup>1</sup> UNC Chapel Hill, Chapel Hill, NC, USA

<sup>2</sup> Fundação Oswaldo Cruz (INI-Fiocruz), Rio de Janeiro, Brazil

<sup>3</sup> Grindr, West Hollywood, CA, USA

**Background:** Sexual and Gender Minorities (SGM) using smartphones in India to seek partners prefer to remain discreet because of enacted stigma, and are hidden population, which may not be covered under the usual hotspot-based government prevention-interventions. Increased access to affordable internet & smartphones makes it easier to find sexual partners, remaining anonymous. This may exacerbate their vulnerability to HIV in conjunction to poor linkage to services. We explored the HIV prevalence and risk characteristics in Delhi.

**Method:** We administered an online cross-sectional survey (March-April 2022) among Grindr users in Delhi and included SGM aged  $\geq 18$  years who ever self-reported sex with men. Associations with self-reported HIV status were estimated using unadjusted and adjusted prevalence odds ratios (aPORs) and p values with statistical significance at 5%.

**Results:** The participants (N=194) in Delhi were mostly educated with 70% (N=136) graduates or post-graduates; 79% (N=154) identified either as gay or bisexual. 69% (N=134) were employed. The HIV prevalence in Delhi (Median age 29) was 6.2% – almost double the national prevalence of 3.1% from the same population. 18% (N=35) Participants self-reported being ever engaged in transactional sex and 9.3% (N=18) reported ever use of party drugs. 9.3% (N=18) used PrEP in their lifetime. Before adjusting for covariates, being HIV positive was significantly correlated with having multiple partners in last 3 months (POR= 4.8, p=.02), ever used party drugs (POR=6, p=.007) and ever engaging in sex work (POR=5.4, p=.006). After adjusting, it was significantly correlated with ever engaging sex work (aPOR 4.98, p = .03).

**Conclusion:** The high HIV prevalence is a cause for alarm, as is the prevalence of transactional sex and the use of illicit drugs that may increase risk. These issues underscore the urgent need for interventions that use innovative strategies to deliver prevention messaging and services tailored to the specific needs of SGMs.

# 1079

## Accelerating HIV Response and Ensuring Quality HIV Service Delivery by Keeping the Key Beneficiary and Community at the Center Through the Community System Strengthening (CSS) in Delhi, India

Jitendra Misra (presenting)<sup>1</sup>

<sup>1</sup> Delhi State AIDS Control Society, Delhi, India

**Introduction:** Delhi is supplementing India's commitment to achieve target of ending epidemic of HIV/AIDS by 2030, hence, focused on strengthening community system interventions to achieve strategic outcomes. Core component of CSS to mobilize, link, collaborate, and coordinate with Key Populations, PLHIV and overall health systems with objectives to ensure effective quality program delivery by creating an enabling environment and active involvement of Community through State and District Community Resource Groups and Community Led Monitoring activities.

**Description:** Delhi has implemented CSS with defined approach with focus on capacity building of Community Champions (CCs) resulting in strengthening leaderships, institutionalization of Community-led-Monitoring (CLM), aimed at improving linkages & active stakeholder engagement leading towards zero stigma and discrimination. 6 Master Trainers from Community have been trained, State Community Resource Group (S-CRG) and Districts CRG have been constituted across districts. Expression of Interest has been floated, requesting Community to nominate themselves who may be potential CCs. To break Silos and Build Synergies through CLM, structured feedback has been collected by CCs bi-annually where identified issues are discussed and actions are co-created by service providers with key beneficiaries.

**Lessons Learned:** Community field intelligence through community, State CRG have contributed towards finalization of 184 Community Champions, formation of D-CRG in 11 districts under the chairmanship of District Commissioner, besides, 184 CCs were trained on the 6 modules of CSS. Ensuring community participation has resulted in active involvement of community, shared responsibilities among beneficiaries and service providers.

**Recommendations:** State/District CRG are enhancing key stakeholders' coordination by conducting a quarterly S-CRG meeting and monthly D-CRG meeting with community driven rights-based approach to reach people that are most affected by HIV through collaborative approach in HIV elimination. Through CRG, scope has been developed for community recommendations and inputs, to enhance program outcomes and ownership.



# 1080

## First MSM Organization Gets Recognized in Lahore with National AIDS Control Program of MSM Issues in HIV Epidemic

Syed Raza Haider Tirmizi (presenting)<sup>1</sup>

<sup>1</sup> Dostana Male Health Society, Lahore, Pakistan

**Background:** Homosexuality is considered a sin and illegal in Pakistan. If any male gets caught in male-to-male sex can result up to 100 lashes. In Pakistan, there are very few HIV prevention programs and up till last year there was no recognition in National level. As a result, in recent IBBS report the HIV infection among MSM sex workers is 3.2%.

**Method:** Under the Global Fund, Dostana was developed in 2012. Dostana is the first community-based organization in Lahore Pakistan providing support for health, technical assistance, institutional support for improving health and human rights of MSM in Lahore, Punjab. And providing STI diagnosis and treatment, HIV testing services, and behavior change communication in Lahore for the MSM community.

**Results:** Dostana is providing strong support for the MSM community in Lahore and now providing services in Sheikhpura and Kasur cities as well under the NACP National Grant. Dostana Society registered more than 75,000 MSM since June-2012, distributed more than 218,8551 condoms and lubricants, tested HIV in more than 26,000 MSM, diagnosed and treated more than 12,000 cases of sexually transmitted infections in community-led clinic, and organized many trainings and trained more than 200 healthcare providers.

**Conclusion:** In Lahore, Sheikhpura, and Kasur, Pakistan, working with MSM population is a difficult and challenging task. Lahore office staff and workers have been harassed and beaten by police and the public many times. Intelligence agencies raided the Dostana office many times for providing services to MSM/gay/bisexual men. Dostana outreach via community networks and Snow-ball method. Dostana is advocating with Provincial AIDS control, National AIDS program, and civil society and in future provide more suitable environment for MSM population to learn more about HIV, sexual health and human rights issues in Islamic republic of Pakistan by doing reduce the impact of HIV.

# 1081

## Epidemiological Trends of Hepatitis B and C among MSM Population in Lahore, Pakistan

Syed Raza Haider Tirmizi (presenting)<sup>1</sup>

<sup>1</sup> Dostana Male Health Society, Lahore, Pakistan

**Background:** Men who have sex with men (MSM) are at a higher risk of acquiring viral hepatitis, including hepatitis B (HBV) and hepatitis C (HCV). However, there is limited data on the prevalence and incidence of HBV and HCV in Pakistani homosexual and bisexual men.

**Method:** A total of 1,500 participants completed a structured questionnaire and provided blood samples for HBV and HCV testing through real-time PCR.

**Results:** The study found that 15% of the participants tested positive for HCV, while 4% were positive for HBV. The prevalence of HBV and HCV was found to be affected by different lifestyle-related risk factors in Pakistani homosexual and bisexual men.

**Conclusion:** The primary modes of HCV transmission were sexual transmission and sharing needles or syringes. This study highlights the need for increased awareness and prevention efforts to reduce the incidence of viral hepatitis among MSM populations in Pakistan.

# 1090 Development of a Toolkit for Implementing Sexual Health Services

**Fernanda Rick (presenting)**<sup>1</sup>, Wilson César Ribeiro Campos<sup>2</sup>, Fabio Sato<sup>1</sup>, Ederson Renan Silva<sup>1</sup>, Carlos Eduardo de Oliveira<sup>1</sup>, Sheila Wudrev<sup>1</sup>, Marcia dos Anjos<sup>1</sup>, Ana Caroline Ferreira<sup>1</sup>, Hugo Ishioka<sup>1</sup>, Vivian Avelino-Silva<sup>2</sup>, Beto de Jesus<sup>1</sup>

<sup>1</sup> AIDS Healthcare Foundation, São Paulo, Brazil

<sup>2</sup> Universidade de São Paulo, São Paulo, Brazil

**Introduction:** Sexual health is an essential component of health and human rights, acknowledged by the World Health Organization. However, health services and healthcare workers are often insufficiently prepared to provide resourceful, person-centric, humanized, and comprehensive services aiming to treat and prevent sexually transmitted infections, and to promote sexual health among their clients.

**Description:** We present the experience of developing the "Practical Guide for Implementation of Sexual Health Services", produced by Aids Healthcare Foundation Brazil based on the real-world experience of establishing a sexual health clinic to assist vulnerable populations in the downtown area of São Paulo, a critical region for HIV and other sexually transmitted infections in Brazil.

**Lessons Learned:** The toolkit includes guidance on practical actions to 1. Facilitate the organization of the overall service, structure, and supplies; 2. Identify the specific needs of key populations in the catchment area; 3. Deliver training for healthcare providers working in transdisciplinary areas; 4. Establish collaboration networks with other institutions, community leaders/representatives and referral units; 5. Implement interventions focused on integrality and continuum of care; 6. Plan achievable goals, priorities, quality indicators, and monitoring strategies. Finally, the toolkit also helps in anticipating challenges and finding solutions throughout the implementation and routine operation of sexual health services.

**Recommendations:** Implementation toolkits are useful instruments comprising technical guidance and applying the experience of established services. However, they should not be adopted as closed-ended scripts; rather, they should be adapted to the objectives, specificities, and target population of each service. Novel experiences gathered from services should be continuously incorporated in updated versions of the toolkits, leading to an increasingly comprehensive and applicable instrument.

# 1095 Self-Collection of Capillary Blood Using a New Device for HIV and Syphilis Testing among Men Who Have Sex with Men that Use PrEP in the Netherlands: Limburg4Zero

**Cornelia JD (Hanneke) Goense (presenting)**<sup>1</sup>, Ymke J Evers<sup>1</sup>, Inge HM van Loo<sup>2</sup>, Rosalie JM Heuts<sup>2</sup>, Christian JPA Hoebe<sup>1</sup>, Chase Cannon<sup>3</sup>, Nicole HTM Dukers-Muijters<sup>4</sup>

<sup>1</sup> Maastricht University, Maastricht, Netherlands

<sup>2</sup> Maastricht University Medical Centre, Maastricht, Netherlands

<sup>3</sup> University of Washington, Seattle, WA, USA

<sup>4</sup> Living Lab Public Health, Limburg, Netherlands

**Background:** Recently home-based testing for HIV and sexually transmitted infections (STI) has become available. Blood collection is required for reliable (laboratory) results on Syphilis and HIV testing. Current self-sampling with fingerstick collection is often not adequate and not always perceived acceptable. The Tasso+ collection device has potential to collect larger blood volumes. We assessed acceptability and feasibility of this device among men who have sex with men (MSM) who currently use PrEP and, performance of the device (i.e., blood volume collection).

**Method:** Between August 2022 and January 2023, 47 MSM were recruited during their routine PrEP consultation (with STI, HIV and creatinine screening) at Dutch STI Clinics. Participants tested the device directly after their consultation. An online questionnaire determined acceptability and feasibility of the device and home-based care in general. Volumes were measured after sampling, and remaining serum volume after performing routine screening tests for HIV and Syphilis.

**Results:** Based on direct experience 87% of participants had a positive attitude and 77% would use the device again in the future for blood sampling at home. Acceptability of home-based care in general was lower (77% positive attitude, 72% intention). Participants examined the device easy to use (96%). On average 536µl whole blood (244µl serum) was collected. Nearly all samples (96%) had sufficient blood for Syphilis and HIV screening. After screening, an average residue of 192µl remained in 85% of samples. Residual volume is sufficient for additional testing (e.g., Hepatitis B, creatinine).

**Conclusion:** Self-collection of blood with this device is highly acceptable among PrEP-using MSM. The potential for future use for home-based testing is high. Use of the device has been feasible for collecting sufficient blood volumes for required Syphilis and HIV tests and possibly additional tests. Therefore, home-based testing including the novel Tasso+ device may be considered a valuable addition among PrEP-using MSM.

# 1096

## Understanding Reach, Efficacy, Adoption, Implementation, and Maintenance of Home-Based Sexual Health Care, Including HIV Testing Outside a Clinic: A Realist Review

**Cornelia JD (Hanneke) Goense (presenting)**<sup>1</sup>, Thuan-Huong P Doan<sup>2</sup>, Eneyi E Kpokiri<sup>3</sup>, Ymke J Evers<sup>1</sup>, Christian JPA Hoebe<sup>1</sup>, Rik Crutzen<sup>4</sup>, Paula Baraitser<sup>5</sup>, Claudia S Estcourt<sup>6</sup>, Jeffrey D Klausner<sup>2</sup>, Weiming Tang<sup>7</sup>, Filippo Zimbile<sup>4</sup>, Nicole HTM Dukers-Muijters<sup>8</sup>

<sup>1</sup> Maastricht University, Maastricht, Netherlands

<sup>2</sup> University of California, Los Angeles, Los Angeles, CA, USA

<sup>3</sup> London School of Hygiene and Tropical Medicine, London, England, United Kingdom

<sup>4</sup> Maastricht University Medical Centre, Maastricht, Netherlands

<sup>5</sup> King's College Hospital NHS Foundation Trust, London, England, United Kingdom

<sup>6</sup> Glasgow Caledonian University, Glasgow, Scotland, United Kingdom

<sup>7</sup> University of North Carolina at Chapel Hill, Project-China, Chapel Hill, NC, USA

<sup>8</sup> Living Lab Public Health, Limburg, Netherlands

**Background:** Home-based sexual health care, including testing HIV and sexually transmitted infections (STI), is increasingly implemented. Home-based care lowers barriers to entering sexual healthcare. This review aims to identify which elements of home-based sexual health care work for which key populations, under which circumstances and why in terms of reach, effectiveness, adoption, implementation, and maintenance.

**Method:** A realist review was conducted which included at least a self-managed HIV testing component. The search assessed databases PubMed, Embase, Cochrane Register of Controlled Trials and PsycInfo. Global peer-reviewed published quantitative and qualitative literature published from February 2012 to February 2023 were examined. Following the RE-AIM framework, we systematically assessed (R) reach of key populations, (E) effectiveness of the intervention, and (AIM) effects on adoption, implementation, and maintenance in current sexual health care.

**Results:** Of 730 unique identified records, 92 studies were selected for extraction. Of these studies, 60% reported actual interventions, 40% described acceptability and intention to use an intervention. Most studies were among men who have sex with men (MSM). Home-based sexual health care was highly acceptable throughout key populations such as MSM, sex workers and young people. Effectiveness in most studies was (perceived) increased HIV testing. Adoption of the intervention by care providers was acceptable, under the premise that linkage to care was available. Included studies showed inadequate results of fidelity. Maintenance of home-based sexual health care should be considered complementary to clinic-based care.

**Conclusion:** Current review assessed the acceptability of interventions for key populations with home-based sexual health care. Results were largely restricted to reach and effectiveness of interventions. Perspectives on adoption and fidelity yielded limited results. There is a great variety of reporting and analytic approaches to evaluate home-based sexual health care programs. Accordingly, more comparative research is needed to examine success factors of home-based sexual health care.

# 1097

## Continuity of HIV Services

**Janeffer Gacheru (presenting)**<sup>1</sup>

<sup>1</sup> Upwork, Nairobi, Kenya

**Introduction:** Ensuring uninterrupted healthcare and support for individuals living with HIV/AIDS is crucial for maintaining the continuity of HIV services. Challenges such as sustainable funding, structural barriers, and strong health systems need to be addressed to achieve global goals in ending the AIDS epidemic and improving the well-being of those affected by HIV. Integration of HIV services into existing healthcare frameworks and actively addressing inequalities are essential components of this endeavor.

**Description:** Our intervention aimed to enhance HIV services through mobile clinics in remote areas, extending access to testing, counseling, and antiretroviral therapy. Capacity-building workshops empowered providers to deliver patient-centered care and combat stigma. These efforts improved service accessibility, reduced treatment interruptions, and increased retention rates among beneficiaries. By bridging gaps and empowering healthcare providers, we successfully enhanced the continuity of HIV services in underserved communities.

**Lessons Learned:** Mobile clinics effectively improved service accessibility in remote regions, breaking down geographical barriers. Capacity-building workshops empowered healthcare providers, fostering a patient-centered approach. Overcoming logistical challenges and addressing stigma required close collaboration with local stakeholders. Continuous education and awareness campaigns played a crucial role in combating persistent stigma and discrimination, creating an inclusive environment for those affected by HIV.

**Recommendations:** To enhance HIV services, foster collaboration among stakeholders, scale up mobile clinics to underserved areas, address systemic barriers, and combat stigma through community engagement and education. Adopt patient-centered approaches and robust monitoring systems. By implementing these recommendations, we can advance accessibility, equity, and quality in the fight against AIDS, ensuring the well-being of those affected by HIV and contributing to the global effort to end the epidemic.

# 1098

## A Policy Analysis of HIV Policies in Belgium, Germany, and the Netherlands: Setting Priorities for the EuRegio Meuse-Rhine Project

**Hanne Zimmermann (presenting)**<sup>1</sup>, Kathrin Adamietz<sup>1</sup>, Sarah E. Stutterheim<sup>1</sup>, Kai Jonas<sup>1</sup>

<sup>1</sup> Maastricht University, Maastricht, Netherlands

**Background:** Belgium, Germany and the Netherlands are approaching the 95-95-95 targets, but this effect is less prominent in less-urban regions. In this context, the EuRegio HIV prevention project takes a cross-border approach to reducing HIV risk among key populations. To set priorities, we compared the HIV policies of Belgium, Germany, and the Netherlands.

**Method:** We used The Health Policy Triangle Framework to compare and evaluate the context, actors, content, and progress of the HIV national action plans of Belgium, Germany, and the Netherlands. We refer to context as the systemic factors that affect health policies; actors as any participant who influences policymaking; content as the substance of a specific policy including key populations, objectives, strategies for achieving policy goals, and intended progress indicators; and progress as the progress towards the 95-95-95 targets.

**Results:** The action plans are built on different contexts and varied in actor involvement in the development and implementation of the strategies. Regarding content, each action-plan concentrated on different focal points and actions to achieve respective goals and objectives. All strategies targeted MSM, but only the Belgian plan detailed migrant-specific approaches. Specific and measurable goals as well as regionally targeted approaches were only detailed in the Dutch plan. The 95-95-95 targets are within reach through increased awareness, testing, and treatment uptake, but access to HIV-services remains unequal between regions, especially with regard to the proportions of individuals unaware of their infection and diagnosed late.

**Conclusion:** The differences between the three action plans demonstrate the influence of unique contextual, political and situational factors on the development of national HIV action plans despite adhering to a shared European guideline. Stigma, discrimination, and lack of awareness remain crucial focal points in each country. More targeted approaches for the various key populations and regional differences need to be incorporated, including an integrated regional strategy for cross-border contexts.

# 1099

## HCV Urban Elimination: Analysis of Three City-Specific Workshops

**Gonçalo Lobo (presenting)**<sup>1,2</sup>, Sindhu Ravishankar<sup>1,2</sup>, José M. Zuniga<sup>1,2</sup>

<sup>1</sup> IAPAC, Washington, DC, USA

<sup>2</sup> Fast-Track Cities Institute, Washington, DC, USA

**Introduction:** WHO's strategy calls on the elimination of HCV by 2030, defined as a 90% reduction in new infections and a 65% reduction in mortality.

**Description:** Three city-specific workshops were held in Warsaw, Milan, and Berlin on eliminating the hepatitis C epidemic in urban settings. Attendees were from CBO/NGOs, Municipalities, Health Care Professionals, and Public Health Departments. The main purpose of the workshops was to have local stakeholders identify needs and priorities for HCV-elimination in their cities and draft an outline of a strategic plan.

**Lessons Learned:** All cities agreed on the importance of an HCV-specific local response focused on screening, diagnosis, outreach, and prevention. Priority populations identified by all three cities included: PWID, MSM, migrants, and incarcerated people. A key barrier to developing a local HCV strategy was data quality and availability. Notably, all three cities noted a discrepancy between data reported at the local level and that reported at ECDC. Additionally, lack of consensus around indicators to collect and subsequent methodologies was reported as a barrier to developing a strategy that could be leveraged for funding. With regards to the plans, Berlin and Milan focused on micro-elimination while Warsaw focused on a national-wide elimination plan. Notably, during the workshop in Berlin, stakeholders were asked to present a project to the Senate for funding.

**Recommendations:** While the workshops served as an effective first step, additional efforts are needed to provide the tools to develop strategic plans. This could include personalized follow-up to local stakeholders, informed by workshop outcomes, to consolidate their strategic plans and make them robust enough to catalyze funding.



# 1107 Increasing Access to Comprehensive Services among MSM and TGW by BKK Pride Clinics

**Chantapat Brukesawan (presenting)<sup>1</sup>**, Thitisant Palakawong Na Ayuthaya<sup>1</sup>, Nattinee Isarankura<sup>1</sup>, Pannee Chaiphosri<sup>1</sup>, Kanokrat Lerdtriphop<sup>2</sup>

<sup>1</sup> BMA, Bangkok, Thailand

<sup>2</sup> Bangkok Metropolitan, Bangkok, Thailand

**Introduction:** In 2022, Bangkok Metropolitan Administration (BMA) estimates 81,537 MSM and 26,804 TGW in Bangkok. Following Bangkok Governor's policy supporting gender equality, Department of Health established BKK Pride Clinics in 16 Public Health Centers during 2022-2023.

**Description:** BKK Pride Clinics provide free comprehensive services for LGBTIQ+ populations by offering hormone level, HIV, STIs, hepatitis B and C testing, psychological care, vaginal examination with Pap smear, PrEP/nPEP, condoms and lubricants, and harm reduction. We share the achievements made and the valuable lessons learned through the implementation of BKK Pride Clinics.

**Lessons Learned:** From July 1, 2022, to April 30, 2023, BKK Pride Clinics served a total of 4,633 LGBTIQ+ clients. 2,520 (54.4%) were aged 25-49 years, and 928 (20%) were young people aged 15-24 years. HIV testing and treatment was the most popular service (4,420 clients), followed by testing and treatment for STIs (2,214) and PrEP (2,016), nPEP (466), hormone level testing (57), harm reduction (46) and mental health service (13). When comparing the same period of July 2021-April 2022 VS. July 2022-April 2023 (before VS. after BKK Pride Clinics), we found an increase of PrEP clients by 58% (55% among MSM and 14% among TGW). Collaborations and support from various government agencies, civil society organizations (CSOs), and international organizations played a crucial role in the training of healthcare workers and the promotion of BKK Pride Clinics.

**Recommendations:** The Bangkok Governor's policy has played an important role, particularly in gaining commitments and support from the healthcare providers and their partners. Department of Health must sustainably work in collaboration with its networks and use feedbacks and lessons learned from the healthcare providers and the clients, to promote BKK Pride Clinics and improve the service quality.

# 1108 Epidemiological Impacts and Cost-Effectiveness of Expanding Formal Pre-Exposure Prophylaxis (PrEP) Provision to Men Who Have Sex with Men (MSM) Who Are PrEP-Eligible Expressing PrEP-Intention in the Netherlands: A Mathematical Modelling Analysis

**Haoyi Wang, (presenting)<sup>1</sup>**, Stephanie Popping<sup>1</sup>, David van de Vijver<sup>2</sup>, Kai Jonas<sup>2</sup>

<sup>1</sup> Maastricht University, Utrecht, Netherlands,

<sup>2</sup> Erasmus Medical Centre Rotterdam, Rotterdam, Netherlands

**Background:** Reimbursed PrEP access in the Netherlands has reached its maximum capacity with a waiting list of 3000 MSM and 19500 MSM who are PrEP-eligible and willing to use PrEP (PrEP-eligible/intending MSM). This study aims to model the epidemiological impact and cost-effectiveness of expanding PrEP provision to waiting list and PrEP-eligible/intending MSM in the Netherlands, given the imminent national evaluation of the current PrEP program in July 2023.

**Method:** We adopted and calibrated a deterministic transmission model of HIV among MSM. Expanded PrEP provision was seeded in 2022, to achieve the coverage (25%, 50%, 75%, and 100%) for the waiting list and PrEP-eligible/intending group by 2024. The epidemiological impact was modelled until 2030, while cost-effectiveness was calculated from a payer's perspective over a lifetime horizon of 40 years, starting from 2022, and the short-term budget impact was calculated over 5 years from 2022.

**Results:** The coverage levels for waiting list MSM and PrEP-eligible/intending MSM can avert a total of 11 (3%) up to 192 (45%) new infections by 2030. Expanding PrEP provision to over-75% of PrEP-eligible/intending MSM offers the possibility of ending the HIV epidemic by 2030. However, achieving this milestone comes with significant costs, with an incremental cost-effectiveness ratio of €164100 per quality-adjusted life year and short-term costs of €1074 million over 5 years.

**Conclusion:** This study provides timely evidence for the upcoming national PrEP evaluation program in the Netherlands, supporting the continuation and further expansion of formal PrEP provision. While expanding the current PrEP program to reach more eligible individuals holds the potential for HIV elimination, given the associated significant costs, careful societal and political considerations are necessary to strike a balance between efforts to end the HIV epidemic and the available resources.

# 1109 MDPV Awareness and Preparedness among PrEP Users: A Survey

**Alessandra Bianchi (presenting)**<sup>1</sup>, Davide Moschese<sup>2</sup>, Daniele Calzavara<sup>1</sup>, Roberto Rossotti<sup>3</sup>, Donatello Zagato<sup>4</sup>, Antonella Antonino<sup>1</sup>, Alessandro Tavelli<sup>5</sup>, Enrico Caruso<sup>1</sup>, Iman Khattat<sup>1</sup>, Pietro Vinti<sup>1</sup>, Massimo Cernuschi<sup>1</sup>

- <sup>1</sup> Milano Check Point, Milan, Italy
- <sup>2</sup> ASST Fatebenefratelli Sacco, Milan, Italy
- <sup>3</sup> ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy
- <sup>4</sup> ASA Associazione Solidarietà AIDS, Milan, Italy
- <sup>5</sup> Icona Foundation, Milan, Italy

**Background:** MDPV is a novel synthetic cathinone that emerged in the last years in the chemsex scene in Milan. It has gained popularity due to its psychostimulant and empathogenic effects. Along with these effects, it also produces neurologic, cardiovascular, and psychiatric adverse effects which cause social, working and health impairment. As PV use is increasing, we investigated the awareness and preparedness of PrEP users about the topic.

**Method:** An anonymous survey was sent to PrEP users who attend our community-based service. This survey was built by our psychology team skilled therapists. Personal features, PV knowledge, use, discontinuation and complications were collected.

**Results:** Among 467 respondents, only 186 (40%) heard about PV: 93% were MSM between 30s-40s, mainly Italians living in Milan, graduates and workers. 48% have been on PrEP for at least 2 years. The most well-known effects were increased libido (67%) and euphoria (54%), followed by insomnia (54%) and paranoia (47%). Refraining from use was mainly due to the fear of adverse and addictive potential. 30% of respondents never engaged in chemsex. 54 subjects (12%) were PV-experienced, but 42 consider themselves former users. Contexts of consumption are chemsex parties and casual sex (94%). Frequency is mostly sporadic (92%). Although 87% reported precedent drug use, 61% felt worried after PV use. 10 reported a need for help to quit PV and were satisfied with the help received from their network. Possible fear-for-judgment and self-stigma biases must be taken into consideration for such a low number of help-seeking consumers. 70% quit PV due to concern for adverse effects.

[Charts](#)

**Conclusion:** Lack of information about MDPV among the community showed a significant unpreparedness. It underlines the need for education and counseling. The fast increase in consumption of this cathinone marks these interventions as urgent.

# 1112 Reaching Syrian Immigrants Through Municipal Registries for Hepatitis B and C Point-of-Care Testing in Two Dutch Municipalities

**Chrissy Moonen (presenting)**<sup>1</sup>, Casper den Heijer<sup>1</sup>, Elfi Brouwers<sup>1</sup>, Jamila Bouchaara<sup>1</sup>, Nicole HTM Dukers-Muijters<sup>2</sup>, Christian JPA Hoebe<sup>3</sup>

- <sup>1</sup> GGD Zuid Limburg, Limburg, Netherlands
- <sup>2</sup> Living Lab Public Health, Limburg, Netherlands
- <sup>3</sup> Maastricht University, Maastricht, Netherlands

**Introduction:** Chronic hepatitis B virus (HBV) and hepatitis C virus (HCV) infection can be long-term asymptomatic before leading to potentially fatal cirrhosis and liver cancer. Therefore, screening of high-risk groups, such as immigrants from endemic areas, is called for. In South Limburg (the Netherlands), Syrian immigrants are the largest first-generation non-Western immigrant group with an HBV/HCV prevalence above 2%. This study aims to reach Syrian immigrants for HBV and HCV point-of-care testing (POCT) with prompt referral to specialized care when needed.

**Description:** This cross-sectional study is part of "Limburg4zero", the regional strategy for elimination of HIV and hepatitis. Adult Syrian status holders residing in municipalities Heerlen (n=433), or Maastricht (n=402) were personally invited (by letter) to receive free HBV (HBsAg) and HCV (anti-HCV) POCT at the local public health service. Two screening days and one catch-up day were organized for each municipality. Questionnaire data and test results were analyzed descriptively.

**Lessons Learned:** Preliminary results show that 32.3% (N=270) participated (mean age: 36 years, 59% men, 24% primary educated, 28.5% unemployed). Distributing bilingual posters and involving key persons most likely contributed to the reach. Being invited was the main reported reason for attendance (72%). No HBV/HCV infections were detected. Bilingual information, cultural mediators, and translators at the screening site proved to be invaluable. The screening setting and POCT were well-received by personnel and participants.

**Recommendations:** The preliminary results of this study show reasonable participation after a personal invitation by the public health professional of a hard-to-reach immigrant population. Targeted screening through POCT can complement opportunistic screening by facilitating health care for people less likely to be seen in regular care.

# 1114

## Breaking Barriers and Building Confidence: The Self-Efficacy Model for Condom, Lubricant, and PrEP Use among Men who Have Sex with Men in Nairobi, Kenya

**Shillah Mwavua (presenting)**<sup>1</sup>, Joseph Omwamba<sup>2</sup>, Peter Memiah<sup>3</sup>, Haggai Wanyungu<sup>4</sup>

<sup>1</sup> Nairobi County Government, Nairobi, Kenya

<sup>2</sup> Ishtar MSM, Nairobi, Kenya

<sup>3</sup> University of Maryland, Baltimore, MD, USA

<sup>4</sup> Kenya Red Cross Society, Nairobi, Kenya

**Background:** Men who have sex with men (MSM) face a greater risk of acquiring HIV than other men worldwide. However, the consistent use of prevention strategies such as male condoms, lubricants, and pre-exposure prophylaxis (PrEP) among this population is low, despite being essential components of HIV prevention programs. Therefore, it is crucial to identify and understand the obstacles that hinder MSM from adopting and adhering to these prevention methods to inform more effective HIV prevention programs for this group.

**Method:** The study included 44 participants in the FGDs and 3 key informants. It was conducted at an MSM community clinic in Nairobi. The goal was to gain insights into the factors that influence MSM's risk of contracting HIV and identify strategies for promoting safer sex practices among this population.

**Results:** Participants' median age was 23 years, those identified as MSM were (51.5%), gay 26.7%, bisexual 18.1%. (51.0%) of the respondents had college education, 91.8% identified as Christians and 79.8% were single. Condoms use was influenced by availability and perceived benefits in protecting against HIV/STIs. Barriers such as inadequate supply, temptation for higher pay, and unavailability hindered consistent use. Lubricant barriers were bad odor and quality, leading to decreased sexual pleasure. Poor adherence to both condoms and lubricants was associated with partner dependence, fear or mistrust, and misconceptions about lubricants causing irritation and infections. PrEP knowledge, benefits, and availability improved adherence. Barriers included, color, side effects, disapproval of its packaging, alcohol consumption, and limited accessibility. Overall, protective behaviors were greatly influenced by the perceived benefits and availability of preventive measures.

**Conclusion:** Our knowledge of how MSMs' experiences and impact use of HIV prevention methods has expanded including understanding of patterns of adherence. More research is needed to identify ways of promoting positive behavior

# 1115

## A Systematic Review of Sudden Cardiac Death in Adults Living with HIV

**James Pierchalski (presenting)**<sup>1</sup>, Katherine Kooij<sup>1</sup>, Silvia Guillemi<sup>1</sup>, Reginald Smith<sup>2</sup>, Lawrence McCandless<sup>3</sup>, Robert Hogg<sup>1</sup>

<sup>1</sup> British Columbia Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada

<sup>2</sup> Island Health, Victoria, BC, Canada

<sup>3</sup> Simon Fraser University, Burnaby, BC, Canada

**Background:** With HIV's transition to a chronic disease, there is robust evidence of an elevated risk of cardiovascular diseases in people living with HIV (PLWH). Extensive evidence links HIV to an elevated risk of myocardial infarction, heart failure, and stroke; there is limited evidence exploring the risk of sudden cardiac death (SCD) for PLWH on antiretroviral therapy (ART).

**Method:** This study undertook a systematic review of peer reviewed PLWH population studies of the risk of PLWH SCD evidence by searching PubMed, CENTRAL, CINAHL, Grey Literature Report and Clinicaltrials.gov for the terms "sudden cardiac death HIV" or "sudden cardiac death human immunodeficiency virus". The study also reviews the pathologies of atherosclerosis, chronic inflammation, myocardial fibrosis, and prolonged QTc interval and heart variability risks unique to SCD for PLWH.

**Results:** The combined results of the studies reviewed (n=5) demonstrate that male PLWH experience elevated SCD risk, likely due to persistent inflammatory states impacting different cardiovascular pathologies in PLWH.

**Conclusion:** The limited research provides evidence that while PLWH male SCD risk is elevated, maintaining VL suppression and  $\geq 200$  CD4+ cells/mm<sup>3</sup> counts (ideally higher) likely lowers the risk of SCD to a more comparable rate of SCD to the general population. It is still unknown what the risk of SCD in PLWH women is due to small sample sizes.

# 1117 STI/HIV Burden and Sexual Healthcare Engagement of First- and Second-Generation Migrant and Western-Born Male Sex Workers Who Have Sex with Men (MSW-MSM) in the Netherlands: A Retrospective Cohort Study

**Charlotte MM Peters (presenting)**<sup>1</sup>, Ymke J Evers<sup>2</sup>, Carolina JG Kampman<sup>3</sup>, Marie-José Theunissen<sup>4</sup>, Mark A.M. van den Elshout<sup>5</sup>, Nicole HTM Dukers-Muijers<sup>6</sup>, Christian JPA Hoebe<sup>2</sup>

- <sup>1</sup> South Limburg Public Health Service (GGD Zuid Limburg), Limburg, Netherlands
- <sup>2</sup> Maastricht University, Maastricht, Netherlands
- <sup>3</sup> Public Health Service Twente, Twente, Netherlands
- <sup>4</sup> Public Health Service GGD, Amsterdam, Netherlands
- <sup>5</sup> Public Health Service of the Utrecht Region, Utrecht, Netherlands
- <sup>6</sup> Living Lab Public Health, Limburg, Netherlands

**Background:** Globally, migrant sex workers have a higher burden of sexually transmitted infections (STI)/HIV. However, it is unclear to what extent migrant male sex workers who have sex with men (MSW-MSM) experience worse sexual health outcomes compared to Western-born MSW-MSM in Western Europe. This large and unique study aimed to assess demographics, STI/HIV burden and engagement in sexual healthcare of first-generation migrant (FGM) and second-generation migrant (SGM) MSW-MSM versus Western-born MSW-MSM.

**Method:** Coded STI clinic consultations (n=6970) from 3116 individual MSW-MSM attending any Dutch STI clinic between 2016-2021 were included. FGM: born outside of central/western Europe/North America/Oceania. SGM: at least one parent born outside of central/western Europe/North America/Oceania. Multivariable logistic regression analysis assessed associations between STI diagnosis in first consultation in the data and MSW-MSM groups. A Cox proportional hazard regression compared the incidence of a first repeat consultation between migration groups, stratified by STI in first consultation. All analyses were adjusted for age and urbanity of STI clinic region.

**Results:** FGM MSW-MSM (n=1085) were mostly born in Latin America (50%), while SGM MSW-MSM (n=368) mostly originated from North Africa (30.4%). The proportion of STI diagnoses differed (33.2%, 29.3%, 23.3%;  $p < 0.001$ ) between the FGM, SGM and Western-born MSW-MSM. FGM MSW-MSM versus Western-born had an aOR 1.6 (95%CI: 1.3-1.9) of STI diagnosis in the first consultation. FGM MSW-MSM versus Western-born had an aHR 1.5 (95%CI: 1.3-1.8) of having a first repeat consultation at any time, when stratified for no STI diagnosis in the first consultation. This association was absent when stratified for having an STI diagnosis in the first consultation.

**Conclusion:** The STI/HIV burden is high among all three MSW-MSM groups and FGM has a higher odd of STI. FGM seem not more lost to care and results highlight the importance of low-threshold STI testing and care for (migrant) MSW-MSM.

# 1119 STI/HIV Burden and Sexual Healthcare Engagement of First- and Second-Generation Migrant and Western-Born Female Sex Workers (FSW) in the Netherlands: A Retrospective Cohort Study

**Charlotte MM Peters (presenting)**<sup>1</sup>, Ymke J Evers<sup>2</sup>, Carolina JG Kampman<sup>3</sup>, Marie-José Theunissen<sup>4</sup>, Mark A.M. van den Elshout<sup>5</sup>, Nicole HTM Dukers-Muijers<sup>6</sup>, Christian JPA Hoebe<sup>2</sup>

- <sup>1</sup> South Limburg Public Health Service (GGD Zuid Limburg), Limburg, Netherlands
- <sup>2</sup> Maastricht University, Maastricht, Netherlands
- <sup>3</sup> Public Health Service Twente, Twente, Netherlands
- <sup>4</sup> Public Health Service GGD, Amsterdam, Netherlands
- <sup>5</sup> Public Health Service of the Utrecht Region, Utrecht, Netherlands
- <sup>6</sup> Living Lab Public Health, Limburg, Netherlands

**Background:** European studies remain inconclusive on the impact of migration on sexual health outcomes e.g., sexually transmitted infections (STI) and engagement in sexual healthcare for migrant female sex workers (FSW) compared to non-migrant FSW. This study aimed to assess demographics, STI/HIV burden and engagement in sexual healthcare of first-generation migrant (FGM) and second-generation migrant (SGM) FSW versus Western-born FSW.

**Method:** A uniquely large number of coded STI clinic consultations (n=27532) from 11363 individual FSW attending any Dutch STI clinic between 2016-2021 were included. FGM is defined as being born outside of central/western Europe/North America/Oceania and SGM as having at least one parent born outside of central/western Europe/North America/Oceania. A Chi-squared test compared STI diagnosis (chlamydia/gonorrhea/infectious syphilis/infectious hepatitis B/HIV) in the first consultation among FSW groups. Incidence of a first repeat consultation was compared between migration groups using Cox proportional hazard regression, adjusting for age and urbanity of STI clinic region.

**Results:** FGM FSW (n=5085) were mostly born in Eastern Europe (50.5%) and SGM FSW (n=1309) mostly originated from Suriname/Netherlands Antilles (36.3%). Among the FGM, SGM and Western-born FSW respectively 11.4%, 15.2% and 13.3% ( $p < 0.001$ ) was diagnosed with any STI, 0.5%, 0.2% and 0.1% ( $p < 0.001$ ) with infectious syphilis, 0.8%, 0.2% and 0.0% ( $p < 0.001$ ) with infectious hepatitis B and 0.2%, 0.0% and 0.1% ( $p = 0.020$ ) with HIV in the first consultation. FGM FSW have a hazard ratio of 0.73 (0.69-0.77,  $p < 0.001$ ) of having a first repeat consultation at any time compared to Western-born FSW.

**Conclusion:** FGM and SGM FSW compared to Western-born FSW have a comparable burden of any STI, have a higher burden of infectious syphilis, infectious hepatitis B and HIV and are less likely to have a repeat consultation. Efforts of sexual healthcare services should focus on getting migrant FSW in care to decrease the burden of severe STI.



# 1120

## A View into Mpox Awareness Within Men Who Have Sex with Men Born in Portugal and Born Abroad

**Maria Novais (presenting)**<sup>1</sup>, Márcio Daniel Dias de Almeida e Silva<sup>2</sup>, Paula Meireles<sup>1</sup>

<sup>1</sup> Universidade do Porto Laboratório para a Investigação Integrativa e Translacional em Saúde Populacional (ITR), Porto, Portugal

<sup>2</sup> ISPUP, Vila Nova de Gaia, Portugal

**Background:** In July 2022, the multi-country outbreak of mpox, affecting mostly the Gay, Bisexual and other Men who have Sex with Men (GBMSM) community, was declared a Public Health Emergency of International Concern. The first case in Portugal was confirmed on May 17, 2022, and by October 2022, a total of 944 cases had been diagnosed. We aimed to compare the frequency and timing of the recognition of mpox as a health problem among GBMSM individuals born in Portugal versus those born abroad seeking HIV and STI testing.

**Method:** We analyzed data from 2579 participants of the Lisbon Cohort of MSM – an open, prospective cohort of HIV-negative GBMSM aged 15 or older. Participants were recruited at GAT CheckpointLX, a community-based testing center in Lisbon, between May 2022 and May 2023. We asked the participants about awareness on any current health problems frequently discussed among GBMSM. We then compared awareness and the timing of awareness between those participants born in Portugal and those born abroad (migrants, for simplicity).

**Results:** During this period, 652 (25.3%) of participants were aware of a health issue frequently discussed among the GBMSM community, and of those, 576 (88.3%) mentioned mpox. Portuguese participants demonstrated higher awareness of any health issue compared to migrants (31.0% vs 14.0%,  $p < 0.001$ ) and mentioned mpox more frequently (89.3% vs 84.3%,  $p = 0.124$ ). Portuguese GBMSM first mentioned mpox on May 19, 2022, while migrants start mentioning it two weeks later. Until October 2022, migrants mentioned mpox less frequently, but by May 2023, all migrants cited mpox, compared to 82.0% of Portuguese ([Figure 1](#)).

**Conclusion:** GBMSM born abroad exhibited delayed and initially lower awareness of mpox compared to their Portuguese counterparts, which likely reflects the timing of the outbreak in their home country and weaker connections with the broader gay community beyond their migrant communities.

# 1125

## HIV and Tuberculosis Prevention and Treatment Programs among Key Population in Megacity of Karachi

**Sharaf Ali Shah (presenting)**<sup>1</sup>

<sup>1</sup> Bridge Consultants Foundation, Karachi, Pakistan

**Introduction:** Karachi is among the megacities of the world. It is the largest city in Pakistan, with an estimated population of 20 million persons. Majority of people living with HIV in Pakistan are concentrated in three major cities including Karachi, Lahore, and Islamabad.

**Description:** We engaged community-based organizations (CBOs) working with key population (KPs) in Karachi and other major cities in Sindh province to provide education, counseling, and screening for HIV and TB to transgender women and male sex workers. The process involved verbal screening, followed by Xpert MTB/RIF and HIV testing with informed consent.

### Challenges

1. Gaining trust and confidence of transgender women and male sex workers proved challenging, necessitating the involvement of their peers and leaders.
2. They had limited access to healthcare services and faced deep-seated stigma and discrimination by healthcare providers.
3. Poverty, unemployment, poor education, malnutrition, unhygienic living conditions and risky behaviors increased their vulnerability.

### Lessons learned / Recommendations:

1. Involving peers and community leaders was crucial to establish trust and accessing these populations.
2. Engaging peers as treatment supporters for TB treatment and ART led to better outcomes.
3. Counseling and awareness-raising sessions improved their health care seeking behaviors. Addressed low condom use e.g., negotiating condom use.
4. Training of health care providers resulted in user-friendly services.
5. Access to treatment services improved by establishing treatment centers at convenient places.
6. It is prudent that there is timely progress on the MOU signed between UNAIDS and the City Government, which will strengthen the HIV response in a mega city like Karachi.
7. Motorbikes were the most practical means of reaching these populations living in remote peri urban slums.

# 1127 Reaching the Unreached Female Sex Workers (FSWs) Through Network-Based Approach in Delhi, India

Jitendra Misra (presenting)<sup>1</sup>

<sup>1</sup> Delhi State AIDS Control Society, Delhi, India

**Background:** FSWs are becoming invisible from physical hotspots with the advent of mobile technology. It has increased challenge of reaching out of new sex workers for HIV prevention and treatment services under Targeted Intervention (TI) projects. New business networks have emerged in the FSW-client solicitation space. Network operators (NWOs) drive these networks and play a significant role in facilitating the process of solicitation. Around 3000 such networks are active in the city and about 80000 FSWs are associated with them, as per estimate of Network Mapping conducted in 2021. Network based Approach adopted to reach out invisible sex workers for HIV testing and treatment services.

**Method:** Network based approach involves mapping networks and NWOs, identifying and profiling FSWs associated with them followed by sensitizing NWOs and need for HIV service uptake for FSWs. Through snowballing, information about different sex work networks and sex workers working under these networks, is collected to reach out to women. Further, FSWs that are contacted through this approach are linked to the TI services.

**Results:** Network approach has given boost new registrations in TI program. Currently 55000 FSWs are associated with 2421 NWOs registered in TI program. 48000 FSWs newly registered and 97% of them screened for HIV. Linkage of FSWs to ART has increased from 73% to 90% over the years. Early identification and coverage of young FSWs has also increased after initiation of network approach. The mean age of FSWs at time of registration in TI has decreased from 26 to 22 years.

**Conclusion:** Successful implementation of the network approach has been the result of strong rapport with NWOs. The value of trust and confidentiality gave boost to process of reaching out to unreached FSWs for HIV prevention and treatment services. Constant engagement with NWOs is essential based on various players in the network with frequently changing dynamics in sex work.

# 1131 Addressing HIV and Gender-Based Violence (GBV) Through the Education and Skills Development Program for Adolescent Girls and Young Women in the City of Windhoek

Puleng Letsie (presenting)<sup>1</sup>, Cecilia Maruta (presenting)<sup>2</sup>, James Kalundu<sup>2</sup>

<sup>1</sup> UNAIDS, Windhoek, Namibia

<sup>2</sup> City of Windhoek, Windhoek, Namibia

**Introduction:** Namibia is one of the most unequal countries in the world due to socioeconomic inequalities, which were worsened by the COVID-19 pandemic. Young people from poor backgrounds are at an increased risk of gender-based violence (GBV) and HIV infection due to poverty, lack of education, limited employable skills, and limited information on their rights. 28% of adolescent girls justify being beaten by their partner as acceptable, 6700 are living with HIV, while 18% got married by the age of 18, hence the City's HIV response programs are critical to reduce inequalities.

**Description:** The Municipal Council of Windhoek founded the Independent Girls Mentorship Program (IGMP) for young girls aged 12 – 18 in 2012 to alleviate challenges faced by young girls. The programmed supports 55 vulnerable girls. They are empowered with life skills, leadership skills, socio-economic and vocational skills including entrepreneurship, mentoring, coaching and psychosocial support to enhance access to quality education and improve their socioeconomic status by addressing barriers keeping girls from school. The first cohort of 10 girls graduated from high school in 2020, with 9 in tertiary institutions and 1 employed.

## Lessons Learned:

- Among girls from disadvantaged families, education-related costs contribute to increased risk of school dropout, early pregnancy and marriage, gender-based violence and HIV.
- Comprehensive interventions that consider girls' socioeconomic and educational needs motivate young people to remain focused on their education and develop self-confidence and resilience.
- Participating in the IGMP facilitated school completion, increasing girls' and communities' resilience, resulting in multiple socioeconomic benefits, including employment and small businesses.

## Recommendations:

- There is a need for holistic and comprehensive programs addressing the physical, emotional, psychosocial and economic needs of adolescents and young people to reduce their vulnerability.
- There is an urgent need to intensify skills development and training to address unemployment and poverty among vulnerable girls to curb gender-based violence and avert new HIV infections.

# 1135 HIV and Mental Health – According to the Year of Diagnosis and Population

Ana Rita Jorge (presenting)<sup>1</sup>

<sup>1</sup> Ser+, Cascais, Portugal

**Background:** The burden mortality associated with HIV/AIDS infection has decreased over the past decade as access to ART has increased. Consequently, the average life expectancy has been causing profound repercussions at a physical, psychosocial and psychopathological level in the experience of this infection.

**Method:** During the year 2022, 41 PLWHA attended a psychology consultation. In addition to the semi-structured interview, instruments such as the BAI, BDI, and DLOTCA-G, among others, were used (depending on the needs).

**Results:** Of the people who benefited from psychology consultations, 54% were male and 46% female. The average age was 52 years old, with the youngest client being 26 years old and the oldest 83 years old. 17% were MSM, 37% migrants: 27% IDU and 32% general population. All PLWHA diagnosed before 2000 have depression; those diagnosed between 2000 and 2019 had different conditions ranging from relational problems to cognitive deterioration; all those with a recent diagnosis were undergoing psychological anxiety related to the infection. Of the PLWHA 44% were in a psychology consultation because of depressive conditions and 22% for cognitive deterioration. Clients who have been diagnosed for a longer time report that at some point in their lives they stopped taking the ART and/or adopted non-adaptive and harmful strategies for their health. The main areas worked, according to the key-population:

- MSM: HIV related issues
- Migrants: Depression, followed by cognitive problems
- IDU: Depression
- General population: HIV-related issues

**Conclusion:** The importance of psychology is perceived, not only at the time of diagnosis, but also in the following years. Psychology promotes the adoption of adaptive and health-promoting behaviors. Early intervention can help combat severe depression in the future.

# 1136 Factors Associated with Sexualized Drug Use among Adolescents from Sexual and Gender Minorities in Brazil

Beo Oliveira Leite (presenting)<sup>1</sup>, Leila Amorim<sup>1</sup>, Paula Massa<sup>2</sup>, Alexandre Grangeiro<sup>2</sup>, Dirceu Greco<sup>3</sup>, Ines Dourado<sup>1</sup>

<sup>1</sup> Federal University of Bahia Laio Magno, São Paulo, Brazil

<sup>2</sup> University of São Paulo, São Paulo, Brazil

<sup>3</sup> Universidade Federal de Minas Gerais, Belo Horizonte, Brazil

**Background:** Worldwide, gender and sexual minorities (GSM) continue to face alarming rates of HIV transmission. Alcohol and illicit drug use in a sexual context have significant implications for increased risky behavior and vulnerability to HIV infection. We aimed to investigate factors associated with sexualized drug use (SDU) among adolescents from GSM (AGSM) in Brazil.

**Method:** PrEP1519 was a prospective, multicenter, open-label PrEP demonstration cohort study among AGSM aged 15-19 in Brazil. For this cross-sectional analysis, we included 1,623 adolescents enrolled in the cohort from February 2019-February 2023. SDU was defined as the frequent use of alcohol or illicit drugs before or during sexual intercourse (no vs. yes). Multivariate logistic regression was conducted to estimate adjusted odds ratios (aOR) and 95% confidence intervals.

**Results:** The prevalence of SDU in the last three months was 30.1%, alcohol (87.4%), marijuana (45.8%), and cocaine (8.1%). Specifically, the prevalence of methamphetamine, gamma-hydroxybutyric acid/gamma-butyrolactone, or mephedrone, used with sex in the last three months (chemsex) was relatively low (2.4%). Factors associated with an increased chance of SDU were trans woman identity (aOR:1.80;95%CI:1.04-3.11), transactional sex in a lifetime (aOR:2.16;95%CI:1.45-3.23), group sex in the last three months (aOR:1.54;95%CI:1.07-2.22); and reporting more than three partners in the previous three months (aOR:1.67;95%CI:1.20-2.33).

**Conclusion:** SDU was high among Brazilian AGSM. PrEP demand creation should be developed and tailored for those engaging in specific subgroups of sexual behavior, including frequent reporting of SDU.

# 1137 Access to HIV Prevention, Testing, and Care among Migrants Living in the EuRegion Meuse-Rhine: A Needs and Asset Assessment

**Andrea Nakakawa (presenting)<sup>1</sup>**, Lizette C. Krist<sup>1</sup>, Sarah E. Stutterheim<sup>1</sup>, Simon Englebert<sup>2</sup>, Kalle Rinkleff<sup>3</sup>, Daniel Beer<sup>4</sup>, H. Knechten<sup>4</sup>, Michel Moutschen<sup>5</sup>, Kai Jonas<sup>1</sup>, Hanne Zimmermann<sup>1</sup>

<sup>1</sup> University of Maastricht, Maastricht, Netherlands

<sup>2</sup> Centre S, Liège, Belgium

<sup>3</sup> AIDS-Hilfe Aachen e.V., Aachen, Germany

<sup>4</sup> PZB Aachen – Praxis, Aachen, Germany

<sup>5</sup> Liège University Hospital, Liège, Belgium

**Background:** While approaching the 95-95-95 targets, key-populations such as migrants living in less-urban regions are lagging behind at each step of the HIV care continuum, including prevention, testing, and care. To develop tailored interventions, we conducted a needs and asset assessment in the Euregion Meuse-Rhine (EMR; bordering regions in Belgium, Germany, and the Netherlands), identifying the needs of migrants and mapping out existing assets in the region.

**Method:** We conducted in-depth interviews during May-July 2022 with 15 first-generation migrants residing in the EMR, of which 9 had a positive HIV diagnosis. Interviews were thematically analyzed. Identified themes were discussed with key informants for triangulation and identification of gaps between assets and unmet needs.

**Results:** Unmet needs were identified at each stage of the continuum and at multiple socio-ecological levels. Our findings showed both high-level (i.e., societal and institutional) barriers impacting low-level (interpersonal and individual) needs. On the higher-levels, themes included stigma, cultural beliefs towards sexuality and European-originated information, and structural challenges (e.g., services' decentralization). These impacted the lower levels, resulting in fear of rejection, difficulties navigating the healthcare system, sexuality being a taboo, mistrust, among other barriers. Assets such as translation services, digital resources, and outreach activities are in place to mitigate these barriers but were inconsistently applied throughout the region and concentrated predominantly on addressing lower-level barriers.

**Conclusion:** While it is relevant to keep lower-level initiatives in place (i.e., translation services), interventions are needed at societal and structural levels. We recommend encouraging cultural sensitivity and participatory approaches (e.g., involving migrants as stakeholders); strengthening outreach activities for immigrants (e.g., detailing administrative processes depending on their legal situation); and increasing cooperation between healthcare and social work institutions (e.g., facilitating referrals).

# 1141 Provision of Pre-Exposure Prophylaxis (PrEP) Against HIV in a Community Setting via a World AIDS Day HIV Testing Event - Initial Pilot

**Lily Edwards (presenting)<sup>1</sup>**, **Orla McQuillan (presenting)<sup>1</sup>**, Usman Rashid<sup>1</sup>, Chris Ward<sup>1</sup>, Sophie Flaherty<sup>1</sup>, Craig Langton<sup>2</sup>, Emily Melon<sup>1</sup>

<sup>1</sup> The Northern Integrated Contraceptive, Sexual Health and HIV Service, Manchester, England, United Kingdom

<sup>2</sup> LGBT Foundation, Manchester, England, United Kingdom

**Introduction:** PrEP is key in achieving UK government target of zero new HIV transmissions by 2030. Manchester is an area of extremely high HIV prevalence people, ensuring adequate PrEP provision is vital. Our clinic sees >2000 PrEP patients, keeping up with access and demand is challenging despite developments in online provision for those linked into care. Further innovation is needed to increase PrEP access for those not attending clinics. A community PrEP initiation model piloted on World AIDS Day (WAD) 2022 in collaboration with 3<sup>rd</sup> sector partners.

**Description:** A pop-up clinic is hosted annually within G-A-Y nightclub for WAD offering blood borne virus screening. In 2022 we offered baseline kidney function testing and a month supply of PrEP for those wanting to initiate that day.

**Lessons Learned:** 44 attended; 1 new *Neisseria gonorrhea*, 2 *Chlamydia trachomatis* and 1 HIV infections were diagnosed. 11 wanted to start/restart PrEP; 4 new to PrEP and 7 restarting. All had normal kidney function and negative HIV tests, 1 tested positive for *Neisseria gonorrhea*. Reasons given for not previously seeking PrEP included concerns about side effects, interactions and issues accessing clinics. (See table.) We issued 11 PrEP prescriptions, subsequent linkage into clinic was low but comparable to clinic-initiated PrEP. This could be due to event-based use, sourcing elsewhere or changing PrEP needs.

**Recommendations:** Following this event, The Northern service launched a monthly community PrEP initiation clinic. This clinic provides a supply of PrEP and arranges follow-up appointments in clinic, with reminder texts to increase linkage into clinic and PrEP continuation rates.

# 1142

## Patterns of Exposure to Sexually Transmitted Infections in Adolescent Men Who Have Sex with Men and Transgender Women in Salvador, Brazil: A Latent Class Analysis

**Lorenza Dezanet (presenting)**<sup>1</sup>, Laio Magno<sup>1</sup>, Jony Arrais Pinto Junior<sup>2</sup>, Fabiane Soares<sup>1</sup>, Caio Oliveira<sup>1</sup>, Lucas Marques<sup>1</sup>, Guilherme Campos<sup>1</sup>, Leila Amorim<sup>1</sup>, Ines Dourado<sup>1</sup>

<sup>1</sup> Federal University of Bahia, Salvador, Brazil

<sup>2</sup> Universidade Federal Fluminense, Rio de Janeiro, Brazil

**Background:** Studies on STIs in adolescent men who have sex with men (aMSM) and transgender women (aTGW) are still scarce. We aimed to identify occurrence patterns of bacterial STIs among aMSM and aTGW in Northeast Brazil.

**Method:** PrEP15-19 is a prospective, multicenter, cohort study of aMSM and aTGW aged 15-19 years. For this cross-sectional analysis, we included behavioral baseline data from 405 adolescents enrolled from 2019-2021. Rapid syphilis test (RT), oropharyngeal, anal, and urethral swabs qPCR were conducted. Latent class analysis was used to identify patterns of bacterial STIs occurrence.

**Results:** Among 405 adolescents we identified three latent classes: Class 1, High occurrence of all STIs (N=81; 20%); Class 2, Low occurrence of all STIs (N=289; 71%); Class 3, STI-causing pathogens and commensal agents (N=35; 9%). Additionally, there were significant differences across classes in proportion of individuals with prior history of STI (39%, 14%, and 20% for classes 1, 2, and 3, respectively;  $p < 0.001$ ). ([See table.](#))

**Conclusion:** Different patterns of STI occurrence among aMSM and aTGW indicate that innovative approaches to decreasing STI in key populations are needed. The noticeably occurrence of simultaneous infection by commensal agents and STI-causing pathogens should be further studied.

# 1148

## Response to the Mpox Outbreak - Results of a Global Online Survey

**Christopher Duncombe (presenting)**<sup>1</sup>, José M. Zuniga<sup>1,2</sup>

<sup>1</sup> IAPAC, Washington, DC, USA

<sup>2</sup> Fast-Track Cities Institute, Washington, DC, USA

**Background:** Since May 2022, an outbreak of mpox was reported in multiple countries outside Africa which had not previously documented mpox transmission. This outbreak occurred just shortly after the COVID-19 pandemic. As of March 2023, there had been 86,516 cases in over 113 countries.

**Method:** From September 2022-March 2023, the International Association of Providers of AIDS Care (IAPAC) fielded a global on-line survey of its members to gain insight into the mpox outbreak. The following domains were explored: outbreak preparedness, patient demographics, vaccine and anti-viral access, mpox epidemic and lessons learned from the COVID pandemic.

**Results:** 59% of physicians reported reductions in CD4 counts and 40% reported viral load blips in their patients living with HIV during the mpox episode. 30% of physicians had prescribed the antiviral tecovirimat to patients presenting with mpox. The majority (73%) of respondents had not provided Modified Vaccinia Ankara vaccine to any of their patients at risk for m-pox, citing unavailability or limited access as the reason. 12% reported ready access to the vaccine. 40% reported their country was prepared for the outbreak and 60% were unprepared. 64% of respondents thought that the mpox outbreak would evolve into an epidemic. 72% agreed with the statement that public health institutions learned and are applying lessons from the COVID-19 response.

**Conclusion:** Countries were largely unprepared for the mpox outbreak and revealed weaknesses in infectious disease outbreak response. At the peak in 2022, physicians globally had limited access to a vaccine and antiviral therapeutics. More than 1/3 of patients diagnosed with mpox also had HIV infection, and mpox was reported to have negative impact on the course of the HIV infection. The COVID-19 public health response had a positive impact on the mpox response.



# 1149 Financial and Insurance Barriers to PrEP in a Fast-Track Southern U.S. City: A Mixed-Methods Study with Community-Based Organizations

Connor Eichenwald (presenting)<sup>1</sup>, Douglas Krakower (presenting)<sup>2</sup>, Ank Nijhawan (presenting)<sup>1</sup>, Robin Higashi<sup>1</sup>, Timothy Hogan<sup>1</sup>, Jacqueline Naeem<sup>3</sup>, Julia L. Marcus<sup>4</sup>

- <sup>1</sup> University of Texas Southwestern Medical Center, Dallas, TX, USA
- <sup>2</sup> Beth Israel Deaconess Medical Center, Boston, MA, USA
- <sup>3</sup> Parkland Center for Clinical Innovation, Dallas, TX, USA
- <sup>4</sup> Harvard Medical School, Boston, MA, USA

**Introduction:** Pre-exposure prophylaxis (PrEP) is greatly underused in the southern U.S., where HIV incidence is disproportionately high, in part due to financial and insurance barriers. To improve PrEP use, it is critical to understand cost-related facilitators and barriers to providing PrEP among community organizations in the South.

**Description:** We developed and distributed an online needs assessment survey to PrEP-providing agencies in Dallas, Texas, a Fast-Track City. We also convened two focus groups at a PrEP Summit in April 2023 to further explore financial and insurance factors affecting PrEP programs. Transcripts were thematically analyzed.

**Lessons Learned:** The survey was completed by 17 respondents representing 12 organizations. Over half of respondents rated Gilead's Advancing Access program and the Federal 340B reimbursement program as "moderately" or "very" helpful in providing PrEP; 44% of those surveyed "always" help clients register for Gilead's program. 53% reported that providing PrEP became "somewhat" or "much" more difficult after Gilead stopped reimbursing organizations for PrEP prescriptions to uninsured clients in January 2022. Themes from the PrEP Summit included: 1) Gilead's program was the primary support for PrEP medications for uninsured clients; 2) Decreased revenue after Gilead discontinued reimbursements profoundly affected community organizations' ability to provide PrEP services; 3) Organizations developed workarounds to fund PrEP programs, including enrolling clients in health insurance and temporarily paying clients' premiums; 4) Frequent changes in insurance coverage and lengthy approval processes for PrEP created organizational labor and knowledge demand; and 5) Organizations believed that long-acting injectable PrEP could improve adherence, but insufficient funding and infrastructure constituted ongoing concerns.

**Recommendations:** Recent changes to PrEP financing have placed already-strained community organizations in an increasingly tenuous position. Stable funding mechanisms and sharing of innovative financial strategies among community organizations are necessary to maximize PrEP access and impact.

# 1150 Associations between Psychosocial Variables and ART Adherence and Viral Suppression among Persons Living with HIV

Susan Ramsey (presenting)<sup>1</sup>

- <sup>1</sup> Rhode Island Hospital/Brown University Medical School, Providence, RI, USA

**Background:** It is important to understand the impact of psychosocial variables on HIV care outcomes in order to determine key intervention targets. In an ongoing antiretroviral therapy (ART) adherence study, we are examining the role of theoretically supported variables in the mediation and moderation of intervention effects. The analyses presented here represent a first step in this process: the examination of the associations between potential mediators and moderators of treatment effects and ART adherence and viral suppression at the baseline assessment.

**Method:** We examined the associations between psychosocial variables and self-reported ART adherence and viral suppression in the first n=100 participants to complete a baseline interview in our clinical trial. Participants are adults living with HIV with a recent detectable viral load who report less than 100% ART adherence. The psychosocial variables we examined include information, motivation, and behavioral skills related to ART adherence; adherence self-efficacy; depressive symptoms; HIV stigma; treatment fatigue; and medical mistrust.

**Results:** Simultaneous regression analyses found that the psychosocial variables were significantly associated with ART adherence ( $F(7, 92) = 3.95, p = .001, R^2 = .231$ ). Self-efficacy (combined with behavioral skills due to a high level of collinearity) was significantly associated with adherence, explaining 9% of the variance in adherence. Treatment fatigue and medical mistrust approached significance as correlates with adherence. Logistic regression analyses also found that the psychosocial variables were significantly associated with viral suppression ( $\chi^2(7, 93) = 17.65, p = .01, R^2_{\text{pseudo}} = .18$ ). Self-efficacy was significantly associated with viral suppression, and treatment fatigue and medical mistrust approached significance.

**Conclusion:** Psychosocial factors have a significant impact on HIV care outcomes. Self-efficacy, treatment fatigue, and medical mistrust warrant particular attention in efforts to improve care. The mediating and moderating role of psychosocial variables will be examined in the ongoing clinical trial.

# 1152

## I'm Ready, Test: A Mobile App to Reach First-Time Testers and Key Populations with Free HIV Self-Tests in Canada

**Sean B. Rourke (presenting)**<sup>2</sup>, Kristin McBain<sup>1</sup>, Amy Ly<sup>2</sup>, Jason M. Lo Hog Tian<sup>3</sup>, Darshanand Maraj<sup>2</sup>, Lena Soje<sup>4</sup>, Maureen Owino<sup>5</sup>, Wangari Tharao<sup>4</sup>, Richard Galli<sup>6</sup>

- <sup>1</sup> MAP Centre Urban Health Solutions, Toronto, ON, Canada
- <sup>2</sup> Unity Health Toronto, Toronto, ON, Canada
- <sup>3</sup> University of Toronto, Toronto, ON, Canada
- <sup>4</sup> Women's Health in Women's Hands, Toronto, ON, Canada
- <sup>5</sup> Committee for Accessible AIDS Treatment, Toronto, ON, Canada
- <sup>6</sup> CIHR Centre for REACH, Toronto, ON, Canada

**Background:** The I'm Ready, Test app distributes free HIV self-tests to support reaching the undiagnosed in Canada. This study sought to understand the effectiveness of the app in reaching first-time testers and key populations, and to understand risk among these groups.

**Method:** From a total of 9,179 consenting participants who completed a pretest survey from June 2021 to May 2023, binary logistic regression was conducted to examine correlates of being a first-time tester. Risk was assigned based on two pretest survey questions: "lower risk" was classified as absence of any sexual risk behavior, while presence of any sexual risk behavior or drug use were defined as "higher risk".

**Results:** Of the participants who indicated their HIV testing history (n=6,193), 36% were first time testers (n=2,471). First-time testers were more likely to be people aged 18-24 versus over 24 (OR=3.05, 95% CI=2.74, 3.39), women versus men (OR=1.4, 95% CI=1.25, 1.56), transgender versus men (OR=1.5, 95% CI=1.06, 2.4) and living in small/rural areas versus urban (OR=1.47, 95% CI=1.28, 1.68). Those living in BC (OR=1.28 95% CI=1.1, 1.49), Atlantic (OR=1.33, 95% CI=1.12, 1.57) and the Prairies (OR=1.29, 95% CI=1.13, 1.48) were more likely to be first time testers compared with Ontario. The prevalence of participants classified as "higher risk" varied across key populations: gbMSM (84%), African, Caribbean or Black (67%), Indigenous (96%), and women (85%); 30% of "higher risk" participants were first time testers. Of the 21 who reported a positive test result for HIV, 16 were categorized as "higher risk".

**Conclusion:** I'm Ready, Test is an effective tool for encouraging first-time testers across geographic and demographic contexts. Not all testers nor key populations are "higher risk" for acquiring HIV and can benefit from low barrier access to HIV testing as a screening and early diagnosis intervention.

# 1155

## Peer-Led Treatment Support for People who Use Drugs and are Experiencing Homelessness in Durban, South Africa

**Michael Wilson (presenting)**<sup>1</sup>, Amanda Brumwell<sup>1</sup>, Percy Gumede<sup>1</sup>

- <sup>1</sup> Advance Access & Delivery South Africa, Durban, South Africa

**Introduction:** Intersecting in South Africa is the increase in people experiencing homelessness and the number of people who use drugs (PWUD). Ensuring treatment support to these vulnerable groups using innovative strategies is critical to achieving the treatment adherence goals set out by the 2023-2028 National Strategic Plan for HIV, TB, and STI's. In 2020, the Bellhaven Harm Reduction Centre – South Africa's first low-threshold harm reduction center, a public-private partnership between the City of Durban, Durban University of Technology, Advance Access & Delivery, and the South African Network of People Who Use Drugs – started a peer-led treatment accompaniment program which utilizes peers to deliver medication and provide support to clients who are experiencing homelessness. Since 2020, this program has supported 74 people on their path towards treatment completion and viral suppression through daily visits by a treatment supporter.

**Description:** Between June 2020 and June 2023, the treatment accompaniment team traced 45 people who had previously defaulted treatment, supported 74 people taking TB, HIV, or HCV treatment. The program trained 5 peers to become treatment accompaniment partners and conducted over 10,000 individual patient visits.

**Lessons Learned:** Because peers are familiar with the places where homeless individuals sleep, earn money, purchase drugs, and use drugs, they are critical to supporting efforts to trace, re-initiate, and support people who are likely to default on treatment for TB, HIV, and HCV.

**Recommendations:** Peer-led treatment accompaniment programs provide an important platform to find new cases of TB, HIV, and HCV, to re-initiate individuals who had previously defaulted on treatment, and to provide critical treatment and social support to individuals who may be likely to default on treatment given their social situation.

# 1160 Changing Dynamics of HIV in San Antonio: A Decade of Testing

**Gabriel Medina (presenting)**<sup>1</sup>, Cherise Rohr-Allegrini<sup>1</sup>, Vanessa Zuniga<sup>1</sup>, Cherise Rohr-Allegrini<sup>1</sup>

<sup>1</sup> San Antonio AIDS Foundation, San Antonio, TX, USA

**Background:** The San Antonio AIDS Foundation (SAAF) has offered free HIV testing in local bars since the mid-1980s. Through intense education, outreach, and prevention efforts, fewer white men who have sex with men (MSM) have received new HIV diagnoses. However, communities of color continue to experience a disproportionate number of new infections.

**Method:** SAAF provides HIV testing through both rapid finger stick screening and venipuncture testing, using the INSTI® Rapid HIV-1/2 Antibody test. SAAF tests six days per week on and off-site.

**Results:** SAAF performs 4000-6000 tests yearly (0.8%-1.2% positive). The proportion of MSM (34%-40%) and women (30%-40%) tested has not varied substantially since 2012. In 2012, Latinx individuals accounted for 63% of the total population in Bexar County, but only 56% of those tested at SAAF. Black San Antonians were 6% of the population but 15% of those tested. By 2021, these increased slightly (64% Latinx and 19% Black). Women accounted for 18% percent of new diagnoses at SAAF in 2021, up from 3% in 2012. Rather than decreasing, Latinx continue to make up a similar proportion of positive diagnoses (63%-66%). Diagnoses in the Black community have increased from 5.8% in 2012 to 16% in 2022.

**Conclusion:** The increase in diagnoses in the Black community and the lack of decrease in the Latinx community are concerning. While we continue to focus on MSM, we must assure that we are doing culturally competent outreach in the Black and Latinx communities. The increase in women diagnosed is similarly problematic, as most outreach efforts focus on MSM. SAAF is working to expand outreach in communities of color, especially women. These results are specific to testing at SAAF, and not intended to be reflective of all San Antonio.

# 1162 Implementing Integrated Innovative Economic Strengthening Initiatives for AGYW in an HIV Prevention Program in eThekweni, South Africa

**Anje Pretorius (presenting)**<sup>1</sup>, Andrew Hartnack<sup>2</sup>, Jenny McLoughlin<sup>1</sup>, Dakalo Chavhalala<sup>1</sup>, Harry Hausler<sup>1</sup>

<sup>1</sup> TB HIV Care, Franskraal, South Africa

<sup>2</sup> Independent Consultant, Johannesburg, South Africa

**Introduction:** Significant progress has been made over the last decade to bring the global HIV pandemic under control. Certain localities and populations continue to be more vulnerable to infection than others including the city of eThekweni, South Africa. Here, adolescent girls and young women are particularly vulnerable due to limited economic empowerment and self-agency.

**Description:** This presentation examines economic strengthening initiatives undertaken as part of the Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe (DREAMS) program funded by the U.S. Centers for Disease Control and Prevention, implemented by TB HIV Care. Economic strengthening is a key component of DREAMS, with the goal of decreasing AGYW's reliance on transactional sex and strengthening their self-sufficiency and decision-making power in relationships. Since 2018, 99 370 AGYW in eThekweni have received THC's customized facilitated economic strengthening interventions. For AGYW identified as the most vulnerable, additional intensive economic strengthening innovations are provided through "Hubs of Hope".

**Lessons Learned:** Both mobile and fixed services are required to take economic opportunities more directly to AGYW. It is essential to ensure locally relevant opportunities as some vulnerable AGYW might be put in further vulnerable positions if a job or study opportunity is in a distant urban area. Entrepreneurial opportunities are useful for some AGYW, but not everyone has the aptitude to become a successful small business owner – opportunities need to be tailored to meet the specific needs of the AGYW. Ongoing mentoring and support are crucial. Learnerships need to be followed up with a clear pathway to employment to instill confidence in AGYW's future prospects. Job placements need to be secured early in the process.

**Recommendations:** We recommend that HIV prevention efforts emphasize layering of ongoing economic empowerment support, while prioritizing well-researched developmental pathways for the most vulnerable AGYW.

# 1164 Sex Parties among Men Having Sex with Men (MSM) in Delhi: An Emerging New Network and HIV Risk Environment

Akanksha Verma (presenting)<sup>1</sup>

<sup>1</sup> FHI 360, Fatehpur, India

**Background:** Sex parties are quite popular among MSM community. Organizers from MSM community organize these parties in standalone clubs/bars/lounges, small hotels or in Houses. The population exists with high-risk behavior and vulnerabilities which is a cause of HIV infection. Therefore, an exploratory study was conducted to understand the risk of HIV among party attendees which is not regularly covered through HIV Prevention program.

**Method:** Study is initiated through community consultations to identify parties' organizers and associated MSM. Focus Group discussions with party attendees were conducted to explore the risk and vulnerability of HIV. Participatory observations and in-depth discussions with organizers were conducted to assess the feasibility of HIV intervention in parties. A total of 55 party organizers and 248 party attendees were covered and 87 parties were observed.

**Results:** Soliciting in these parties is common with uses of drugs and alcohol with lack of awareness about HIV infection they regularly following the different type of sexual orientation with party attendees. About 8 percent positivity reported in attendees who have tested with consent. About 12876 MSM are associated with 517 parties which were frequently organized in Delhi.

**Conclusion:** This study clearly indicates that it is important to focus on this group and find out the way to develop appropriate strategies and an approach to reach them since the HIV positivity among party attendees is alarming. There is need to provide intensive advocacy with party organizers and associated stakeholders to reach out MSM with HIV service packages.

# 1165 A Descriptive Analysis of Patients Receiving Injectable ART at Academic HIV Clinics in Toronto

Ashan Wijesinghe (presenting)<sup>1</sup>, Adrienne Chan<sup>2</sup>, Alice Tseng<sup>3</sup>, Darrell Tan<sup>4</sup>

<sup>1</sup> University of Toronto, Toronto, ON, Canada

<sup>2</sup> Sunnybrook Health Science Centre, Toronto, ON, Canada

<sup>3</sup> Toronto General Hospital, Toronto, ON, Canada

<sup>4</sup> St. Michael's Hospital, Toronto, ON, Canada

**Background:** Long-acting injectable cabotegravir and rilpivirine (CAB/RPV) is a maintenance regimen for individuals living with HIV and may benefit those facing barriers to oral antiretroviral therapy (ART). We investigated the extent to which the distribution of CAB/RPV use by racial and economic marginalization differed from that of oral ART during the first 12 months (Dec2021-Nov2022) of its listing in the Ontario Drug Benefit formulary.

**Method:** Following RE-AIM (an implementation framework), we examined the Reach (characteristics and proportion of users) of CAB/RPV at two HIV clinics in Toronto. Eligibility criteria included being HIV+; on a standard ART regimen; having HIVRNA<200copies/mL; and having postal code records. We accessed clinical databases to collect clinical and demographic data for patients. Using postal codes, we classified participants according to two dimensions of the Ontario-marginalization Index (ON-Marg), Material Deprivation and Ethnic Concentration, and examined the distribution of their quintiles, where lower quintiles indicate low marginalization and vice versa. These dimensions evaluate marginalization due to income, education, family structure, and structural racism in healthcare.

**Results:** Of 731 eligible patients (mean age 53(±13) years, 72% male, 41% white, 51% MSM), 40(5.5%) accessed CAB/RPV ([Table 1](#)). In the Material Deprivation analysis, there were similar proportions of individuals facing high marginalization in both groups, but an over-representation of individuals in the lowest quintile among CAB/RPV (37.5%) vs oral ART users (19.7%). The distribution of Ethnic Concentration quintiles was comparable in both groups with a large proportion of individuals represented in the high-marginalization quintiles ([Figure 1](#)).

**Conclusion:** Preliminary data suggest that CAB/RPV is reaching more individuals facing low levels of material deprivation compared to those on oral ART. Further efforts are needed to ensure equitable access to CAB/RPV among people living with HIV.

# 1167

## Increasing ART Retention Levels of Gay, Bisexual, and Queer PLHIV Through Youth-Led Advocacy Organizations

Helen Omowumi Olowofeso (presenting)<sup>1,2</sup>, Offor Gab-Cliton<sup>3</sup>, Kosisochukwu Umeh<sup>4</sup>, Sindhu Ravishankar<sup>1,2</sup>, José M. Zuniga<sup>1,2</sup>

<sup>1</sup> Fast-Track Cities Institute, Washington, DC, USA

<sup>2</sup> IAPAC, Washington, DC, USA,

<sup>3</sup> Think Positive Live Positive Initiative, Lagos, Nigeria,

<sup>4</sup> Association of Positive Youth Living with HIV in Nigeria, Lagos, Nigeria

**Background:** Youth-led initiatives that promote the sexual and reproductive health and rights (SRHR), mental health, and welfare for sexual and gender minorities living with HIV in Nigeria are uncommon. The Think Positive Live Positive Initiative (TPLPI) is a community – based advocacy and support group working to reduce barriers between PLHIV and treatment service providers for improved quality of life for MSM & TG PLHIV and foster community through advocacy and sensitization. This survey was to determine the effectiveness of TPLPI's programs in an effort to improve their ongoing capacity building.

**Method:** An online survey was administered using google forms among TPLPI support group members (n=47) to obtain data on perceptions of members on TPLPI's organizational performance in increasing ART retention of LGBTQ+, conducting effective support group meetings, and creating strong referral mechanisms for LGBTQ+. The survey included 22 questions with Likert scale responses.

**Results:** Using the Mean Item Score (MIS) of 1.00 to 4.00, results show that respondents agreed that TPLPI had been very effective in getting ARV refills, enabling them to resume their medication, with a MIS of. Respondents also strongly agree that TPLPI helped them be more consistent with their ARV medication, with 3.85 MIS. At the time of survey, 40 (85.1%) respondents had at least one viral load testing while 7 (14.9%) did not. 21 (44.7%) respondents affirmed viral suppression, 11 (23.4%) respondents reported never getting their viral load test results, 5 (10.6%) respondents claimed they do not know if they are virally suppressed or not, 4 (8.5%) are aware of the viral load test but have yet to access it, and 3 (6.4%) were newly diagnosed PLHIV with recent treatment initiation. ([See table.](#))

**Conclusion:** The TPLPI through its network of support groups has a relatively strong organizational capacity in increasing ART retention, thus increasing the viral suppression rates of the support group clients; but there is room for improvement to ensure maximal viral suppression. Additionally, given some respondents were unaware if they were virally suppressed, there is a need for capacity building around viral suppression and undetectable=untransmittable (U=U).

# 1168

## A Friendly, Rapid Testing and Counseling Approach to Improve Linkage to Care: Our Experience at Latina Checkpoint and Hospital Center

Giulia Mancarella (presenting)<sup>1</sup>, Silvia Garattini<sup>1</sup>

<sup>1</sup> Sapienza University of Rome, Lazio, Italy

**Background:** The Covid19 pandemic had a heavy impact on chronic illness management such as HIV. As the newly diagnosis are often late presenters, we must improve screening campaigns and early diagnosis. Two years ago, the city of Latina joined the Fast Track Cities network and the Checkpoint initiative. In this work, we want to talk about our year and a half experience. ([See figure.](#))

**Method:** Who wants to be tested at our Checkpoint can schedule an online anonymous appointment. We first provide community-based counseling and then HIV (Ab and p24), HCV(Ab) and Syphilis (Ab) tests. Results are given in 15 minutes and uploaded on the COBATEST website. In our clinic no scheduled appointment is needed, a phlebotomy is performed, results are available in 3 days, counseling is conducted by ID specialists and all three tests are offered. Data were collected with COBATEST export tool, compared to the clinic ones and analyzed with chi square and student t test.

**Results:** From January 2022 to nowadays, 248 people have been tested at our Checkpoint (Table 1). All HIV tests resulted negative, whereas 1 HCV and 2 syphilis resulted positive and promptly treated. Although the majority of people at Checkpoint didn't report sexual risk behavior, just a few use condoms. Meanwhile at the clinic they openly refer unprotected sex. People tested at Checkpoint are younger, didn't know about PrEP and wanted info about it, whereas people already on PrEP choose to be tested in our clinic. ([See table.](#))

**Conclusion:** Our Checkpoint experience highlighted its great role in terms of prevention and linkage to care. We should promote more of our prevention tools, such as PrEP and PEP and raise sexual awareness. Improving our Checkpoint activities will help us getting closer to the Fast-Track Cities goal of ending the HIV epidemic.



# 1170 Understanding Pre-Exposure Prophylaxis Retention in Urban Settings

Michael Alibi (presenting)<sup>1</sup>

<sup>1</sup> IAPAC, Lilongwe, Malawi

**Background:** After pre-exposure prophylaxis (PrEP) rollout in Blantyre city (Malawi) the uptake has improved but retention seems to be suboptimal. We examined PrEP retention in care.

**Method:** A retrospective cohort study from October 1, 2021, to December 31, 2022. We evaluated short-term (3months) and long-term (9months) and longitudinal retention in care in different facilities. Adjusted odds ratios (aOR) were generated to explore investigated variables with retention. STIs were examined at baseline (6 months before initial PrEP visit) and retained in care.

**Results:** A total of 629 clients were followed up from different facilities, Drop-in-Centers (DIC) (54.21%) and public health centers (33.7%). There were more females (61.2%). Most of the clients were aged between 15-25 years (53.9%). Short and long-term retention in care were met by 221/629 (35%) and 164/629 (26%) clients, respectively. Those in Public, private and specialized facilities were less likely to be retained in the short-term compared to those in DICs (aOR=0.03, 95% CI=0.001-0.1). Males were more likely to be retained at short-term (aOR=7.81, 95% CI=5.04-12.1), while at long-term males are less likely to be retained (aOR=0.04, 95% CI=0.02-0.07). Those with partners having high viral load were also more likely to be retained at short-term (aOR=3.1, 95% CI=1.65-5.75). Clients having partners with an age difference of less than 5 years were less likely to be retained at long-term (aOR=0.29, 95% CI=0.14-0.62). Those with STIs at baseline and those circumcised remained in care longer.

**Conclusion:** Retention is poor and strategies to improve retention in HIV preventative care need to be identified.

# 1171 Stagnation in 95-95-95 and Mortality Trends as an Indication for the Need for Multifaceted Approach to Wider Determinants of Health in Select North American Cities

Helen Omowumi Olowofeso (presenting)<sup>1,2</sup>, Sindhu Ravishankar<sup>1,2</sup>, Dashiell Sears<sup>1</sup>, José M. Zuniga<sup>1,2</sup>

<sup>1</sup> Fast-Track Cities Institute, Washington, DC, USA

<sup>2</sup> IAPAC, Washington, DC, USA

**Background:** Fast-Track Cities across the US are striving to attain the global 95-95-95 targets. Social determinants of health such as income, insurance coverage, and structural determinants such as criminalizing laws/policies can be barriers to attainment of these targets.

**Method:** An analysis of data from 2015 to 2021 for the 8 cities was conducted to examine progress of 95-95-95 targets and mortality rates. An additional analysis of the Gini index of income inequality for US cities was conducted alongside Medicaid expansion and current costs of living. An attempt is made specifically to compare the 2<sup>nd</sup> and 3<sup>rd</sup> 95 trends to Mortality trends of PLHIV in the selected cities.

**Results:** There is a sustained increase in the 2<sup>nd</sup> 95 across the years except for 2021 in 4 of the 8 cities while 5 of the cities saw sustained increases in the 3<sup>rd</sup> 95. Mortality rates over the years decreased, suggesting an improvement in the survival rate of PLHIV in treatment. There is an almost equal mix between cities who are Medicaid expansion states and those who are not as well varying levels of costs of living. ([See tables.](#))

**Conclusion:** While mortality rates are decreasing, there is a need for further consideration of barriers to linkage and adherence to care due to higher survivability rates for PLHIV. Future research and policy implications should consider multi-pronged holistic approaches that consider joint economic and policy barriers to break metrics stagnation. Attaining the UNAIDS and FTC 95-95-95 targets must consider accessibility, affordability, and acceptability of engaging with HIV services.

# 1172 Expecting the Unexpected: Capacity Building for Nontraditional Partners

Eric Johnson (presenting)<sup>1</sup>, Kelley Anderson (presenting)<sup>1</sup>

<sup>1</sup> Louisiana Department of Health, Baton Rouge, LA, USA

**Introduction:** The Louisiana Department of Health's STD/HIV/Hepatitis Program (SHHP) observed a lack of HIV literacy among non-traditional Ending the HIV Epidemic (EHE) partners in East Baton Rouge Parish. In order to reach the EHE objective of decreasing new diagnoses by 90%, as well as the Fast Track Cities' 95-95-95 targets, the EHE Coordinator worked with SHHP's Capacity Building Supervisor to engage and educate nontraditional partners about HIV.

**Description:** Collaborations with sexual assault advocacy organizations, youth housing services, and managed care organizations, among others, create opportunities to provide vital information to overlooked partners. Partners are identified by the EHE Coordinator, who then works with the Capacity Building Supervisor and Provider Detailing Specialist in order to create the greatest level of engagement. Information is tailored to each audience, while retaining core medical information and the anti-racist philosophy that informs all of SHHP's work.

**Lessons Learned:** The ten completed capacity building sessions reached over 150 individuals and revealed the need for an accurate understanding of transmission pathways, harm reduction, and demographic disparities for those providing social services in Baton Rouge. One evaluation tool revealed 100% of participants felt they had a better understanding of the content and 82% responded they would make a conscious effort to make referrals to resources of which they had been made aware. These sessions also revealed the need for continuing education among medical providers about HIV, STIs, and sexual assault, the opportunity to de-silo the public and private arms of public health and opened the door to collaborative relationships between partners as ideas and services are introduced to new audiences.

**Recommendations:** These capacity building efforts must be scaled to continue to reach nontraditional partner audiences, combat misinformation, and enlarge the coalition to end the HIV epidemic in Baton Rouge.

# 1177 "ART at Home" Project - How a Pioneering and Fast Answer Developed During COVID-19 Must Become a Public Policy

Marta Mc Britton (presenting)<sup>1</sup>, Adriana Rodrigues Costa Bertin<sup>1</sup>, Margarete Fernandes<sup>1</sup>, Margarete Preto<sup>1</sup>

<sup>1</sup>Instituto Cultural Barong, São Paulo, Brazil

**Introduction:** Barong started delivering medicines at PLWHA home, in partnership with health services, three weeks after the beginning of the lockdown in São Paulo, Brazil, during Covid-19. These deliveries continue, regardless of the end of the pandemic, consolidating itself as an innovative and unique strategy of treatment as prevention conducted by an NGO.

**Description:** From 2020 to June 2023, 1319 ARVs and complementary medicines were delivered by mail/APPS and with the NGO vehicle in risk areas for PLWHA who have difficulties attending health services for financial, mobility and professional reasons. To be contemplated, Covid-19 vaccination proof is required. In some cases, the NGO accompanies these individuals to health services for consultations, exams and complex procedures. The inclusion criteria are constantly discussed among the three services: Reference Training Center-STD/AIDS-SP/State Program for Prevention, Control, Diagnosis, Treatment of Sexually Transmitted Diseases/Acquired Immune Deficiency Syndrome; Emilio Ribas Institute of Infectious Disease and the Extension Service to the Care of HIV/AIDS Patients at the SP Medicine University.

**Lessons Learned:** Treatment resistance can be faced through home delivery, breaking down one of the barriers as the burden of attending a hospital environment, which brings up emotions related to HIV status when it is not a consultation day, optimizing the time of pharmacy professionals. Furthermore, the promotion of the PLWHA-specific vaccine, often unknown, is widely promoted.

**Recommendations:** Home medicines delivery is a key strategy for treatment adherence to achieve U=U status and must become a public policy. Having NGOs as facilitators of the entire delivery process, it is possible to offer, in addition to the continuity of treatment, legal guidance, psychosocial support, advocacy, sexual and reproductive health/prevention knowledge, extending to cohabitants/family members, aspects that together end up fighting stigma and promoting integral health.

# 1179

## Community Mobilization of Law Enforcement Officers and Community Leaders to Address Gender-Based Violence among Female Sex Workers and Reduce HIV/AIDS in Cameroon: Experience of Horizons Femmes

Ngoumjouen Pasma Rosalie (presenting)<sup>1</sup>, Denise Ngatchou<sup>1</sup>

<sup>1</sup> Horizons Femmes, Yaoundé, Cameroon

**Introduction:** In Cameroon, Gender Based Violence (GBV) towards female sex workers (FSW) is a major global human right violation and public health problem with connection with HIV risk. Since sex work is illegal and the HIV prevalence among that target is high (23.6%), integrated strategies to address gender norms and inequities that underline both GBV and HIV/AIDS are needed. Alongside the UNAIDS roadmap (2025), to reduce the damage caused with GBV on FSW, the civil society Horizons Femmes from 25th November to 10th December 2022 (16 Days Activism Campaign 2022) mobilized in Yaoundé, Douala, Bafoussam and Ebolowa the law enforcement officers (LEO) and community leaders which are considered by FSW as the main perpetrators.

**Description:** Community mobilization consisting in training GBV peer educators, organizing sensitization campaigns as well as advocacy workshops towards LEO and community leaders.

**Lessons Learned:** For the 16 Days Activism Campaign 2022, 24 GBV peer educators were trained on GBV and the mechanism of reporting cases, 2665 persons (2532 women et 133 men) were sensitized through flyers and posters, 5 articles with FSW testimonies on GBV were published by the media and 4 advocacy workshops were organized. At the end of the advocacy workshop, each participant signed a commitment letter to contribute to the HIV response by respecting the rights of FSW.

**Recommendations:** Enabling conducive environment in the context where sex work is illegal is an uphill task. However, bringing together perpetrators, and the survivors has given them the opportunity to assess the impact of human rights violation in the response to HIV in Cameroon. The implication of media also raised strong awareness about the rights of the key population in general, and that of FSW in particular. However, the organization recommends intensifying public awareness on human right along the country for stakeholders' behavioral change.

# 1180

## Cannabis Use and Cardiovascular Risk in People Living with HIV

Maya Shah (presenting)<sup>1</sup>, Michaela Larson<sup>1</sup>, Priscilla Valls<sup>1</sup>, Maria Camila Bernal<sup>1</sup>, Julia Ossi<sup>1</sup>, Paola Lecompte<sup>1</sup>, Omar Abdel-Kerim<sup>1</sup>, Ivan Mijares Rojas<sup>1</sup>, Aysswarya Manoharan<sup>1</sup>, Ryan Severdija<sup>2</sup>, Nicholas Fonseca Nogueira<sup>1</sup>, Meela Parker<sup>1</sup>, Christophe Lacandazo<sup>1</sup>, Leosmel Rosales Rodriguez<sup>1</sup>, Pradip Pattany<sup>1</sup>, Armando Mendez<sup>1</sup>, Yue Pan<sup>1</sup>, Barry Hurwitz<sup>2</sup>, Lisa Reidy<sup>1</sup>, Denise Vidot<sup>1</sup>, Maria Alcaide<sup>1</sup>, Claudia Martinez<sup>1</sup>

<sup>1</sup> University of Miami, Miami, FL, USA

<sup>2</sup> Jackson Memorial Health System, Miami, FL, USA

**Background:** People with HIV (PWH) have an increased risk of developing cardiovascular disease (CVD) compared to people without HIV. Cannabis use has significantly increased in recent years among PWH. However, there is conflicting data regarding cannabis use and CVD complications, specifically among PWH. This study aims to examine subclinical measures of CVD risk in PWH that use cannabis compared to PWH that do not use cannabis.

**Method:** This study will enroll 300 PWH (n=225 cannabis users and n=75 non-users) between the ages of 18-60 in South Florida, an Ending the HIV Epidemic-priority area. We are measuring: 1) cannabis use (THC/CBD levels from blood and urine samples) over 3 months; 2) traditional CVD risk indices (blood pressure, fasting lipid profile, insulin resistance, and CRP); 3) aortic, femoral, and radial arterial stiffness; and 4) myocardial strain via MyoStrain Heart Health Assessment by cardiac magnetic resonance imaging.

**Results:** Twenty-two participants have completed all study-related activities. 55% (n=12) of participants are female, 68% (n=15) Haitian/Creole or Afro-Caribbean Black, and 32% (n=7) white Hispanic/Latino. 68% (n=15) have a high school degree/GED or lower. The length of time living with HIV ranges from 2 to 43 years. Thus far, 32% (n=7) of participants report using cannabis. The average delta-9-tetrahydrocannabinol (THC) concentration among cannabis users is 2.7 ng/mL of blood and 9.5 ng/mL of urine. The average BMI is 30, and average systolic and diastolic blood pressures are 132 mmHg and 80 mmHg, respectively. Thus far, 59% of the entire group demonstrate MyoHealth scores below 60%, indicating they are at high risk for heart failure-related outcomes.

**Conclusion:** Understanding how substance use affects the cardiovascular health of PWH is a priority research area. We present preliminary results of our ongoing study. Non-invasive imaging is a promising tool to identify subclinical cardiac changes that are precursors of CVD complications.

# 1186

## Strategy for Decreasing Newly Diagnosed HIV-1 Cases in Taipei City Is Successful, but Delayed Diagnosis Rate Has Increased Probably Due to the COVID-19 Pandemic

Chien Chun Wang (presenting)<sup>1</sup>

<sup>1</sup> Taipei City Hospital Kunming Prevention and Control Center, Taipei, Taiwan

**Introduction:** Since 2017, newly diagnosed HIV cases have decreased gradually in Taipei city, with numbers declining from 427 in 2017 to 121 in 2022. The average rate of decrease of cases in Taipei city is more than 20%, surpassing the overall rate in Taiwan.

**Description:** However, delayed diagnosis of HIV, defined as AIDS diagnosis within 90 days after HIV diagnosis (excluding acute HIV infection), has increased. The delayed diagnosis rate was 33.5% (104/310) in 2018, 34.3% (80/233) in 2019, 26.5% (50/189) in 2020, 28.5% (47/165) in 2021, and 42.1% (51/121) in 2022 ([see figure](#)). In our analysis of delayed diagnosis cases in 2020–2022 in Taipei, the major risk factor is sexual transmission and 90.5% of cases are men who have sex with men. Only six new HIV patients are female, but five of them were diagnosed late. Patient interviews suggest that the lack of awareness of risk and no regular HIV screening are the major reasons for delayed diagnosis.

**Lessons Learned:** HIV treatment and prevention policy in Taipei city includes single-tablet regimen as the first-line treatment, early highly active antiretroviral therapy, measures encouraging regular HIV screening among high-risk groups, and Pre-Exposure Prophylaxis (PrEP) program especially for chemsex group. These efforts have led to a significant decrease in annual new HIV cases since 2018.

**Recommendations:** During the COVID-19 pandemic in Taipei (2020–2022), national preventive measures like closure of leisure and entertainment venues and limits on social gatherings reduced HIV transmission but hindered HIV screening, resulting in delayed diagnoses. General publicity and multiple approaches to HIV screening should be considered to focus on the population likely to experience delayed diagnosis.

# 1192

## The Migrant Gap: Maternal Healthcare Perspectives on Utilizing Prevention of Mother-to-Child Transmission (PMTCT) Services During the COVID-19 Pandemic, South Africa

Melanie Bisnauth (presenting)<sup>1</sup>

<sup>1</sup> University of Witwatersrand, Johannesburg, South Africa

**Background:** The COVID-19 pandemic interrupted prevention of mother-to-child transmission of HIV (PMTCT) programming in South Africa. In 2020, it was estimated that there were 4 million cross-border migrants in South Africa, some of whom are women living with HIV (WLWH), who are highly mobile and located within peripheral and urban areas of Johannesburg. Little is known about the mobility typologies of these women associated with different movement patterns, the impact of the pandemic on mobility typologies of women utilizing PMTCT services and on how changes to services might have affected adherence.

**Method:** Qualitative semi-structured interviews with 40 pregnant migrant WLWH were conducted from June 2020–June 2021 to explore experiences of mobility typologies of migrant women utilizing PMTCT care in Johannesburg and, how belonging to a specific typology affected the healthcare experiences during the COVID-19 pandemic. Participants were recruited through purposive sampling at a public hospital in Johannesburg. A thematic analysis was conducted.

**Results:** Forty interviews were conducted with 22 cross-border and 18 internal migrants. Women in cross-border migration patterns compared to interprovincial and intraregional mobility experienced barriers of documentation, language availability, mistreatment, education and counselling. Due to border closures, they were unable to receive ART interrupting adherence and relied on SMS reminders during the pandemic. All 40 women struggled to understand the importance of adherence because of the lack of infrastructure to support social distancing protocols and to provide PMTCT education.

**Conclusion:** A healthcare system that is migration-aware is needed. COVID-19 amplified existing challenges for cross-border migrant women to utilize PMTCT services. Future pandemic preparedness should be addressed with differentiated service delivery including multi-month dispensing, virtual educational care, and language-sensitive information-responsive to the needs of mobility to alleviate burden on the healthcare system.

# 1193 Migration, Economic Development, and Impact on HIV Prevalence and COVID-19 Within the Infrastructure Sector, the Low Medium Income County Transition Perspective: A Kenyan Analysis

Stephen Mutuku (presenting)<sup>1</sup>

<sup>1</sup> National AIDS Control Council, Nairobi, Kenya

**Introduction:** Development projects in any given country signal economic growth globally with involvement of both skilled and unskilled labor force which may result to migration of the workforce to the region where the development projects are taking place. In Kenya, migration have been identified in area with development projects with an increased number of new HIV and COVID-19 infections. An analysis of the effect of migration within the northern corridors showed high prevalence among urban centers with stopovers. Indicators contributing to HIV burden include key populations size, hotspots numbers, health facilities numbers, HIV interventions and financing.

## Description:

Objective:

1. Establish HIV Prevalence in hot spots along the major corridors in Kenya with devolution.
2. Identity proposed investments resources for HIV for the various contracts along the corridor.

National policy framework allows social protection within infrastructure projects, Environmental Management and Control Act (EMCA, 1999) integrates social components in development projects. The Schedule 2 of the EMCA, 1999 allows social protection and HIV prevention at community levels targeting immigrants to the project area.

Methodology

1. Structural Equation Model (SEM) and Principal Component Analysis
2. Spatial Model for Heat Map and Impact of the Migration

## Lessons Learned: [Inner Model With Estimates PLS Weights](#)

Delays at Weighbridge and border crossing points where trucks, therefore, have relatively large numbers of overnight stays (Mariakani, Mlolongo, Malaba, Busia). "Pure" truck stops, whose functions are almost exclusively geared towards the needs of truckers and other travelers.

**Recommendations:** Stopovers have diversified functions. Hotspots are embedded within urban areas and market centers. These town grew from a weighbridge to satellite residential area, administrative point and market centers (e.g., Mlolongo and Busia). Proposed Financing for HIV from Infrastructure Contract Sum (2% Of contract sum): In FY 2016/7, USD. 51,457,198.85 was used along the Northern Corridor and 2% was estimated at USD. 1,029,143.98.

# 1195 Hillbrow Community Health Centre: The Largest HIV Care and Treatment Site in South Africa

Mokgadi Sinah Vlug (presenting)<sup>1</sup>, Kate Rees, Sinah Vlug, Jacqui Moche<sup>1</sup>, Tsakane Mageza<sup>1</sup>

<sup>1</sup> Anova Health Institute, Johannesburg, South Africa

**Introduction:** Hillbrow Community Health Centre (HCHC) is the biggest HIV care and treatment site in South Africa. A primary healthcare clinic in the City of Johannesburg, HCHC, was opened in 2006 after the closure of Hillbrow Hospital. HCHC has evolved into a model community-oriented Primary Health Care facility. Along with other services, comprehensive HIV and TB-related prevention, treatment, care, and support services are provided to an estimated catchment population of over 433,000.

**Description:** HCHC is centrally located in inner Johannesburg with a high proportion of (often undocumented) foreign nationals and migrant laborers. This geo-location and unique population dynamic necessitates an innovative and adaptive service delivery model. HCHC serves over 31,000 PLHIV on ART, including 11,600 men and 1,250 adolescents and young people, with retention rates above 95% (District average is 72%) for children and adults. The facility offers treatment in streamlined programs targeting priority populations, with dedicated services for children, adolescents 10 to 24 years of age, men, pregnant and breastfeeding women, and those with advanced HIV disease (AHD). PLHIV are managed by dedicated clinicians (doctors and nurses), a psychosocial team (retention counsellors, social workers, social auxiliary workers and male coaches), HIV testing counsellors, and supported by a monitoring and evaluation (M&E) team.

**Lesson Learned:** Interventions that have worked to improve retention include:

- Integrated access to care and treatment model (I-ACT) and case management strategies during the first six months of HIV care and treatment.
- Dedicated adolescent clinic that offers multidisciplinary clinical and psychosocial services.
- Men's health corner supported by a male clinician and PLHIV peer coaches who offer demand creation and adherence support.
- Doctor-led management of clients with AHD.

**Recommendations:** To control the HIV pandemic, a comprehensive package of services, by a multidisciplinary team is necessary to address the clinical and psychosocial needs of PLHIV. Services should be tailored to meet the needs of priority populations.



# 1196 Fast-Track Cities Scotland: A National Consortium Approach

Anna Cowan (presenting)<sup>1</sup>

<sup>1</sup> Waverley Care, Glasgow, Scotland, United Kingdom

## Introduction:

1. Fast-Track Cities Scotland, which formed in 2019, had not made much progress during the pandemic and had been imposed on stakeholders and duplicated existing structures rather than adding value.
2. Waverley Care in conjunction with IAPAC took on responsibility for renewing the initiative in Scotland and has worked to get city leaders and stakeholders signed up.
3. Five cities in Scotland are signed up and work together as a national consortium.

## Description:

1. Fast-Track Cities Scotland takes a national consortium approach, meaning each city signs up to working nationally, meeting several times a year to exchange ideas and good practice.
2. The core principle is being community-led, with a community panel set up with people living with HIV setting the agenda through their lived experience.
3. Case study: 'Living with HIV in Glasgow' was a grassroots community-led event held with people living with HIV. It allowed the community to give feedback on what changes they want to see in their city and suggestions on how to get to zero. Presenting the findings to city leaders in the coming month.

## Lessons Learned:

1. Lessons learned include: the importance of engaging key stakeholders before signing up to hear their views and gather their support; the value of cities working together, particularly in a small nation; identifying quick wins and longer-term interventions.
2. Implementation issues include NHS and councils working separately on HIV prevention, and the need to join this up.

## Recommendations:

1. Early engagement with city stakeholders, making sure this includes third sector, health and local government.
2. Consideration should be given to a national NGO acting as a coordinator for FTC, particularly in small nations.
3. Funding is required, both to coordinate FTC at a city and national level, and cities require a working budget to deliver community engagement and program interventions.

# 1199 Integration of NCD Screening and Treatment amongst PLHIV Attending Clinic in OBER Level 4 Hospital, Kabondo Sub County 2022

John Ndungu (presenting)<sup>1</sup>

<sup>1</sup> Healthcare Centers, Nairobi, Kenya

**Background:** Low-income and middle-income countries are struggling to manage growing numbers of patients with chronic non-communicable diseases (NCDs), while services for patients with HIV infection are well established. There have been calls for integration of HIV and NCD services to increase efficiency and improve coverage of NCD care. Systematic reviews identified prevalence/incidence data for each NCD except ischemic heart disease. The model estimates that 51% of Kenyan adults currently suffer from  $\geq 1$  NCD, with a higher burden in people living with HIV (PLWH) compared to persons not living with HIV (62% vs 51%), driven by their higher age profile and partly by HIV-related risk for NCDs. Ober level 4 hospital comprehensive care clinic has a current on care of 1053 with male accounting for (409) 38.84% and females (645) 61.25%. Children aged 0-14 account for 4.27% of the total client population while adults account 95.72%.

**Method:** Active NCD screening was conducted in all 763 clients who attended clinical appointment in the fourth quarter of 2022, which included recalling of known existing NCD clients for further clinical evaluation for any other NCD. This accounted for 75% of all the adult population in the facility.

**Results:** The prevalence of NCDs in the population screened was at 5.9% accounting for 45 clients. Hypertension accounted for 40% (18 clients) and 15.6% (7 clients) were pre-hypertensive. Type 2 Diabetes mellitus accounted for 15.6% (7 clients) while Multiple comorbidities of hypertension and diabetes accounted for 15.6%, (7 clients) out of which 3 clients had pre-existing diabetes and were newly diagnosed with hypertension while a further 2 pre-existing diabetes clients were diagnosed as pre hypertensive. Asthma and Epilepsy 4.4% each which is (2 clients) respectively. Gout and psychosis accounted for 2.2% each which is (1 client) each.

**Conclusion:** According to our findings, active screening for NCDs amongst PLHIV increases the chances of early diagnosis and enhances timely intervention and management, these further improves clinical outcomes and prognosis. Further and regular clinical follow up of PLHIV with known existing NCDs improves the diagnosis of other developing NCDs. There is a need for active monitoring of the NCD performance indicator, health staff sensitization and capacity building and client's health promotion and education in regard to NCDs. Need for NCD screening and management commodities in the comprehensive care clinic to enhance management of the PLHIV. Integration of NCDs screening and management in the CCC improves overall outcome of comprehensive care.

# 1202 Healthcare Workers' Perceptions of 12-Month ART Prescriptions: A Qualitative Study

**Kwena Tlhaku (presenting)**<sup>1</sup>, Lindani Msimango<sup>2</sup>, Yukteshwar Sookraj<sup>3</sup>, Pedzisai Munatsi<sup>1</sup>, Munthra Maraj<sup>3</sup>, Phelelani Sosibo<sup>3</sup>, Nigel Garrett<sup>1</sup>, Jienchi Dorward<sup>4</sup>

<sup>1</sup> Centre for the AIDS Programme of Research in South Africa (CAPRISA), Durban, South Africa

<sup>2</sup> Human Sciences Research Council, Durban, South Africa

<sup>3</sup> eThekweni Municipality Health Unit, eThekweni, South Africa

<sup>4</sup> University of Oxford, Oxford, England, United Kingdom

**Background:** During the COVID19 pandemic, the South African Centralized Chronic Medicines Dispensing and Distribution (CCMDD) program temporarily allowed people living with HIV (PLHIV) to attend clinics every 12 months for an ART prescription delivered to community pick-up points, alongside existing 6-month prescriptions. We aimed to explore the healthcare workers' (HCW) perceptions of the extended 12-month versus the standard 6-month CCMDD ART prescriptions.

**Method:** We conducted semi-structured in-depth interviews with frontline clinical workers in primary care clinics run by the eThekweni Municipality Health Unit in KwaZulu Natal, South Africa. Interviews were audio-recorded, transcribed, translated, and analyzed thematically.

**Results:** Between February and December 2022, we conducted 21 interviews with 8 nurses, 4 doctors, 3 pharmacists, 5 clinic managers from nine clinics and a community pick-up point staff. 5 participants were male and 16 were female. The findings revealed mixed perceptions about the extended 12-month CCMDD prescription. HCWs reported that 12-month prescriptions helped keep patients away from the clinic, thereby preventing exposure to COVID19, leaving fewer queues and less frustrated patients, and reducing clinic workload. Patients were reported to prefer the 12-month prescription and questioned its termination. However, HCWs were concerned about clients' ART adherence during the 12 months without clinic attendance, and that aligning annual viral load with 12-month prescriptions was a challenge. They also worried that patients experiencing clinical problems may not necessarily return to the clinic before their 12-month visit, and that the clinic would only become aware of those who died or became lost to follow up after 12 months.

**Conclusion:** While HCWs reported the benefits of the 12-month prescription, further use of this prescription in CCMDD will require strategies to meet HCW concerns about impacts on adherence, alignment of annual viral loads and timely follow up.

# 1205 Epidemiological Impact of Pre-Exposure Prophylaxis in HIV Prevention: A Single Center Observational Experience in Pre- and Post-Prophylaxis Era

**Roberto Rossotti (presenting)**<sup>1</sup>, Leonardo Francesco Rezzonico<sup>1</sup>, Chiara Baiguera<sup>1</sup>, Alessandro Raimondi<sup>1</sup>, Carlotta Rogati<sup>1</sup>, Luca Baldassari<sup>1</sup>, Francesco Peracchi<sup>1</sup>, Federico D'Amico<sup>1</sup>, Daniele Calzavara<sup>2</sup>, Maria Cristina Moiola<sup>1</sup>, Leonardo Gerolamo Chianura<sup>1</sup>, Massimo Puoti<sup>1</sup>

<sup>1</sup> ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy

<sup>2</sup> Milano Check Point, Milan, Italy

**Background:** HIV transmission is decreasing globally due to more effective treatments and implementation of infection control measures. PrEP is an effective tool, but its net effect on epidemiology has not been proven yet. The aim of this analysis is to address the potential PrEP role on the trajectory of new HIV infections.

**Method:** This monocentric retrospective study included all new HIV infections from 2012 to 2022 stratified into 3 different periods: pre-TasP (2012-2015), TasP (2015-2018) and PrEP (2019-2022). Descriptive statistics and non-parametric tests were used to depict study population. Linear regression analysis was applied to predict the trajectories of diagnoses in different subgroups including patients eligible to PrEP, defined as MSM with CD4+ count >500 cell/mm<sup>3</sup> (with/without Italian origin).

**Results:** We included 501 patients (228 pre-TasP, 151 TasP and 122 PrEP, [Table 1](#)). PrEP candidates represented only a small portion (11.0%). New HIV diagnosis decreased significantly over time (b-coefficient: -1.325, p<0.001; [Fig.1](#)). This decrease happened without substantial changes in terms of CD4+ count (b-coefficient: 0.002, p=0.72; [Fig. 2](#)), log10 viral load (b-coefficient: 0.104, p=0.486; [Fig. 3](#)) or CDC stage C (b-coefficient: -0.383, p=0.237). The linear regression applied to risk factors showed a similar reduction in all groups ([Fig. 4](#)). Patients eligible to PrEP had a prominent new diagnosis decrease at the limit of significance (b-coefficient: -2.789, p=0.065). Adding Italian origin to PrEP eligibility definition confirmed a decreasing trend (b-coefficient: -2.699, p=0.075).

**Conclusion:** The overall number of new HIV diagnosis showed a reduction during the last decade: the most consistent downward trend was observed among PrEP candidates suggesting this preventive approach may be a protective factor for HIV transmission even at population level. Enlarging PrEP availability could lead to a more prominent decrease of new HIV diagnosis.

# 1206 Understanding Interruptions in Antiretroviral Therapy among People Living with HIV in Jakarta: Implications for Enhanced Continuity of Care

Jessie Olivia Yunus (presenting)<sup>1</sup>, Rahmat Aji Pramono (presenting)<sup>2</sup>, Siti Sulami<sup>1</sup>, Sujai Rizal<sup>1</sup>, Laurent Ferradini<sup>1</sup>, Caroline Francis<sup>1</sup>

<sup>1</sup> FHI 360, Jakarta, Indonesia

<sup>2</sup> Jakarta Provincial Health Office, Jawa Barat, Indonesia

**Introduction:** Maintaining long-term continuity of ART for PLHIV is challenging. This retrospective analysis examines interruption in treatment (IIT) patients in Jakarta, Indonesia, to inform strategies for improved treatment continuity.

**Description:** Between October-December 2022, 773 PLHIV from 109 health facilities were newly identified as IIT. The majority were male (74.6%), with 33% identifying as key populations. The mean age was 32 years. ART regimens varied, with 37.6% using TLE and 37.6% using TLD. 48.8% received viral load testing, and 80.6% achieved virological suppression. Baseline CD4 testing was conducted for 25.6% of IIT cases, and 36.1% were classified as WHO clinical stage 3 or 4, indicating advanced HIV disease. Multivariate logistic regression analysis identified factors independently associated with IIT. These included prior experience of IIT (OR=42.33, 95% CI [31.46-56.95]), ART duration < 2 years (OR=2.17 [1.87-2.51]), absence of key population identification (OR=1.37 [1.17-1.59]), use of TLE regimen (OR=14.33 [11.94-17.19]), lack of viral load testing (OR=2.56 [2.25-3.00]), and unsuppressed viral load (OR=2.8 [2.16-3.63]). Intriguingly, being identified as having advanced HIV disease seemed to confer some protection against IIT (OR=0.75 [0.65-0.87]).

**Lessons Learned:** These findings underscore the importance of strengthening differentiated service delivery for PLHIV who have experienced IIT, do not belong to identified key populations, have been on ART < 2 years, on TLE regimens, or have unsuppressed viral loads. Furthermore, programmatic strategies aimed at improving viral load testing coverage and baseline CD4 testing to enhance detection of advanced HIV disease are warranted to prevent IIT.

**Recommendations:** PLHIV case profiling and reinforcing key HIV service strategies such as viral load and baseline CD4 are vital in preventing interruptions in ART among PLHIV in Jakarta, thereby ensuring enhanced continuity of care.

# 1207 Emerging Outbreaks, Existing Knowledge

Lauren Duffy (presenting)<sup>1</sup>, Craig Langton (presenting)<sup>1</sup>, Xavier de Vally<sup>1</sup>

<sup>1</sup> LGBT Foundation, Manchester, England, United Kingdom

**Introduction:** The 2022 Mpox outbreak wasn't the first or last emerging outbreak. Learning from our communities is key to improving communication during infectious outbreaks. This project, involving four organizations, targeted GBMSM, people living with HIV, people of color, and trans/non-binary individuals involved in sex work.

**Description:** Our combined outreach efforts aimed to boost Mpox knowledge and vaccine uptake in these groups. We involved the community in developing strategies for future outbreaks and created a toolkit based on insights and recommendations. This approach had an immediate impact and provided a lasting tool for effective public health campaigns.

**Lessons Learned:** Targeted online messaging received 19,025 views and generated 1,604 engagements, indicating deep involvement. Phone and SMS engagement reached 339 people, with 90% reporting being better informed or receiving onward referral. We supported 30 sex workers with risk management and self-care, and conducted 113 intensive support sessions with male, trans, and non-binary sex workers. Workshops shaped key messages and an approach for future urgent public health issues. Participants valued the involvement of service delivery staff, breaking down barriers and treating their lived experiences equally with professional expertise.

## Recommendations:

- A joined up and coordinated approach between trusted organizations. Diluted or contradictory messaging between organizations leads to a breakdown in trust.
- Tackling Disinformation – make it clear where you can get trusted information
- Access – high demand for walk-in or other out of hour's services.
- Stories – While respecting peoples' right to confidentiality, hearing about real experiences can increase confidence and break down stigma. Make sure there is support for people who share, as they own their stories and experiences.
- Education – We shouldn't be waiting for next outbreak – there should always be campaigns about good sexual health in our communities and reaching into schools and other education settings to break down stigma and make it easier to engage in the future.

# 1208

## Key Lessons from Five Years of Implementation of the Joint UNAIDS-IAPAC Fast-Track Cities Project

Pascal Muriset (presenting)<sup>1</sup>, Eleanor Gouws<sup>1</sup>

<sup>1</sup> UNAIDS, Geneva, Switzerland

**Introduction:** Since 2018, UNAIDS and IAPAC have been supporting 15 cities as part of the USAID-funded Fast-Track Cities (FTC) project. These cities have made significant progress and achieved strategic targets in their HIV responses. Valuable lessons have been learned during the implementation of the project and can be used to influence global level policies.

**Description:** The FTC project objectives were built around four strategic pillars, namely, to develop and implement HIV strategic plans, strengthen enabling environments, ensure the availability and use of strategic information and build capacity of stakeholders. To reach these objectives, workplans were developed and implemented in close collaboration with key stakeholders and partners, including city health authorities, communities and civil society, and in alignment with other local and National Strategic Plans.

**Lessons Learned:** Important lessons have been learned through the FTC project, including:

- Networking and engaging stakeholders, including civil society and communities, are key to help identify synergies and address gaps in the HIV response.
- Political leadership and commitment remain critical to keep the HIV response high on the agenda and to ensure a sustained response.
- Improving data availability and use at city level has made partners aware of the importance of good quality data in understanding the local epidemic and making informed decisions.
- Strengthening the capacity of community partners and enabling them to play a leading role in the HIV response can help to address inequalities.
- Sustaining the progress that has been made will be critical in achieving the commitments of the Paris Declaration and in ending AIDS by 2030.

**Recommendations:** The lessons that have been learned will be documented and will contribute to the development of an urban strategy to help guide an impactful and strategic HIV response in urban settings.

# 1209

## Implementation of a Peers' Education Training Course: Challenges and Lessons Learned in Porto – A Fast-Track City

Maria Novais (presenting)<sup>1</sup>, Joana Pinto Costa<sup>1</sup>, Clara Silva<sup>2</sup>, Rui Coimbra Morais<sup>3</sup>, Luís Pimentel<sup>2</sup>, Paula Meireles<sup>1</sup>, Henrique Barros<sup>1</sup>

<sup>1</sup> Universidade do Porto, Porto, Portugal

<sup>2</sup> Agrupamento de Centros de Saúde Porto Ocidental, Porto, Portugal

<sup>3</sup> CASO, Viseu, Portugal

**Introduction:** Peers are crucial in reaching hidden populations and establishing trust within groups, traditionally difficult to reach through traditional health services. Integrating peers into harm reduction interventions and teams can contribute to HIV prevention efforts. Therefore, the training of peers is of paramount importance. With this knowledge, a peer education training course targeting key populations for HIV was planned and implemented within the participatory framework of Porto's Fast-Track Cities strategy. The challenges and lessons learned will be discussed in this work.

**Description:** The formative training course took place between November 2021 and January 2022 and was conducted by a working group of Porto's Fast-Track Cities Strategy. The Center for Employment and Professional Training of Porto (CEPPP) supported the training by providing monetary compensation for trainees and certifying the course. It was held at the Institute of Public Health of the University of Porto and taught by specialists in various fields.

**Lessons Learned:** The main challenges encountered during preparation and throughout the course were the bureaucratic obstacles and inflexibility of legal procedures to accommodate the specificities of the trainees. Consequently, the number of enrolled trainees was lower than anticipated, and the course experienced delays in its commencement. However, the provision of monetary compensation and certification played a pivotal role in trainee enrollment and retention – only one out of nine trainees dropped out. Despite this high retention rate, we encountered difficulties integrating the trainees into organizations to work as peers, ultimately impacting the course's effectiveness.

**Recommendations:** To address these challenges, it is imperative to anticipate and plan integration of peers into the overall organizations as part of formative training programs. Enhancing the effectiveness of the course and reinforcing the trust of peers in the promoters of the training. Efforts are currently underway to actively address these issues and ensure the success of the course.

# 1210

## Unlocking Barriers to Accelerate Viral Load Testing Coverage in Tangerang District Hospital, Indonesia

Jessie Olivia Yunus (presenting)<sup>1</sup>, Nenden Diana Rose (presenting)<sup>2</sup>, Neneng Nurhayati<sup>2</sup>, Qotrun Nada<sup>3</sup>, Yossi Sepriani Purba<sup>3</sup>, Fika Febriana<sup>1</sup>, Erika Indrajaya<sup>1</sup>, Afriyani Khusna<sup>1</sup>, Saskia Mariska<sup>1</sup>

<sup>1</sup> FHI 360 Indonesia, Jakarta, Indonesia

<sup>2</sup> Banten Provincial Health Office, Baten, Indonesia

<sup>3</sup> Tangerang District Health Office, Tangerang, Indonesia

**Introduction:** Effective viral load (VL) testing is vital for monitoring viral suppression and optimizing antiretroviral therapy in individuals living with HIV (PLHIV). In Greater Jakarta, Indonesia, VL testing coverage remains low. This abstract presents a comprehensive initiative to rapidly accelerate VL testing at the Tangerang District Hospital in Banten province.

**Description:** The Tangerang District Hospital provides HIV treatment for 1,239 PLHIV in Greater Jakarta. In July 2022, just 1.7% of eligible PLHIV received viral load testing services. Geographical separation between the laboratory and clinic, combined with lengthy waiting times for patients, impeded testing coverage and limited client demand. To overcome these challenges, a comprehensive approach was implemented, with support from the USAID/EpiC project. Client flow procedures were simplified. Phlebotomists were placed in the HIV clinic to support "one-stop" service provision. Mobile VL testing services were introduced, with a dedicated hospital team collecting samples from PLHIV outside the hospital setting. These efforts yielded promising results, with a substantial increase in VL testing conducted at Tangerang District Hospital. By December 2022, VL testing coverage rose dramatically, from 1.7% to 51%.

**Lessons Learned:** This experience highlights the importance of tailoring approaches to address the unique challenges faced by each healthcare facility. By implementing customized strategies, healthcare providers can overcome barriers and optimize VL testing services in hospitals and other healthcare settings.

**Recommendations:** This abstract outlines the initiatives taken to enhance VL testing coverage at Tangerang District Hospital. The lessons learned from this project can serve as a valuable guide for similar endeavors that ultimately improve VL testing accessibility, support viral load suppression, and help cities reach their 3<sup>rd</sup> 95 goals.

# 1211

## Perspectives of PLHIV on ART on the Quality of Care they Receive from THPs in eThekweni Municipality, KwaZulu-Natal, South Africa

Nkosinathi Mncwabe (presenting)<sup>1</sup>

<sup>1</sup> University of KwaZulu Natal, Durban, South Africa

**Background:** Traditional Health Practitioners (THPs) in Sub-Saharan Africa play a major role in providing for the needs of people, particularly in settings where biomedical health care is inaccessible. A large proportion of HIV positive South Africans regularly consult THPs for their healthcare needs. This is a sub study of the eThekweni Fast Track Cities Quality of Care Survey, and it was designed to identify quality of care (QoC) successes and challenges faced by PLHIV on ART who consult with THPs. This was done by measuring perspectives on key indicators across the continuum of care in addition to non-health related determinants.

**Method:** This study adopted an observational, cross-sectional study design using a paper-based questionnaire to administer an anonymized survey to eligible PLHIV who consented to participate. The data was collected during a 2-week period study over a one-year duration of the main study period with each participant being able to complete the survey at one time. The data was analyzed using a descriptive analysis.

**Results:** This study showed that 13% (74 out of 564) of PLHIV on ART consistently received care from THPs ranging from 2 times (9,6%) to more than 12 times (2,5%) a year. Moreover, participant responses indicated that they did not use THPs intervention as an alternative to the use of ART, rather they employed THPs services and ART for distinctly different needs. The majority (30%) would consult THPs for any other health related matter to HIV and 7-15% felt that THPs helped them feel good about themselves.

**Conclusion:** The results suggest that THPs can provide a variety of community-based HIV services and are not obstacles for advancing care in the communities they serve. Hence, they should be integrated into the existing health-care infrastructure to improve the QoC and consequently improve quality of life.



# 1215 Empowering Data Transformation for Enhanced HIV Care in Jakarta, Indonesia: From SIHA 1.7 to SIHA 2.1 and Beyond

Jessie Olivia Yunus (presenting)<sup>1</sup>, Lanny Luhukay<sup>2</sup>, Endang Lukitosari<sup>2</sup>, Siti Sulami<sup>1</sup>

<sup>1</sup> FHI 360 Indonesia, Jakarta, Indonesia

<sup>2</sup> Ministry of Health Indonesia, Jakarta, Indonesia

**Introduction:** Indonesia is embarking on a data transformation endeavor that integrates 4,000 health care applications into a unified ecosystem called SatuSehat. As part of this process, the Indonesia Ministry of Health is moving from an HIV health management information system (SIHA 1.7) to an individual-level patient records system (SIHA 2.1).

**Description:** With the assistance of the USAID/EpiC project, 162 facilities in Jakarta and Greater Jakarta successfully migrated their patient records and adopted SIHA 2.1. This upgraded system enables the disaggregation of key population and age data, facilitating comprehensive cohort analyses across the HIV cascade. While the remaining SIHA 2.1 treatment modules are being finalized, USAID/EpiC is updating the national cohort application (ARK 6.0) to serve as a bridge between SIHA 1.7 and SIHA 2.1. Training on SIHA 2.1 has been provided to 1,692 participants from 453 facilities in Jakarta and Greater Jakarta, and a Training of Trainers (ToT) workshop for 185 master trainers from 34 Indonesian provinces has been co-facilitated by EpiC as the wider roll out of SIHA 2.1 begins with Global Fund support.

**Lessons Learned:** Although SIHA 2.1 effectively collects essential HIV data at facility levels, it is not the sole data application in use. A data system landscape analysis conducted among facilities in Jakarta and Greater Jakarta revealed that up to 64 additional data systems are utilized for inputting HIV-related patient data. This fragmented data entry process contributes to workload burnout and hampers the collective ability of the system to validate, analyze, and utilize HIV data effectively.

**Recommendations:** Supporting data transformation and enhancing data quality are crucial steps to bolstering Indonesia's progress towards achieving its 95-95-95 goals in Jakarta and beyond. Efforts must now focus on streamlining data systems, reducing redundancies, and strengthening data validation processes to maximize the potential of HIV data for informed decision-making and improved patient outcomes.

# 1216 Temporal Trends in HIV Incidence in Brazil's Federal State's Capitals between 2015-2019: Differences between Fast-Track Cities and Non-Fast-Track Cities

Gonçalo Lobo (presenting)<sup>1,2</sup>, Bruno Kauss<sup>3</sup>, Gustavo Passos<sup>3</sup>, Ariadne Ribeiro<sup>3</sup>, Claudia Velasquez<sup>3</sup>, José M. Zuniga<sup>1,2</sup>

<sup>1</sup> IAPAC, Washington, DC, USA

<sup>2</sup> Fast-Track Cities Institute, Washington, DC, USA

<sup>3</sup> UNAIDS, Brasília, Brazil

**Background:** Since 2014, 42 cities in Brazil have joined the Fast-Track Cities network, 13 of them being state capitals. From 2007 to 2022, 434,803 HIV cases were reported, 70.2% of those in men and 29.8% cases in women, failing to reach the 95-95-95 targets. The objective of this study is to compare incidence rates from 2015-2019, given the impact of COVID-19 on incidence rates, between state capitals in Brazil and compare the differences of cities being on the Fast-Track to end the HIV epidemic (FTC) or not (non-FTC).

**Method:** Using the data from the national surveillance system (SINAN-AIDS), HIV-incidence rates from 2015 to 2019 were compared between all 26 capital cities and the Federal District. Cities were divided between FTC (n=13) and non-FTC (n=14), and the following HIV-incidence rates were compared: overall, MSM, and pregnant women. HIV-related death rates were also analyzed. Statistical analysis was performed using SPSS Version 28.0.1.1.

**Results:** No statistical differences were found over the evaluated period between FTC and non-FTC across all HIV-incidence rates and HIV-related death rates, aside the HIV-incidence rate among MSM in 2015. With FTC having higher HIV-incidence rates ( $M = 45.1$ ,  $SD = 11.6$ ) than non-FTC ( $M = 36$ ,  $SD = 9.5$ );  $t(23) = 2.213$ ,  $p = .037$ .

**Conclusion:** Research driven policies are key to attaining the 95-95-95 targets. Despite a decline in HIV-incidence rates among FTCs, continued efforts to optimize HIV treatment and more in-depth analysis on the policies and their impact on the epidemic are needed. HIV pre-exposure prophylaxis utilization data also indicates a need to increase use of this adjunct to treatment as prevention to achieve HIV-incidence decreases observed in other countries.

# 1217 Addressing Harmful Social and Gender Norms to Curb Sexual and Gender-Based Violence and HIV in Omaheke, Namibia

**Puleng Letsie (presenting)<sup>1</sup>**, Fillemon Haindongo<sup>2</sup>

<sup>1</sup> UNAIDS, Windhoek, Namibia

<sup>2</sup> Society for Family Health, Windhoek, Namibia

**Introduction:** Sexual and gender-based violence in Omaheke is 6.8% compared to 4.2% nationally, with high HIV, high unemployment, was hardest hit by COVID-19. The region has high gender-related and socio-economic inequalities. There are historic assumptions that men and boys are not concerned about their health, attributed to societal expectations that men should be tough hence men's health-seeking behavior is sometimes seen as a weakness. Health services uptake is more among women. Operating hours, accessibility and social mobilization are seen to favor women more than men.

**Description:** Community conversations were conducted in five remote and hard-to-reach community points recording high SGBV and HIV with stakeholders comprising traditional and spiritual leaders, government, men, and boys to understand the issues exacerbating SGBV and new HIV infections in their community. Issues from the stakeholders' consultations, community conversations and male engagement campaigns led to the development of action plans and social and behavior change communication (SBCC) materials in local languages to address challenges exacerbating SGBV and HIV.

## Lessons Learned:

- The program recognized the capacity and knowledge of communities and used their social capital for gender-transformative HIV and GBV responses that enhanced positive masculinities and behavior change.
- Some traditional, imposed social and gender norms and harmful practices are elevated by economic and social vulnerabilities and challenges, further exacerbated by COVID-19.
- Local champions were identified; they continue to support and link men and boys to health facilities, NGOs and trusted community structures.

## Recommendations:

- Need for multi-sectoral, comprehensive and people-centered programming for gender-transformative, results-focused programs.
- Involvement of regional leadership – governors, community leaders, and councilors is instrumental for local ownership and program success.
- Community-based and population focused interventions are critical to enhance male engagement.

# 1219 HIV Testing in Colposcopy Services

**Aneesha Noonan (presenting)<sup>1</sup>**

<sup>1</sup> NHS England/Fast-Track Cities London, London, England, United Kingdom

**Introduction:** UK national guidelines recommend routine HIV testing for anyone presenting with an HIV indicator condition, including cervical dysplasia. People with HIV have a higher risk of high-risk HPV infection, cervical dysplasia and cervical cancer. HPV is a sexually transmitted infection, full STI screening, including HIV testing, should be offered to those presenting with HPV-related disease. The NHS National Cervical Screening program does not include routine HIV testing in patients presenting colposcopy services with cervical dysplasia.

**Description:** FCI London established a working group to explore a pilot of HIV testing for all patients attending Colposcopy services in London. Four colposcopy clinics across London agreed to signpost patients attending appointments for HIV testing via QR code to an online sexual health testing service. An information leaflet with the QR code is sent with appointment letters for colposcopy. Posters are displayed in clinic waiting areas and clinic staff give a business card to all attending patients that contains the QR code.

**Lessons Learned:** Since the pilot commenced in February 2023, there have been 52 requests for testing kits. Uptake appears to be low due to:

- delays to sites being able to add the information to appointment letters.
- anecdotal reporting that many patients say they have had an HIV test in the last year.
- potential hesitance by clinic staff to mention HIV to patients.

**Recommendations:** Extend the pilot's duration to reach at least 100 kits requested and returned. Roll out individual QR codes for each site to monitor which areas have highest/lowest uptake. Incorporation of recording when patients decline a test and reason why. Use this data to understand the demographics of those who take up testing. HIV education sessions for clinic staff. Qualitative assessment of the pilot via interviews with patients and staff. Explore implementing opt-out testing at colposcopy.

# 1226

## Factors Associated with Previous Testing for HIV, Syphilis, and Hepatitis B and C among Transgender Women in Brazil

**Beo Oliveira Leite (presenting)<sup>1</sup>**, Laio Magno<sup>2</sup>, Ines Dourado<sup>1</sup>, Sandro Sperandei<sup>3</sup>, Carla Gianna Luppi<sup>4</sup>, Maria Amelia de Sousa Mascena Veras<sup>5</sup>

- <sup>1</sup> Federal University of Bahia, Salvador, Brazil
- <sup>2</sup> Universidade do Estado da Bahia, Salvador, Brazil
- <sup>3</sup> Western Sydney University, Sydney, NSW, Australia
- <sup>4</sup> Universidade Federal de São Paulo, São Paulo, Brazil
- <sup>5</sup> Santa Casa de São Paulo School of Medical Sciences, São Paulo, Brazil

**Background:** Transgender women (TGW) are disproportionately affected by HIV and other sexually transmitted infections (STIs). Furthermore, they have limited access to diagnostic tests. We aimed to analyze factors associated with testing for STIs among TGW in Brazil.

**Method:** TransOdara is a cross-sectional study and recruited participants using respondent-driven sampling (RDS). The outcome variables were tests for HIV, syphilis, hepatitis B (HBV), and hepatitis C (HCV) in the past 12 months. A regression model with mixed effects was used to estimate adjusted odds ratios (aOR) and 95% confidence intervals (CI) of the association between sociodemographic/behavioral factors and previous STIs testing.

**Results:** The TGW who had a previous STI test were 56.3% for HIV, 58.0% for syphilis, 42.1% for HBV, and 44.7% for HCV. Factors associated with previous HIV testing: 35 years or older (aOR:0.73;95%CI:0.56-0.95), experienced verbal or psychological violence (VPV) (1.39;1.08-1.79), reported casual partners (1.39;1.04-1.85); previous syphilis testing: experienced VPV (1.53;1.19-1.98), transactional sex (TS) (1.60;1.24-2.07); previous HBV testing: completed secondary education (1.50;1.09-2.06), experienced VPV (1.39;1.06-1.83), TS (1.39;1.04-1.85); and previous HCV testing: secondary education (1.57;1.14-2.15) or a bachelor's degree (2.21;1.12-4.34), experienced VPV (1.39;1.06-1.83), TS (1.71;1.29-2.27).

**Conclusion:** We found a low frequency of previous testing for STIs compared to the Brazilian guidelines and worldwide. Expanding access and engagement of TGW with healthcare services is an essential strategy in reducing the HIV transmission and other STIs.

# 1238

## Baseline Study to Assess the Practices of Substance Use and Its Association to HIV Infection among People Who Use or Inject Drugs (PWUD/PWID) in Three Districts of City of Kigali

**Kabanyana Nooliet (presenting)<sup>1</sup>**, Mwananawe Aimable (presenting)<sup>2</sup>, Rwibasira Gallican<sup>3</sup>, Ayingoma Jean Pierre<sup>1</sup>, Andrew Gasozi Ntwali<sup>4</sup>

- <sup>1</sup> Rwanda NGOs Forum on HIV/AIDS and Health Promotion, Kigali, Rwanda
- <sup>2</sup> IMRO Rwanda, Kigali, Rwanda
- <sup>3</sup> Rwanda Biomedical Center, Kigali, Rwanda
- <sup>4</sup> UNAIDS, Kigali, Rwanda

**Background:** In Rwanda, there is no national data on the prevalence and incidence of HIV among people who use or inject drugs (PWUD/PWID). In neighboring Nairobi, Kenya, the prevalence of HIV in the general population in 2012 was 5.6%, compared to 18.7% among people with substance use (PWUS) in 2014 and in 2015 prevalence was similarly reported at 19.5% in PWUS in Nairobi and Mombasa, with an estimated annual HIV incidence of 2.5%.

**Method:** The respondents driven sampling (RDS) method is a chain referral sampling strategy similar to snowball sampling, also used for similar studies on hidden populations was used based on an estimated proportion of PWUS living in 3 districts of Kigali. The minimum sample size was 440 PWUS.

**Results:** 529 self-reported respondents with a median age of 29 were recruited, exceeding the target of 440 PWUD/PWID, tested for HIV and profiled their socio demographic characteristics. HIV positive self-reported substance users were high at 12.8%, far above prevalence in the general population (3%). 27.9% were PWID and 47% of them shared syringes.

**Conclusion:** The common practices including sharing of syringes, unprotected sex and less access to protective equipment and commodities exposed them to risk. Catalytic interventions for policy change on decriminalization of drug use as a barrier for access and use of health services in is Urgent.

# 1243

## Addressing Health Inequities in HIV/AIDS Care: The End the HIV Epidemic Initiative and the Health Equity Tracker

Donrie Purcell (presenting)<sup>1</sup>

<sup>1</sup> Morehouse School of Medicine, Atlanta, GA, USA

**Introduction:** The End the HIV Epidemic (EHE) initiative focuses on reducing the disease burden among historically marginalized populations living with HIV/AIDS in the southern United States. For example, despite Blacks representing 42% of new HIV cases, only 14% of eligible individuals receive prescribed pre-exposure prophylaxis (PrEP) drugs, highlighting the need for innovative interventions to address health inequities.

**Description:** One component of the EHE, the Health Equity Tracker (HET), is a data and visualization platform that aims to collect health equity data across the United States and centralize it in one place, providing evidence on the implications of health inequities for people living with HIV/AIDS (PLWHA) in the U.S. One purpose of the HET is to help policymakers understand the state of HIV in vulnerable communities, assist in obtaining necessary resources for impacted populations, and support communities by improving their health outcomes.

**Lessons Learned:** 1) Incidence and prevalence data for Black PLWHA is readily available on a state level across all races and ethnicities, but inherently more difficult to obtain on county level throughout the U.S. inclusive for our target populations in Atlanta, Georgia, New Orleans and Baton Rouge, Louisiana. 2) While the overall incidence of HIV diagnosis among Black people compared to other races show a steady decline since 2008, the gap in HIV prevalence amongst Black people compared to other races continues to expand. 3) Information on the availability/distribution and adherence of PrEP medication for Black PLWHA were not readily available in all states and in some cases non-existent at the county level.

**Recommendations:** The HET will expand data aggregation to include pre and post HIV diagnosis medication usage by Black PLWHA. This data will be mapped to county-level systems indicators to examine the trajectory of health inequities among vulnerable populations.

# 1249

## The Use of Qualitative Interviews to Inform Interventions to Mitigate the Impact of Intimate Partner Violence among Men Living with HIV who Have Sex with Men

Susan Ramsey (presenting)<sup>1</sup>

<sup>1</sup> Rhode Island Hospital, Providence, RI, USA

**Background:** Intimate partner violence (IPV) is a serious and prevalent public health problem among men living with HIV who have sex with men (MLWHSM). IPV is linked with poorer HIV outcomes and mental health, as well as higher rates of substance use within this population. There is a lack of evidence-based interventions for mitigating the impact of IPV among MLWHSM.

**Method:** Qualitative interviews were conducted with n = 18 MLWHSM with recent IPV experience. Participants were asked to describe a program that would be helpful for addressing IPV. Collection, coding, and analysis of the qualitative data adhered to rigorous 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 to ensure strong agreement between the coders.

**Results:** A common theme endorsed by participants was that there is a general need for more resources for men experiencing IPV. Nearly all participants (83%) felt that support groups would be helpful. Participants reported that connecting with others with similar experiences would help them feel less isolated. A majority of participants (59%) also felt that digital support groups would be beneficial, most often because of the accessibility and anonymity it could provide. Many participants (67%) also suggested that individual counseling or peer-led support groups may be helpful but stressed that the most effective counselors would be relatable and have lived experience with IPV.

**Conclusion:** This work highlights the need for and interest in support services for MLWHSM to mitigate the impact of IPV and supports the development and testing of digital, peer-led support groups for this population.

# 1252 African Communities and HIV in the UK: Policy Strategies, Accountability, and Action

**Deryck Browne (presenting)<sup>1</sup>, Mesfin Ali (presenting)<sup>2</sup>, Denis Onyango (presenting)<sup>3</sup>**

<sup>1</sup> One Voice Network, London, England, United Kingdom

<sup>2</sup> Embrace UK, London, England, United Kingdom

<sup>3</sup> Africa Advocacy Foundation, London, England, United Kingdom

**Background:** Black communities continue to disproportionately experience disparities in HIV and broader health/wellbeing outcomes. One Voice Network and National Aids Trust conducted community research into the health & social experiences of Black communities affected by HIV to inform action including accountability, policy and decision making.

**Method:** OVN developed two structured questionnaires.

1. For community organizations serving Black communities affected by HIV with 8 responses across England, reported supporting 24,246 service-users annually and collectively reaching 49,052 through social-media.
2. A second survey sought responses from 101 Black individuals (59.8% Female, 40.2% Male).

NAT produced a literature review to understand the inequalities faced by Black communities living with/at risk of HIV. The themes were: HIV testing, treatment, and care; primary HIV prevention; funding and service provision; community involvement.

## Results:

- Experiences of primary care were often negative with issues around confidentiality and access to information
- Lack of focus on gender and the needs of specific subgroups in approaches to HIV support
- Lack of awareness on PrEP
- Limited opportunities for Black individuals with lived experience to inform policy.

The literature review identified the following barriers:

- Individual and cultural HIV stigma
- Inequities in access to interventions and support
- Socio-economic hardship
- Impact of the hostile environment on migrants LWHIV
- Lack of culturally representative HIV-campaigns
- Insufficient funding for/involvement of Black communities in HIV work

**Conclusion:** Clear pathways needed for Black community members to influence local and national decision makers. Local-authorities and primary providers need cultural-competency training around HIV to better understand the specific needs of Black communities LWHIV. Intervention, messaging and campaigns around HIV prevention, stigma and treatment should be tailored to Black communities and raise awareness of PrEP and U=U. Tailored services to increase testing/prevention/treatment adherence in Black communities requires increased sustainable funding. Gender-specific approaches are required, reflecting needs of subgroups including socioeconomic support.

# 1261 Fast Track HIV Response in Kigali City and Other Secondary Cities Through Religious Networks

**Eraste Ntihemuka (presenting)<sup>1</sup>, Jean Marie Vianney Gatete<sup>1</sup>**

<sup>1</sup> Rwanda Interfaith Council on Health, Kigali, Rwanda

**Introduction:** Rwanda has made significant progress in the fight against AIDS. HIV prevalence decreased from 3.0% (RDHS-2015) to 2.6% (RPHIA-2019) among the general population aged between 15-49 years old. However, despite all the efforts, HIV remains a public health problem requiring combined efforts and targeted interventions in Rwanda. Its prevalence varies geographically across Rwanda, ranging from 2.2% in the North to 4.3% in the City of Kigali. HIV prevalence is 1.9 times higher in urban areas compared to rural areas.

**Description:** More than 95 % of the Rwandan population identify themselves in a religious denomination and most of them are headquartered in cities. The role of religious leaders in sustainable HIV response should not therefore be downplayed. To make use of these key stakeholders, since 2021 the Rwanda Interfaith Council on Health (RICH) in partnership with UNAIDS-Rwanda implemented the "Rwanda interfaith engagement to Fast Track HIV prevention and treatment through Religious Networks". Through this, 2 advocacy meetings and 6 workshops for religious leaders were organized, 26 leaders of religious youth movements trained and more than 50 dialogues sessions organized in Kigali.

**Lessons Learned:** We have seen increasing HIV education through religious platforms such as youth forums, parents' associations, pre- and post-marital education sessions as well as revision of their plans to integrate HIV and SRH. Trained youth leaders have started commendable initiatives such as community outreach and creation of anti-AIDS groups (10 so far created) in HIV hotspots. With the role of FBOs, Rwanda surpassed the 90-90-90 goals of UNAIDS.

**Recommendations:** Fast-tracking HIV prevention and treatment services in cities cannot be fully achieved if Religious Organizations are not involved. We therefore recommend strengthening partnership with them for sustainable HIV response not only in cities but also elsewhere.



# 1262

## Comparing the Rate of 95-95-95 Improvement between Total Population and Men Who Have Sex with Men (MSM) in 6 U.S. Fast-Track Cities 2016-2020

**Sindhu Ravishankar (presenting)**<sup>1,2</sup>, Helen Omowumi Olowofeso<sup>1,2</sup>, José M. Zuniga<sup>1,2</sup>

<sup>1</sup> IAPAC, Washington, DC, USA

<sup>2</sup> Fast-Track Cities Institute, Washington, DC, USA

**Background:** Fast-Track Cities across the US are striving to attain the global 95-95-95 targets. As of 2019, MSM accounted for 66% of new infections in the US. Therefore, attaining the global targets is dependent on the attainment of 95-95-95 targets among MSM.

**Method:** 95-95-95 data for the general population and MSM population were analyzed from six US Fast-Track Cities. Cities were selected if they reported one or more of the 95-95-95 targets in 2016 (baseline) and 2020 (most recent). Rates of improvement (e.g., percent increase) from baseline to recent were calculated for all 95 targets; and these rates were then compared between total population and MSM.

**Results:** Baseline 95-95-95 between total population and MSM were comparable with only one city having a >3 percentage point difference between the two populations. Two cities reported baseline and recent data for the first 95% target and both saw an improvement among total population and MSM. MSM had a greater rate of improvement compared to total population (Avg 4.52% vs 2.42% respectively). Four cities reported baseline and recent data for the second 95% target and all but one saw an improvement in the second 95 target in both MSM and total population. MSM had a greater rate of improvement compared to total population (Avg 4.75% vs 3.67% respectively). Five cities reported baseline and recent data for the third 95% target and all saw an improvement in the third 95 target for MSM, but one saw a decline in the third 95 for total population. MSM had a greater rate of improvement compared to total population (Avg 4.07% vs 1.12% respectively). ([See table.](#))

**Conclusion:** In the sample of 6 US Fast-Track Cities difference in 95-95-95 from baseline among total population and MSM were comparable, however MSM did fare better when comparing the rate of improvement from 2016 to 2020. The small sample size limits the ability to generalize these data for all US cities and additional analysis using data from a larger subset of geographically diverse cities in the US is warranted.

# 1263

## HIV Intervention in SPA and Massage Parlors in Delhi, India

**Jitendra Misra (presenting)**<sup>1</sup>

<sup>1</sup> Delhi State AIDS Control Society, Delhi, India

**Introduction:** Sex Work dynamics have changed in Delhi owing to technology and social media. SPA and Massage Parlors (SMPs) have emerged as new spaces for solicitation. The findings of the rapid assessment highlighted that Female Sex Workers (FSWs) who provide sex through SMPs are at higher risk of HIV and STI. About 14000 FSWs are associated with 1400 SMPs listed in Delhi. There is an urgent need to reach out to the FSWs associated with SMPs for HIV prevention and treatment services.

**Description:** The Intervention approach involves listing & profiling of SMPs, sensitization of SMP Operators (SMPOs), enrolment of FSWs in Targeted Intervention (TI) program and provision of doorstep HIV screening, counselling and clinical services with support of SMPOs. A snowballing approach was adopted to identify SMPs. Multiple meetings on regular basis and developed rapport with SMPOs through active listening, trust building, providing information about TI program and reiterating confidentiality regarding SMP operation confirm practice of sex work activities in SMPs.

**Lessons Learned:** Program has reached 872 SMPs and about 10000 FSWs were enrolled in TI & 90% of them were provided HIV prevention services at their doorstep. The average age of masseuses enrolled in TI was 22 years and reached within 1 year after entered into Sex Work. Our study shows that an average of 30% new masseuses enter into the trade of SMPs and same percentage of masseuses left SMPs in a year.

**Recommendations:** Fostering healthy relationships with SMPOs consequently led to building trust and confidence of FSWs in TI program. Outreach conducted with respect, empathy and a non-judgmental attitude stimulated demand for services. Meaningful participation from SMPOs and FSWs was the crux of bringing sustainability in the intervention. Saturation of FSWs remain a challenge due to high mobility of the population within and across SMPs in Delhi.

# 1264 Measuring PrEP Equity in the City of Chicago

Sindhu Ravishankar (presenting)<sup>1,2</sup>, Jorge Cestou<sup>3</sup>, Patrick S. Sullivan<sup>4</sup>, Stephanie DuBose<sup>4</sup>, Kamaria Dyan Brisco<sup>4</sup>, José M. Zuniga<sup>1,2</sup>

<sup>1</sup> IAPAC, Washington, DC, USA

<sup>2</sup> Fast-Track Cities Institute, Washington, DC, USA

<sup>3</sup> Chicago Department of Public Health, Chicago, IL, USA

<sup>4</sup> Rollins School of Public Health, Emory University, Atlanta, GA, USA

**Background:** Black and Hispanic populations are disproportionately affected by HIV compared to other racial/ethnic groups in the United States. National and regional inequities in PrEP use among Black and Hispanic populations were recently reported in 2022, but these data are not reported at the city or county level. PrEP equity metrics, such as the PrEP-to-Need Ratio (PnR), are premised on the idea that groups with higher HIV diagnosis rates should benefit from proportionally higher PrEP use.

**Method:** 2020 PrEP and Diagnosis data for the City of Chicago were sourced from Chicago Public Health e-hars. PrEP equity was measured using two indicators developed by AIDSvu. 1) PrEP-to-Need Ratio (PNR): #PrEP Users/#New Diagnoses and 2) PrEP Equity Ratio (PER) between Black and White Populations:  $\text{PNR}_{\text{Black}} / \text{PNR}_{\text{White}}$  and PER between Hispanic and White Populations:  $\text{PNR}_{\text{Hispanic}} / \text{PNR}_{\text{White}}$ . Race/ethnicity specific PNRs were calculated for Black, Hispanic, and White Populations, allowing for comparing the equity of PrEP use across the three race/ethnicity groups. PER measures the extent of inequitable PrEP use between two groups with a target of 1, which would indicate equitable PrEP use between the two groups. (See table.)

**Results:** PrEP-to-Need Ratio was lower among Black (7.3) and Hispanic (24.2) Chicagoans, and higher among White Chicagoans (65.2). Both the Black/White (0.11) and Hispanic/White (0.37) PER measures were <1, documenting inequitable PrEP use compared to the White Chicagoans.

**Conclusion:** PrEP equity indicators are important in understanding the extent of PrEP use gaps between different racial/ethnic groups in the US. PNR and PER are useful measures for Fast-Track Cities to collect and report, because they can help inform and advocate locally for more equitable access to PrEP.

# 1265 Cancer Incidence Trends among People with HIV in Bayamon Puerto Rico: 2005-2019

Angel Mayor (presenting)<sup>1</sup>, Guillermo Tortolero-Luna<sup>2</sup>, Diana Fernandez<sup>1</sup>

<sup>1</sup> Universidad Central del Caribe, Bayamón, Puerto Rico

<sup>2</sup> Puerto Rico Central Cancer Registry, San Juan, Puerto Rico

**Background:** The introduction of antiretroviral therapy (ART) dramatically improves immunological function and life expectancy among people with HIV (PWH). However, late consequences of these, including malignant conditions, often curtail PWH's healthiness.

**Method:** The study used a prospective cohort of adult PWH followed at Bayamon, Puerto Rico (PR) matched with data of the PR Central Cancer Registry to evaluate the neoplasm's incidence trend among Hispanic PWH. Total and specific cancer incidence rates (per 10,000) were calculated and compared between three follow-up periods, 2005-2009, 2010-2014 and 2015-2019. Fisher exact test was used to evaluate incidence differences.

**Results:** A total of 2,796 PWH were evaluated. Of them, 67.9% male, 34.9% man-sex-man, and 77.0% received ART. The total cancer incidence per 10<sup>4</sup> increases through the time periods (252, 318 and 333). The AIDS defining neoplasm incidence decreased over the time periods, however, Kaposi's Sarcoma and cervical cancer remained high. Kaposi's Sarcoma was exclusively diagnosed in men, especially in man-sex-man. Non-AIDS defining neoplasms increased over time, oral-pharynx (13,10,46), anus-rectum (4,42,41), lung (13,17,23), colon (9,13,18), and prostate (26,44,74). Non-Hodgkin's lymphoma (17,25,23) and liver (22,5,23) remained stable. Oral-pharynx and liver cancers increment were more prevalent in males, and anus-rectal and colon cancer in females. Lung cancer incidence trends were similar in both genders.

**Conclusion:** The study found a raise in the cancer incidence among this Hispanic PWH through the time, principally non-AIDS neoplasm more associated with other viral diseases (HPV-HCV-HBV), tobacco used and alcohol consumption. These findings highlight the needs of more effective Ca preventive interventions, beside the adequate HIV prevention and treatment among this vulnerable population.

# 1269

## Understanding Both Caregivers and Individual Factors Leading to High Viral Load and Barriers to HIV Treatment Adherence among Adolescents: A Case of Adolescents Living with HIV/AIDS in Turkana County, Kakuma Mission Hospital

Edwin Isaac (presenting)<sup>1</sup>

<sup>1</sup> Amref Health Africa, Kisumu, Kenya

**Background:** Adolescent benefit of ART is dependent on high levels of adherence to the prescribed medication, accompanying medical advice and the follow up plans. At Kakuma Mission hospital, program had a total of 64 HIV positive OVC enrolled in the program, of this, 30 (47%) were adolescents. Based on the VL accessed, it was noted that majority of the adolescents were not virally suppressing with a viral suppression rate of 57 % against the UNAIDS goal of achieving 95-95-95.

**Method:** Participants were purposively selected from Kakuma Mission and Kakuma Sub county hospital based on the following criteria (a) registered in the two facilities, (b) has been on ART for the last 12 months (c HIV disclosure status completed) and (d) those who have provided consent with data being collected in the month of March 2023 A team of clinicians and adherence counselors who conducted the interview were trained to be adequately equipped to sensitize Interviewees on the process and confidentiality before the exercise.

**Results:** Out of 49 caregivers interviewed, 65% specified that their work schedule contributed to high viral load as they were not at home to support their children. 90% felt that drought and inability to eat daily meals contributed to high viral load. 25% reported that their children missed drugs because of frequent change of caregivers and forgetfulness due to too much playing. Lack of transport to the facility to pick medication. Lack of family support/treatment buddy when responsible adults are not around. Lack of food/Poor timing of drugs with conflicting school schedule, pill burden (Over-dosage, side effects – dizziness, vomiting, and fatigue after taking medication, and heavy pill burden) as the major factors contributing to their non-adherence to medication.

**Conclusion:** Findings suggest that there is a need to identify both the barriers and facilitators to ART adherence as well as involving both child and the caregiver in the whole process of medication. Strengthening family support is key to good adherence.

# 1270

## The Importance of Engaged and Supportive Providers in the HIV Care Experiences of Black Sexual Minority Men Living with HIV

Chadwick Campbell (presenting)<sup>1</sup>, Kirstin Kielhold<sup>1</sup>, Erik Storholm<sup>2</sup>, Hannah E. Reynolds<sup>2</sup>, Wilson Vincent<sup>3</sup>, Daniel E. Siconolfi<sup>4</sup>, Stephen Ramos<sup>1</sup>, Susan Kegeles<sup>3</sup>, Lance Pollack<sup>3</sup>, Scott Tebbetts<sup>3</sup>

<sup>1</sup> University of California San Diego, La Jolla, CA, USA

<sup>2</sup> San Diego State University, San Diego, CA, USA

<sup>3</sup> University of California San Francisco, San Francisco, CA, USA

<sup>4</sup> RAND Corporation, Santa Monica, CA, USA

**Background:** Black sexual minority men (BSMM) in the US South continue to experience a disproportionate burden of HIV. Research findings suggest that the patient-provider relationship and having supportive providers are critical for sustained care engagement. The present study explores the role of supportive healthcare providers in the care engagement of BSMM living with HIV (BSMM+) in the US South.

**Method:** Semi-structured qualitative interviews were conducted with BSMM+ in Texas (n=25) to assess perceived barriers and facilitators of care engagement and ART adherence. Interviews lasted 60 minutes on average, and were transcribed, coded and analyzed using an applied thematic analytic approach.

**Results:** Participant narratives described the importance of having relationships with engaged and supportive HIV care and service providers. Supportive non-clinical providers were responsive to their needs; connected them with resources; and provided emotional support. Less supportive non-medical providers were unresponsive and not following through on needed resources, hindering their access to basic needs and affecting their treatment adherence. When discussing medical providers, participants described that those who were non-judgmental, affirming, and engaged improved their self-esteem and promoted their ART adherence. The care they received from doctors they had a connection with was more comprehensive and made them feel their provider knew more about what was happening in their lives more broadly.

**Conclusion:** We found that an important facilitator of consistent ART adherence was having positive, affirming, and knowledgeable healthcare providers, while negative and dismissive experiences with these workers was a notable barrier to care engagement. This work contributes to the literature advocating for healthcare workers to have manageable caseloads to facilitate more thorough interactions with patients during which they can provide more education about HIV care tailored to the patients' life circumstances, and create safe, non-judgmental, and supportive care environments.

# 1271 HPV Vaccination Days in HIV and STI in an Italian Outpatient Clinic

Giulia Mancarella (presenting)<sup>1</sup>, Silvia Garattini (presenting)<sup>1</sup>,  
Giulia Mancarella<sup>1</sup>, Anna Carraro<sup>1</sup>

<sup>1</sup> Sapienza University of Rome, Rome, Italy

**Background:** The Gardasil nonavalent is a vaccine against nine HPV genotypes effective in preventing the development of vaginal, vulvar, oral and anal intraepithelial neoplasms. HPV vaccination is recommended through age 26 years, in Men who have Sex with Men (MSM) and in immunocompromised persons: among them, people living with HIV are at greater risk. Seroconversion occurs in 99.99% of cases.

**Method:** In order to increase HPV vaccination adherence, open days have been organized in our Clinic in Latina, Italy. For patients living with HIV, active enrollment was performed by the Center's physicians through telephone contact. For the rest of the targeted population, vaccination open days were publicized through posts on the social pages (Instagram and Facebook) of the Infectious Diseases Outpatient Clinic and Latina Checkpoint. At the time of HPV vaccine administration, counselling was conducted to assess the need for other vaccines.

**Results:** Overall, in 7 vaccination open days, 82 people [50 men (60,9%), median age 31 years(21-57)] were vaccinated, including 33 people living with HIV (40%), 23 men who have sex with men (28%), 8 women diagnosed with a precancerous lesion for which they had already had surgical treatment. 34 people had never been to our outpatient clinic before. Among people with HIV, HPV related lesions had already been diagnosed in 5 patients (16%). Our patients appreciated the opportunity to get vaccinated directly in the outpatient clinic, so we will continue with more open days. ([See figure.](#))

**Conclusion:** The initiative allowed HIV patients to access the vaccine program more quickly and conveniently by performing it at their outpatient clinic they are already familiar with. At the same time, the initiative made MSM aware of our outpatient clinic where it is possible to screen for STIs and access HIV-PrEP. In addition, the initiative reached many young people who were not aware that they were eligible for free vaccination.

# 1272 Implementation of a National Web Testing Portal for Hepatitis C Self-Sampling in England

Mark Clune (presenting)<sup>1</sup>, Mark Gillyon-Powell<sup>2</sup>, Georgia Threadgold<sup>2</sup>,  
Mark Donnan<sup>1</sup>, Kate Ebbutt<sup>1</sup>, Alex Barker<sup>3</sup>, Rachel Halford<sup>4</sup>, Leila Reid<sup>4</sup>

- <sup>1</sup> Preventx, Sheffield, England, United Kingdom
- <sup>2</sup> NHS England, London, England, United Kingdom
- <sup>3</sup> Nuom, Nottingham, England, United Kingdom
- <sup>4</sup> The Hep C Trust, London, England, United Kingdom

**Introduction:** NHS England is on track to eliminate hepatitis C by 2030. As prevalence decreases, each remaining case becomes harder to find, especially for those who have been exposed to the virus but may be reluctant to come forward or are not perceived as 'high risk' for targeted testing.

**Description:** NHS England commissioned a national web testing portal to enable people above 18 in England to order a capillary blood kit for them to self-sample and then post back to a laboratory for antibody testing, which, if reactive, can be reflexed to an RNA test.

**Lessons Learned:** This solution was developed in partnership between public (NHS England, Hep C Trust) and private (Preventx, Nuom) organizations. The discovery phase included user and expert interviews and service blueprinting workshops. This co-designed and user-led approach ensured the design of a solution that would lead to more people getting tested, including a streamlined ordering process and the need for the web portal to mirror the look and feel of other national NHS websites. This included the portal being available in Urdu for high-risk non-English users. Just 2 weeks after the public launch of the portal, there were 2408 orders with a 0.4% (n=4) Hep C RNA positivity rate, supporting that a population level web portal and self-sampling for hepatitis C is acceptable. (See [Figure 1. Hepatitis C Web testing portal with NHS Branding in English and Urdu.](#))

**Recommendations:** This intervention's discovery and alpha phase allowed co-production between the public sector, private sector and service users. This allowed a web portal to be designed based on their feedback, resulting in a lot of use of the portal at population level. As more people use the testing portal, we will analyze the data to assess who is ordering and where the positivity rates are coming from.

# 1275 Ensuring the Sustainable Provision of HIV Services in Wartime, Kyiv, Ukraine

Kuvshynova Yevheniia (presenting)<sup>1</sup>

<sup>1</sup> Convictus Ukraine, Kyiv, Ukraine

**Introduction:** In the context of the full-scale war in Ukraine, the destruction of infrastructure and daily casualties, it has become critical to maintain access to HIV services.

**Description:** Kyiv has one of the largest estimated populations of PWID, sex workers and transgender people. It remains one of the regions with the highest HIV prevalence. Since the beginning of the war, Kyiv has been the city with the largest number of IDPs. Kyiv suffers from constant attacks. Ensuring the sustainable implementation of HIV services is of critical importance.

**Lessons Learned:** During wartime, NGO Convictus Ukraine continued to provide HIV services for key populations in Kyiv, organized humanitarian aid and provided a center called "Dovira" where a multidisciplinary team works, and key populations can go from HIV testing to receiving ART and staying on ART. We have also organized ART delivery to the place of residence and transportation of severe patients. We have ensured coordination with medical institutions to prevent treatment interruption for displaced persons both in Ukraine and abroad.

**Recommendations:** During the 12 months of the war (from June 1, 2022, to May 31, 2023), Convictus Ukraine continuously provided HIV services to 18,667 people from key populations and provided the work of the "Dovira" center, where 254 representatives of key populations with HIV receive ART, psycho-social support, humanitarian aid and psychological support. Comparing the involvement volume of most-at-risk groups in HIV services with the pre-war period, the organization ensured the continuity of service provision as a civil society organization during the war, provided additional support to key populations affected by the war and demonstrated partnership with state health care institutions.

# 1276 Optimizing Limited Resources in Indonesia Through District Prioritization Using K-Means Clustering

Aang Sutrisna (presenting)<sup>1</sup>, Lanny Luhukay, Endang Lukitosari<sup>2</sup>

<sup>1</sup> MELP USAID, Jawa Barat, Indonesia

<sup>2</sup> Ministry of Health Indonesia, Jakarta, Indonesia

**Background:** The HIV epidemic has occurred over 30 years in Indonesia, and the situation varies significantly in each district. There are 105 out of 514 districts in Indonesia with an HIV test positivity rate of more than 5% in 2022 in at least one key population and 20 districts with a positivity rate of more than 1% among pregnant women. Therefore, the Ministry of Health prioritizes districts to allocate resources to the areas with the greatest need and maximize the impact of interventions.

**Method:** The "K-Means Clustering" iterative fitting process partitions the 514 districts into three categories: Priority, Prevention Priority, and Basic. The K-Means Clustering algorithm assigns logical units to groups based on their similarities. The parameters optimized include estimated key populations, reported new HIV cases 2020-2022, projected cumulative new PLHIV to 2026, and PLHIV on-ART in 2022.

**Results:** The comparison of key parameters for each category is as follows:

- Priority: 100 districts where 71% of new PLHIV, 77% of PLHIV on-ART, and 70% of projected new PLHIV are found. On average, 933 new PLHIV were reported annually, and 1,384 PLHIV on-ART per district. An estimated 66% of MSM, 58% of TG, 65% of FSW, and 87% of PWID reside in these districts. These districts will receive a comprehensive intervention package with maximum intensity implementation.
- Priority Prevention: 78 districts where 13% of new PLHIV, 11% of PLHIV on-ART, and 15% of projected new PLHIV are found. An estimated 9% - 20% of KPs reside in these districts. These districts will receive all prevention intervention packages.
- Basic: 336 Districts will receive tests and treatment in limited facilities only.

**Conclusion:** The K-Means approach considers multiple prioritization criteria simultaneously. This is important, as prevention, testing, treatment initiation, and retention all need improvement in Indonesia.



# 1277 The Challenge of Sexual-Based Violence among Young Female Sex Workers in Blantyre City

**Sungani Chalemba (presenting)<sup>1</sup>**

<sup>1</sup>National AIDS Commission, Lilongwe, Malawi

**Introduction:** The risky sexual behaviors in Blantyre City may be fueled by the risky social ecosystem characterized by high rates of poverty and low formal employment. Availability of disposable income among men has been found to promote sexual adventures and attract young women desperate to maintain a decent lifestyle. This has also fueled intimate partner violence among female sex workers which is associated with increased vulnerability to HIV.

## Description:

- Poor availability of comprehensive services to manage Gender Based Violence cases (GBV).
- Poor linkage among health, social and legal support services in the management of GBV.
- Cultural norms which maintain secrecy on cases of sexual violence and shield the perpetrators who are close family members.
- High levels of corruption among duty bearers responsible for managing GBV cases

## Lessons Learned:

- Sensitize communities and duty bearers about provisions of relevant laws which prohibit and penalize gender-based violence and harassment; under-age sexual relationships and false claims of HIV cure.
- Establish and implement workplace policies which include zero tolerance for sexual exploitation or harassment.
- Disseminate alcohol and substance abuse policy.
- Intensify social and behavioral change communication with community leaders to address negative gender norms.

## Recommendations:

- Build capacity of law enforcers in the management of GBV
- Improve the infrastructure and resources in Victim Support Units
- Increase the role of the Ministry of Gender in the management of Victim Support Units and allocate resources to support the operation of social/child protection officers in the communities.
- Integrate health, social and legal support services in all platforms managing GBV cases.
- Build capacity of CBOs to sensitize the community about the protocols for handling GBV.
- Establish additional One Stop Centers in health facilities serving major residential areas.
- Strengthen coordination of personnel working in the health, social, law enforcement and justice sectors in the management of GBV cases

# 1280 The 95-95-95 Cascade of HIV Care (CoC) in Milan Metropolitan Area: The Goal Is Reached but Not for Everyone

**Antonella d'Arminio Monforte (presenting)<sup>1</sup>**, Assunta Navarra<sup>2</sup>, Alessandro Tavelli<sup>3</sup>, Barbara Suligoi<sup>4</sup>, Vincenza Regine<sup>4</sup>, Lucia Pugliese<sup>4</sup>, Laura Timelli<sup>5</sup>, Anna Caraglia<sup>5</sup>, Massimo Oldrini<sup>6</sup>, Lella Cosmaro<sup>6</sup>, Daniele Calzavara<sup>7</sup>, Massimo Cernuschi<sup>7</sup>, Giuliano Rizzardini<sup>8</sup>, Andrea Gori<sup>1</sup>, Spinello Antinori<sup>8</sup>, Massimo Puoti<sup>9</sup>, Antonella Castagna<sup>10</sup>, Enrico Girardi<sup>2</sup>

- <sup>1</sup> University of Milan, Milan, Italy
- <sup>2</sup> National Institute for Infectious Diseases, Rome, Italy
- <sup>3</sup> Ico Foundation, Milan, Italy
- <sup>4</sup> Italian National Institute of Health, Rome, Italy
- <sup>5</sup> Ministero della Salute, Rome, Italy
- <sup>6</sup> Lila Onlus - Italian League for the Fight against AIDS, Milan, Italy
- <sup>7</sup> Milano Check Point, Milan, Italy
- <sup>8</sup> ASST Fatebenefratelli Sacco, Milan, Italy
- <sup>9</sup> ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy
- <sup>10</sup> San Raffaele Scientific Institute, Milan, Italy

**Background:** We aimed to define the HIV incidence and the Cascade of Care (CoC) over calendar years in Milan.

**Method:** We evaluated CoC in 2015-2021 using data of Ico cohort of the 6 Infectious Diseases (ID) centers of Milan and data of Italian Institute of Health Registry. We determined: incidence of new HIV diagnoses in Milan (x100000 Milan residents at risk); the CoC as % of PLWH diagnosed, % of PLWH on ART/PLWH diagnosed and those on VS/PLWH on ART). For the estimate of undiagnosed PLWH we used the adapted London Method2. PLWH on ART and those VS were calculated using weighted data from Ico cohort. We also calculated CoC in non-Italians vs Italians, MSM vs non-MSM, females vs males.

**Results:** HIV incidence decreased from 11.7/100,000 in 2015 to 2.4/100,000 in 2021. Data on the CoC of Milan are shown in [Figure 1](#). The % of PLWH diagnosed, on ART and on VS is significantly increasing in more recent years. UNAIDS 90-90-90 targets of CoC were reached in 2017 and 95-95-95 in 2021. Females and non-MSM did not yet reach the 2<sup>nd</sup> 95 (starting ART) while non-Italians reached it only in 2021 ([Figure 2B](#)). Once on ART, non-Italians and non-MSM showed always less than 95 % VS, while women showed 95 %VS only in 2021 ([Figure 2C](#)).

**Conclusion:** HIV incidence is sharply decreased, the data from Milan underline that despite successful CoC, still vulnerable population such as migrants and non-MSM need focused campaigns in Milan. Actually, even if reached by ID centers, they do not reach undetectability in a small but significant percentage.

# 1284

## The PROTECT (Understanding Pre-exposure Prophylaxis Modalities for HIV Prevention in the European Communities) Study Protocol

**Johann Kolstee (presenting)**<sup>1</sup>, Haoyi Wang<sup>1</sup>, Hanne Zimmermann<sup>1</sup>, Melanie Schroeder<sup>2</sup>, Carolyn Brown<sup>2</sup>, Ama Appiah<sup>2</sup>, Kai Jonas<sup>1</sup>

<sup>1</sup> Maastricht University, Limburg, Netherlands

<sup>2</sup> ViiV Healthcare, Brentford, England, United Kingdom

**Introduction:** Key populations affected by HIV have adopted PrEP at different rates across Europe. For PrEP to be effective it must be accessible to the people who need it and be taken as prescribed. In addition to existing oral PrEP, long-acting injectable PrEP (LAI-PrEP) may soon become increasingly available for key populations in Europe. LAI-PrEP potentially provides opportunities for increased population-level HIV prevention coverage.

**Description:** A study protocol was developed to explore the opportunity that LAI-PrEP presents to address the barriers and unmet needs associated with current oral PrEP options across 16 European countries and Israel. Data will be collected via online convenience sampling, starting in mid-2023. The study seeks to understand who could benefit from LAI-PrEP in this diverse region and how LAI-PrEP is perceived by those who could most benefit from PrEP. It will investigate motivations for LAI-PrEP uptake, oral PrEP usage patterns, unmet needs related to oral PrEP use, and their correlation with interest in LAI-PrEP and preferred access pathways.

**Lesson Learned:** This protocol targets multiple populations of interest to explore LAI-PrEP uptake comprehensively. Representatives from key populations were engaged in the development of the survey. Men who have sex with men, transgender people, heterosexual cisgender men and women, and people living with HIV will be engaged via tailored online surveys. The multi-country approach allows for both inter- and intra-country data comparisons.

**Recommendations:** This study delivers city- and country-level data on LAI-PrEP on unmet needs, barriers, and access pathways of current and future LAI-PrEP options. These data have not been gathered in Europe at this scale previously and the results of this study have the potential to provide clear and effective guidance for health systems on how to provide equity of access to PrEP, including LAI-PrEP in key populations affected by HIV.

# 1285

## A Timeline of HIV Epidemic Response in Porto, Portugal

**Maria Novais (presenting)**<sup>1</sup>, Joana Pinto Costa<sup>1</sup>, Helena Alencastre<sup>1</sup>, Teresa Rodrigues<sup>2</sup>, Sílvia Cunha<sup>3</sup>, Catarina Araújo<sup>2</sup>, Paula Meireles<sup>1</sup>

<sup>1</sup> Universidade do Porto, Porto, Portugal

<sup>2</sup> Câmara Municipal do Porto, Porto, Portugal

<sup>3</sup> Universidade Fernando Pessoa, Porto, Portugal

**Background:** Since the CDC first reported a mysterious illness on June 5, 1981—later known as HIV/AIDS—many strategies and treatments have been developed to mitigate the adverse social effects. With this work, we aim to highlight the effects of public measures, creating a timeline of the HIV epidemic in Porto from 1985 to 2021.

**Method:** We used HIV surveillance data from a voluntary notification system implemented in 1985 that became compulsory after 2004. Until 2022, 5443 HIV infection cases in Porto were diagnosed. We analyzed the number of cases by year and the immediate results of the actions taken to reduce the number of new diagnoses.

**Results:** During this period, diagnoses were more frequent in men (77.9%), with the highest rate among drug users (50.8%). Overall, 1520 AIDS cases were detected among diagnoses. In 2000, the year with the most reported diagnoses (n=416), 68.5% (n=285) were related to drug use, decreasing to 11.8% by 2010, likely due to the Syringe Exchange Program implementation and decriminalization of drug use. Until 2000, the number of cases increased yearly except for 1998-99, possibly due to the establishment of the Centers for Counselling and Early HIV Detection in 1998. Since 2000, the number of cases has decreased; however, a slight increase was observed in 2013 and 2016, corresponding to the generalization of point-of-care testing and the creation of the National Screening Network, respectively. Another significant decrease was observed following the implementation of the PrEP program in 2018. [\(Figure 1\)](#)

**Conclusion:** The Syringe Exchange Program and the decriminalization of drug use were crucial for decreasing the number of diagnoses among drug users. Measures targeting key populations for HIV with a higher number of diagnoses are essential to ending the HIV epidemic by 2030.

# 1286

## Prioritization of Populations with Anticipated Barriers to Care for Subsidized PrEP Could Engage Individuals Previously Not Attending HIV/STI Services in Amsterdam, the Netherlands

**Eline Wijstma (presenting)**<sup>1</sup>, Vita Jongen<sup>1</sup>, Anders Boyd<sup>1</sup>, Henry J.C. de Vries<sup>2</sup>, Maarten Schim van de Loeff<sup>1</sup>, Maria Prins<sup>1</sup>, Elske Hoornenborg<sup>1</sup>

<sup>1</sup> Public Health Service of Amsterdam, Amsterdam, Netherlands

<sup>2</sup> Amsterdam Infection and Immunity Institute (AI&II), Amsterdam, Netherlands

**Background:** The Dutch national HIV pre-exposure prophylaxis (PrEP) pilot program (NPP) provides subsidized PrEP care to individuals at risk for HIV. At the Centre for Sexual Health Amsterdam (CSHA), populations less likely to access PrEP elsewhere received priority access to the NPP: those <25 years, transgender or gender-diverse (TGD), sex workers, migrants from low- or middle-income countries (LMIC), uninsured persons). We determined to what extent individuals belonging to prioritized groups and requesting PrEP through the NPP had prior experience with HIV/STI services.

**Method:** We used enrolment visit data from individuals starting PrEP at the CSHA (July 2019-February 2023). Using latent class analysis (LCA), we identified classes of prior HIV/STI service experience using the covariates PrEP use, any CSHA visits, and any STI tests, all in the past 12 months. We assessed determinants of class membership using multinomial regression.

**Results:** Among 4,075 individuals, the best fitting LCA model comprised three classes: (1) individuals new to the CSHA and PrEP-naïve ("newly engaged", n=55, 14%), (2) individuals who previously used CSHA services but not PrEP ("PrEP-initiators", n=1642, 40%), and (3) individuals who previously received STI testing and PrEP ("PrEP-experienced", n=1882, 40%). "Newly engaged" individuals were more often TGD, born in LMIC, uninsured and bisexual than individuals in both other groups. "PrEP-experienced" individuals were more often >25 years and college- or university-educated, and more often engaged in chemsex and condomless anal sex with casual partners than those in both other groups. The majority of new HIV diagnoses at enrolment (n=10/14) was found among those "newly engaged." ([See table.](#))

**Conclusion:** NPP participants without prior experience with PrEP or other STI/HIV services more often belonged to priority populations and accounted for most new HIV diagnoses at enrolment. Prioritization of populations with anticipated barriers to care can be used as strategy to include more individuals eligible for, but naïve to PrEP, into PrEP care.

# 1288

## Fast-Track Cities (FTC) Scoping Study in Ireland

**Rachael Metrustry (presenting)**<sup>1</sup>, Caroline Hurley<sup>1</sup>, Fiona Lyons<sup>1</sup>

<sup>1</sup> Health Service Executive, Dublin, Ireland

**Background:** Four Irish cities signed up to the FTC Initiative in 2019. In 2022, the health service commissioned a multi-stakeholder scoping study to inform FTC establishment in Ireland. The study aimed to provide a baseline description of HIV prevention, care and support services, alongside challenges and gaps.

**Method:** The study comprised individual online surveys with stakeholders: people living with HIV; HIV member organizations; HIV clinical service providers; non-governmental organizations (NGOs) and statutory bodies plus interviews with Public Health (PH). Ethical approval was granted.

**Results:** 177 individuals completed surveys: 70 people living with HIV; 7 HIV member organizations; 36 clinical service providers; 43 NGO staff and 21 statutory staff. 10 PH staff were interviewed. The majority (83%) of people living with HIV reported satisfaction with their clinical care, areas of unmet need included access to support services and peer support. HIV-related stigma was highlighted as a barrier to accessing support services and participating in working groups and national fora. Clinical service providers described challenges such as appointment time constraints, lack of access to psychology services and long waiting times for referral to other specialties and agreed that patients should be included more in their care decisions. NGOs highlighted gaps in sexual health education, HIV prevention and support services for people living with HIV. NGOs and HIV member organizations highlighted challenges in availability and accessibility of funding. The absence of a national HIV cohort database was identified as a challenge to developing city epidemiological profiles. Statutory bodies reported a need for improving interagency communication and collaboration. Resourcing and funding were a challenge across all HIV prevention and support services and PH led HIV surveillance.

**Conclusion:** The findings from this study will be instrumental to the development of city implementation plans and future HIV work across the Ireland's FTCs.

# 1289 Utilization of the HIV Profile to Amplify the City-Wide HIV Response

Namasiku Kwenani (presenting)<sup>1</sup>

<sup>1</sup> City of Windhoek, Windhoek, Namibia

**Introduction:** The epidemiological profile is a valuable tool that Cities can use to make recommendations for allocating HIV and health resources, planning of high impact programs, and evaluating policies and programs. Initiated through the Fast Track Cities project, the City HIV profile outlines valuable HIV epidemiological data at local level and provides an overview of the inequalities and other social and gender related issues including gender-based violence.

**Description:** The [HIV Profile](#) highlights the City's situation, clearly depicting its contribution to the national HIV burden. It emphasizes some of the structural issues and challenges, and informs decision making at council and local levels, so that appropriate and contextual interventions are implemented to address the gaps towards achieving the 95-95-95 targets.

**Lesson Learned:** City level data indicates the burden of HIV at city level and gives direction for better programming and prioritization of response activities. The data is viable and for use by civil society organizations (CSOs) and other stakeholders to enhance the integration of strong social protection mechanisms in HIV, health and gender related programming. Ending the epidemic requires ensuring that resources, services and support for HIV prevention and treatment reach the targeted populations, who often receive no or limited attention.

## Recommendations:

- There is need for the City and its stakeholders to use the City HIV profile to develop and strengthen high impact HIV implementation plans, tailored to the local needs to attain the 95-95-95 and discrimination and stigma targets.
- Train the City officials to effectively collect and manage data and regularly produce City HIV profiles to inform gender-transformative programming and resource allocation. As part of sustainability planning, the City will integrate the HIV Profile production and other FTC projects activities within its programs and budget provisions.

# 1290 A Revision of a National Guideline for HIV Testing: A Proposal from Porto Fast-Track City Strategy

Joana Pinto Costa (presenting)<sup>1</sup>, Maria Novais<sup>1</sup>, Helena Alencastre<sup>1</sup>, Teresa Rodrigues<sup>2</sup>, Sílvia Cunha<sup>3</sup>, Catarina Araújo<sup>2</sup>, Paula Meireles<sup>1</sup>, Henrique Barros<sup>1</sup>

<sup>1</sup> Universidade do Porto, Porto, Portugal

<sup>2</sup> Câmara Municipal do Porto, Porto, Portugal

<sup>3</sup> Universidade Fernando Pessoa, Porto, Portugal

**Introduction:** A timely diagnosis of HIV is crucial for linking people to care, providing access to treatment, preventing transmission, and improving clinical outcomes, thus meeting the 95-95-95 goals.

**Description:** To enhance the diagnostic approach to HIV infection and reduce late diagnoses, the entities of the Porto Fast-track City strategy have proposed a revision of the Portuguese national guideline for HIV testing, which currently stipulates that testing should be offered to individuals aged 18 to 64 years, and it does not recommend repeat testing except for specific subpopulations.

**Lesson Learned:** National data from 2018 revealed that adolescents initiate sexual activity at an average age of 15; of those, 89% had never undergone HIV testing, and over 30% did not use condoms. Several healthcare providers involved in the strategy expressed limitations in responding to these cases due to the guideline restricting HIV testing for individuals under 18. Moreover, removing the upper age limit was suggested, which can hinder healthcare professionals from offering testing after the age 65. Lastly, in line with best practices, the proposal recommended establishing a testing frequency for the general population since the national goal is to offer testing when needed rather than once in a lifetime.

**Recommendations:** Thus, on April 21, 2021, a letter was sent to the Director-General of Health proposing the revision of the age range in the guideline, namely considering that individuals as young as 16 can provide consent, per the law. However, despite the collaborative efforts of the local endorsing entities and their urgency in changing the testing recommendations, no feedback has been received thus far, favoring missed opportunities for providing optimal care and hindering efforts to control the spread of HIV through timely diagnosis.

# 1291 Experienced Barriers and Facilitators to Healthcare among Migrant Transgender and Gender-Diverse Persons in the Netherlands: Preliminary Findings

**Eline Wijstma (presenting)**<sup>1</sup>, Alex von Vaupel-Klein<sup>1</sup>, Camiel Welling<sup>1</sup>, Ali Jawad<sup>1</sup>, Sabrina Sanchez<sup>1</sup>, Ella Smith Jr<sup>1</sup>, Raagini Bora<sup>1</sup>, Udi Davidovich<sup>1</sup>, Elske Hoornenborg<sup>1</sup>, Hanne Zimmermann<sup>1</sup>

<sup>1</sup> Public Health Service of Amsterdam, Amsterdam, Netherlands

**Background:** Transgender and gender diverse (TGD) people, particularly those with migrant background (mTGD), face health inequalities and barriers to care globally. We evaluated experienced barriers and facilitators to finding and continuing healthcare for various health needs among mTGD in the Netherlands.

**Method:** This community-based participatory research (CBPR) comprised in-depth interviews conducted with and by TGD individuals, or by close allies. Two researchers independently open-coded transcribed interviews and discussed themes with the research team.

**Results:** Results from 20 interviews (n=13 trans women; n=5 trans men; n=2 non-binary individuals; nineteen nationalities from five continents) revealed gender-affirming care was deemed priority over other health needs. Four major themes (each with barriers and facilitators) arose: healthcare capacity, provider knowledge, client-provider trust, and personal circumstances. Regarding healthcare capacity, waitlists were a main barrier to accessing gender-affirming care and mental healthcare. Implementing the 'Informed Consent Model of Transgender Care' within primary or general secondary care was suggested to improve healthcare capacity. A 'provider knowledge' barrier was unfamiliarity with facilities providing care to TGD people, impeding linkage-to-care especially for those with lower health(system) literacy (e.g., new to the Netherlands/not speaking Dutch). As facilitator, provider knowledge on TGD-specific health and terminology fostered client-provider trust. Other facilitators to client-provider trust included peer-led environments, queer providers, kindness, empathy, identity validation, willingness-to-learn about transgender health(care), and shared decision-making. Barriers to trust were misgendering, questioning clients' transition journey, or a perceived distancing from clients' trans-related health needs. Personal circumstances like mental health, housing and finances affected ability to seek care.

**Conclusion:** Access to care among mTGD individuals in the Netherlands can be improved by enhancing capacity of gender-affirming healthcare and improving trans-specific knowledge and attitudes to mTGD individuals among providers to promote client-provider trust. Integrating gender-affirming care with other healthcare disciplines and social support can help mTGD persons initiate and continue healthcare whilst navigating complex life circumstances.

# 1292 Community-Based Screening Allows Indonesia to Accelerate PLHIV Who Know Their HIV Status

**Aang Sutrisna (presenting)**<sup>1</sup>, Lanny Luhukay<sup>2</sup>, Endang Lukitosari<sup>2</sup>

<sup>1</sup> MELP USAID, Kota Bogor, Indonesia

<sup>2</sup> Ministry of Health Indonesia, Jakarta, Indonesia

**Introduction:** Indonesia's achievement of the first "95" of the UNAIDS 95-95-95 framework, namely that 95% of all persons living with HIV (PLHIV) know their HIV status, has been lackluster. Among the "key populations" that drive the HIV epidemic in the country, it is estimated that in 2019 only 66% of HIV-positive persons who inject drugs (PWID), 41% of men who have sex with men (MSM), 33% of transgendered persons (TG) and 15% of female sex workers (FSW) knew their HIV status. Insufficient HIV testing coverage is a major barrier to Indonesia reaching the UNAIDS 95-95-95 targets.

**Description:** The Indonesian Ministry of Health (MoH) initiated the rollout of HIV self-testing (HVST)/community-based screening (CBS) using oral fluid tests (OFT) in late 2021. A total of 61,220 test kits had been distributed and used by clients by December 31, 2022. Most test kits were distributed to MSM (70%), FSW (15%), PWID (4%), and TG (3%). Positivity rates ranged from a high of 4.5% with TG to a low of 0.8% among FSW, with positivity rates of 4.4% among MSM and 1.8% among PWID. Only 37% of persons with reactive screening results eventually initiated antiretroviral treatment despite a high confirmatory testing rate (76%).

**Lesson Learned:** HIV community-based screening allows Indonesia to accelerate the detection of many PLHIVs not currently know their status. Community engagement and involvement are essential to the success of HIV self-testing programs. However, appropriate referrals and linkage to care should be improved and requires coordination with healthcare providers, community organizations, and other stakeholders to ensure that people are connected to appropriate care and treatment.

**Recommendations:** More extensive socialization of CBS to provinces and districts, expanded distribution channels, improvements in confirmatory testing and treatment initiation rates following reactive community screening tests, and sustainable financing are the keys to realizing this potential.



# 1295

## The Way I Am Breastfeeding Him Now, He Is Not as Fussy as He Used to Be: Challenges and Experiences Around Exclusive Breastfeeding among Women Living with HIV in Lusaka, Zambia

Harsh Agarwal (presenting)<sup>1</sup>, Tulani Francis L Matenga<sup>2</sup>, Oluwamuyiwa P. Adeniran<sup>1</sup>, Melissa Lam-McCarthy<sup>1</sup>, Enioluwaduroti Abigail Johnson<sup>1</sup>, Margaret Kasaro<sup>1</sup>, Suzanne Maman<sup>1</sup>, Benjamin Chi<sup>1</sup>, Stephanie Martin<sup>1</sup>

<sup>1</sup> UNC Chapel Hill, Chapel Hill, NC, USA

<sup>2</sup> UNC Lusaka, Lusaka, Zambia

**Background:** Exclusive breastfeeding (EBF) is central to optimal growth and health of infants, more notably so in case of HIV-exposed uninfected (HEU) children who are found to be further vulnerable. While fear of HIV transmission through breastfeeding is a major barrier to the recommended exclusive breastfeeding, there are several real-life challenges that go beyond.

**Method:** We explored infant feeding practices through Trials of Improved Practices (TIPs), engaging participants, as they practiced recommended behaviors. We enrolled 23 women Living with HIV (WLWH) in Lusaka who had infants aged <3 months, 15 male partners and 8 other family members – defined as home supporters, chosen by WLWH. During the first visit, the participants reported their experiences and challenges. At the second visit, participants were counseled on recommended practices to overcome those challenges and at third visit, participants reported their experience and willingness to continue the recommendations.

**Results:** The challenges reported at first visit (apart from fear of transmission) included self-reported insufficient breastmilk, being away from baby and excessive crying (believed to be resolved by gripe water, traditional medicines etc.). Family members, neighbors and healthcare workers influenced the decisions about feeding. WLWH were counseled to feed often and feed from one breast before offering the other so that sufficient milk is produced. Women were counseled to express breastmilk when away, and for excessive crying, WLWH were advised to breastfeed per babies' cues, along with rocking and soothing the baby. Almost all mothers reported practicing exclusive breastfeeding, practicing the advised strategies. Participants reported noticing positive changes in their infants' temperament, sleep, appearance, health, and growth. Most participants expressed their willingness to exclusively breastfeed till the baby was 6 months old.

**Conclusion:** HIV Counseling practices should look at challenges around exclusive breastfeeding in a more holistic way and provide tailored counseling. Recommended strategies to overcome challenges for EBF were acceptable, feasible and helpful.

# 1297

## Improving Retention in Care and Viral-Load Suppression of Young People Living with HIV Through Home Delivery Services of Antiretroviral (ARV) Medications and Sexual Reproductive Health (SRH) Commodities in Windhoek, Namibia

Johanna Nambahu (presenting)<sup>1</sup>, Lasarus Ndiilenga (presenting)<sup>1</sup>

<sup>1</sup> Youth Empowerment Group (YEG), Windhoek, Namibia

**Introduction:** Through the community-led monitoring implementation in Namibia, young people living with HIV (YPLHIV) indicated a concern for missing medication refills due to lack of transport money and appointment dates conflicting with school attendance. These special affect young people who are unemployed and those still in school, leading to poor adherence and limited access to SRH commodities.

**Description:** With 3 e-bikes, Youth Empowerment Group (YEG) introduced free delivery services of medicines including ARVs to school going and unemployed YPLHIV within Windhoek. The self-funded project aims to ensure that people living with HIV who do not go to health facilities due to stigma, no transport fares, and other challenges remain on treatment. Since November 2022, 19 YPLHIV aged 15-27 years are supported to improve retention in care and viral-load suppression. To reduce stigma and discrimination, various services were incorporated for the general community, besides dropping off medications and commodities to beneficiaries in Windhoek. This included delivery of food, groceries and other necessities, with a minimal fee of N\$25 to sustain the project.

### Lesson Learned:

- Young people prefer delivery of services in their own comfort zones especially between 18:00 -21:00.
- Beneficiaries have attained viral load suppression and are encouraging their peers to use the delivery services.
- E-bikes are safe for the environment and effectively address transport needs for YPLHIV to remain on treatment.

### Recommendations:

- There is a need to scale up service delivery of HIV and SRH commodities in areas where access to health facilities is a challenge.
- Need to adapt and integrate door-to-door and moonlight delivery of HIV and SRH services to reach vulnerable populations.

# 1302 Monkeypox Outbreak in the City of Barcelona: Measures and Key Population Analyses

David Palma (presenting)<sup>1</sup>, Montserrat Guillaumes<sup>2</sup>, Carles Pericas Escalé<sup>2</sup>, Anna de Andrés<sup>2</sup>, Cristina Rius<sup>2</sup>

<sup>1</sup> Consorcio Centro de Investigación Biomédica en Red (CIBER), Barcelona, Spain

<sup>2</sup> Public Health Agency of Barcelona, Barcelona, Spain

**Background:** Aim: To report the first MPOX outbreak in the city of Barcelona, from May 2022 to May 2023, analyzing the characteristics of hospitalized cases and key populations.

**Method:** Descriptive analysis of all the MPOX notified cases among Barcelona residents. Data originates from the epidemiological surveys of all notified cases. Weekly epicurves were made. Descriptive analyses for the total confirmed cases, stratified by sex, and those who needed hospitalization are presented, including sociodemographic and epidemiological variables, clinical symptoms and complications. Cases were georeferenced and multivariate logarithmic regressions were made to evaluate differences between gay, bisexual and other men who have sex with men (GBMSM) and the rest of the cases.

**Results:** 82.8% of the notified cases were confirmed (n=1.687). Confirmed cases were mostly men (98.2%), older than women (median of 37 vs 33 years old, p<0.001). While 84.5% of men reported sex with partners of the same gender, 70.9% of women reported only partners of the opposite gender. One third of the cases had a prior HIV diagnosis. Complications were described in 4.1% of the cases, with 27 cases requiring hospitalization. All hospitalized cases were men, being the anal or genital exanthema the most common skin-related symptom. No deaths were reported. Georeferencing was highly associated with gay venues. GBMSM accounted for the majority of cases and severe cases, presenting increased association with being previously diagnosed with HIV, attending public sex venues, and a negative association with providing contact tracing information. Cases and close contacts were followed up. Post exposure vaccination was provided to vulnerable individuals. Posters were displayed in gay bathhouses and clubs, as well as infographics on social media.

**Conclusion:** The MPOX outbreak in Barcelona has mostly affected GBMSM. Epidemiological surveillance services should work closely with healthcare centers and community-based organizations to control sexually related outbreaks.

# 1307 Community Approaches to Enhancing Integrated HIV Service Uptake among Key Populations and Adolescents and Young People in Urban Informal Settlements in Nairobi City

Harriet Kongin (presenting)<sup>1</sup>, Dorothy Onyango<sup>2</sup>, Anthony Kiplagat<sup>3</sup>, Carol Ngunu<sup>4</sup>, Medhin Tsehaiu<sup>5</sup>

<sup>1</sup> UNAIDS, Nairobi, Kenya

<sup>2</sup> WOFAK, Nairobi, Kenya

<sup>3</sup> Nairobi Metropolitan Services, Nairobi, Kenya

<sup>4</sup> Nairobi City County, Nairobi, Kenya

<sup>5</sup> UCD Kenya, Nairobi, Kenya

**Introduction:** Risk of HIV remains disproportionately high among key populations (KP) (men who have sex with men, sex workers, people who inject drugs) and adolescents and young people (AYP) aged 15-24 years. During and post COVID-19 period, Nairobi City County (NCC) reported challenges in HIV treatment adherence among adolescents with HIV (ALHIV) and KPs. With support from UNAIDS, NCC partnered with Women Fighting HIV in Kenya (WOFAK), employing a community approach to improve HIV service delivery and uptake among AYP and KPs.

**Description:** Community dialogues were conducted involving ALHIV and their parents/caregivers, community health workers and selected community leaders on treatment literacy, stigma reduction, HIV/SRH and related mental health services for AYPs and KPs. The dialogues discussed challenges facing young people and made recommendations to address these concerns. The overall focus was to build the capacity of ALHIV parents/caregivers on issues affecting ALHIV and enhance their capacity to provide essential support for the young people.

**Lesson Learned:** Community engagement is key in enhancing HIV service uptake among young people and KPs. The community dialogues helped enhance awareness and knowledge among parents/care givers and health care workers about the needs of young people/KPs and led to commitments to address stigma issues and provide necessary support to ALHIV and KPs.

**Recommendations:** Scale up of community interventions to improve HIV service uptake among KPs and AYP with a focus on stigma reduction, integration of SRH/HIV services and provision of KP and youth-friendly services.

# 1309 Local Strategy on HIV, STIs, Viral Hepatitis, Sexual Health, Sexual Diversity, Vulnerable Populations, and Stigma in Alcorcón (Madrid - Spain)

Julian Alexander Portocarrero Nuñez<sup>1</sup>, Alexandra Jimenez Rodriguez<sup>2</sup>, Juan Emilio Losa García<sup>3</sup>, Reyes Velayos<sup>4,5</sup>, Mónica Morán Arribas<sup>6</sup>, Carlos Cevallos García<sup>6</sup>, Helena Martín<sup>7</sup>, Tamara de la Mora Amengual<sup>12</sup>, Iciar Claudio Domínguez<sup>3</sup>, Inés De la Fuente Hermosín<sup>3</sup>, Ángel Lizcano Álvarez<sup>8</sup>, Pablo Trapero<sup>9</sup>, Ivan Quiroga<sup>2</sup>, María Victoria Melendez Agudin<sup>2</sup>, Juan Azorín Serrano<sup>2</sup>, Ana Iriarte<sup>10</sup>, Jorge Beltrán<sup>11</sup>, Luis Rosales<sup>12</sup>, Carlos Iniesta Marmol<sup>13</sup>, Paulina Ramirez<sup>14</sup>, Almudena García<sup>15</sup>, Begoña Gallego<sup>16</sup>, Kierstie Watt<sup>17</sup>

<sup>1</sup> Department of Public Health, Alcorcón, Spain

<sup>2</sup> Alcorcón City Council, Alcorcón, Spain

<sup>3</sup> Alcorcón Hospital, Alcorcón, Spain

<sup>4</sup> HIV/AIDS (CESIDA), Madrid, Spain

<sup>5</sup> Apoyo Positivo, Madrid, Spain

<sup>6</sup> Comunidad de Madrid, Madrid, Spain

<sup>7</sup> Red Cross, Madrid, Spain

<sup>8</sup> Rey Juan Carlos University, Madrid, Spain

<sup>9</sup> Fuenla Entiende LGTB, Madrid, Spain

<sup>10</sup> Cadena Ser, Madrid, Spain

<sup>11</sup> Kif-kif NGO, Morocco, Spain

<sup>12</sup> Arcopoli - LGTBphobia Observatory Madrid, Madrid, Spain

<sup>13</sup> Sociedad Española Interdisciplinaria del SIDA (SEISIDA), Madrid, Spain

<sup>14</sup> University of Alcalá, Madrid, Spain

<sup>15</sup> Apoyo Positivo, Madrid, Spain

<sup>16</sup> LGTBIPOL, Madrid, Spain

<sup>17</sup> Amar Dragoste, Madrid, Spain

**Introduction:** Alcorcón is a Spanish town of 170000 inhabitants, and one of the first five in Comunidad Madrid on HIV diagnoses. Joining FTC (2021), unanimously approved by the municipal plenary session, the strategy began, aligned with SDG 3.3.

**Description:** The epidemiological situation, resources and vulnerability were assessed to develop collaborative actions aimed at specific groups in prevention, early diagnosis, training, awareness, sexual health, sexual diversity, vulnerability, stigmas, and community participation.

**Lessons Learned:** HIV: Between 2012 and 2019 the incidence of diagnoses (x100,000inh.) went from 14 to 7; late diagnosis went from 33% to 64%, being higher in immigrants (>50%vs<30%), women (48.1%vs38.4%) and >40years (>40%vs<40%). ([See table.](#))

Factors of vulnerability and stigma detected/reported:

- Diagnostic barriers associated with origin, gender, age, and social exclusion
- Aging PLHIV (57.0% >50years)
- Primary Care ignorance/reluctance about PrEP.
- Sensitization about suspicion/detection/record of hate situations
- Collaborative actions (>20 stakeholders) aimed at:
- Professionals working with key populations: Training in sexual health/diversity/rights and awareness in incidents detection. Reached: Social Services, Addiction Center. Next: Police, Health Centers.
- Youth: Education on sexual health and diversity. Reached: schools, university, NGOs.
- LGBTQ+ population: promotion of inclusion, awareness among professionals and population.
- Vulnerable: coordination in a rapid circuit of recruitment-diagnosis-treatment.
- Municipality: Actions and resources posted in town media. Testing Devices. Adherence to the Seville Declaration

## Recommendations:

- Late diagnosis: profile-driven testing, enhance fixed devices
- Stigma and adherence: Assess including variables in the survey and assess the impact of long-acting treatment
- Hate incidents: Sensitization in suspicion/detection and approach. Join the HIV Social Pact and the LGTBphobia Observatory. Coordination with organizations in gender violence
- Older PLHIV: Assess frailty risk for inclusion in prevention program
- PrEP training in healthcare centers

# 1310 Agents of Change Project: "Dragues Madrines." Training Local Drag Queens in Chemsex-Risk Reduction Strategies

David Palma (presenting)<sup>1</sup>, Carles Pericas Escalé<sup>2</sup>, Francisca Román<sup>2</sup>, Patricia García de Olalla<sup>2</sup>, Cristina Rius<sup>2</sup>

<sup>1</sup> Consorcio Centro de Investigación Biomédica en Red (CIBER), Barcelona, Spain

<sup>2</sup> Public Health Agency of Barcelona, Barcelona, Spain

**Background:** Health promotion strategies carried out by health professionals may face barriers related to the established hierarchy of healthcare settings. Working with key community actors is fundamental to understanding context, communication channels and community leadership for effective communication. To address the observed increase in sexualized drug use (chemsex) between gay, bisexual and other men who have sex with men (GBMSM), our aim was to promote a healthy sex life in the narrative of LGBTIQ+ nightlife in Barcelona.

**Method:** Participatory action research developed since 2021 with drag queens (DQ) trained as community health agents in chemsex risk reduction. After a wide call through bars and social media, seven DQ were chosen from 64 applications, covering different publics, channels of communication and types of performance. Selected DQ were asked to participate in a recorded semi structured interview, and two days of intervention, one of them in drag. The intervention revolved around local chemsex data available, co-creating scripted and musicalized audiovisual material, starring the DQs. The research team oversaw the production of all materials. A year post-intervention, DQs were interviewed to evaluate the impact on their work and helped co-develop a communication strategy to roll out the video.

**Results:** The first video with preliminary perceptions was published on social media in 2021 (IG @provesrapides\_aspb). Participants knew about chemsex and had close friends practicing it but were lacking in knowledge of local risk-reduction services. They recognized their visibility between the community and the nightlife narrative. Messages were developed in risk reduction strategies and mental health. Post-interviews have shown positive impacts. Second video and communication strategy were released in Juny 2023, with measures undergoing.

**Conclusion:** Health communication with community actors is effective to reach key populations, with participatory actions being a good strategy to create networks of common knowledge. Further mixed-method research is needed to evaluate the long-term impact of the intervention.

# 1312 Strengthening the Leadership of PLHIV and Key Populations Networks in Community-Led Monitoring for Accelerating Equitable Access to HIV Services in Indonesia

Adi Nugroho (presenting)<sup>1</sup>, Elis Widen<sup>1</sup>

<sup>1</sup> UNAIDS, Jakarta, Indonesia

**Introduction:** Community-led monitoring (CLM) allows community to provide feedback to service providers and decision-makers in order to hold them accountable and cooperatively solve service inadequacies and issues, while also addressing human rights concerns and gender disparities in health access. UNAIDS Indonesia worked with seven national networks of PLHIV, key groups, and HIV-affected communities to build a joint strategic framework for expanding CLM in the country.

**Description:** Community networks were empowered to expand CLM's reach to high-burden areas. The first phase focused on a joint CLM strategy, tool adaptation, and execution. In the second phase, we implemented the joint plan to improve HIV service quality, availability, and acceptability. This phase included CLM capacity building for community networks in data collection and management, data analysis and quality assurance, and data usage for advocacy, including policy briefs and national and sub-national advocacy forums.

**Lesson Learned:** Expanding the reach of CLM is attainable by leveraging the networking strength of each of these networks, based on the needs of the community and their individual priority issues. Strong leadership and coordination among community networks allow for exercising some districts as districts with a "complete package" of CLM. Meanwhile, more flexible CLM support can be channeled to other districts that have not been covered so that they can at least implement the CLM 'basic package'.

**Recommendations:** Monitoring diversity can produce the most diverse and beneficial outcomes. The fact that the definition and principles of CLM are both fairly versatile, opens the door to a diversity of CLM implementation interpretations and strategies, depending on the context and, more particularly, the capacity of the CLM implementer, which is the community. While these variations of CLM are reasonable, they should not be regarded as problematic because conformity to the context and needs of the community is an important component that must be put in place.

# 1313 Aging with HIV: Challenges for Social Intervention

Ana Nunes (presenting)<sup>1</sup>, Marta Pereira<sup>1</sup>

<sup>1</sup> Ser+, Cascais, Portugal

**Introduction:** According to international estimates, by 2030, 73% of people living with HIV (PLHIV) on treatment, in the world, will be over 50 years old. This new reality brings new challenges to social intervention, to promote the quality of life of these people, that will be illustrated with 3 case studies.

**Description:** DANIELLE: 42 years old; HIV since 2000; used drugs; comorbidities: respiratory failure, vascular problems, depression and anxiety; low socioeconomic status; lives with mother and daughters (family conflicts); losing autonomy. **Intervention:** Homecare service; psychological support; articulation with health services; family mediation; palliative care. **Results:** better family relations; rest of caregivers; release suffering.

BEATRICE: 71 years old; HIV since 2003; African; financial insecurity; lives alone; no social network; stigma regarding HIV. **Intervention:** social support; occupational therapy; cognitive stimulation; psychological support; HIV therapeutic group; articulation with other services. **Results:** promotion of autonomy (cognitive and physical); new social network; financial stability; HIV acceptance; psychological well-being.

MARIA and JOHN (married): 87/88 years old; HIV since 2016; Comorbidities: diabetes, depression, cognitive deterioration, musculoskeletal problems; low socioeconomic status; live with granddaughter and great-grandchildren; lack of family support. **Intervention:** Homecare service; psychological support; occupational therapy; leisure activities; family mediation. **Results:** promotion of autonomy (cognitive and physical); therapeutic adherence; psychological well-being.

## Lesson Learned:

- Different people have different aging processes: what suits one person may not be the best for another.
- Clinical and social areas must be addressed together: holistic view (social, clinical, economic, family dimensions)
- Our intervention has limits: it's important to mobilize other community resources.
- Must respect the person's choices and times.

**Recommendations:** It is imperative to invest in proximity and holistic interventions and communication between all stakeholders involved in PLHIV care in order to promote the well-being and quality of life of each person who is aging with HIV.

# 1317 Using Qualitative Methods to Identify/Improve HIV Service Delivery Gaps for Key Populations and Adolescents and Young People in Kenya

Harriet Kongin<sup>1</sup>, Jane Githuku<sup>2</sup>, Carol Ngunu<sup>3</sup>, Anthony Kiplagat<sup>4</sup>, Eunice Kinywa<sup>5</sup>, **Zaitun Ahmed (presenting)**<sup>6</sup>, Rachel Kiuna<sup>7</sup>, Medhin Tsehaiu<sup>8</sup>

<sup>1</sup> UNAIDS, Nairobi, Kenya

<sup>2</sup> ICF, Nairobi, Kenya

<sup>3</sup> Nairobi City County, Nairobi, Kenya

<sup>4</sup> Nairobi Metropolitan Services, Nairobi, Kenya

<sup>5</sup> Ministry of Health, Kisumu, Kenya

<sup>6</sup> Department of Health, Mombasa, Kenya

<sup>7</sup> Directorate of Health, Kisumu, Kenya

<sup>8</sup> UCD Kenya, Nairobi, Kenya

**Introduction:** UNAIDS supported qualitative assessments in four Kenyan Cities to understand bottlenecks in access to quality HIV and sexual reproductive health (SRH) services for key populations (KP): men who have sex with men, sex workers, people who inject drugs and adolescents and young people (AYP) aged 15-24, at high risk of HIV infection.

**Description:** Focused group discussions (FGD) were conducted among health workers, KPs, and AYPs on quality of services and challenges faced in access/provision of HIV /SRH services in Nairobi, Mombasa, Nakuru, and Kisumu in 2018/2019 and recordings transcribed and analyzed using N-Vivo software.

**Lesson Learned:** KPs/AYPs reported challenges of lack of confidentiality, long waiting time and stigma in access to services. Limited SGBV services at night/during weekends and accessing treatment for drug overdose and sexually transmitted infections were major concerns for KPs. Nonadherence to ART by adolescents, inadequate skills, infrastructure, and stock out of commodities were reported to negatively impact service delivery. Post assessment results included increased number of health facilities providing integrated friendly HIV/SRH services for AYPs and KPs; capacity development for health care workers on provision of AYP/KP friendly services; establishment of toll-free telephone numbers for feedback; and enhanced psychosocial support for ALHIV.

**Recommendations:** Enhance the use of qualitative data for HIV programming focused on integration of SRH/HIV services, provision of KP/youth-friendly services, and round-the-clock access to HIV/SRH services.



# 1318 HIV Data City-Profiling: When the Assessment of the 95-95-95 Targets Can't Be Performed

Helena Cortes Martins (presenting)<sup>1</sup>, Gonçalo Lobo<sup>2</sup>, Joana Bettencourt<sup>3</sup>

<sup>1</sup> National Institute of Health, Lisbon, Portugal

<sup>2</sup> Fast-Track Cities Institute, Lisbon, Portugal

<sup>3</sup> Directorate-General of Health, Lisbon, Portugal

**Background:** Ten cities in Portugal have joined the Fast-Track Cities initiative, committing to attainment of 95-95-95 and other global targets. Despite the political commitment, lack of data hinders progress and monitoring of the 95-95-95 targets.

**Method:** Using national surveillance data (2014-2018), city profiles for ten Portuguese FTCs were created. These included: n. ° and rate of new cases per year of diagnosis; distribution by sex and ratio; age of diagnosis by sex, age, and transmission route; percentage of cases by country/region of origin by sex and transmission route; n. ° of cases and percentage of transmission route by sex and year of diagnosis; percentage of type of virus; and percentage of HIV clinical stage stratified by gender and transmission route.

**Results:** City profiles show that all FTCs are above the national HIV incidence mean rate. Differences between cities in term of gender, country/region of origin, and transmission route were found. All cities except Odivelas (M/F = 0,9) present a higher male/female ratio (highest in Lisbon, M/F ratio = 4,7). In terms of country of origin, Lisbon (51%), Almada (62%), Porto (75%), and Portimão (64%) have higher percentages of native Portuguese. In all other cities, migrants account for the higher number of new HIV diagnoses, notably from Sub-Saharan Africa (highest in Amadora, 57%) and Latin America (highest in Oeiras, 26%). Cascais, Loures and Portimão have a higher transmission among heterosexual men, Amadora, Sintra and Odivelas among heterosexual women, and Lisbon, Porto, Oeiras, and Almada among MSM.

**Conclusion:** In lack of data to monitor the 95-95-95 targets and the treatment cascade, city profiles can provide insights and help guide policies at the local level. Beyond looking only at national surveillance data, local FTC-stakeholders should work with hospitals to determine the second and third 95.

# 1319 Improving Migrant Experiences with HIV Care Through the Migrant Plus Program: A Call for Antiracist Paradigm Shifts in Service Provision

Kit Mitchell (presenting)<sup>1</sup>, Richard Carson<sup>2</sup>, Chipó Harper<sup>2</sup>, Yvon Luky<sup>2</sup>

<sup>1</sup> McGill University, Montreal, QC, Canada

<sup>2</sup> AIDS Care Education and Training (ACET), Dublin, Ireland

**Introduction:** Anti-immigrant sentiment has been present in Ireland since the first waves of non-Irish migrants arrived in the early 2000's. These sentiments, usually directed at migrants from low and middle-income countries and the Global South, have become more overt in recent years following the worsening crises in the cost of living, affordable housing, and access to health services. Calls from right-wing groups that 'Ireland is full' and new migrants are taking scarce resources represent the extreme end of a more pervasive belief: that migrants are a burden Ireland cannot afford. These attitudes provide a challenging context to address HIV-related stigma and to support those living with HIV who have come to Ireland and often contribute to poorer health outcomes for HIV testing and treatment among migrant communities.

**Description:** Drawing on 30 years of experience responding to HIV in settings of structural and systemic inequality, AIDS Care Education and Training (ACET) created the Migrant Plus Programme to meet these new challenges. Support workers from the program collaborate with migrant community groups and faith-based organizations to mobilize migrant communities, provide rapid HIV testing, and bridge cultural barriers in accessing health services.

**Lesson Learned:** The Migrant Plus Programme has built strong partnerships with community leaders to encourage greater uptake of testing and health resources, but migrant communities continue to face significant racism and xenophobia in healthcare settings as rhetoric claiming migrants are a 'burden' circulates in Irish media and online.

**Recommendations:** To truly improve health outcomes for HIV+ migrants in Ireland and address HIV stigma and xenophobia, we must adopt an antiracist approach to healthcare provision. Moving beyond basic diversity and cultural competency trainings, we invite colleagues to challenge the concept of 'burden' as it relates to migrant communities, particularly those from the Global South.

# 1320

## Estimating the First 95 of the UNAIDS Targets: Examples from Portuguese Fast-Track Cities

Helena Cortes Martins (presenting)<sup>1</sup>, Gonçalo Lobo<sup>2</sup>, Joana Bettencourt<sup>3</sup>

<sup>1</sup> National Institute of Health, Lisbon, Portugal

<sup>2</sup> Fast-Track Cities Institute, Lisbon, Portugal

<sup>3</sup> Directorate-General of Health, Lisbon, Portugal

**Background:** Estimating the population with undiagnosed HIV is a challenging and critical step for calculating the first 95 target.

**Method:** Using national surveillance data (2014-2018), the Incidence Method of the ECDC modelling tool was used. Given the impact of COVID-19 on HIV diagnosis, case-reporting, as well as notification delay, only data until 2018 was used. The modelling was done centrally to ensure equivalent parameterizations for all 10 cities.

**Results:** 3/10 failed to achieve the first 90 target, and 6/10 if we consider the 95 mark. Lisbon presented the lowest percentage of undiagnosed PLHIV  $M=2,6$  (2,0-3,6). ([See table.](#))

**Conclusion:** Granular data shows that national data doesn't reflect city realities. The goodness of fit of the model depends on the size of the epidemic. A careful reading of the results must be made in cities with small epidemics. Results should be discussed with the local FTC teams.

# 1321

## Rest as an End and Not as a Means: Rethinking Processes of Care and Incorporating Syndemic Frameworks for HIV Service Organizations

Kit Mitchell (presenting)<sup>1</sup>, Richard Carson<sup>2</sup>

<sup>1</sup> McGill University, Montreal, QC, Canada

<sup>2</sup> AIDS Care Education and Training (ACET), Dublin, Ireland

**Introduction:** At a time when HIV incidence rates are rising in Ireland, HIV service organizations (HSOs) are struggling with labor shortages triggered by the cost-of-living crisis and staff burnout. Demands for HIV-related care frequently outstrip service capacity and these challenges are likely to persist through the 2020's. When the challenge of ending HIV looks different from the early days of the epidemic, but is no less exhausting, how can HSOs adequately support staff in meeting these challenges?

**Description:** In anticipation of its 30<sup>th</sup> anniversary, the Dublin HSO AIDS Care Education and Training (ACET) was able to reflect on its responses to the human resource challenges that HIV has posed for staff over the years. Drawing on a combined 200 years of HIV care experience between staff and board members, ethnographic interviews, and archival research, we present two key turns that have helped us support staff and mitigate burnout: a turn towards rest as an end rather than a means, and the integration of frameworks incorporating social determinants of health and the interrelated nature of HIV, addiction, and poverty.

**Lesson Learned:** Emphasizing rest can sound counterintuitive but it is essential to sustain impactful work with people and communities living with HIV. Moreover, responding to HIV also necessitates responding to broader social concerns – housing inequality, addiction, racism – because they shape the experiences of staff and the clients, we serve the geography of the city itself, and our capacity to reach Fast Track City targets.

**Recommendations:** In order to reach the 95-95-95 targets by 2030, we must emphasize the social interconnectedness of HIV and the sustainability of our work. Integrating time and opportunity for rest among staff in HSOs helps prevent burnout and reduce turnover but requires us to challenge the logics of neoliberalism that drive contemporary healthcare models.

# 1322

## Shelters for Key Populations as an Example of an Integrated Approach and Elimination of Barriers to HIV, TB, and Hep C Services in War Conditions

**Olexander Li (presenting)<sup>1</sup>**

<sup>1</sup> Kryvyi Rih AIDS Centre, Kryvyi Rih, Ukraine

**Introduction:** Since the beginning of Russia's full-scale military invasion of Ukraine, Kryvyi Rih became an asylum for many residents of Kherson, Donetsk and Zaporizhzhia regions. Hundreds of thousands of internally displaced people passed through the city. Some of them received humanitarian aid and went further west of the country or beyond. Among those who remained in Kryvyi Rih, there were many people from key populations, who needed not only housing, but also access to medical care, HIV prevention and social services.

**Description:** Stigma towards key populations and their specific needs limited their possibilities to receive services and allowances available for other internally displaced people. That is why a special shelter for people from key populations was established. In addition to accommodation, food, and other basic commodities, shelter provides social, psychological and legal support, helping to restore lost documents, provides HIV testing, and assisting in enrollment to prevention services such as NSE, OST, PrEP, and HIV, HepC, TB treatment if required. The military administration, law enforcement agencies, probation authorities, penitentiary institutions, health care institutions and social services of the city send clients to the shelter 24/7.

**Lesson Learned:** Only the interaction and coordination of donors, city authorities and NGOs ensured an effective initiative and eliminated duplication of efforts. This made it possible to ensure the continuity of HIV services. Rapid algorithms for updating dispensary registration and obtaining ART for IDPs were developed. Joint and well-coordinated work also ensured the uninterrupted functioning of health care institutions, laboratories and organizations providing HIV related services in times of air raid alarms, shelling and power outages.

**Recommendations:** The high demand and workload of the shelter indicates the urgent need to continue coordinated efforts in this direction.

# 1323

## Testimony Against HIV-Related Stigma and Discrimination

**Marie Chantale Ntanke (presenting)<sup>1</sup>**

<sup>1</sup> CEAM, Yaoundé, Cameroon

**Introduction:** This action, "Testimony against HIV-related stigma and discrimination" aimed to reduce the effects of stigma and discrimination on the goal of undetectable viral load among PLHIV, by 2030. One of those effects being the diversion of PLHIV from taking ARVs to the prayers by some churches. Implemented in Cameroon's capital city, Yaoundé, with general populations, from June to December 2021.

**Description:** The aim: – making people understand that positive life with HIV is possible, – encouraging them to know their serological status, and – recruit those tested positive for ARVs drugs. Thus, we: 1) mobilized population for campaigns in their neighborhoods through door to door, on streets, in markets, mosques and churches; 2) recruited 20 PLHIV for testimonies during the campaigns about their positive lives; 3) then held 24 campaigns during which we had – an educational talk on the harmful effects of stigmatization and discrimination, with face-to-face testimonies of PLHIV, then, – HIV's screenings; 4) those tested positive were referred for ARVs drugs.

**Partners:** The Cameroonian Association for Social Marketing (ACMS) provided material, financial and technical support; The Regional Technical Group (GTR) in the Center Region provided 2 health personnel for screenings and referral.

**Lesson Learned:** 24 campaigns held, approximately 1,300 participants with 50 per campaign (55% women and 40% youth 18-24), all sensitized on the dangers of stigma and discrimination; 560 participants benefited from an HIV serology test (43% of participants, 60% of women and 33% of youth 18-24); 9 tested positive, 6 women (67%) and 3 (88%) youth 18-24; the 9 positive all enrolled for ARVs; 8 couples and 3 children who had refused treatments were reinserted; families came after the campaigns to find out how to support their HIV-positive members.

**Recommendations:** Replicate this activity in the city and other cities; reproduce this activity in workplaces, big companies.

# 1326

## Whole Population Offer of HIV Testing Through SMS Text Messages from Primary Care Centers in Cardiff and Vale. Does It Identify Previously Undiagnosed Cases and Is It Acceptable to Healthcare Providers and Communities?

**Darren Cousins (presenting)**<sup>1</sup>

<sup>1</sup> Cardiff and Vale UHB, Cardiff, Wales, United Kingdom

**Background:** In 2021, a pilot study recommending online HIV testing to all population covered by GP surgeries in one area of our city identified one individual with late HIV infection. This work examines whether these interventions across the whole city-region would diagnose further undiagnosed cases and be acceptable to communities.

**Method:** The Texting4Testing (T4T) project supported GP surgeries across the city-region to send an SMS text invite to order a HIV test through a national online postal testing service to all practice patients aged 16+. Click-throughs and subsequent test requests were recorded. A survey of participating GP practices examined the impact on their services.

**Results:** The total population of the region is 488,000 and 20 participating practices sent 139,539 text messages to their patients. 4,402 (3.2%) clicked through to the national online testing portal. Testers who received a text message invite were older, more likely from a minority ethnic background and less likely to engage in oral sex. Testers receiving a text invite were less likely to return their test within 8 weeks compared to people accessing the service spontaneously (44.7% vs. 60.6%). No reactive HIV tests were recorded although some STI tests were positive. In the practice survey, 80% of practices reported receiving 13 queries in total. Most patients wanted more information or queried the legitimacy of the text. The few negative comments received from members of the public were from people who work in healthcare.

**Conclusion:** Texting patients through GP surgeries is a potential strategy to deliver large-scale HIV testing and was acceptable to both primary care and population with minimal disruption to primary care. Despite an initial decline to the offer of HIV awareness training, several knowledge gaps were identified among practice staff who then requested training by the end of the project.

# 1328

## The Importance of Nutritional Intervention for People Living with HIV Followed at Liga Portuguesa Contra a Sida

**Gonalo Bento (presenting)**<sup>1</sup>, Renata Vicente<sup>1</sup>, Maria Eugénia Saraiva<sup>1</sup>, Sofia Melo Refoios<sup>1</sup>

<sup>1</sup> Liga Portuguesa Contra a Sida, Lisbon, Portugal

**Background:** Liga Portuguesa Contra a SIDA (LPCS) is the oldest institution in Portugal supporting People Living with HIV (PLHIV), including nutritional support. Considering antiretroviral treatment (ART) increases the risk of overweight, lipodystrophy, cardiovascular diseases, and diabetes, among other comorbidities, a study was conducted with PLHIV who benefited from nutritional appointments in LPCS.

**Method:** Considering the importance of nutritional intervention to reduce the risk of comorbidities and side effects associated with ART, this study aimed to assess the importance of nutritional intervention, evaluating the Body Mass Index (BMI) and Waist Circumference (WC) and correlating these variables with the length of treatment.

**Results:** In this correlational study, data collected at the first nutrition appointment of 36 PLHIV (18 men, 18 women) was evaluated with a mean age of 42.7 years (SD=±15.7) and a mean ART treatment duration of 124.5 months (SD=±117.6), 77.8% with undetectable viral load, 86.1% with CD4 count ≥350 cells/mm<sup>3</sup>. Weight, height, and WC were evaluated, and BMI [weight (kg)/height(m)<sup>2</sup>] was calculated. Possible correlations between WC, length of treatment for HIV infection (ART), and BMI were analyzed using Pearson's correlation coefficient. There is a strong, positive and statistically significant correlation between WC and BMI (r=.77; p=.000), which may suggest weight gain is correlated with increased localized fat, especially at abdominal level, increasing risk of metabolic complications requiring nutritional intervention. ([See table.](#))

**Conclusion:** Contrary to expected, correlation between BMI and length of treatment was not statistically significant, which can be explained by discrepancies in treatment duration between patients. Furthermore, BMI does not reflect body fat percentage and distribution. For this reason, there might be people with a healthy BMI but with high WC.

# 1330

## Developing a 'Community Clinic' - The Importance of Partnership and Lessons Learned

**Paul Duggan (presenting)**<sup>1</sup>, Coleen Finlay<sup>1</sup>, Stephen O'Hare<sup>2</sup>, John Lambert<sup>1</sup>

<sup>1</sup> Mater Misericordiae University Hospital, Dublin, Ireland

<sup>2</sup> HIV Ireland, Dublin, Ireland

**Introduction:** Issues surrounding access to sexual health services have been exacerbated as a result of the Covid-19 pandemic. A multitude of factors including staff redeployment and service restrictions resulted in a reduced delivery of care. This also resulted in restructuring of the Infectious Disease (ID) service to meet the existing clinical demand which further impacted on the adjunct sexual health service. Based on HSE Slaintecare initiative of delivery of care in the right place, at the right time, a decision was made to partner with a local NGO (HIV Ireland) to deliver nurse led sexual health services in their community setting.

**Description:** The initial model for the service aimed to see 35 service users over three nurse specialist led clinical sessions. Based on demand and findings, services expanded to five days per week. This expansion incorporated treatment or additional investigations for those completing home testing. In 2022, there were a total 3253 service users (2332 direct access, 921 linked through home testing services).

**Lesson Learned:** Development of a triage pathway supporting the delivery of care in appropriate time frame. A pathway for the transfer of care for new diagnoses of HIV to the ID service also played a key role. Having a linked provider to attend the initial consultation following the diagnosis provided additional support for the service user. The primary nurse specialist undertook additional education and training which supported the development of Advanced Nurse Practitioner post allowing increased level of complexity to be managed within their scope of practice.

**Recommendations:** Continued evaluation of service on a regular basis helps to problem solve and identify areas for improvement. Migration of care from hospital-based setting enables increased access for both sexual health and ID services. Partnerships with NGO supports PPI in delivery of care. Model may be replicated and applied to other settings.

# 1332

## Resurgence of Syphilis in Population Sub-Groups in Mumbai: An Urgent Need to Re-Strategize Services for Sexually Transmitted Infections

**Latika Shivkar (presenting)**<sup>1</sup>

<sup>1</sup> Mumbai Districts AIDS Control Society, Mumbai, India

**Background:** Syphilis remains a significant cause of morbidity in India. Designated STI/RTI Clinics (DSRC) with trained counsellors & syndromic management guidelines have been adopted in the National AIDS Control Organization Program (NACO).

**Method:** Sexually Transmitted Infection Programmatic data in Mumbai NACO funded 27 Designated Sexually Transmitted Infection / Reproductive Tract Infection Clinics (Suraksha Clinic) was studied. 27 trained counselors, one in each clinic provide counseling services for risk assessment, risk reduction with Condom Promotion, Partner Notification along with Syndromic Management with the help of trained Doctors to the patients attending clinics. The trends of Syphilis by doing Rapid Plasma Reagan (RPR) test for Syphilis positive as well as HIV test in the patients attending in the DSRC was observed, in Mumbai over period of 3 years from 2018-19 to 2020-21. Detailed demographic, clinical, and behavior data was analyzed for these 3 years in syphilis positive and in (HIV Syphilis) Co-infected patients. Data were segregated in 7 group (General Client, FSW, MSM / TG, IDU & Migrants).

**Results:** Over all Syphilis positivity and Co-infection (HIV Syphilis) HIV Syphilis positivity in TG & General Clients including FSW, MSM & Migrants for the respective 3 years are found to be increasing. From the behavior pattern study for condom usage in all above-mentioned typology among casual regular and commercial partners shows that, there is only 50% always condom use behavior is found.

**Conclusion:** There is a need to re-strategize STI control services by increasing the screening in PLHA, Key populations and initiating community-based syphilis screening. Innovative advocacy programs are needed for risk reduction among these people.



# 1333

## Enhancing HIV Prevention, Care, and Treatment Efforts among FSWs Targeting Secondary Cities in Rwanda

**Mwananawe Aimable (presenting)<sup>1</sup>**, Uwizeye Denise<sup>1</sup>, Mugisha Jules<sup>1</sup>

<sup>1</sup> IMRO Rwanda, Kigali, Rwanda

**Introduction:** According to HIV-NSP-2018-2024-MTR-FINAL-REPORT March 28th, 2023; In Rwanda, Key Populations bear a disproportionate burden of HIV with a prevalence of 35.5% among female sex workers. In collaboration with RBC SPIU /Global Found and UNAIDS, IMRO Rwanda develop this abstract to address the Gaps /issue of HIV prevention and control efforts among Female Sex Workers (FSWs) in the Secondary Cities of Muhanga, Ruhango, and Rubavu in Rwanda. It highlights the importance of mapping/tracing exercises in identifying FSWs and their hotspots to inform targeted interventions for the hard-to-reach Populations.

**Description:** In collaboration with the National HIV Program and FSWs Key Informants, a mapping/tracing exercise was conducted, where IMRO workers and FSWs peer educators conducted outreach activities to identify FSWs and hotspots. Demographic information was collected using a standardized template. Over the past six years 7,132 FSWs in 280 Hot Spots were identified in those Secondary Cities.

**Lesson Learned:** The mapping/tracing exercise has had positive impacts on HIV prevention and control efforts. It provided updated information on the number and distribution of FSWs, identified key hotspots for targeted interventions, and increased the number of FSWs aware of their HIV status and linked to care and treatment services. This contributed to the creation of services demand and inform other's partners working in these Secondary Cities targeting Female Sex Workers.

**Recommendations:** To improve HIV prevention and care programs, it is crucial to continue conducting regular mapping/tracing exercises to update information on Key Populations, including FSWs. This will ensure the design and delivery of effective interventions and support efforts to reduce new infections, decrease HIV-related deaths, and promote equal opportunities for people living with HIV without any hardship to access High quality health Services.

# 1335

## Fast-Track School in Bergamo Fast-Track City

**Ilaria Mercurio (presenting)<sup>1</sup>**, **Caterina Pellegris (presenting)<sup>2</sup>**, Paolo Meli<sup>3</sup>, Davide Meli<sup>2</sup>, Franco Maggiolo<sup>4</sup>

<sup>1</sup> Bergamo Fast-Track City, Bergamo, Italy

<sup>2</sup> Don Giuseppe Monticelli Società Cooperativa Sociale, Bergamo, Italy

<sup>3</sup> Associazione Comunità Emmaus, Bergamo, Italy

<sup>4</sup> ASST Papa Giovanni XXIII, Bergamo, Italy

**Background:** Since 2019 Don Monticelli Cooperative promotes in the high schools of Bergamo the project #cHIVuoleconoscere, which informs students about HIV/AIDS. Since 2022 includes the proposal of the test within schools. Alongside the City of Bergamo became part of the Fast Track Cities network and offers free, anonymous and rapid tests for HIV, HCV and Syphilis in a check point and on the territory.

**Method:** During the interventions students has to complete a pre- and post-intervention questionnaire that investigates scientific knowledge and personal perceptions on HIV issues. Similarly, from November 2021 during the test offer people were asked to answer the anonymous Cobatest data collection questionnaire.

**Results:** In four years 5589 students were involved and 4210 pre and post questionnaires collected. The average score of the pre-intervention knowledge index was 17.7 and increased significantly post-intervention (average 20.7) indicating better knowledge. ([Panel A](#)) The discrimination index, on the contrary, lowered ( $P < 0.0001$ ) from an average of 17.6 pre, to 12.4 posts, indicating a better attitude and reduced stigma. ([Panel B](#)) From November 2021 to first of June 2023 3507 people were tested, 1951 did the test or at check point Bergamo Fast Track City or during 15 awareness events organized by students of eight high schools or in six appointments organized at the university. ([Panel C](#)) 21 new diagnoses of HIV, 25 of Syphilis and 29 of HCV were founded.

**Conclusion:** Data present that working among young people produces greater propensity to do the test and this is an important result in terms of increasing awareness. Knowledge allows people taking care of their own health approaching sexual health in a comprehensive and active way and has a positive impact on the stigma towards people living with HIV, reducing fear and judgment.

# 1336 Tackling HIV-Related Stigma Within Communities

**Martin Davoren (presenting)**<sup>1</sup>, Niamh O Connor<sup>1</sup>, Catherine Kennedy<sup>1</sup>, Phil Corcoran<sup>1</sup>, Laoise Power<sup>1</sup>

<sup>1</sup> The Sexual Health Centre, Cork, Ireland

**Introduction:** It's estimated that over 6,000 people in Ireland are living with HIV. The stigma associated with HIV has been well documented. Current discourse in relation to HIV in Ireland highlight the lack of awareness of the U=U message amongst communities.

**Description:** Our 2022 World AIDS Day Run aimed to End HIV stigma. To strengthen this message, an art mural was commissioned in Cork City. This graphic, developed in partnership with HIV groups, was transposed on to information cards which aim to tackle common HIV myths. The deliverables for this overall project were as follows:

- Individuals become 'Ambassadors against HIV Stigma' and take part in their local parkrun to raise awareness for World AIDS Day on December 1<sup>st</sup>, 1000+ participants ran in a 'End HIV Stigma' top.
- To mark Irish AIDS Day 2023, information cards were distributed at city center locations engaging people to discuss HIV in Ireland which included the following facts:
  1. Know your status- people living with HIV live long and healthy lives.
  2. U=U (Undetectable= Untransmissible)- People living with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load cannot transmit HIV to sexual partners
  3. While treatments are available for people living with HIV, there is no cure available yet, but research is ongoing.
  4. Preventative medications are available including PEP and PrEP
  5. You will not get HIV from kissing, hugging, or sharing cutlery.
  6. People living with HIV deserve a life free from stigma.

**Lesson Learned:** Peer involvement with the mural and subsequent card development was vital to its success. Continuing to tackle misconceptions and misinformation at community level is vital to ensuring that stigma is reduced.

**Recommendations:** Updating community level information and perceptions relating to HIV is key to challenging community held stigma.

# 1338 Identifying Risk Factors for TB Treatment Interruption in Rural Mozambique

**Yolanda Manuel (presenting)**<sup>1</sup>, Bordalo Mouzinho<sup>2</sup>, Emilio Valverde<sup>2</sup>

<sup>1</sup> IAPAC, Maputo, Mozambique

<sup>2</sup> The Aurum Institute, Maputo, Mozambique

**Background:** Despite increasing TB treatment success rate, adherence is a major obstacle to TB control in Mozambique. We aimed to identify patient-related factors associated with time to TB treatment interruption in a remote area. Data of new and retreatment patients registered in an electronic data-based system between 2006 and 2017 was obtained.

**Method:** Data of all TB cases, including smear-positive/negative, pulmonary/extrapulmonary was recorded. Most patient-level covariates were obtained and categorized, including gender, age in the TB registry, patient type, HIV status, and treatment. The covariates represent information collected and recorded as a single baseline entry upon diagnosis. Kaplan-Meier curves and log-rank tests were used to assess adherence patterns and mixed-effects Cox proportional hazards modeling for multivariate analysis.

**Results:** Data were from 9,606 patients. About 89% of the patients were new TB cases, 55.9% were male, and 82% were HIV-positive. Among those, 70% were on ART. TB treatment outcome lost to follow-up (LTFU) was the fourth most frequent result representing 4.1% of all sample. LTFU patients are mainly new TB patients (89.5%). Most patients who ended up being LTFU were male, with a treatment interruption rate of 4.5% compared to 3.5% in females. However, male TB patients had a significantly shorter treatment interruption time than female TB patients. The LTFU outcome was more prevalent among HIV-positive patients on ART (61.5%) in comparison to the HIV-negative (17.7%) or not tested for HIV (0.5%). Retreatment after LTFU patients had the shortest time to treatment interruption, with all other groups exhibiting similar times to treatment interruption.

**Conclusion:** Although the LTFU TB treatment outcome was the fourth most frequent, special attention should be driven to it, given that most patients are HIV-positive on ART, and new to TB treatment. Increasing literacy and counseling to treatment adherence at the HF and through community volunteers is recommended.

# 1339

## Providing Non-Discriminatory Services to Young Key Population at Youth Friendly Service in Public Health Facilities: Best Practices in Mombasa County

Zaitun Ahmed (presenting)<sup>1</sup>

<sup>1</sup> Department of Health, Mombasa, Kenya

**Introduction:** Mombasa has an HIV prevalence of 7.4% which is higher than the national prevalence and highest among Key population at 18%. The prevailing stigma and criminalization make it difficult to reach out to young key populations with comprehensive HIV prevention, care and treatment services. The prevalence of high-risk sexual practices among key population (especially the young KP) has drawn attention to the need for integrated interventions within the youth friendly.

**Description:** The department of health together with MSF identified important gaps in terms of access to healthcare among vulnerable adolescents and young key population in Mombasa. A strategy was developed to improve access to stigma free and non-discriminatory quality health care and well-being services (mental health) to this population in public health youth friendly sites. The intervention subscribes to a multi-partnership and peer-led strategy, where each one of the partners participates in the design, implementation, and evaluation of the project. 3 health facilities at the community levels were identified and the health providers trained in mental health and friendly services which are non-discriminatory.

**Lesson Learned:** From July 2022 to May 2023, a total of 46; 19 PWUID, and 26 street population and zero MSM, FSW, Trans were referred to the 3 facilities and offered comprehensive HIV/STI services. However not all young KP were ready to disclose their vulnerability, but measures have been put in place to strengthen screening tool.

**Recommendations:** Integration of comprehensive health services for young and vulnerable AYP/KP in public health system is key to HIV prevention revolution. With dwindling donor funding this model should be recommended for sustainability and increasing access to health coverage.

# 1340

## Barrier in Starting the PrEP Program for Potential Users in 21 Cities in Indonesia: A Mixed Method Study

Bagus Prabawa (presenting)<sup>1</sup>, Endang Lukitosari<sup>2</sup>, Lanny Luhukay<sup>2</sup>

<sup>1</sup> UNAIDS, Bandung, Indonesia

<sup>2</sup> Ministry of Health Indonesia, Jakarta, Indonesia

**Background:** PrEP is one of the prevention interventions recently rolled out in Indonesia. The demand for PrEP is very high, as can be seen from the number of self-assessments, which is almost four times more than the number of people starting PrEP. This study aimed to determine which stages of starting PrEP might be a barrier to PrEP implementation in 21 cities in Indonesia.

**Method:** We conducted a cascade analysis of all potential PrEP users who completed the assessment (n=9,659). The assessment before initiating PrEP was carried out in two phases, a behavioral assessment and a medical assessment. Cascade analysis is carried out at each stage of PrEP, starting from online self-assessment, filling out the form correctly, booking the PrEP service, coming to the PrEP service, conducting medical screening (HIV test), and starting PrEP. Data was collected throughout 2022, analyzed through the PrEP Information system (SI-PrEP), and quantitatively analyzed with EPI-Info. Qualitative analysis was also obtained from data taken in Focus Group Discussions (FGD) conducted in five selected cities.

**Results:** Only 66% of potential PrEP users completed the self-assessment form correctly, including national ID number input. However, almost all of them (96%) have substantial risks and are eligible for PrEP. However, only 46% of those eligible for PrEP came to the service. Qualitative analysis results obtained from the FGD showed they were absent from the service due to limited service opening hours, and the service location was geographically too far away. However, 99% of potential PrEP users who come to the service will directly obtain PrEP, so there is no barrier to medical screening.

**Conclusion:** The main barrier to starting PrEP was the lag stage between the behavior and medical assessments, namely tribulation for potential users to find the right time to carry out a medical assessment. Even though everyone who comes to medical services will start PrEP, health services must flexibly open service hours to facilitate potential users with limited time.

# 1341 Analyzing the Progress on Reaching the First 95 among Key Populations Groups in Maputo

**Yolanda Manuel (presenting)**<sup>1,2</sup>, Teles Nhanombe<sup>3</sup>, Belia Xirinda<sup>3</sup>, Alice Abreu<sup>3</sup>, Luis Elias<sup>1,2</sup>

<sup>1</sup> IAPAC, Washington, DC, USA

<sup>2</sup> Fast-Track Cities Institute, Washington, DC, USA

<sup>3</sup> Maputo Council, Maputo, Mozambique

**Background:** Maputo has committed to achieving the HIV global targets and is implementing interventions to address the HIV epidemic among key populations (KP). KP typically have a higher HIV prevalence than the general population; reducing their prevalence is a critical measure of a city-level response to HIV. This study analyzes the impact of all interventions adopted to control the HIV epidemic among KP.

**Method:** Data were from the City HIV program annual reports (2019 to 2022) and were disaggregated by specific KP groups – FSW, MSM, PWID, prisoners, and miners. Indicators were calculated using data from HIV tests conducted among the 33 health facilities, in a prison, and other closed settings.

**Results:** From 2019 to 2022, the KP tested for HIV in Maputo increased from 2.012 to 14.052. FSWs were the most tested (53%), followed by MSM (24%), and PWID (15%). Only 2% of miners knew their HIV status over the four years. The average HIV positivity rate among KP didn't vary much, staying at 15% over study time. Miners have a higher average HIV positivity rate (22%), followed by MSM and PWID (16%), FSW (15%), and prisoners (12%).

**Conclusion:** Efforts are being made to control the HIV epidemic by achieving the first 95 among KP through tailored interventions, which are successful and should be continued. However, special attention should be given to the miners, the least tested group, presenting a significantly higher HIV positivity rate.

# 1342 Combined HIV Prevention Intervention with PrEP in Substantial Risk Populations in 21 Cities Implementing PrEP in Indonesia: A Cross-Sectional Study

**Bagus Prabawa (presenting)**<sup>1</sup>, Endang Lukitosari<sup>2</sup>, Lanny Luhukay<sup>2</sup>

<sup>1</sup> UNAIDS, Bandung, Indonesia

<sup>2</sup> Ministry of Health Indonesia, Jakarta, Indonesia

**Background:** The adherence of PrEP users in Indonesia is relatively low, marked by only 41.9% of people reaching in the first month after initiation. PrEP as an effective HIV prevention must be combined with other prevention methods to address this gap; this study aims to determine the most significant substantial risks for potential PrEP users to determine which primary interventions should be combined in HIV prevention in Indonesia.

**Method:** We analyzed 6197 potential PrEP users, including MSM, FSW, TG, PWID, and serodiscordant couples who had conducted an online self-risk assessment. Outreach workers and officers at PrEP provider services will assist potential users who have difficulty carrying out online self-assessments. Data obtained throughout 2022 is then collected with the PrEP Information System (SI-PrEP) and analyzed with EPI-Info.

**Results:** Inconsistent condom use was high among all observed KP (48% TG, 63% serodiscordant couple, 64% MSM, 70% MSM and 83% PWID). Having more than one sexual partner was found to be high among TG (90%), MSM (74%), and FSW (68%). For serodiscordant PrEP users, unsuppressed or unknown viral load is a substantial risk, such as 44% for male partners and 38% for female partners.

**Conclusion:** Even though PrEP is one of the primary interventions that has been proven effective in reducing HIV incidence, given the low adherence to the program, additional interventions are required to prevent new infections. In all key populations, consistently using condoms is still the main intervention that should be combined with PrEP. Meanwhile, increasing access to viral load testing can be the subsequent additional intervention to prevent HIV transmission from occurring to serodiscordant partners.

# 1343

## Quality Improvement as a Strategy to Improve Tuberculosis Indicators in Maputo City

Eveza Obra Bires (presenting)<sup>1</sup>

<sup>1</sup> IAPAC, Maputo, Mozambique

**Background:** Quality improvement (QI) is a cross-cutting initiative in health programs to implement and document good practices for improving indicators. In the Tuberculosis area, QI aims to improve TB screening results in the cascade, diagnosis, and ensure notification and treatment. Maputo City TB program started implementing QI in January 2022. The initial target was to improve TB all forms and childhood TB notification rates and decrease clinically diagnosed cases.

**Method:** The QI advocates using data for decision-making and continuous improvement of indicators cyclically. The initiative was implemented in four health facilities. The patient flow was reviewed (from the entrance of the presumptive patient, sample collection, diagnosis, treatment initiation), the bottlenecks were identified, as well as specific measures to tackle them. Weekly and monthly monitoring and evaluation instruments were created to validate the results.

**Results:** The increase of 37% in TB notification (all forms) between 2021 and 2022. Also, the number of TB cases notified was higher than 2022 (a total of 6544 against the 5144 anticipated cases), giving a compliance rate of 127% in relation to the city's 2022 target (figure 1). Regarding the bacteriological confirmation, in 2022, there was also an increase of 12% compared to 2021 (figure 2). Although pediatric TB reporting remains a challenge, there was an increase of 83% in the reported cases from 2021 to 2022 (fig.3).

**Conclusion:** Specific interventions in patient care and data recording significantly impact the quality of services provided at the health facility. The follow-up of patients is a constant challenge, for which it is necessary to implement constant measures to improve care in order to guarantee adherence to treatment and cure.

# 1345

## Characteristics of PrEP Users in 21 Cities in Indonesia: A Cross-Sectional Study

Bagus Prabawa (presenting)<sup>1</sup>, Lanny Luhukay (presenting)<sup>2</sup>, Endang Lukitosari<sup>2</sup>

<sup>1</sup> UNAIDS, Bandung, Indonesia

<sup>2</sup> Ministry of Health Indonesia, Jakarta, Indonesia

**Background:** Indonesia is a concentrated epidemic country that is a late adopter of pre-exposure prophylaxis (PrEP). PrEP in Indonesia is implemented in 21 selected districts and targeted to the most at-risk populations, including MSM, FSW, TG, PWID, and serodiscordant couples. This study aimed to describe the characteristics of PrEP users at first counseling visits.

**Method:** We did a cross-sectional study for all 3002 PrEP users from all targeted populations at risk in 21 districts in Indonesia. The data was obtained from Sistem Informasi PrEP (SI-PrEP) during the 2022 program cohort report. Thirty-four clinics from ten provinces participated in this study.

**Results:** Most PrEP users were male (86%) and MSM (76%). Overall, 69% choose the daily-based PrEP regimen, and 31% choose the event-driven one. The majority of substantial risk was inconsistent condom use and multiple partners. More than 96% had an HIV Incidence Risk Index (HIRI) > 10. Drug side effects with the majority of GI recorded very low (6% in the first-month visit, 2,5 % in the third month, and 1,1% in the six-month visit).

**Conclusion:** Even though Women and FSW are the most impacted by HIV incidence in the concentrated epidemic country, observed that most PrEP access was unbalanced in all key populations. We also observed that PrEP drug side effects were low, contrary to potential PrEP beliefs that hinder access to the PrEP program; a communication campaign regarding PrEP safety should be a priority.



# 1346 Analyzing the Viral Load Suppression among Key Population Groups Living with HIV in Maputo

**Yolanda Manuel (presenting)**<sup>1,2</sup>, Teles Nhanombe<sup>3</sup>, Alice de Abreu<sup>3</sup>, Belia Xirinda<sup>3</sup>, Luis Elias<sup>1,2</sup>

<sup>1</sup> IAPAC, Washington, DC, USA

<sup>2</sup> Fast-Track Cities Institute, Washington, DC, USA,

<sup>3</sup> Municipal Directorate of Health, Maputo City Council, Maputo, Mozambique

**Background:** The UNAIDS 95-95-95 targets ultimately hinge on achieving the third 95. The essential component is expanding access to viral load (VL) testing, especially among key populations (KP), since their experiences of stigma, discrimination, and criminalization pose additional barriers to VL testing uptake. This study describes the access and impact of routine VL monitoring among KP in Maputo against the targets.

**Method:** Data were from the City's HIV program annual reports (2020 to 2022). Information was disaggregated by specific groups – FSW, MSM, PWID, and prisoners. All individuals were on ART for over six months, and a VL test was performed yearly.

**Results:** 6.165 people from KP groups were active in ART: 55% were FSW, 30% HSH, 12% PWID, and 3% were prisoners. An increasing number of VL load results were documented from year to year, with the HSH having more facilities to measure VL: 50% had results available in 2020, 62% in 2021, and 78% in 2022. FSW are the second group, with 47% of VL results in 2020 to almost 80% in 2022. Although also increasing, routine VL monitoring was less common among PWID (29%; 46%, and 62%) and prisoners (50%; 21%; and 30%). The percentage of people with less than 1000 copies/mL of blood has been higher throughout the three years, around 90%. 95% of FSW have reached a VL suppression from 2020 to 2022. Among the HSH, 97% have shown an undetectable VL in 2021 and 96% in 2022. Figures are slightly lower for PWID and prisoners, with 92% and 91% of people showing viral suppression in 2022.

**Conclusion:** Treatment is successful for the KP groups reaching the health services in Maputo. Interventions are in place to end HIV transmission; however, additional investment is necessary to reach UNAIDS targets for HIV elimination by 2026 among KP.

# 1350 Cuidar de Nós Efforts to Achieve 95-95-95 in Loures and Odivelas

**Gonçalo Bento (presenting)**<sup>1</sup>, Bruno Almeida<sup>1</sup>, Maria Eugénia Saraiva<sup>1</sup>

<sup>1</sup> Liga Portuguesa Contra a Sida, Lisbon, Portugal

**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 that provides psychological and social support to People Living with HIV (PLHIV) and other Sexually Transmitted Infections (STI), as well as to their families and acquaintances. Active since 2006, it contributes to raising awareness on STI risk behaviors and prophylactic measures, in local schools, institutions and general community.

**Method:** The project team is constituted of 2 psychologists, 1 social worker, 1 nurse. It benefits from the wider team of LPCS and can also offer additional assistance regarding nutrition and legal counseling. 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:** [Figure 1](#) and [Figure 2](#) show the number of patients followed by "Cuidar de Nós" between April 2016 and April 2023, 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 increased 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.

# 1352

## Identifying and Advocating for Accessing HIV Prevention, Care, and Treatment Interventions Targeting Men Who Have Sex with Men (MSM) in Secondary Cities of Rwanda

Mwananawe Aimable (presenting)<sup>1</sup>, Mugisha Jules<sup>1</sup>, Kabanyana Nooliet<sup>2</sup>

<sup>1</sup> IMRO Rwanda, Kigali, Rwanda

<sup>2</sup> Rwanda NGOs Forum on HIV/AIDS and Health Promotion, Kigali, Rwanda

**Introduction:** According to HIV-NSP-2018-2024-MTR-FINAL-REPORT March 28th, 2023; In Rwanda, Key Populations bear a disproportionate burden of HIV with a prevalence of 6.5% among men who have sex with men (MSM). In collaboration with RBC -SPIU /Global Found and UNAIDS, IMRO Rwanda develop this abstract to address the Gaps of HIV prevention and control efforts among MSM in the Secondary Cities of Muhanga, Ruhango, and Rubavu in Rwanda. It highlights the importance of mapping/tracing exercises in identifying FSWs and their hotspots to inform targeted interventions for the hard-to-reach Populations.

**Description:** In collaboration with the National HIV Program, Key Informants and MSMs were identified through associations (Bright Future & Other Sheep Rwanda) where 761 MSMs were identified and reported.

**Lesson Learned:** The mapping/tracing exercise has had positive impacts on HIV prevention and control efforts. It provided updated information on the number and distribution. By engaging MSM existing associations and key informants proved effective results for this exercise. This approach facilitated outreach and the provision of tailored services to address their specific needs. It increases the number of MSMs to be aware of their HIV status and linked to Prevention, care and treatment services. It contributed to the creation of services demand & inform other partners working in these Secondary Cities targeting MSMs and contributed to reducing stigma and discrimination among them.

**Recommendations:** To further improve support for MSMs, it is recommended to strengthen partnerships with different Stakeholders including their associations/organizations this will increase awareness, Advocacy about their rights & issues, and enhance health service provisions to address HIV/AIDS and sexual health concerns. This collaborative approach will help create an enabling environment and ensure their access to comprehensive health services.

# 1354

## Assessing Quality of Care of PLHIV in Kingston

Jumoke Patrick (presenting)<sup>1</sup>, Imane Sidibé<sup>2</sup>, Christopher Duncombe<sup>2</sup>, Karen Chale<sup>2</sup>

<sup>1</sup> Jamaica Network of Seropositives (JN+), Kingston, Jamaica

<sup>2</sup> IAPAC, Washington, DC, USA

**Background:** The City of Kingston has been actively working towards achieving the UNAIDS 95-95-95 targets for ending the HIV epidemic. To assess the quality of care (QoC) experienced by PLHIV in Kingston, a survey was conducted.

**Method:** The objective of survey was to gather insights from PLHIV regarding their QoC-related issues. The survey, approved by IRB was administered to 404 PLHIV between September and December 2022. Participants were recruited from Clinics, community-led organizations, and NGOs.

**Results:** 91% of PLHIV were aware of their HIV-positive status, and among those 90% were on ART. However, 38% of respondents were unaware of the meaning of an undetectable viral load, despite 69% correctly defining viral load as the amount of HIV in the blood. The majority of respondents (92%) expressed a desire to learn more about HIV and ART. Regarding counselling, 92% and 97% of respondents reported receiving counselling on HIV transmission and ART adherence, respectively, within the past 12 months. However, only 8% received counselling about U=U. It revealed that 29% of respondents experienced a delay of more than three months between HIV diagnosis and ART initiation, while 25% initiated ART on the same day as diagnosis. Regarding viral load, 48% of PLHIV reported an undetectable viral load in the previous 12 months, 28% reported a detectable viral load, and 24% were unsure of their viral load status. Additionally, 18% reported feeling unwelcome at healthcare facilities, and 20% reported having to pay user fees.

**Conclusion:** The survey provided valuable insights into the experiences of PLHIV in Kingston. While progress has been made in terms of testing and treatment, there is a need for increased education on undetectable viral load and U=U. Efforts should also focus on minimizing delays in ART initiation, ensuring comprehensive counselling, and addressing issues of stigma barriers to enhance the overall care experience for PLHIV.

# 1356

## Curbing New HIV Infections and Adolescent Pregnancy Through Promoting Positive Peer Pressure: A Case Study of Korogocho Slums, Nairobi County, Kenya

Jenny Miriti (presenting)<sup>1</sup>

<sup>1</sup> National Syndemic Diseases Control Council, Nairobi, Kenya

**Background:** Adolescent girls and young women are at the epicenter of the HIV epidemic in Kenya. An estimated 40% (11,63800) of all new infections (29,380) in 2021 were attributed to youth aged 15-24 years. Adolescents having unprotected heterosexual intercourse are at risk of HIV infection and child pregnancy. This paper aims to explore the major contributing factor to adolescent pregnancies and highlights the need for targeted interventions and support systems.

**Method:** Analytical cross-sectional research was conducted exploring the circumstances that led to pregnancy. The study targeted the pregnant and parenting teenagers in Korogocho slums in Kenya. A stratified random sampling technique was utilized to recruit 153 study participants who had received antenatal or post-natal services in 3 selected health facilities in Korogocho. An interviewer administered questionnaire was used.

**Results:** The study showed that the majority (43.8%, n=67) of the respondents got their pregnancy due to peer pressure, 53 (34.6%) of the respondents got their pregnancy due to financial problems. Curiosity caused 18 (11.8%) respondents to get their pregnancy before the study. The respondents who got pregnant with their intention to be married were 10 (6.5%). Rape and alcohol abuse 0.7% and 2.6% respectively.

**Conclusion:** Dealing with peer pressure and attitudes among adolescents is crucial in curbing teenage pregnancies and new HIV infections. Evidence-based strategies such as peer education, life skills training, mentorship programs, and community involvement to promote positive attitudes, build self-esteem, enhance decision-making skills, and provide accurate information on sexual and reproductive health are critical in curbing new HIV infections and adolescent pregnancies. Collaboration among stakeholders, including educators, parents, healthcare providers, and community organizations, is essential for successful implementation and sustainability of interventions.

# 1358

## Factors Related to the Sustainability of Prep among MSM Groups in Tangerang City, Banten Province, Indonesia

Lisa Felina (presenting)<sup>1</sup>, Devita Amini<sup>2</sup>, Farida Helmy<sup>1</sup>

<sup>1</sup> District Health Office, Disease Prevention and Control, Tangerang, Indonesia

<sup>2</sup> FHI 360 EpiC, Jakarta, Indonesia

**Background:** The WHO recommends a treatment as prevention strategy for oral PrEP for key HIV-negative populations at greater risk for HIV infection. Government of Indonesia implements PrEP as HIV prevention program by 2022 in 60 districts out of 10 provinces, including four PrEP services in Tangerang City of Banten Province. Although the effectiveness of preventing HIV transmission with PrEP reaches 90%, the achievement of using PrEP is still low.

**Method:** This study uses a retrospective cohort design. The sample was MSM who had received PrEP therapy in the past 12 months and are over 15 years old. There are 177 eligible samples from 269 people accessing PrEP. This study used secondary data obtained through the PrEP Indonesia report website. The independent variable including age, domicile, sexually transmitted infections, multiple sex partners, condom use, and source of information. Significant variables in the bivariate analysis will be analyzed in a multivariate using multiple logistic regression analysis in order to determine which variables are independently related to PrEP sustainability.

**Results:** MSM communities under 25 years of age (aOR 2.1, 95%CI 0.8-5.6) with event-driven regimens (aOR 3.1, 95%CI 1.2-8.0) and living outside cities (aOR 8.3, 95%CI 2.4-29.1) are at higher risk of not continuing PrEP. There was no significant relation between PrEP sustainability and STI history, multiple sex partners, condom use, and source of PrEP information.

**Conclusion:** In implementing the PrEP policy, and to ensure the continuity of PrEP for at least 3 consecutive months, especially in the MSM community, GOI needs to consider the location of the service, the choice of therapy regimen, and the accompaniment of patients under 25 years of age.

# 1360

## The Long-Term Impact of a Combination Intervention on Consistent Condom-Use among Adolescents Living with HIV in Low-Income Settings: Lessons from a Cluster-Randomized Controlled Trial (2012 to 2022) in Uganda

Anita Kabarambi (presenting)<sup>1</sup>, Samuel Kizito<sup>2</sup>, Phionah Namatovu<sup>2</sup>, Fred M. Ssewamala<sup>2</sup>

<sup>1</sup> ICHAD, Masaka, Uganda

<sup>2</sup> Washington University in St. Louis, St. Louis, MO, USA

**Background:** Globally, approximately 3.3 million children and adolescents under 15 years of age who are living with HIV are approaching young adulthood. Many of these live in Sub-Saharan Africa. Among adolescents living with HIV (ALHIV), comprehensive HIV knowledge, including prevention attitudes is important to reduce HIV transmission and super-infection. We assess the long-term impact of a combination intervention on condom use among ALHIV in Uganda.

**Method:** The study utilized data collected from 5 rounds of data collection during the first five years (2012-2018) of a cluster-randomized control trial among 702 ALHIV (10-16 years) in Uganda. Participants were randomly assigned to either the control arm (n = 358) receiving bolstered standard of care (BOS) or a [treatment](#) arm (n = 344) receiving a theory-guided economic empowerment intervention comprising of a matched savings account, financial literacy training, and microenterprise development workshops. The primary outcome was condom use during vaginal or anal sex in the preceding three months. We ran complete-case, intention-to-treat mixed-effects models to determine the main effects of group, time, and group-time interaction.

**Results:** During the study period 33 (4.7 %) participants reported having engaged in sexual intercourse. Of these, 18 (2.6%) reported having at least one episode of condomless sex. While we did not find significant group main effects, there was significant time ( $c2(6) = 324.29, p < 0.001$ ) and group-by-time interaction effect for consistent condom use, ( $c2(6) = 35.50, p < 0.001$ ), which suggested that participating in the intervention improved condom use among ALHIV. Pairwise comparisons showed significantly higher condom use in the intervention group at year seven and 8 of follow up.

**Conclusion:** Economic Empowerment interventions that create realistic hope for the future among children and their caregiving families have the potential to improve condom use among ALHIV. These need to be integrated within the care given to ALHIV.

# 1364

## Hard-to-Reach or Hardly Reached? Perceptions of PrEP among Sub-Saharan African Diaspora Communities in Belgium: A Participatory Action Research Study

Ella Van Landeghem (presenting)<sup>1</sup>

<sup>1</sup> ITM, Antwerpen, Belgium

**Background:** In Belgium, migrants from Sub-Saharan Africa accounted for 45% of new HIV infections in 2021, while only 1.5% of PrEP starters were of Sub-Saharan African descent. Few studies have tried to understand lower uptake among this population.

**Method:** We explored perceptions of PrEP among Sub-Saharan African migrant and diaspora communities in Belgium using a participatory action research approach. Trained community researchers (CRs) (n=3) co-designed and moderated group discussions (GDs) while simultaneously providing information on HIV and PrEP during a workshop. Extensive summaries and field notes were analyzed using reflexive thematic analysis. CRs were involved in data analysis, interpretation and reporting.

**Results:** We conducted seven GDs with 51 participants. We identified five major themes: (1) PrEP knowledge was limited among participants, which created a feeling of surprise and annoyance about not being informed. This was partly explained by (2) the taboo and stigma that surrounds sexuality and HIV, which could shape PrEP acceptance. (3) Participants shared feelings of otherness due to experiences of racism and discrimination, also in relationship to HIV prevention. (4) PrEP was considered a high-threshold prevention tool, because of its potential side-effects and its specialized service delivery. (5) Despite nuanced opinions about PrEP, all participants agreed that PrEP promotion should be mainstreamed, so everyone can make an informed decision.

**Conclusion:** Our qualitative study provides insights into the gap between Sub-Saharan African migrant and diaspora communities and HIV services, showing that these communities are 'hardly reached' rather than 'hard to reach' by PrEP promotion messages.

# 1366

## Increasing PrEP Service Delivery Options to Reduce Barriers to Care: A Mixed-Methods Study Exploring PrEP Care Experiences and Preferences among Belgian PrEP Users

**Jef Vanhamel (presenting)**<sup>1</sup>, Anke Rotsaert (presenting)<sup>1</sup>, Thibaut Vanbaelen<sup>1</sup>, Bea Vuylsteke<sup>1</sup>, Maarten Schim van de Loeff<sup>2</sup>, Bernadette Hensen<sup>1</sup>, Karina Kielmann<sup>1</sup>, Steven Callens<sup>3</sup>, Thijs Reyniers<sup>1</sup>

<sup>1</sup> Institute of Tropical Medicine Antwerp, Antwerpen, Belgium

<sup>2</sup> Public Health Service Amsterdam, Amsterdam, Netherlands

<sup>3</sup> Ghent University Hospital, Ghent, Belgium

**Background:** In Belgium, oral HIV pre-exposure prophylaxis (PrEP) is reimbursed if services are delivered in specialized HIV clinics. To improve PrEP uptake and adherence, we require insights into users' perspective on receiving PrEP care. We aimed to elicit care experiences and preferences for service delivery among Belgian PrEP users, including their willingness to involve family physicians (FP) in PrEP care.

**Method:** We adopted a sequential mixed-method design, using a web-based longitudinal study among 326 PrEP users, complemented with semi-structured interviews with 21 of them, between September 2020 and January 2022. We conducted descriptive analyses and logistic regression to examine factors associated with willingness to involve FPs in PrEP care. Interviews were analyzed using thematic analysis.

**Results:** Survey respondents reported high satisfaction with care received in HIV clinics [median score 9 (IQR 8-10), 10='very satisfied']. Interviewees highlighted the importance of regular HIV/STI screening and their trust in the expertise of HIV clinicians, yet also reported service delivery barriers: limited provider-client interactions, complex insurance systems with high costs and challenges integrating PrEP visits in their private and professional lives. Although 63.8% (n=208/326) of baseline respondents preferred attending an HIV clinic for PrEP follow-up, 51.9% (n=108/208) of participants in the follow-up questionnaire reported to be willing to have their FP involved in PrEP care. Anticipated or experienced judgmental attitudes to sexual behavior (aOR=0.23; 95%CI 0.11-0.47) and feeling unable to discuss sexual health with an FP (aOR=0.13; 95%CI 0.06-0.27), were significantly associated with lower agreement to have their FP involved in PrEP care.

**Conclusion:** We found that PrEP users in Belgium appreciate specialized HIV clinics for their PrEP and sexual health expertise, yet barriers related to a centralized delivery system limit the provision of client-centered care. This study highlights opportunities for differentiated service delivery, including investing in collaboration between HIV specialists and primary care provider, such as FPs.

# 1368

## Pre-Implementation of a Multi-Component Targeted HIV Testing, Linkage, and Rapid ART Start Intervention in Rural Alabama: A Rapid Qualitative Analysis

**Madeline Pratt (presenting)**<sup>1</sup>, Larry Hearld<sup>1</sup>, Mariel Parman<sup>1</sup>, Sarah Dougherty<sup>1</sup>, Rendi Murphree<sup>2</sup>, Kevin Michaels<sup>2</sup>, Stephanie Woods-Crawford<sup>2</sup>, Kelly Warren<sup>2</sup>, Angela Jones-Jackson<sup>2</sup>, Aadia Rana<sup>1</sup>, Lynn T. Matthews<sup>1</sup>

<sup>1</sup> University of Alabama at Birmingham, Birmingham, AL, USA

<sup>2</sup> Mobile County Health Department, Birmingham, AL, USA

**Background:** In the southeastern United States, low HIV testing coverage, delayed diagnosis, and gaps in linkage to care and viral suppression contribute to high HIV incidence. The U.S. Ending the HIV Epidemic initiative prioritizes the state of Alabama calling for academic, public health, and community collaborations to improve HIV diagnosis, prevention, and care. We developed a combination intervention, COAST-AL, to implement in southwestern Alabama with a local health department and their affiliated clinics. COAST-AL incorporates three evidence-based interventions: a data-driven approach to inform community-based HIV testing outreach, Project Connect to expedite linkage to care, and Rapid ART Start.

**Method:** We conducted in-depth interviews with stakeholders to identify factors likely to support or hinder implementation. Interview guides and a rapid qualitative analysis approach were informed by the Consolidated Framework for Implementation Research (CFIR). Three researchers read and discussed key points, illustrative quotes, and intersecting domains from interview transcripts.

**Results:** Twelve interviewed key stakeholders including clinic staff, community health workers, administrators, and local community organization leaders. Nine (75%) were Black, eight (67%) were women, and the mean age was 38 (range 26-53) years. The Rapid StART component generated the most concern for implementation including evidence strength, demonstration of need, staffing needs, implementation climate. Participants called for detailed implementation protocols, demonstration of need, and collaboration with external partners. Additional needs for success include the establishment of an implementation team including public health representatives, staff and community buy-in, and additional training and ongoing engagement for staff at all levels ([Figure 1](#)).

**Conclusion:** Many factors will likely influence COAST-AL implementation. Stakeholder concerns about Rapid StART call for iterative implementation and evaluation and ongoing engagement of the local team across levels. Collectively, these findings highlight opportunities to improve the likelihood of successfully implementing a multi-pronged intervention to improve HIV outcomes.



# 1370 Factors Associated with Intimate Partner Violence among the LGBTQ+ Community in Eastern Europe and Central Asia During COVID-19

**Nikolay Lunchenkov (presenting)**<sup>1</sup>, Elena German<sup>1</sup>, Oleksandr Makarevych<sup>2</sup>, Egor Burtsev<sup>3</sup>, Vitaly Djuma<sup>1</sup>

- <sup>1</sup> Eurasian Coalition for Health, Rights, Gender and Sexual Diversity, Tallinn, Estonia
- <sup>2</sup> Ludwig Maximilian University of Munich, Munich, Germany
- <sup>3</sup> European Humanities University, Vilnius, Lithuania

**Background:** The COVID-19 pandemic has led to an increase in intimate partner violence worldwide, and information on the impact of COVID-19 in the EECA region is limited, with almost no studies involving populations in Central Asia and the Southern Caucasus.

**Method:** Data were merged from “The impact of COVID-19 online survey” conducted in June – August 2022 in four countries: Kazakhstan, Kyrgyzstan, Armenia, and Georgia. We recruited participants through dating apps and friendly non-governmental organizations. The survey included information on sociodemographic, economic outcomes, changes in substance use and sexual behavior, and questions about their experiences of IPV in the past six months.

**Results:** In total, 929 participants were included in the final analysis, with a mean age of 26.4 years (SD: 6.8). More than half (53%) were between 18 and 24 years old. The largest sample was from Kyrgyzstan (43.2%), followed by Georgia (27.8%), Kazakhstan and Armenia (15.2% and 13.9%, respectively). In multivariate logistic regression, people living with HIV were more likely to report experiencing emotional IPV (aOR = 1.63, 95%CI: 1.01 – 2.61). Trans\* people were more likely to experience all forms of IPV, including emotional (aOR = 2.22, 95%CI: 1.31 – 3.75), economic (aOR = 2.47, 95%CI: 1.18 – 4.93), physical (aOR = 2.21, 95%CI: 1.12 – 4.26), and sexual (aOR = 1.95, 95%CI: 1.11 – 3.41). We found that physical, economic, and sexual violence were associated with sexual and substance use behaviors among study participants.

**Conclusion:** LGBTQ+ people in EECA faced multiple forms of IPV during the COVID-19 crisis. International efforts to eradicate the consequences of the COVID-19 pandemic should focus on the most vulnerable populations, who are most often ignored by public authorities.

# 1373 Respondent Driven Sampling as a New Sampling Method for HIV Sentinel Surveillance Plus Behavior among Men Who Have Sex with Men (MSM) In Vietnam

**Tu Le (presenting)**<sup>1</sup>, Nghia Van Khuu<sup>1</sup>, Hau Phuc Tran<sup>1</sup>, Thuong Vu Nguyen<sup>1</sup>, Phuc Duy Nguyen<sup>1</sup>, Tu Le<sup>1</sup>, Thu Quang Le<sup>1</sup>, Thanh Vu Nhat Nguyen<sup>1</sup>, Duc Hoang Bui<sup>2</sup>, Huong Thi Thu Phan<sup>2</sup>, Truc Thanh Thai<sup>3</sup>, Quoc Cuong Nguyen<sup>4</sup>, Thanh Cong Duong<sup>4</sup>

- <sup>1</sup> Pasteur Institute in Ho Chi Minh City, Ho Chi Minh City, Vietnam
- <sup>2</sup> Ministry of Health, Ho Chi Minh City, Vietnam
- <sup>3</sup> University of Medicine and Pharmacy, Ho Chi Minh City, Vietnam
- <sup>4</sup> US Centers for Disease Control and Prevention, Ho Chi Minh City, Vietnam

**Abstract Background:** The HIV sentinel surveillance plus behaviors (HSS+) system has been implemented among MSM in seven provinces in Vietnam since 2011 using venue-based cluster sampling (VBS). Questions arise about the representativeness of VBS. In 2022, we piloted respondent driven sampling (RDS) among MSM alongside VBS in Can Tho City. We compared key results of VBS and RDS.

**Abstract Method:** For VBS, at the sentinel districts, MSM-frequented venues were mapped, and 64 venues were randomly selected. At selected venues, all eligible MSM were invited for an interview and blood collection at designated study sites. For RDS, six eligible individuals selected by survey staff were enrolled and in turn-initiated coupon-based peer recruitment, allowing cross-recruitment between study sites. Weighted RDS data were compared to VBS data.

**Abstract Results:** We recruited 300 MSM using each sampling method. Socio-demographic characteristics were similar with RDS and VBS methods, including mean age (22.4±4.8 vs. 22.9±5.5, p=0.97), being married (21.1% [95%CI: 15.5-26.8] vs. 20.0% [95%CI: 15.6-25.0], p=0.73), and having college/university education level (86.3% [95%CI: 81.0-91.6] vs 81.3% [95%CI: 76.5-85.6], p=0.09). There were no significant differences in number of sexual partners in the past 12 months (2.9 ± 4.1 vs. 2.1 ± 1.9, p=0.96), ever had group sex (3.6% [95%CI: 1.2-5.9] vs. 6.3% [95%CI: 3.9-9.7]) (p=0.12), HIV testing in last 6 months (37.6% [95%CI: 28.4-47.0] vs. 39.0% [95%CI: 33.4-44.8]) (p=0.72), and PrEP use (7.8% [95%CI: 3.9-11.6] vs. 6.0% [95%CI: 3.3-8.7]) (p=0.38). Differences between RDS and VBS were observed for condom use in the last month (49.0% [95%CI: 40.8-57.4] vs. 68.5% [95%CI: 61.7-75.3]) (p=0.0002) and ever HIV testing (51.1% [95%CI: 45.2-56.8] vs. 63.3% [95%CI: 57.6-68.8]) (p=0.003). HIV prevalence in RDS and VBS was similar (18.2% [95%CI: 11.6-24.7] and 16.3% [95%CI: 12.3-21.0, p=0.538], as was syphilis prevalence (4.7%, 95%CI: 2.4-7.0 in RDS and 8.3%, 95%CI: 5.5-12.1, p=0.074).

**Abstract Conclusion:** This study showed relatively good agreement between RDS and VBS although the 95%CI were wide for some indicators and the VBS data could not be weighted. Additional comparisons in other locations may be needed to inform the optimal sampling method for MSM in HSS+ in Vietnam.

# 1375 Targeted and Quality Messaging: Enhancing the Effectiveness of Social Media HIV Campaigns for MSM in the City of Johannesburg Metro

Luiz De Barros (presenting)<sup>1</sup>, Sive Mjindi<sup>1</sup>

<sup>1</sup> OUT LGBT Well-being, Johannesburg, South Africa

**Introduction:** OUT LGBT Well-being's Engage Men's Health (EMH) is one of Africa's largest HIV programs for men who have sex with men (MSM). Funded by USAID/PEPFAR under the FHI360 EpiC project, it provides comprehensive HIV prevention, care, and treatment services to MSM in the City of Johannesburg (COJ). The program utilizes monthly \$400-budget targeted social media ad campaigns as a tool for demand generation and client support. EMH has provided HIV testing to 29,249 MSM in COJ, initiated 14,236 on PrEP and 2,327 on ART.

**Description:** In 2022, Meta furnished EMH with \$110,000 in advertising credits for a broad HIV testing and PrEP demand generation campaign to reach hard-to-reach MSM not identifying as gay or bisexual in COJ. The Facebook and Instagram campaign ran from August to December 2022 with a call to action to message EMH for services. It reached 3,388,842 men, generated 228,577 engagements, and initiated 16,011 conversations; a substantial increase compared to previous months.

**Lesson Learned:** In terms of demand generation, the results were sub-optimal. There was no significant increase in services booked, clients seen or page followers. The campaign was a significant drain on resources; considerable time was spent responding to irrelevant messages, referring-out non-MSM clients and moderating and deleting homophobic and abusive messages and comments that impacted the mental well-being of staff. The perception of EMH social media platforms as safe spaces was potentially compromised.

**Recommendations:** In the South African context, lean and targeted social media messaging is more productive, MSM-affirming, and cost-effective in reaching MSM than broader and costly campaigns. EMH will continue to build and maintain a curated MSM following and safe social media community to effectively generate demand for its services.

# 1376 Progress Achieved in the Mother-to-Child HIV Transmission Prevention Program in Luanda City, 2020-2022

Neusa Lazary (presenting)<sup>1</sup>, Henriqueta Paim<sup>1</sup>, Manuel Varela<sup>1</sup>

<sup>1</sup> Gabinete Provincial de Saúde de Luanda, Luanda, Angola

**Introduction:** Luanda aderiu à iniciativa Fast-track Cities em 10 de novembro de 2021, assinando a Declaração de Paris, que se comprometeu a acabar com o VIH/SIDA até 2030. A cidade de Luanda tem uma população geral estimada em 1,6 milhões de habitantes e uma prevalência de VIH de 1,9%. Para reduzir as novas infeções, Luanda elegeu o PMTCT como estratégia prioritária. A cobertura do serviço de CNA é de 57%; destes 100% oferecem serviços PMTC.

**Description:** De 2020 para 2022, a cobertura do CNA aumentou de 49% para 79%; 33% no teste anti-HIV; 48% em PMTCT. Devido à expansão do diagnóstico infantil precoce e à melhoria da qualidade dos dados, o programa tem fortalecido a capacidade de identificar crianças com desfecho positivo para o tratamento.

**Lesson Learned:** O acompanhamento coletivo e assertivo do protocolo de tratamento aprimorado à luz desse projeto pelos profissionais de saúde (médicos, enfermeiros, parteiras tradicionais, provedores comunitários treinados e agentes de desenvolvimento de saúde) tem impulsionado o aumento da cobertura de crianças nascidas de mães HIV positivas com desfecho negativo (HIV negativo). O engajamento ativo de políticos, a participação de instituições e o apoio da comunidade resultaram em um número crescente de crianças livres do HIV.

**Recommendations:** Intensa conscientização por meio de campanhas de alto impacto para mobilizar a sociedade civil. Aumentar a cobertura de testes disponibilizando mais locais de testagem em comunidades selecionadas. Captar precocemente gestantes positivas e conscientizar sobre a adesão ao tratamento. Oferecer serviços de pré-natal de qualidade, parto seguro e acompanhamento da criança até os 2 anos de idade. Melhore a qualidade dos dados – coleta, registros, monitoramento e avaliação – para garantir a confiabilidade dos dados.

# 1378 High Prevalence of Sexually Transmitted Infections and Blood Borne Viral Infections among People Living with HIV Without Health Insurance at Checkpoint BLN in Berlin, Germany

**Christoph Weber (presenting)**<sup>1</sup>, Yvonne Delsemmé<sup>1</sup>, Hanno Klemm<sup>2</sup>, Stephan Jaekel<sup>3</sup>, Jose Juan Moreno Sotos<sup>1</sup>, Herbert Backes<sup>4</sup>, Jacques Kohl<sup>1</sup>

- <sup>1</sup> Checkpoint-BLN, Berlin, Germany
- <sup>2</sup> Praxis am Kaiserdamm, Berlin, Germany
- <sup>3</sup> Schwulenberatung Berlin, Berlin, Germany
- <sup>4</sup> Senate of Berlin, Berlin, Germany

**Background:** In Germany, undocumented migrants, non-working citizens from EU countries as well as freelancers/self-employed and students over 30 years of age from non-EU countries have no opportunities or high barriers to access the health system. Therefore, with existing HIV infection and low income, they rely on voluntary and free support from the community or compassionate doctors. Checkpoint BLN, in cooperation with the *Clearingstelle Berlin*, launched an access program for HIV-infected people without health insurance in 2020, which offers free access to health care.

**Method:** We conduct a descriptive analysis of patient records. All patients presented between 01/01/2021 and 31/12/2022 and were seen at least once by a social worker and an experienced HIV physician at Checkpoint BLN. Patients had to live in Berlin for six months.

**Results:** 118 PLWH were eligible. The median age was 33 years (IQR 29, 39). Participants (pt) mostly identified as male (77%). At the first presentation, 25/118pt (21%) did not have legal residence status, 100/118pt (85%) did not have proper health insurance. 18/118pt (15%) were sex workers, 43/118pt (36%) reported substance use. We examined 85/118pt for STI (syphilis [TP], gonorrhea [NG], chlamydia [CT]) and blood borne viral co-infections (hepatitis B/C). Results were positive for TP: 16/85 (19%), for NG: 16/85 (19%) and for CT: 12/85 (15%). Hepatitis B antigen was positive in 3/42 (7%) and HCV-Ab were positive in 5/80 (6%) with 2/80 (3%) replicative HCV.

**Conclusion:** In this cohort, we found a high prevalence of sexually transmitted diseases and a high prevalence of co-infections, indicating the urgency of access to health care and appropriate medical treatment regardless of health insurance status. Access to health care needs to be significantly facilitated in order to achieve WHO targets and offer access to motivated PLWH.

# 1380 Community Engagement in the HIV Response: The Use of the Conversation Map Tool for U=U Messaging in Lusaka City

**Karen Chale (presenting)**<sup>1</sup>, Michelle Kanene<sup>1</sup>, Imane Sidibé<sup>1</sup>, Mariam Diallo<sup>1</sup>, Christopher Duncombe<sup>1</sup>, José M. Zuniga<sup>1,2</sup>, Brigitte Sambwe<sup>3</sup>

- <sup>1</sup> IAPAC, Washington, DC, USA
- <sup>2</sup> Fast-Track Cities Institute, Washington, DC, USA
- <sup>3</sup> District Health Office, Lusaka, Zambia

**Background:** Communities continue to gain recognition as an integral part of the HIV response. Equally, a people centered approach is one of the strategies that has proven to achieve some of the best health outcomes.

**Method:** IAPAC developed a conversation map which is an innovative education method that uses interactive group participation to empower People Living with HIV to become actively involved in managing the disease. The tool was designed to facilitate group conversation focused on HIV management and the path towards attaining long-term viral load suppression through:

- helping PLHIV understand the facts and the myths associated with HIV/AIDS
- improving PLHIV knowledge on the basics of HIV and management of the disease and
- supporting PLHIV to effectively internalize the importance of being virally suppressed and how this related to reduced transmission risks.

**Results:** In Lusaka 100 Community Health Workers currently living with HIV were trained using the Conversation map. A focus group discussion and post-evaluation were conducted, evaluation results show that 95% of the participants considered the conversation map superior in its effectiveness when compared to other ways they have learned about their health (i.e., educational materials, the internet, pamphlets in the mail. etc.). All trainees strongly agreed they had a better understanding of "Undetectable = Untransmittable" (U=U) messaging. When asked about tools required to adequately manage their care, 95% strongly felt they had the appropriate tools to manage their HIV and their health, more generally.

**Conclusion:** Preliminary results from the conversation map training provide evidence finding innovative ways to train community members living with HIV on the concept of U=U (Undetectable = Untransmittable) is of paramount importance. Reinforcing capacity building efforts is critical to achieving and maintaining an undetectable viral load, effectively eliminating the risk of HIV transmission and averting AIDS-related mortality among PLHIV.

# 1381 Impact of COVID-19 on Biomedical and Non-Biomedical HIV Services among Key Populations in Rwanda

**Kabanyana Nooliet (presenting)**<sup>1</sup>, Andrew Gasozi Ntwali<sup>2</sup>, Rwibasira Gallican<sup>3</sup>, Ayingoma Jean Pierre<sup>1</sup>

<sup>1</sup> Rwanda NGOs Forum on HIV/AIDS and Health Promotion, Kigali, Rwanda

<sup>2</sup> UNAIDS, Kigali, Rwanda

<sup>3</sup> Rwanda Biomedical Center, Kigali, Rwanda

**Background:** At the advent of COVID19, stringent prevention measures were imposed by the Government of Rwanda. Prior to COVID19, Rwanda had made good progress in HIV response to reach epidemic control and close the gaps by 2020, where 76 percent of all HIV-positive adults (80% HIV-positive women) had achieved viral load suppression, a widely used measure of effective HIV treatment. This paper discusses findings from an assessment aimed at identifying the impact of COVID19 on biomedical and non-biomedical HIV services among key populations (KPs).

**Method:** Qualitative methods with desk were used, examining the results obtained from the interviews conducted in selected communities of KPs including 63 FSWs, 42 MSM, 8 Transgender people, 14 PWUDS/PWIDs, CSOs for KPs and 10 healthcare providers. The sample size was drawn based on the proportion to the size of KPs per hotspot.

**Results:** HIV services that were affected include limited access to biomedical and structural prevention approaches, many KPs reported practice of unsafe sex due disruption of supply and distribution channels for health commodities. Clinic-based testing continued but restrictions of movement and gatherings hindered access to health facilities, limited access to self-testing tools. Clients who tested positive from self-tests were not immediately initiated to treatment, KPs who were on treatment abruptly and involuntarily discontinued treatment due to stockout of their medical supplies, lack of food and attendance for CD4 and routine VL testing was discontinued.

**Conclusion:** Results from the study demonstrate the need to assess further the preparedness of the public health system and the need for investment in readiness for response to future pandemics.

# 1385 Inequities with PrEP Interruption at PrEP Clinics Serving Gay and Bisexual Men in Fast-Track Cities of Austin and Dallas

**Harsh Agarwal (presenting)**<sup>1</sup>, Mark Erwin<sup>2</sup>, Scott Lyles<sup>2</sup>

<sup>1</sup> UNC Chapel Hill, Chapel Hill, NC, USA

<sup>2</sup> Center For Health Empowerment, Austin, TX, USA

**Background:** Daily Pre-exposure Prophylaxis (PrEP) is a promising avenue for HIV prevention with high efficacy. However, inequitable access and persistence to PrEP creates further disparities among communities vulnerable to HIV. Such inequities may become further exacerbated for black MSM who are at intersectional stigma of race and sexuality.

**Method:** We extracted data from 2017 till November 2022 for PrEP initiation and interruption from the electronic medical record system for all clinics in Austin and Dallas serving to men having sex with men (MSM) communities to analyze prevalent racial inequities. We created frequency tables and ran logistic regression calculating prevalence odds ratios, p values and 95% confidence intervals.

**Results:** Out of total clients who initiated or restarted PrEP in that period (N=1262), 53.4% (N=674) were in the age-group of 25-25 years with the 18-24 years age group contributing to 10.8% (N=134) clients. We observed a higher proportions of PrEP interruption among those who started PrEP first time (35%, N=331) as compared to those who had restarted PrEP (23.5%, N=51). In the logistic regression models, we found that Black MSM had higher odds of dropping out from PrEP as compared to white MSM with adjusted prevalence odds ratio (aPOR) of 1.37 (p=.03, 95%CI [1.02, 1.8]). We did not find any correlation between counties and PrEP interruption.

**Conclusion:** Black MSM, while being more vulnerable to HIV, also had higher odds of interrupting PrEP. Further studies should examine key drivers for interruptions and address those to keep black MSM communities protected from HIV.

# 1386

## Evaluation of the Effectiveness of an Integrated Screening Approach and Development of a Tool for Integrated Screening from Lessons Learnt: A Primary Healthcare Integrated Approach

**Snothile Malinga (presenting)<sup>1</sup>**

<sup>1</sup> University of KwaZulu-Natal, Durban, South Africa

**Background:** Based on the lessons learnt from the HIV/AIDS 90-90-90 cascade and COVID-19 pandemic, a paradigm shift is needed when addressing all chronic diseases at a primary health care level. In order to adopt a more holistic approach to managing patients with chronic diseases, the new proposed 90-60-50 cascade for the prevention and control of non-communicable diseases is the first step needed to reinforce the importance of screening and treating all chronic diseases timeously. The epidemiological shift from communicable to non-communicable diseases means that South Africa's healthcare system needs to also look to better ways to manage the double disease burden, which can be achieved through integrated screening of all chronic diseases. The study aims to evaluate the translation of guidelines from development to implementation, to support integrated provision of care.

**Method:** The study is a qualitative study that will involve a scoping systematic review that evaluates the available guidelines for screening and focused group interviews with volunteers and patients.

**Results:** The study will hopefully provide supporting evidence for the development and implementation of an integrated screening tool that addresses the gaps identified. The findings of this study will also help with the integration of communicable and non-communicable diseases management and improve the quality of patient care and clinical practice, with regards to chronic diseases at primary healthcare level.

**Conclusion:** The use of this screening tool and research will not only aid in the strengthening of primary healthcare and district health services but also provide the knowledge that is needed to support efforts to mobilize resources and monitor the effectiveness of integrated screening at the primary health care level.

# 1387

## Portraits of Risk and Resilience among Adolescents on HIV Treatment

**Brian van Wyk (presenting)<sup>1</sup>**

<sup>1</sup> University of Western Cape, Parow, South Africa

**Background:** Adolescents living with HIV (ALHIV) must learn to cope with challenges related to their chronic condition's biological impact, adhere to life-long treatment, and manage HIV-related psychological and social challenges in their schools and communities.

**Method:** We conducted a photovoice study with 43 ALHIV aged 10-19 years and receiving HIV treatment at three public primary health care facilities in Cape Town Metropole in South Africa. Adolescent participants were provided with cellphone cameras, and asked to capture pictures in their daily lives that are meaningful to them. They returned a week later, and presented their five best pictures, and discussed with a group of 4-5 peers why they took the picture and what meaning it had for them. All group discussions were audio-recorded, for transcription and analysis.

**Results:** Through thematic and content analysis of their pictures and the group discussions, we identified six themes that illustrated aspects of risks and resilience in their lives. Several risks related to poor adherence and disengagement from care, risky sexual behavior, poor mental health – including bouts of depression and suicidation, learning difficulties and housing problems were discussed. However, adolescents also demonstrated resilience in dealing with their challenging personal and environment context through acceptance and reframing of their HIV identity, positive self-talk, remaining hopeful, and through physical activities such as taking care of an animal or pet, and pursuing life goals and dreams such as making a difference in their communities.

**Conclusion:** Adolescents on HIV treatment require psychological and social support from health professionals, parents and peers to help them cope with life challenges, while also being taught self-management skills to positively negotiate the "storms" or down periods in their lives so that they would remain adherent and engaged in treatment.



# 1388

## Detection of Antiretroviral Drug-Resistant Mutations and HIV-1 Subtypes in Circulation among Men Who Have Sex with Men and Female Sex Workers: Results of Vietnam's HIV Sentinel Surveillance Plus (HSS+) System, 2018-2020

Ngo Thi Hong Hanh (presenting)<sup>1</sup>, Pham Hong Thang (presenting)<sup>1</sup>

<sup>1</sup> National Institute of Hygiene and Epidemiology, Hanoi, Vietnam

**Background:** HIV drug resistance (HIVDR) can reduce the effectiveness of antiretroviral medicines in preventing morbidity and mortality, limit options for treatment, and prevention. Our study aimed to assess HIV-1 subtypes and HIVDR among key populations in HIV Sentinel Surveillance Plus Behavior (HSS+) in 2018 and 2020.

**Method:** One-stage venue-based cluster sampling was used to recruit participants at hotspots identified for Men who have sex with men (MSM) in 7 provinces and female sex worker (FSW) in 13 provinces. Participants completed a standard questionnaire about risk and preventive behaviors, and ART history, and provided intravenous blood for HIV testing. HIVDR testing was conducted on HIV-positive samples with VL >1,000 copies/ml.

**Results:** A total of 185/435 (42.5%) HIV-positive samples had viral load  $\geq$ 1,000 copies/ml, of which 130/136 from MSM and 26/49 from FSW, were successfully sequenced. Six HIV-1 subtypes were detected (CRF01\_AE, A, CRF07/08\_BC, B, C, CRF25\_cpx), with CRF01\_AE (82.7%, 129/156) the most common. Drug resistance mutations were detected in 16.7% of participants overall (26/156), in 15.4% (20/130) of MSM, and in 23.0% (6/26) of FSW. Mutations associated with resistance to NNRTI were the most frequently detected (73.1%, 19/26). The high level of resistance was presented in NNRTI and NRTI classes. There are 10 major resistance mutations detected with NRTI (M184VI-25.0%, K65KR-50.0%, Y115F-25%), NNRTI (K103N-21.1%, E138A-10.5%, V106M-5.3%, K101E-5.3%, G190A-5.3%) PI (L33F-40.0%, M46L-20.0%).

**Conclusion:** Vietnam's HSS+ system identified an emerging strain of HIV-1 and mutations associated with resistance to multiple drug classes among MSM and FSW. Measuring the prevalence of transmitted HIVDR and acquired HIVDR in HSS+ is an effective tool for optimizing HIV treatment outcomes in Vietnam and providing the treasure data for HIV molecular epidemiology surveillance.

# 1389

## Factors Associated with Stigma Experienced by People Living with HIV (PLHIV) in Indonesia

Romauli Romauli (presenting)<sup>1</sup>

<sup>1</sup> USAID Health Financing Activity, Jakarta, Indonesia

**Background:** HIV care has been mandated as one of Indonesia's National Medium-term Development Plan for 2020-2024 health priorities. As of June 2022, an estimated 403,437 people are living with HIV (PLHIV) in Indonesia. However, only 163,010 (40.4%) were on antiretroviral therapy (ART). One of the challenges to accessing a comprehensive HIV service, including ART, is stigma. This study aims to explore factors associated with stigma from the general population.

**Method:** A total of 561 PLHIV participated in the survey conducted in April-August 2022 across 16 municipalities in Indonesia. The municipalities included in the samples were based on the number of HIV cases, geographical representativeness, and the fiscal capacity of the local government. We applied multivariate logistic regression to determine the association between stigma within the general population and place of residence (rural vs urban), age, gender, education level, and employment status.

**Results:** The majority of PLHIV in our sample was living in urban area (94.5%), male (63.5%), younger than 45 years old (88.6%), employed (66.9%), and had senior high school education or higher (86.1%). PLHIV who lived in urban area were more than three times more likely to experience stigma from the general population (OR=3.58; 95% CI = 1.61-7.97). Furthermore, those who were younger than 45 years old were more likely to experience the stigma (OR=1.9; 95% CI = 1.02-3.63). However, there was no significant association between the stigma and gender, education level, and employment status.

**Conclusion:** Place of residence and age appears to be associated with the stigma experience by PLHIV from the general population. PLHIV who lived in urban areas and those who were younger than 45 years old are more likely to experience the stigma. These findings might be useful for policymakers as they formulate a more targeted and strategic policies to reduce the incidence of stigma in the general population.

# 1393

## Assessment of Alignment of CD4 Cell Count at the Time of Starting Antiretroviral Treatment with Criteria Set in the National Guidelines for Starting Antiretroviral Treatment

Zanele Moya (presenting)<sup>1</sup>, Somasundram Pillay (presenting)<sup>1</sup>, Nombulelo Magula<sup>1</sup>

<sup>1</sup> University of KwaZulu-Natal, Durban, South Africa

**Background:** Cluster of Differentiation (CD4) cell count indicates immune status and informs the decision to initiate antiretroviral therapy (ART). South Africa's test and treat (T&T) strategy aims for immediate ART initiation regardless of CD4 count to decrease opportunistic infections (OIs) and HIV transmission. Despite guideline changes, many patients still present with AIDS-defining illnesses at time of diagnosis. This study seeks to evaluate whether T&T goals are being achieved.

**Method:** A retrospective cohort design was employed to analyze CD4 count, viral load, and OI presence in patients initiating ART at a hospital in eThekweni, South Africa. 130 patients were included in each cohort. Cohort 1 patients had initiated ART between January 1, 2014, and December 31, 2014, when the initiation criteria was CD4 count  $\leq 350$  cells/mm<sup>3</sup>. Cohort 2 represented the period between January 1, 2019, and December 31, 2019, reflecting the T&T era where ART initiation was recommended regardless of CD4 count.

**Results:** A significant proportion of patients were aged between 26 and 35 years. There was a higher proportion of females than males. At ART initiation, most patients in both cohorts had a CD4 count  $\leq 200$  cells/mm<sup>3</sup> (57.1% and 41.9% in Cohorts 1&2 respectively). Tuberculosis was the most common OI observed in both cohorts, with no significant difference between the two cohorts. At one year follow-up, virological suppression was achieved in 77.7% and 84.7% of Cohort 1 & 2 patients respectively.

**Conclusion:** This study provides compelling evidence that many patients still initiate ART with low CD4 counts (below 200 cells/mm<sup>3</sup>). Notably, this trend persists despite the ART initiation criteria being set at a higher CD4 count. Thorough reassessment is needed to identify reasons for delayed ART initiation and develop tailored interventions.

# 1398

## Access to HIV and SRH Services among Persons with Hearing Impairment

Olivier Ndagijimana (presenting)<sup>1</sup>

<sup>1</sup> Umbrella of Organizations of Persons with HIV, Kigali, Rwanda

**Introduction:** As of 2021, approximately 1.3 billion people about 16% of the global population – experience disability.<sup>[2]</sup> Rwanda has adapted a very progressive approach to addressing exclusion and inclusion of the most vulnerable population groups including addressing issues related to discrimination. Article 15 of the Constitution provides for equality before the law and Article 16 of the Constitution prohibits discrimination, however there are still barriers (physical, attitudinal, institutional and communication). In the baselines survey conducted by UPHLS in different health centers in the City of Kigali using Disability Inclusion Score Card (DISC) also confirmed the mentioned gaps.

[2] WHO 2022, Global report on health equity for persons with disabilities

**Description:** To improve equitable access to quality health services among Persons with Disabilities (PWDs), UPHLS in collaboration with Rwanda Biomedical Centre (RBC) under the financial support of UNAIDS conducted interventions aiming at the strengthening the capacity of healthcare providers on special needs for inclusive HIV and health services by PWDs in the City of Kigali.

**Lesson Learned:** Those initiatives left remarkable changes including: the health care providers could understand the specific needs of PWDs and be aware of improving the usual way of providing HIV services for PWDs, being aware of existing challenges that hinder the PWDs from accessing HIV services, community has been mobilized on the rights of PWDs which resulted the community mindset change, the health facilities receive the positive feedback from the clients with disabilities through client satisfaction mechanism. These initiatives have improved the accessibility to HIV services among PWDs.

**Recommendations:** As recommendation, this initiative brought positive impact in increasing the access to HIV services among persons with disabilities, UPHLS is recommending the scale up of disabilities related interventions to the secondary cities.

# 1401 HIV Comorbidity and Multimorbidity in South African Youth

Brian van Wyk (presenting)<sup>1</sup>

<sup>1</sup> University of Western Cape, Parow, South Africa

**Background:** A growing evidence base shows that the epidemics of HIV and NCDs are colliding, with individuals afflicted by multiple chronic diseases. Young people with HIV, like their older counterparts, are subjected to the immunologic effects of HIV and the long-term effects of antiretrovirals, putting them at risk of developing comorbidities and multimorbidities.

**Method:** We conducted a secondary data analysis of the South African Demographic and Health Survey 2016. We included self-reported diseases and conditions namely: diabetes, emphysema or bronchitis, heart disease, high blood cholesterol, stroke and TB in the last 12 months. In terms of biomarkers / measured disease, the following were of interest to the analysis: HIV status (dry blood spot), blood pressure measurements, anemia (Hb), anthropometry (height and weight), diabetes (HbA1c). Multimorbidity was measured by counting the number of co-existing conditions. Our estimate of multimorbidity included nine disease conditions: bronchitis/ COPD, heart disease, high blood pressure, high cholesterol, stroke, TB in the last 12 months, HIV, anemia and diabetes.

**Results:** There were 1 781 males and females between the age of 15-24 years with known HIV status. Of this, 8.6% were HIV positive. Diabetes, heart disease, stroke, TB, hypertension and anemia was highest in those that were HIV positive (Table 1). Having two or more diseases was far more common in those that were HIV positive; with HIV co-morbidity being more common than only having HIV (Table 2).

**Conclusion:** There is relatively high prevalence of anemia and hypertension among SA youth, with almost double the risk for those who are HIV positive compared to those who are HIV-negative. More than half of HIV positive youth were multimorbid. It is essential that integrated care be provided to HIV positive patients, and that this should start with adolescents and young adults.

# 1404 A National Surveillance System to Detect Recent HIV Infection among Key Populations in Vietnam: Implementation and Results, 2018-2020

Hoang Thi Thanh Ha (presenting)<sup>1</sup>, Pham Hong Thang<sup>1</sup>, Thanh Cong Duong<sup>2</sup>

<sup>1</sup> National Institute of Hygiene and Epidemiology, Hanoi, Vietnam

<sup>2</sup> U.S. Centers for Disease Control and Prevention, Ho Chi Minh City, Vietnam

**Background:** Since 2018, HIV recency testing has been integrated into the national HIV Sentinel Surveillance Plus Behavior (HSS+) system among key populations (KP) including MSM, PWID, and FSW in Vietnam. We reported recent testing results of HSS+ from 2018 to 2020 and factors associated with recent HIV infection (RHI).

**Method:** One-stage venue-based cluster sampling was used to recruit participants at hotspots identified for MSM, FSW, and PWID. Participants completed a standard questionnaire and provided 10 ml blood for HIV testing. Rapid testing for recent infection (RTRI) was performed for all diagnosed HIV positive. All RTRI samples were confirmed by viral load test to conclude RHI with viral load  $\geq 1,000$  copies/mL following the recent infection testing algorithm (RITA). Logistic regression was used to examine factors associated with RHI.

**Results:** Of 13,413 participants (3,241 MSM, 5,270 FSW, and 4,902 PWID) from 2018-2020, 1,230 (9.2%) were HIV positive and, of these, 46 (3.7%, 95% CI: 2.8 – 5.0) were classified RITA-recent. The proportion of RITA-recent was 3.8% in 2018, 3.0% in 2019, and 5.9% in 2020. By population, it was 8.9% (34/381) (5.3% in 2018, 17.3% in 2019, and 8.0% in 2020) among MSM, 2.5% (5/203) (2.9% in 2018, 0% in 2019, and 2.3% in 2020) among FSW, and 1.1% (7/646) (1.6% in 2018, 1.0% in 2019) among PWID. Identifying as MSM ([AOR] 3.55, 95% CI: 1.07-11.75) and ever receiving safe-sex counseling (AOR 0.28, 95% CI 0.11-0.73) were associated with RHI.

**Conclusion:** Among KP in Vietnam, the proportions of likely RHI were higher for MSM than FSW or PWID. These results should be triangulated with other surveillance and program data to better understand current epidemiologic trends and inform HIV prevention and control strategies.

# 1407 HIV in Prison Setting: What About Inmates? The Four-Years' Experience Including SARS-CoV2 Pandemic Period in Florence

Elena Salomoni (presenting)<sup>1</sup>, Cristina Tozzi<sup>2</sup>

<sup>1</sup> Santa Maria Annunziata Hospital, Florence, Italy

<sup>2</sup> SOS Infermieristica Firenze Nord-Ovest, Tuscany, Italy

**Background:** Sollicciano Penitentiary Complex (SPC) is the most crowded prison of Tuscany Region and holds even females and transgender women (TGW). Infectious Diseases (ID) specialistic service is active 6 times a month and was maintained even during the SARS-CoV2 pandemic. The aim of the study was to analyze the characteristics of all HIV patients in care from 2019 to 2022 and the impact of imprisonment on viro-immunological assessment.

**Method:** All patients who performed at least one specialistic visit were included. Demographic, imprisonment-related and HIV-related characteristics were collected. We compared the viro-immunological inmates' features at first detection from entrance with the last detection before release, or with the last available detection for the still imprisoned ones.

**Results:** Sixty patients were enrolled: 31.7% females or TGW, 48.3% foreigners, 28.4% coinfecting with HCV, 25% exposed to Syphilis. 91.7% had at least one previous incarceration, median length of imprisonment was 259 days, 85% was released during the study period. 10% had their first HIV diagnosis at imprisonment; in the study period 93.4% was on ART, initiation was missed in 6.6% due to refusal or release. At first detection 43.3% had HIV-RNA > 200 cp/mL, median CD4/CD8 ratio 0.5, at the last detection 64.9% had HIV-RNA < 50 cp/mL, median CD4/CD8 ratio 0.6.

**Conclusion:** HIV patients of SCP were a difficult-to-treat population due to high rates of releases and reincarcerations and to a high percentage of foreigners and coinfections. Incarceration represented the moment of first HIV diagnosis for a significant percentage of patients. A frequent access of the ID specialist demonstrated a great impact on viral load improvement that represents a major goal for a population returning to community.

# 1408 100 Under 200: Offering Spencer Technology for Adherence Support

Cara Spence (presenting)<sup>1</sup>, Larissa Kiesman<sup>2</sup>

<sup>1</sup> University of Saskatchewan, Saskatoon, SK, Canada

<sup>2</sup> Westside Community Clinic, Saskatoon, SK, Canada

**Introduction:** The highest rates of HIV infections in Canada are found in Saskatoon, Saskatchewan, with rates over 6 times the national average (19.8 x per 100,000). The infected population is largely Indigenous decent with IV drug use as a primary risk factor. This underserved and marginalized population is subjected to widespread racism and face harsh stigmatization. Viral suppression averages around 50% with high rates of homelessness, addictions, and complex social needs. The Westside Community Clinic (WCCC) serves the largest population of HIV infected individuals in Saskatchewan. From approximately 750 HIV patients active in care, a cohort of 86 patients in the clinic have CD4 counts <200 x 10<sup>6</sup>/L. The "100 under 200" require intervention and individual support at risk AIDS-defining illnesses and high likelihood of contracting a life ending infection.

**Description:** A relatively simple implementation, this demonstration project offered 'Pack4U Spencer' units to individuals from the '100 under 200' cohort. The supported automated medication delivery technology was offered through a telehealth model of care supported by pharmacy, social work and outreach. The remote nature of the units can address many barriers, including access to transportation, burden of disease, mobility issues, and mental health and addictions.

**Lesson Learned:** With a reliance on monitoring and ongoing support, including daily reminders and regular check-in, participants benefited from real time medication compliance support. Engagement in care was advanced and other infections and conditions were addressed. Those retained in the program (n=17/39), 86% were adherent with medications and 71% became virally suppressed. Housing remains a primary barrier to HIV viral suppression for the population.

**Recommendations:** Using remote and automated monitoring systems allows for the daily support that many individuals require for adherence to medication. Using telehealth technology reduces strain on the health system and supports care provider capacity to offer the level of supportive monitoring required for high need and marginalized populations.

# 1409

## Factors Associated with Discontinuation and Reinitiation of Oral PrEP among Adolescent Men Who Have Sex with Men and Transgender Women in Brazil

**Diana Reyna Zeballos Rivas (presenting)**<sup>1</sup>, Laio Magno<sup>2</sup>, Leila Amorim<sup>1</sup>, Jony Arrais Pinto-Junior<sup>3</sup>, Fabiane Soares<sup>1</sup>, Dirceu Greco<sup>4</sup>, Alexandre Grangeiro<sup>5</sup>, Ines Dourado<sup>1</sup>

- <sup>1</sup> Federal University of Bahia, Salvador, Brazil
- <sup>2</sup> Universidade do Estado da Bahia, Salvador, Brazil
- <sup>3</sup> Universidade Federal Fluminense, Rio de Janeiro, Brazil
- <sup>4</sup> Universidade Federal de Minas Gerais, Belo Horizonte, Brazil
- <sup>5</sup> Universidade de São Paulo, São Paulo, Brazil

**Background:** PrEP effectiveness depends on consistent use. Usually, new HIV infections occur during discontinuation periods. We aimed to investigate factors associated with PrEP discontinuation and reinitiation among key population adolescents.

**Method:** PrEP1519 was a multicenter PrEP demonstration cohort study among adolescent men who have sex with men (MSM) and transgender women aged 15-19 in Brazil. Participants initiating PrEP between Feb 2019 – May 2021 and followed until Sep 2021 were included. The outcome was constructed considering the entire observation period: discontinuation as being without PrEP possession > 90 days and reinitiation as having a new PrEP prescription after discontinuation. Participants in both categories were compared with a persistence category defined by no interruption of PrEP. Multinomial logistic regression was used to estimate adjusted odds ratios (aOR) and 95% confidence intervals (CI) of factors associated with PrEP discontinuation and reinitiation.

**Results:** Among 874 adolescents, most were 18-19 years (80.4%), MSM (91.8%), and blacks/browns (72.7%); 385 adolescents (44.0%) persisted on PrEP, 328 (37.5%) discontinued, and 161 (18.4%) reinitiated. Of those stopping PrEP, 53 (6.0%) had two or more discontinuations. Compared with PrEP persistent, those reporting an HIV positive partner (aOR 0.4; CI: 0.2-0.7) were less likely to discontinue and participants with low-HIV risk perception were more likely (aOR 1.6; CI: 1.1-2.5). Adolescents who are part of an LGBTIQ+ social movement or NGO were more likely to reinitiate PrEP use after discontinuation (aOR 2.1; CI: 1.2-3.6).

**Conclusion:** PrEP discontinuation and reinitiation were associated with behavioral factors that need to be addressed during PrEP implementation, to improve PrEP use or reinitiation during periods of higher HIV risk. We highlight the value of community-based organizations in supporting adolescents in their use of PrEP.

# 1410

## Syndemic Intimate Partner Violence, Mental Health, Substance Use, and ART Non-Adherence among Black Sexual Minority Men Living with HIV in the U.S. South

**Hannah E. Reynolds (presenting)**<sup>1</sup>, Chadwick Campbell<sup>2</sup>, Erik Storholm<sup>1</sup>, Kirstin Kielhold<sup>2</sup>, Carrie L. Nacht<sup>3</sup>, Wilson Vincent<sup>4</sup>, Daniel E. Siconolfi<sup>5</sup>, Stephen Ramos<sup>2</sup>, Susan Kegeles<sup>4</sup>, Lance Pollack<sup>4</sup>, Scott Tebbetts<sup>4</sup>

- <sup>1</sup> San Diego State University, San Diego, CA, USA
- <sup>2</sup> University of California San Diego, La Jolla, CA, USA
- <sup>3</sup> The SHEL, San Diego, CA, USA
- <sup>4</sup> University of California San Francisco, San Francisco, CA, USA
- <sup>5</sup> RAND Corporation, Santa Monica, CA, USA

**Background:** Black sexual minority men (BSMM) are disproportionately impacted by HIV incidence and lower rates of HIV care engagement, particularly in the US South. Co-occurring syndemics (e.g., depression, violence, substance use) are often associated with antiretroviral therapy (ART) non-adherence among BSMM living with HIV (BSMM+). This study aims to explore the psychosocial syndemics that influence ART adherence and care engagement among BSMM+ in the Southern US.

**Method:** BSMM+ participants (N=25) were recruited from a pre-existing longitudinal cohort recruited from metropolitan areas of Dallas and Houston. Participants were selected for in-depth interviews to identify factors contributing to HIV care engagement non-adherence. Interviews lasted 60 minutes on average, were audio-recorded, transcribed, and de-identified prior to analysis. An applied thematic analysis approach was used to code and analyze data.

**Results:** Interviews highlighted that depression and substance use inhibited participants' adherence to ART regimens, catalyzed by intimate partner violence (IPV). While IPV had little direct impact on their care engagement, it aggravated their mental health or substance use, which were discussed as core drivers of ART non-adherence. Participants shared that IPV negatively impacted their mental well-being, leading to heavier substance use as a coping mechanism—leading to non-adherence. Others explained that IPV led to depressive episodes, which often resulted in a higher likelihood of non-adherence.

**Conclusion:** Findings suggest that syndemic effects of IPV, mental health, and substance use may also occur simultaneously, but regardless, these syndemic factors ultimately reduce ART adherence irrespective of temporality. While all factors need to be addressed among BSMM+, IPV, when occurring, may be of the highest priority as it likely contributes extensively to both burdensome patterns of mental health and substance use. Interventions should aim to circumvent these barriers by properly addressing co-occurring syndemic factors.



# 1411

## Distributing National PLHIV Estimate to 514 Districts in Indonesia for Better-Targeted Interventions and Resource Allocation

**Aang Sutrisna (presenting)**<sup>1</sup>, Lanny Luhukay<sup>2</sup>, Endang Lukitosari<sup>2</sup>

<sup>1</sup> MELP USAID, Kota Bogor, Indonesia

<sup>2</sup> Ministry of Health Indonesia, Jakarta, Indonesia

**Background:** HIV modeling data is essential for prioritizing types of interventions, allocating funding, setting proportional targets, and assessing program outcomes at the district level. Unfortunately, estimates and projections of people living with HIV (PLHIV), the number of PLHIV deaths, new HIV infections, and other HIV epidemic variables resulting from Spectrum modeling and the Asian Epidemic Model (AEM) are only available nationally in Indonesia.

**Method:** The Ministry of Health distributes the 2023 national PLHIV estimate of 543,510 to 514 districts using a multiple regression model based on population size estimate of the “key populations” that drive the HIV epidemic in the country, HIV prevalence, and cumulative new cases in the past three years among different populations, the geographic distribution of PLHIV on-ART, access to and utilization of healthcare and HIV testing service, and socioeconomic factors (poverty, education, and employment status).

**Results:** The correlation coefficient between the district-level PLHIV estimates and PLHIV on-ART was 0.87, so the latter explains approximately 71% of the variation in the former. The next coefficient of determination from the highest is the estimated number of female sex workers (64%), men who have sex with men (57%), and TB patients (50%). In contrast, the correlation coefficients between the district-level PLHIV estimates and the poverty level, the senior secondary school ratio, and the percentage of 15 years old and above who are working were 0.29, 0.09, and 0.01, respectively. Thus, we should expect the number of PLHIV on-ART and the estimated number of key populations to make the most significant contribution of information in the model.

**Conclusion:** PLHIV estimates differ significantly between different regions and populations within Indonesia. A national-level estimate does not capture the nuances of these localized epidemics and their specific risk factors, leading to less targeted interventions and less commitment from most of the 514 district governments in Indonesia.

# 1415

## Assessment of Readiness of Health Systems to Decentralize HIV Testing and Treatment Services

**Giorgi Soselia (presenting)**<sup>1</sup>, Nutsa Marjanishvili<sup>1</sup>, Giorgi Soselia<sup>1</sup>, Natia Shengelia<sup>1</sup>, Ilimbek Sadykov<sup>1</sup>

<sup>1</sup> Social Equation Hub, Tbilisi, Georgia

**Background:** EECA region is characterized with a concentrated epidemic among key populations that face significant disparities and barriers in access to essential services. To achieve the aim, we set the following objectives: a) What health system functions influence decentralization and what are the areas for improvement.

**Method:** The study was conducted in 2022, in 5 countries – Georgia, Armenia, Kazakhstan, Kyrgyzstan and Moldova. The study applied an analytical case study design and framework-based mix-method approach using desk review, secondary analysis of the quantitative data and in-depth-interviews. The study used Framework-Based Coding to simplify and standardize the analysis of the data.

**Results:** Major findings of the analyses suggest that following factors proved to be important: a) differentiated service delivery modalities are critical in ensuring sustained access in the process of decentralization; b) development of health management information systems and building the links between HIV and wider health data-systems are essential; c) introduction and development of governance and leadership structures, plays a crucial role in the decentralization. d) development of supportive legal framework for the implementation of decentralization is vital.

**Conclusion:** Decentralization of HIV testing and treatment services is sensually evaluated as a required intervention, to contribute to primary public health outcomes of timely detection and expanded and improved access to HIV treatment. Models of decentralization of treatment services may differ, countries should consider the needs of PLHIV and KP, national context, including health system environment, as well as influencing internal and external factors in selecting the optimal decentralization modality.

# 1417

## HER Voice Fund: Meaningful Engagement and Leadership of Adolescent Girls and Young Women (AGYW) in National HIV Processes and Programs in Cameroon

Lum Evelyne (presenting)<sup>1</sup>, Clotilda Andiansa<sup>2</sup>, Kob David<sup>3</sup>

<sup>1</sup> Hope for Vulnerable Children Association, Yaoundé, Cameroon

<sup>2</sup> Center for Advocacy in Gender Equality and Development, Yaoundé, Cameroon

<sup>3</sup> UNAIDS, Yaoundé, Cameroon

**Introduction:** Evidence generated shows that Adolescent Girls and Young Women (AGYW) have a high risk of HIV infection. In Cameroon, AGYW aged 15 – 24 are 9 times more infected with HIV than their male counterparts. This is attributed to the inadequate knowledge on Comprehensive Sexuality Education required to make informed choices about their health and sexual practices. It is in this regard that the Hope for Vulnerable Children Association (HOVUCA) with support from The Global Fund, ViiV Healthcare and Y+Global implemented the HER Voice Fund project with the aim of supporting the meaningful engagement of AGYW (15 – 28 years) in HIV/ Sexual and Reproductive Health Rights (SRHR) processes and programs in the city of Yaoundé.

**Description:** The project is an AGYW centered project initiative that engages them in the following interventions: teaching of Comprehensive Sexuality Education (CSE) to their peers in and out of schools, participating in the implementation of national HIV programs, and advocating for availability of HIV/SRH services for AGYW.

**Lesson Learned:** The project reached out to over 3000 AGYW through the implementation of diverse interventions with the support of 43 AGYW HIV ambassadors who were empowered as peer educators for knowledge on HIV, SRH, GBV, and its effect. These ambassadors have reached out to stakeholders in 3-line ministries – Health, social affairs, Education with key messages on barriers faced by AGYW in accessing HIV/SRH services. They have engaged in advocacy activities across national and multimedia platforms for the availability of HIV/SRH services to AGYW at all levels.

**Recommendations:** AGYW plays a vital role in ensuring the successful integration of CSE in the school curricular which is a gateway for empowering their peers towards making informed choices about their sexual and reproductive health. This is a critical strategy for curbing the incidence of HIV Among AGYW.

# 1419

## Community-Based Testing: Free, Focused, and Mobile

Stephen O'Hare (presenting)<sup>1</sup>

<sup>1</sup> HIV Ireland, Dublin, Ireland

**Introduction:** Restrictions on the provision of clinic and community-based sexual health screening services following the implementation of measures to reduce the spread of COVID-19 contributed to an overall reduction in the number of newly notified cases of HIV in Ireland during the pandemic period (2020=440; 2021=404) followed by a sharp increase the following year (2022=890). Research findings from marginalized groups pointed to the need to establish tailored locally accessible peer-led testing and outreach services.

**Description:** A suite of community-based and mobile testing services (Equal: Check + Chat) was developed including purchase of a mobile testing unit. Group specific services aimed to increase testing among (1) gay, bisexual and other men who have sex with men (mobile); (2) Black and African migrant populations (mobile); (3) trans and non-binary (community based) and (4) people arriving from Ukraine (mobile and community based). Initial results indicate a high level of engagement in services across a geographically diverse area and a desire to engage with peers.

**Lesson Learned:** Targeted communities described difficulties in accessing daytime services and sought out of hours provision. Difficulties accessing self-testing services where receipt of a testing kit proved difficult as a result of shared living arrangements was noted. The employment of peer community coordinators increased peer participation among targeted cohorts.

**Recommendations:** Broaden availability of mobile testing to commuter / satellite towns in the Greater Dublin / Leinster FTC region to enhance overall rates of testing. Provide a mix of daytime and out-of-hours services to enhance participation. Models may be replicated in other broad FTC regional areas (Limerick, Galway). Increase delivery of locally based targeted peer led services for specific groups (e.g., migrant women, religious minorities, sex workers). Involve communities in service design.

# 1420 Machine Learning for the Evaluation of Mortality among Persons with HIV in Bayamon, Puerto Rico

**Abiel Roche-Lima (presenting)**<sup>1</sup>, Leonel Pérez Urbina<sup>1</sup>, Frances Heredia<sup>1</sup>, Angel Mayor<sup>2</sup>

<sup>1</sup> University of Puerto Rico, San Juan, Puerto Rico

<sup>2</sup> Universidad Central del Caribe, Carolina, Puerto Rico

**Background:** Significant improvements in life expectancy, morbidity, and mortality have been reported in persons with HIV (PVH) after the availability of antiretroviral therapy (ART). Chronic diseases, infections, alcohol, tobacco, and other factors are important in the PVH prognosis. Therefore, this study evaluates the relationship between the HIVs related and not related factors on PVH mortality using novel Machine Learning (ML) approaches.

**Method:** The study used a prospective cohort of adult PWH followed at Bayamon, Puerto Rico (PR) since 2000 and matched with data from the PR Health Department Mortality Registry. Data were analyzed using the ML algorithms logistic regression (LR), linear discriminant analysis (LDA), and support vector classifier (SVC). Models were trained using 80% and validated with the other 20%. Additional analyses were performed by sex to test mortality gender differences.

**Results:** A total of 1,929 PWH was evaluated, 67.9% male, 67.1% injected drugs (IDs), 38.7% reported man sex with man (MSM), and 32.2% was death by December 2022. In the whole group analysis, the best-performing model was the LDA, with an estimated 0.78 mortality probability. In the analyses by sex, a 0.83 mortality probability was obtained for the SVC model for men and 0.86 for women. Cancer, anemia, and HCV were the predominant mortality predictors in the complete groups and in men. Other liver conditions, IDs, and alcohol consumption in men, and anemia, cancer, and IDS in women were also relevant predictors.

**Conclusion:** Using innovative ML models, the study found important preventable factors associated with mortality in this highly vulnerable Hispanic population. These findings highlight the gaps and necessity of preventive intervention strategies besides those for HIV. Further studies are recommended considering other factors, more data, and other ML methods.

# 1421 Developing Tools and Strategies to Expand the Implementation of Advanced Clinic Care Clinics at Primary Healthcare Facilities in a Resource-Limited Setting

**Melanie Collins (presenting)**<sup>1</sup>, Ninke Fourie<sup>2</sup>, Kate Rees<sup>2</sup>

<sup>1</sup> Johannesburg Health District, Johannesburg, South Africa

<sup>2</sup> Anova Health Institute, Johannesburg, South Africa

**Introduction:** Johannesburg has the highest number of PLHIV in South Africa, estimated at 730,000; 95% access services through primary healthcare (PHC) facilities. Up to 35% of patients present with advanced HIV disease (AHD), necessitating Advanced Clinical Care (ACC) services at PHC. Sub-district G is particularly impacted as patients referred to hospital for ACC travel up to 60km at substantial personal cost.

**Description:** Despite the need for ACC services, uptake has been slow. PHC facility managers were unconvinced about the potential benefit and clinicians (largely nurse-led services) required additional training and mentoring to manage AHD. Poor booking systems and uncertainty around ACC criteria resulted in inefficient use of experienced clinicians' time, and allocation of PHC clinicians for mentoring needed to be strengthened to ensure transfer of skills for sustainability. Lastly, data collection was required to measure impact. Two tools were developed to address the identified challenges. First, an electronic file audit tool (in Excel) to identify gaps in clinical management and monitor outcomes following implementation. Second, a clinic register included identified dates, ACC criteria and contact information for tele-mentoring. The register also serves as a portfolio of evidence for mentoring at each clinic date and collects vital data elements for monitoring. ([See figure.](#)) Medical officer support for the ACC clinics will be phased-out over 18 months.

**Lesson Learned:** Standardizing implementation of ACC clinics and implementing tools such as a file audit tool and register can improve the uptake of ACC clinics in PHC facilities. As a result, ACC clinics have been expanded from 1 to 5 facilities from April to June 2023.

**Recommendations:** Phased support and standardized tools should be used to strengthen nurse-led ACC care in low resource settings. Current ACC clinics will run until December 2023, followed by an evaluation of clinician confidence and patient outcomes.

# 1422 Stakeholder and College Student Perspectives of HIV/STI Testing and PrEP Use in Alabama

**Jessica Corcoran (presenting)**<sup>1</sup>, Lynn T. Matthews<sup>1</sup>, Samantha Hill<sup>1</sup>, Billy Kirkpatrick<sup>2</sup>, Derrick Steverson<sup>2</sup>, Katherine Waldon<sup>2</sup>, Corilyn Ott<sup>1</sup>, Victoria McDonald<sup>1</sup>, John Bassler<sup>1</sup>, Dustin Long<sup>1</sup>, Mirjam-Collette Kempf<sup>1</sup>

<sup>1</sup> University of Alabama at Birmingham, Birmingham, AL, USA

<sup>2</sup> Five Horizons Health Services, Tuscaloosa, AL, USA

**Background:** In Alabama, one of the Ending the HIV Epidemic priority U.S. states, Black adolescents and young adults (AYAs) are disproportionately affected by the HIV epidemic. More than 80% of HIV incident cases in AYAs are among Black AYAs. To better address the needs of this population we evaluated the implementation of a pilot program at an historically black college and university (HBCU) – HBCU STEP – integrating both HIV/STI testing and PrEP care for AYAs.

**Method:** We utilized a mixed-methods design conducting in-depth interviews with community stakeholders and surveys with AYAs attending our partner HBCU from March-2022 to March-2023. Stakeholder interviews focused on implementation and expansion of HBCU STEP. Surveys assessed sociodemographic information, STI-, HIV-, and PrEP knowledge, testing history, and the acceptability and feasibility of HBCU STEP.

**Results:** Two themes emerged from 8 key stakeholder interviews: (1) communities need for increased testing access and 2) acceptability of HBCU STEP. 135 students were surveyed including 48% male, 90% Black/African American, and 54% heterosexual participants. The average age was 21. 72% reported sexual activity in the past six months and 82% reported condomless sex. Approximately 8% of participants reported using PrEP and over 60% had never heard of PrEP. The majority (64%) had been tested for an STI and 35% of those tested reported a positive STI test. One third utilized STI testing services through HBCU STEP, and among those 72 students (97%) reported being likely to return for future care.

**Conclusion:** Overall, HBCU STEP was acceptable with students who utilized testing services through HBCU STEP being highly likely to return for services. Stakeholders stated that HBCU STEP was a needed addition to their community that could have great potential to increase awareness and access to STI/HIV testing and PrEP among AYAs.

# 1423 Awareness, Barriers and Facilitators, and Willingness to Take Long-Acting Injectable ART among Black Sexual Minority Men Living with HIV in the U.S. South

**Chadwick Campbell (presenting)**<sup>1</sup>, Hannah E. Reynolds<sup>2</sup>, Kirstin Kielhold<sup>1</sup>, Wilson Vincent<sup>3</sup>, Daniel E. Siconolfi<sup>4</sup>, Stephen Ramos<sup>1</sup>, Susan Kegeles<sup>3</sup>, Lance Pollack<sup>3</sup>, Scott Tebbetts<sup>3</sup>, Erik Storholm<sup>2</sup>

<sup>1</sup> University of California San Diego, La Jolla, CA, USA

<sup>2</sup> San Diego State University, San Diego, CA, USA

<sup>3</sup> University of California San Francisco, San Francisco, CA, USA

<sup>4</sup> RAND Corporation, Santa Monica, CA, USA

**Background:** Among Black sexual minority men living with HIV (BSMM+) in the US South, antiretroviral treatments (ART) adherence and viral suppression are generally suboptimal. Long-acting injectable ART (LAI-ART) for HIV offers hope for overcoming some social and structural barriers that impact ART adherence. Research is needed to ensure equitable uptake of new treatment modalities. We explored knowledge, willingness, barriers, and facilitators of LAI-ART uptake among BSMM+ with varying degrees of ART adherence.

**Method:** We conducted in-depth interviews with 25 BSMM+, from a longitudinal cohort study in the Houston and Dallas Areas, to further explore nuanced relationships between structural factors, substance use, and IPV, factors that impact ART adherence and viral suppression. Interviews lasted an average of 60 minutes, were recorded, transcribed, coded, and analyzed using a thematic analysis approach.

**Results:** All participants had heard about LAI-ART, primarily from providers, advertisements, or friends, and most expressed interest. Barriers included concerns about potential side effects, hesitance toward discontinuing familiar and effective oral ART, and lack of public insurance coverage of LAI-ART. Motivations for uptake included eliminating the burden of daily oral ART and anxiety around missed doses. Those hesitant expressed a desire for more information about research conducted on LAIs. When asked where they would want to receive their LAI-ART injections (e.g., doctor office, community organization, pharmacy), men overwhelmingly stated they would want to go to their doctor's office.

**Conclusion:** Findings highlight high levels of interest in, and willingness to uptake LAI-ART among BSMM+ with varying levels of ART medication adherence in the US South. Importantly, those of lower socioeconomic status who have publicly funded health insurance may currently be denied access to LAI-ART. Our work suggests a need for LAI-ART to be more easily accessible and for more widespread information on LAI-ART to increase uptake and lower viral suppression among BSMM+.

# 1425 Individual and Structural Level Barriers to Sustained Care Engagement and ART Adherence among Black Sexual Minority Men Living with HIV in the U.S. Deep South

**Chadwick Campbell (presenting)**<sup>1</sup>, Kirstin Kielhold<sup>1</sup>, Hannah E. Reynolds<sup>2</sup>, Wilson Vincent<sup>3</sup>, Daniel E. Siconolfi<sup>4</sup>, Stephen Ramos<sup>1</sup>, Susan Kegeles<sup>3</sup>, Lance Pollack<sup>3</sup>, Scott Tebbetts<sup>4</sup>, Erik Storholm<sup>1</sup>

<sup>1</sup> University of California San Diego, La Jolla, CA, USA

<sup>2</sup> San Diego State University, San Diego, CA, USA

<sup>3</sup> University of California San Francisco, San Francisco, CA, USA

<sup>4</sup> RAND Corporation, Santa Monica, CA, USA

**Background:** Young Black sexual minority men (YBSMM) continue to bear a disproportionate burden of HIV infections nationally, and also specifically in the Deep South, a region with the highest incidence of HIV and AIDS in the United States. HIV transmissibility in communities and networks is heightened by suboptimal viral suppression, which hinges on ART adherence and sustained retention in HIV care. We sought to elucidate individual and structural challenges to sustained care engagement among YBSMM+ in the Deep South.

**Method:** We conducted in-depth qualitative interviews with 25 BSMM+, each lasting 60 minutes on average. Participants with varying levels of HIV care engagement were purposively recruited from an ongoing cohort study focused on syndemic conditions (e.g., substance use, mental health burdens, intimate partner violence, financial hardship, stigma, etc.), care engagement, and ART adherence. Interviews were audio recorded, transcribed, and analyzed using a thematic analysis approach.

**Results:** At the individual level, some participants described how depression or grief made it more challenging to manage their HIV care. Others described how heavy substance use led to missed doses of ART. Structural factors included a lack of healthcare services in more rural areas and lack of reliable transportation. HIV stigma led some to forego medications to conceal their HIV status from friends and family. Lastly, some described medical system-specific barriers, including struggling to navigate the healthcare system, long and burdensome intake processes to initiate or reinstate HIV care, and running out of medication because of inconsistent insurance coverage or unstable housing. Importantly, several participants described facing multiple barriers simultaneously at the individual and structural levels.

**Conclusion:** These findings highlight that YBSMM+ experience multilevel simultaneous and overlapping barriers to sustained HIV care engagement. Interventions addressing individual and structural challenges could improve overall well-being and HIV care engagement for YBSMM+ in the US South.

# 1428 LFU Client Tracking Program in Five Districts and Cities in West Java: Needs Versus Challenges

**Ratna Soehoed**<sup>1</sup>

<sup>1</sup> FHI 360 Indonesia, South Tangerang, Indonesia

**Introduction:** Of the 10,580 PLHIV who have started ART in five areas in West Java; including the Regencies and Cities of Bogor, Bekasi, Depok, it is known that 70% are still in treatment and 30% were lost to follow up (LFU). In October 2022, tracing of LFU clients began to bring them back to ARV treatment.

**Description:** The program began with training in October 2022 for tracers from CSO, staff of Provincial and District Health Offices, also staff of 17 CST facilities in five districts. Furthermore, a monthly coordination meeting is held to determine patient priorities to be traced, including missed appointment patients and LFU 1-3 months. Based on the information provided by the health facilities, CSO tracers start tracing the LFU clients. During the period November – December 2022, a total of 299 LFU clients have been traced. The results: 34% were successfully restart treatment, 29% of LFU clients were not found (changed address or could not be contacted), 16% were not willing to be restart, 9% reported to have died, 22% were willing to be treatment but did not come to CST facilities, and 5% had refer out.

**Lesson Learned:** The number of LFU clients found within two months is still relatively low. However, referring to the challenges of starting the program, including not all health facilities are willing to open their data to tracing officers, large areas with limited human resources, LFU clients changing addresses and inactive telephone numbers, etc., success in inviting 34% of LFU clients back to treatment ARVs are a good first step.

**Recommendations:** Completeness of data and willingness to share LFU client data from health facilities to tracer officers is crucial to increasing the success of tracing LFU clients. The government through the Ministry of Health needs to develop policies to solve this challenge.



# 1433 Community Activism to End AIDS Equitably

Virginia Shubert (presenting)<sup>1</sup>, Charles King<sup>1</sup>

<sup>1</sup> Housing Works, Brooklyn, NY, USA

**Introduction:** New York's ambitious plan for Ending the HIV Epidemic (EtE) was compelled and is driven by the coordinated activism of a coalition of advocates, providers, and community-based organizations that reflect and represent the broad range of New Yorkers impacted by HIV. Community-led efforts advance EtE planning, investments, legislation, and policy change necessary to ensure no population is left behind.

**Description:** The End AIDS NY Community Coalition, now over 90 organizations, formed in 2014 to demand and support New York's historic EtE efforts. While EtE implementation has involved strong partnership between government and community, there is one area that has been almost exclusively led by the community: policy and legislative advocacy. The Coalition's Legislative Committee, 100% community led, and has met bi-weekly for eight years. Through research, education, mobilization, policy advocacy, and civil disobedience, Coalition members have secured budget, legislative, regulatory, and policy changes critical to full and equitable EtE Blueprint implementation.

**Lesson Learned:** Coalition campaigns have achieved a range of policy and legislative successes to advance EtE goals, including expanding HIV housing assistance, decriminalizing syringe possession, securing minors' rights to consent to HIV prevention and care without parental notification, and legislation prohibiting discrimination based on gender identity or expression. These and other policy and legislative changes are monitored through an online Ending the Epidemic (ETE) Policy Tracker that is part of NYS's ETE Dashboard. Significant progress enabled us to "bend the curve" of the epidemic in 2019, decreasing HIV prevalence in NYS for the first time, yet unacceptable HIV health disparities persist. Ongoing community campaigns focus on racism as a public health crisis, social determinants, and drug user health, including overdose prevention centers.

**Recommendations:** Even in contexts of strong public health leadership and collaboration, community-led efforts are critical to equitably ending AIDS.

# 1434 Co-Locating Care: An Emergency Department Based Medication for Opioid Use Disorder and HCV Treatment Pathway

Heather Henderson (presenting)<sup>1</sup>, Jason Wilson<sup>1</sup>, Bernice McCoy<sup>1</sup>

<sup>1</sup> Tampa General Hospital, Wesley Chapel, FL, USA

**Background:** This study examines an emergency department (ED) based co-located HCV and opioid use disorder treatment (OUD) pathway between the ED and a Federally Qualified Healthcare Center (FQHC) located within a substance use treatment facility (SUTF). The introduction of direct acting antivirals (DAAs) in 2011 presented an efficacious HCV treatment strategy. DAA utilization remains low in patients outside of birth cohort and even lower in HCV positive people who inject drugs (PWID), despite clinical trial data and guidelines recommending their use.

**Method:** In this retrospective observational, descriptive, cohort study, we examined characteristics of the initial patients linked from the ED to the FQHC from May 2020 to July 2021. Information obtained from the electronic medical record included HCV genotype, HCV viral load at initiation of treatment, DAA brand name, DAA course length, and SVR date.

**Results:** Nine participants were identified (TGH ED encounter, HCV testing with chronic HCV status, initiation of buprenorphine in the ED, linkage to care at the CPSUTF/FQHC). HCV Genotype distribution included six with 1a, two with 2, and one with genotype 3. The mean initial viral load was 2,108,111.11 IU/mL. The mean time to treatment was 281 days (18 days- 886 days). Seven of these subjects were prescribed glecaprevir/pibrentasvir [Mavyret], one was prescribed sofosbuvir/velpatasvir [Epclusa], and one was prescribed sofosbuvir/velpatasvir [Vosevi]. Six subjects reached sustained virological response [SVR] following treatment; five had a documented SVR 12 weeks after DAA completion.

**Conclusion:** Hepatitis C and opioid use disorder are two co-occurring disease states. Until this pilot study, there has been little effort to co-locate treatment for both of these conditions. Establishing co-location of treatment, starting in the ED, can simultaneously improve both of these epidemics by increasing ease of access to DAA therapy.

# 1435

## Delivering of Food Assistance to Sustain Health Well-Being of HIV-Positive People and Key Population in Kyiv City within Partnership with the World Food Programme

Nataliya Salabai (presenting)<sup>1</sup>, Viktoriia Derkach (presenting)<sup>2</sup>, Olena Sviatiuk<sup>2</sup>

<sup>1</sup> UNAIDS, Kyiv, Ukraine

<sup>2</sup> 100%LIFE, Kyiv, Ukraine

**Introduction:** After the full-scale invasion to Ukraine on February 24, 2022, thousands of people, who fled war, including PLH and key populations, came to Kyiv city. The issues, internally displaced people (IDPs) face with, might be "economical" – unemployment, housing, scares living resources and "psychological" – uncertainty, need to establish new social contacts, self-stigma and insufficient level of support from local authorities and public organizations due to affiliation with key populations.

**Description:** NGO "100 Percent Life. Kyiv region" joint the partnership with World Food Programme (WFP) to safeguard food security for the most marginalized representatives of KPs and PLH of Kyiv city, including IDPs. Food packages of the WFP were distributed among PLH, among patients of clinics and hospitals which serve PLH, and among partners- NGOs for clients of the HIV prevention program, including IDPs – inhabitants of the NGOs run shelters. WFP supplied nutrition to the HIV exposed children. During June-December 2022 the organization distributed 45466 food packages with a total weight of some 800000 kilos. HIV-positive IDPs were supplied with 15177 certificates of total value more than 205000 dollars. "100 Percent Life" implemented enhance psycho-social support to some 800 PLH-IDP to stabilize their emotional condition, bring them back in HIV care and connect with the community and government system of protection of human rights.

**Lesson Learned:** Along with delivering humanitarian support to the most vulnerable PLH and KPs, our organization was establishing new partnerships with municipal and government services, humanitarian missions, searched for information for any other possible options of support to those people.

**Recommendations:** HIV-service organizations, to be effective in responding multiple and complex needs of the most vulnerable PLH and KPs during war-fare and humanitarian crises, need to establish cooperation and information exchange with as much as possible players who might be instrumental at municipal level.

# 1436

## Identifying Acute Hepatitis C Virus (HCV) in People Who Inject Drugs (PWID)

Heather Henderson (presenting)<sup>1</sup>, Jason Wilson<sup>1</sup>, Bernice McCoy<sup>1</sup>

<sup>1</sup> Tampa General Hospital, Wesley Chapel, FL, USA

**Background:** Revised CDC HCV screening guidelines recommend HCV Ab testing with caveat that in high pretest probability or recent exposure, consider HCV RNA PCR NAT (HCV PCR) if HCV Ab is non-reactive. HCV PCR may identify and help link acute HCV infections to care and treatment, leading to decreased HCV transmission and WHO 2030 goals. In 2018, we increased HCV RNA PCR NAT in high-risk participants; in 2021, we formally implemented an RNA PCR model in people who inject drugs (PWID) in the ED.

**Method:** Retrospective chart review identified participants that underwent modified CDC HCV algorithm screening, May 2018 – June 2022. We identified Ab reactivity and labeled those with Ab+/RNA+ as chronic HCV. We identified/ labeled those Ab+/RNA- with HCV remission. We identified those with Ab-/RNA- as negative HCV and those with Ab-/RNA+ as acute HCV. We considered whether current use of CDC guidelines would have routinely identified each group.

**Results:** 189 PWID underwent RNA PCR simultaneously with HCV Ab between 2018 and 2022 in an urban ED. 106 (56%) had reactive HCV Ab (56%). Of those, 51 (48%) also had detectable HCV RNA (chronic HCV). 55 (52%) were HCV Ab+/HCV RNA- (HCV remission). 83 (44%) did not have detectable Ab. Of those, 80 also had no HCV RNA (negative HCV). 3 participants had HCV Ab-/HCV RNA+ (acute HCV, not routinely identified).

**Conclusion:** This study examines the impact of a modified CDC HCV screening algorithm in the setting of high prevalence PWID. While current use of CDC guidelines would have identified 186 participants, our modified algorithm identified 3 additional participants with acute HCV. Identification of HCV allows for immediate intervention for DAA linkage to care and status notification which may decrease transmission. In PWID patients, a modified HCV algorithm should be considered.

# 1438

## Strengthening Engagement of Religious Leaders in Promoting Family-Based Approach for HIV Prevention and Response

Eraste Ntihemuka (presenting)<sup>1</sup>, Jean Marie Vianney Gatete<sup>1</sup>

<sup>1</sup> Rwanda Interfaith Council on Health, Kigali, Rwanda

**Introduction:** Rwanda made significant progress in the fight against HIV and AIDS. Despite all the efforts that led to commendable achievements in, HIV remains a public health problem, with new infections among youth, over 60% compared to other age groups, especially among young girls. The negative or lack of parent's discussion with their children especially at the early stage of puberty on subjects that are perceived as sensitive and taboo lead young people to adopt risky sexual behaviors.

**Description:** Since 2022, RICH started focusing its HIV interventions on promoting parent-child communication as a sustainable way of responding HIV among youth but also to other sexual and reproductive health issues they face such as unplanned pregnancies and drug use. Through this approach 300 Religious leaders and 26 leaders of youth movements from both Muslim and Christian organizations were trained and equipped with skills to engage families and make them the center of HIV prevention.

**Lesson Learned:** Thanks to this engagement of religious leaders in promoting parent-Adolescent communication, we have seen a lot of new initiatives that have started yielding good results not only in HIV area but also in other aspects of family life. Trained religious leaders have also so far reached more than 5,000 people at decentralized level and the latter have started organizing HIV family dialogues at religious settings which not only contribute to HIV prevention among youth but also address their poor adherence to ART.

**Recommendations:** The Family-centered approach is a sustainable way of HIV prevention and response and one of the effective ways of having the approach work should be the promotion of Parent-Adolescent Communication (PAC). The engagement of Religious Leaders as key influencers of family health and wellbeing is vital to achieve family-based HIV prevention and response in Rwanda.

# 1442

## Use of Chest X-Ray as an Incentive to Improve Pulmonary Tuberculosis Case Finding among Key Population Groups Living with HIV in South-South Nigeria

Blessing Edet (presenting)<sup>1</sup>

<sup>1</sup> Heartland Alliance, Calabar, Nigeria

**Introduction:** Individuals living with human immunodeficiency virus (HIV) infection often present with a wide range of pulmonary infections associated with a high mortality rate. Diseases of the respiratory tract record about half of deaths from AIDS. The purpose of this study is to find out if Chest X-ray (CXR) could be used as an incentive to improve TB case findings among Key Populations Living with HIV.

**Description:** Secondary data was extracted from Heartland Alliance Nigeria OSS KP-CARE 1 Project between October 2021 and March 2023 among Key populations living with HIV that were screened within the period. The chest X-ray (CXR) approach was used in this study as a clinical screening mechanism incentive to increase TB case finding among key population groups (FSW, MSM, PWID, Transgender) living with HIV in 3 states from South-South Nigeria.

**Lesson Learned:** A total of 9078 clients were screened using Chest X-ray (CXR), the Chest X-ray (CXR) uptake rate before (Oct 2021 to Jun 2022) introduction of Chest X-ray (CXR) accounted for only 5.4% of the total onset, and after (July 2022 to Mar 2023) the Chest X-ray (CXR) uptake rate accounted for 94.6%. Out of a total of 9078 screened using Chest X-ray (CXR) 8667 (95.5%) had a normal chest radiograph, while 411 (4.5%) had an abnormal chest radiograph. The abnormal chest radiograph findings indicated 16.6% pulmonary TB prevalence diagnosed using Chest X-ray (CXR).

**Recommendations:** This finding shows the increased uptake of TB Case finding before/after Chest X-ray (CXR) and can be an effective stimulus for promoting TB case finding among key populations living with HIV.

# 1443

## Viral Load Suppression in a Person Living with HIV and Homeless: A Success Story

Lameze Witbooi (presenting)<sup>1</sup>

<sup>1</sup> Anova Health Institute, Johannesburg, South Africa

**Introduction:** The United Nations (2004) conceptualized homelessness as people who, due to lack of shelter, live in spaces not meant for human abode. 1.6 billion people worldwide reside in inadequate housing conditions. Johannesburg lacks accurate recent statistics on the numbers of homeless people living with HIV/AIDS. However, estimates suggest at least two out of five homeless persons living with HIV/AIDS (Olufemi, 2003). Homelessness is associated with higher rates of high-risk behaviors for acquiring or transmitting HIV, delayed entering HIV care, less access to regular HIV care, and poorer adherence to antiretroviral treatment.

**Description:** Patient X lived with HIV for 10 years with multiple disengagements with care. Previous regimens include Lamivudine/ Tenofovir/ Efavirenze then Tenofovir/ Emtricitabine/ Efavirenze, and finally Abacavir/ Lamivudine and Alluvia for the last 5 years. Viral load (VL) ranged from 192 – 76 600 copies. On 2 February 2022, the VL was 8 130 copies with a pill burden of 6 tablets daily. In response, Patient X was enrolled in a monthly viremia clinic. The following was conducted according to country 2019 guidelines: advanced adherence counseling, opportunistic infection and mental health infection screening, VL monitoring, resistance testing, syphilis, and hepatitis testing. They declined the department of social services referral to assist with finding a home. The church next to the field where Patient X dwelled was assisted with reminders to take medication during the daily meal collection. On 2 February 2022, the VL decreased to 538. The pill burden was reduced from 6 to 3 tablets daily by changing Alluvia to Dolutegravir. VL repeat 6 months later resulted in VL undetectable result.

**Recommendations:** The success of Patient X highlighted the necessity for a strengthened multisectoral response to homelessness as a socio-economic driver of the HIV pandemic.

# 1447

## Perceptions and Emerging Factors of Gender-Based Violence among Young and Adolescent Female Sex Workers in Southern Nigeria: A Mixed Method Expository Study

Blessing Edet (presenting)<sup>1</sup>

<sup>1</sup> Heartland Alliance, Calabar, Nigeria

**Background:** Gender Base violence (GBV) against women has been recognized as a public health problem with far-reaching consequences for the physical, social behavior, reproductive, and mental health of an individual. This study examined perceptions and emerging factors on Gender-Based Violence among young and adolescent Female Sex Workers in Nigeria.

**Method:** A cross-sectional and expository study about GBV in HALG-implementing states in southern Nigeria was conducted. The study population comprises Young and Adolescent age between 10-24 years. The approach was a formative process to assess the perception and emerging factors of GBV among young and adolescent Female Sex Workers. A total number of 401 Young and Adolescent FSW participants of the HALG KP-CARE 1 project who received HIV services were randomly picked for this study and structured GBV Questionnaires were administered to them.

**Results:** 96% of participants were aware of the factors that promoted Gender-Based Violence in their community with 88.6% of young Adolescent FSW indicating that they experience GBV in the course of their work as FSW. Young and adolescent FSW between 15-17 years of revelation about Knowledge and 96% are Brothel-Base Participants. Those without parenthood who serve under their master in the Brothel were the most presented with GBV due to Harassment by Uniform men and Paying Partners, as well as their master. Low level of education and lack of income-generating activities were other factors identified during the study.

**Conclusion:** Findings from this study will help improve programming by civil society organizations and Government for better economic, social, and gender-related violence activities and Intervention against this Vulnerable population. Government should develop inclusive policies that will protect the well-being of this vulnerable Population.

# 1448 Social Determinants of Health Addressed in U.S. Ending the HIV Epidemic Plans: A Thematic Review

Dashiell Sears (presenting)<sup>1</sup>, Christopher Duncombe<sup>2</sup>, José M. Zuniga<sup>1,2</sup>

<sup>1</sup> Fast-Track Cities Institute, Washington, DC, USA

<sup>2</sup> IAPAC, Washington, DC, USA

**Background:** The United States designated 48 counties, 7 states, and 2 cities as priority one jurisdictions for the Ending the Epidemic (EHE) initiative in 2019, allocating specific funding to activities in high HIV-burden areas to implement novel approaches towards four identified pillars: Test, Treat, Prevent, and Respond. Multiple studies have implicated social determinants of health such as food security and housing stability in addition to integrated service delivery as critical to attaining HIV prevention and treatment goals. We conducted a thematic review into the inclusion and nature of these social determinants of health for all available EHE plans.

**Method:** Our investigation consisted of a thematic review of identified social determinants of health using key words for each EHE plan. Each reference was investigated to understand whether this resulted in a novel intervention and observable metrics and measurements critical to supporting attainment of a goal. We utilized PDFs of each available plan and referenced the following: "Food" and "Housing" as self-referential and "Integrated" and "Social" for integrated service and social determinants of health. We then investigated the thematic nature of the body of references per indicator for each plan.

**Results:** 41 existing plans were investigated due to multiple jurisdictions combining plans. This resulted in investigating a combined 2698 pages. [See this table](#) for data results for each referenced word. When investigated for context, one plan generated metrics and measurements for attainment of stability in one area: (Housing, San Francisco) and one generated a new program integrating housing and pre-exposure prophylaxis (Washington, DC).

**Conclusion:** Our review identified social determinants of health being referenced as part of situational analysis, epidemiologic profiles, and importance to overall HIV health outcomes. However, further investigation revealed that most plans did not incorporate interventions to address social determinants of health, including metrics, or goals to measure improvement in food, housing, or service integration beyond description of the need.

# 1449 Integrating Concierge Navigation Approach into Local Harm Reduction Services

Laura Guy (presenting)<sup>1</sup>, Lisa Yarber-Cambron (presenting)<sup>1</sup>

<sup>1</sup> Norton Healthcare, Louisville, KY, USA

**Introduction:** Accessing quality healthcare can be particularly challenging for certain at-risk populations such as People Who Inject Drugs (PWID) and those experiencing homelessness. These same populations often experience higher rates of care intensive diseases such as HIV and HCV where being able to receive quality care is of the utmost importance. This abstract aims to explore the implementation and impact of concierge navigation at a local syringe service program (SSP).

**Description:** A nurse navigator and auxiliary staff established processes to close gaps in the care continuum at a local SSP site. Participants in the program are met in familiar surroundings and made aware of the presence of a nurse navigator within the facility. Following completion of harm reduction services participants can engage with program staff to request information, education, or LTC as needed. A successful LTC was considered a completed first appointment with a healthcare provider.

**Lesson Learned:** The initial uptake of concierge navigation in the SSP setting was slow and many participants were hesitant to approach staff. Patience during the process of establishing a consistent presence at the site and establishing trust with SSP staff and participants are crucial steps in increasing acceptance of nurse navigator and LTC in this setting.

**Recommendations:** Through analysis of the cases that were identified via a syringe service program several key benefits of utilizing concierge navigation for at risk populations in the context of HIV and HCV care were found. Often-times these populations feel stigmatized and mistreated by the healthcare system. By addressing barriers and providing personalized support, concierge navigation can improve patient engagement, linkage to care, treatment adherence, and overall health outcomes. Concierge navigation should be recognized for its value and integrated into existing care models with the aim of reducing health disparities in these at-risk populations.



# 1451 Women and HIV in Saskatoon, Canada

Cara Spence (presenting)<sup>1</sup>, Larissa Kiesman<sup>2</sup>

<sup>1</sup> University of Saskatchewan, Saskatoon, SK, Canada

<sup>2</sup> Westside Community Clinic, Saskatoon, SK, Canada

**Background:** The Canadian province of Saskatchewan has had the highest rates of HIV/AIDS in Canada for over a decade, with recent rates at 16.8 per 100,000 (over 4x the national average). The urban city of Saskatoon has the highest numbers of infections at 6x the national average. This unique epidemic is driven by intravenous drug use (IVDU) among a largely Indigenous and stigmatized population. Since 2020, changes in social and health policy have resulted in a marked increase in homelessness rates. New HIV diagnoses are disproportionately affecting younger women of childbearing years from 33% (2019) to 67% (2021). Reported risk factor has also shifted from 61% IVDU (2019) to 68% heterosexual transmission in 2021. This syndemic is coupled with a sharp increase in syphilis infections from 2019-2023.

**Method:** A retrospective chart review for HIV diagnosed individuals was conducted from May 1, 2018 – April 30, 2023, from three clinical databases. Variables extracted from the electronic medical records included: baseline characteristics at diagnosis, including CD4 counts and viral loads, patient demographics, HIV risk factors, co-infections, laboratory results, medications, and appointment data. Data was aggregated and analyzed by gender. Policy documents and interview data from women receiving care at the participating clinics were also collected and analyzed.

**Results:** Clinical data demonstrates a shift in the epidemiology of HIV in Saskatchewan since 2020, with new diagnosis among young women and a primary risk factor to heterosexual transmission. A record amount of diagnosis in pregnancy was noted. Participants report disruptions and barriers to access to health services, and drastic changes to social security benefits since 2020 were documented.

**Conclusion:** Housing security and social support are critical factors for preventing HIV infection. With HIV as a marker of marginality, young Indigenous women with heterosexual transmission risk factors were especially impacted by the colliding pandemics of the COVID-19 era.

# 1452 Stigma as a Barrier to Ending the HIV Epidemic in US Cities and Counties

Dashiell Sears (presenting)<sup>1</sup>, Christopher Duncombe<sup>2</sup>, José M. Zuniga<sup>1,2</sup>

<sup>1</sup> Fast-Track Cities Institute, Washington, DC, USA

<sup>2</sup> IAPAC, Washington, DC, USA

**Background:** The Ending the HIV Epidemic (EHE) initiative seeks to reduce the number of new HIV infections in the United States by 75% by 2025 and by at least 90% by 2030. The first phase prioritized 48 counties plus 7 state, Washington, DC, and San Juan. HIV stigma and discrimination affect the physical and emotional well-being and mental health of people living with HIV. The 2022 State of HIV Stigma in the United States survey reported that 90% of Americans believe stigma around HIV still exists.

**Method:** All phase one jurisdictions were required to develop EHE plans. We searched 41 available plans which included 2 cities 48 counties and 7 states with the objectives of the search of identifying which plans cited stigma as a barrier to accessing HIV prevention and treatment services, what interventions to mitigate stigma were included in the plans.

**Results:** Stigma was cited in all 41 EHE plans as a major barrier to accessing services. Interventions to mitigate stigma frequently described in the plans included implementing status neutral care (8), implicit bias provider training (13), sustained community-based social marketing and communication efforts (22), developing indicators for measuring stigma (4), addressing discriminatory policies (15), and addressing criminalization (12).

**Conclusion:** HIV-related stigma is common in the U.S and remains a significant barrier to accessing HIV testing, prevention and treatment services. Without exception, stigma was cited as a barrier to ending the HIV epidemic in all EHE plans reviewed.

# 1454

## Progress in the HIV Continuum of Care for Men Who Have Sex with Men in Vietnam between 2015 and 2020

**Thu Quang Le (presenting)<sup>1</sup>, Khuu Van Nghia (presenting)<sup>1</sup>, Thanh Cong Duong<sup>2</sup>, Quoc Cuong Nguyen<sup>2</sup>, Hau Phuc Tran<sup>1</sup>, Phuc Duy Nguyen<sup>1</sup>, Nguyen Thi Thanh Ha<sup>3</sup>, Duc Hoang Bui<sup>4</sup>, Huong Thi Thu Phan<sup>4</sup>, Tu Le<sup>1</sup>, Thuong Vu Nguyen<sup>1</sup>**

- <sup>1</sup> Pasteur Institute in Ho Chi Minh City, Ho Chi Minh City, Vietnam
- <sup>2</sup> U.S. Centers for Disease Control and Prevention, Ho Chi Minh City, Vietnam
- <sup>3</sup> National Institute of Hygiene and Epidemiology, Ho Chi Minh City, Vietnam
- <sup>4</sup> Vietnam Administration of HIV/AIDS Control, Ho Chi Minh City, Vietnam

**Background:** Vietnam's targets to end the AIDS epidemic by 2030 are 95-95-95 for diagnosis, treatment, and viral load (VL) suppression outcomes. To monitor the success of HIV programs toward these outcomes and identify programmatic gaps in HIV services for MSM, we used multi-year survey data to assess the awareness of HIV-positive status, linkage to antiretroviral therapy (ART), and VL suppression.

**Method:** We used the HIV/STI sentinel surveillance (HSS+) data collected through annual cross-sectional surveys among MSM from 2015-2020 in 6 provinces. HIV status awareness, ART treatment and viral suppression were calculated and trends of the 95-95-95 targets were assessed. We used a Cochran-Armitage trend test to assess the trends from 2015 to 2020.

**Results:** Of 4,712 MSM in the study, 471 (10.0%) tested positive for HIV. Among those testing positive, 420 (89.2%) were unmarried, 303 (64.5%) used a condom in the last sex with a male partner. In 2015, 11/66 (16.7%) of MSM testing HIV-positive were aware of their status, which increased to 85/178 (47.8%) in 2020 (p-trend <0.001). Among those aware of their HIV-positive status, 7/11 (63.6%) were on ART in 2015, which increased to 83/85 (97.7%) in 2020 (p-trend <0.001). Among those on ART with VL results, 64/66 (97.0%) were virally suppressed in 2018, which increased to 82/83 (98.8%) in 2020.

**Conclusion:** Our findings indicate significant improvements across the HIV care continuum among MSM from 2015-2020. However, still more than half of MSM living with HIV are not aware of their HIV-positive status. To meet the national targets, the HIV testing and case finding programs for MSM need to be scaled up.

# 1459

## Lagos State Domestic Resource Mobilization and Sustainability Strategy (DRMSS)

**Ogechukwu Igwe (presenting)<sup>1</sup>, Monsurat Adeleke<sup>2</sup>, Olusegun Ogboye<sup>3</sup>, Oladipupo Fisher<sup>2</sup>, Helen Omowumi Olowofeso<sup>1,4</sup>, Temitope Fadiya<sup>5</sup>, Udon Udofia<sup>6</sup>, Imane Sidibé<sup>1</sup>**

- <sup>1</sup> IAPAC, Washington, DC, USA
- <sup>2</sup> Lagos State AIDS Control Agency, Lagos, Nigeria
- <sup>3</sup> Lagos State Ministry of Health, Lagos, Nigeria
- <sup>4</sup> Fast-Track Cities Institute, Washington, DC, USA
- <sup>5</sup> UNAIDS, Lagos, Nigeria,
- <sup>6</sup> Human Support Services, Lagos, Nigeria

**Background:** The City of Lagos currently has over 150,000 people with HIV on care and treatment with a prevalence rate of 1.4% (NAHS, 2018). The city's response is largely donor-funded, but in recent times has been substantially complemented with increasing government budgetary appropriation and fund releases. Nonetheless, the state remains heavily donor-dependent, considering the scope of other competing needs in the State. As part of the efforts to identify sustainable financing mechanisms for the control of HIV, the State HIV Domestic Resource Mobilisation and Sustainability Strategy (DRMSS) 2023-2025 was developed.

**Method:** The Lagos State HIV DRMSS was developed using a consensus-building approach. Stakeholders spanning multiple sectors, including public, private, development partners, and civil society, collectively designed 12 strategies to address the four pillars of the DRMSS document in tandem with the city's HIV/AIDS strategic plan 2021-2025 and priorities. The goal was to identify strategies allowing the State to tap from the available funding opportunities vis-à-vis the State HIV program in order to achieve the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets by 2030.

**Results:** The document proposed 12 strategies under 5 core pillars: Public sector mainstreaming, Non-Public sector financing sources, Increasing efficiency and effectiveness of the HIV response, Local manufacture of HIV commodities, and Improvement of governance of HIV response at all levels. Strategies #1, #4, #5, and #6 are specifically intended to directly address the mobilization of domestic resources by increasing government budgetary allocation and increasing contributions from private sectors and philanthropists. On the other hand, strategy #3 is specific to strengthening and improving the current roadmaps for sustainable integration of comprehensive HIV services into the State's Health insurance Scheme. (See [Figure 1](#) and [Table 1](#).)

**Conclusion:** The vision of this DRMS Strategy is to improve domestic funding for the city's HIV response through the diversification of HIV funding sources. This will achieve a substantial reduction in the current HIV response funding gaps. The implementation of these strategies will ensure that Lagos remains on the path towards epidemic control and ending the AIDS epidemic by 2030.

# 1464 Knowledge of U=U is a Significant Predictor of Stigma in Healthcare Settings in Ireland

Elena Vaughan (presenting)<sup>1</sup>, András Költő<sup>1</sup>, Colette Kelly<sup>1</sup>,  
Saoirse Nic Gabhainn<sup>1</sup>

<sup>1</sup> University of Galway, Galway, Ireland

**Background:** HIV stigma in healthcare settings creates barriers across the care continuum, eliciting health-avoidance behaviors, and negatively impacting public health efforts and individual health outcomes. Addressing HIV stigma in healthcare settings is vital to improving individual and population health. The aim of this study was to measure stigma in healthcare settings in Ireland to identify drivers and facilitators of stigma associated with HIV.

**Method:** Data were collected online from healthcare workers (HCWs) (n=295) using the Health Facilities Questionnaire, which captures drivers and facilitators of HIV stigma. This was adapted with input from a stakeholder panel including people living with HIV (PLHIV). We used standardized measures of stigmatizing attitudes and discriminatory behaviors towards, and fear of treating, PLHIV. We built hierarchical multiple regression models to test which factors predict these outcomes. The models contained (1) gender, age, profession, years worked in healthcare, ever worked in a HIV clinic; (2) type of healthcare service, number of HIV patients seen in last 12 months; (3) training received, institutional policies, knowledge of U=U.

**Results:** Stigmatizing attitudes towards PLHIV were not predicted by any variables. Working at an HIV clinic, institutional policies and U=U knowledge explained 16.2% variance in discriminatory behaviors. Gender and U=U knowledge explained 23.8% variance in fear of treating PLHIV.

**Conclusion:** Our findings suggest that among HCWs in Ireland a combination of individual and institutional level factors may be implicated in fear of, and stigmatizing behaviors towards, PLHIV. To our knowledge, this is the first study to investigate knowledge of U=U as a predictor of HIV stigma in healthcare settings. The results indicate that lack of knowledge of U=U may be a major driver of stigma. Improving knowledge of U=U among HCWs may help reduce HIV stigma in healthcare settings.



# AMSTERDAM

## FAST-TRACK CITIES 2023



*Fast-Track Cities 2023* is organized by the International Association of Providers of AIDS Care (IAPAC), in collaboration with the Fast-Track Cities Institute (FTCI), Joint United Nations Programme on HIV/AIDS (UNAIDS), and GGD Amsterdam. We wish to express our gratitude to the supporters whose generosity is making this conference possible.

### PLATINUM



### GOLD

