Oral Abstracts from the Fast-Track Cities 2021 Conference Lisbon Portugal October 20-22, 2021

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1016: Rapid ART Start in Newly/Previously Diagnosed HIV Treatment-Naïve Patients in the City of Phoenix Ryan White and Private Clinic 24-month START Outcome
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Background: The Phoenix FTCI implemented Citywide Rapid Start (START) in September 2018. The two large HIV clinics in Phoenix already started this approach in early 2018. We present 24-months of data from both clinics.

Method: Treatment naïve patients who were linked to START at Valleywise Health (RW) clinic and Spectrum Medical (private) from January/February 2018 to June 2020 with subsequent HIV RNA were included. There was a total of 435 patients (376 RW/59 private, respectively). We compared RW data to its historical data, days from diagnosis to VS decreased from 27.5 to 13 days (p-value 0.0001), and days from ART to VS decreased from 55 to 35 days (p-value 0.0002). Retention in care at 6 months were 72.5/97%, respectively. Retention in care at 12 months with at least one VS was 92.6/95%. Retention in care at 18 months was 70.3/82%. Retention in care at 24 months was 73.5/94%. Retention in care at 24 months with at least one VS was 72.8/84%.

Conclusion: START significantly decreased the time from diagnosis to VS. Retention in care decreased over time in RW, compared to private. It is crucial to identify, assist, and re-engage those that dropped out of care to achieve the last 90%.

1039: Austin/Travis County Fast-Track Cities: Developing a Local Action Plan through Stakeholder Engagement
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Introduction: The Austin/Travis County Fast-Track Cities (FTC) Initiative implemented several stakeholder engagement strategies to develop the local Action Plan. The program’ partnership framework supports a diverse and robust membership, allowing for substantial Action Plan input and feedback.

Description: With the 90-90-90 goals in mind, four Priority Areas emerged from the Austin/Travis County FTC: Prevention; Testing & Rapid Linkage; Retention, Re-engagement, & Viral Suppression; and Ending Stigma. The Plan was developed and finalized through three key activities: (1) Summer 2019: A SurveyMonkey requesting feedback on current Action Plan components. Plan components requiring further development were identified through survey analysis and evaluation; (2) These areas were addressed through the November 2019 Consortium’s interactive activity; (3) December 2019 – May 2020: During monthly meetings, Priority Workgroup Chairs led further analysis and development of their respective Action Plans. The FTC Support Staff provided guidance and transparency through these activities. In
May 2020, the Action Plan was presented at the Core Coordinating Committee Meeting and emailed out to FTC membership.

Lessons Learned: Stakeholder buy-in was supported by the ample opportunity for engagement, both in-person and virtually. The Plan’s evolution revealed several common themes across the Priority Areas, leading to the creation of the Cross-Cutting Strategies. The Action Plan report includes a narrative and data from the Texas Department of State Health Services, a timeline of the local FTC initiative, a process for updating Action Plan items, Priority Area Workgroup Action Plans, and Acknowledgements.

Recommendations: The local Action Plan is a living document that will be updated as needed. The Plan has companion documents where specific Workgroup Activities will be documented and monitored, and outcomes tracked. All FTC documents reside in the SharePoint website for members to review. The Action Plan is a foundation, enabling Workgroups to move toward activity prioritization, implementation, and evaluation.

1071: Impact of Community Pharmacies on Access to Point-of-Care Tests for HIV and Hepatitis C and B Infections: An Observational, Cross-Sectional Study

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Background: Portugal has set early identification and diagnosis of HIV, HCV, and HBV infections as a priority in 2018. Community pharmacies started performing point-of-care tests for such infections to the public (≥18 years) upon request. Study objective: to characterize the population using this service, their behaviors, and motivations for getting tested at the pharmacy.

Method:

- Design: observational, cross-sectional, descriptive study.
- Period: October 8, 2018, to December 31, 2019.
- Data collection instruments: matrix filled by pharmacists (tests performed and results per user); questionnaire to users (self-administered, optional, anonymous, confidential).
- Location: community pharmacies in the Municipality of Cascais, members of the ANF, who chose to participate in the Fast-Track Cities initiative, with pharmacists specifically trained to this service.

Results: The 21 participating pharmacies (51.2%) performed a total of 1,422 tests (54.9% HIV, 37.9% HCV, 7.2% HB), on 808 individuals (average age 37 years [SD=14], 60% male); 16 tests with reactive result (1.1% total, 1.0% HIV, 1.5% HCV) in 2.0% of users. 70.4% (n=569) of individuals completed the questionnaire. The results showed access to migrant populations (24.8% foreigners), to first-time test users (37.9% HIV, 40.8% HCV, 50.9% HBV) and to younger populations (half of the first-time users are under 30). Main reasons for taking the test: “Unprotected sexual intercourse” (52.6%) and “I never did the test” (23.9%). More than 50% considered the “Reduced waiting time”, “Privacy” and “Trust in pharmaceutical counseling and competence” to be extremely important when choosing to do the test at the pharmacy over other testing sites. Instead, “Fear of discrimination in other place”, “Lack of willingness to go to other places” and “Ignorance of other place to perform the test” are not differentiating factors.

Conclusion: Performing point-of-care tests in community pharmacies seems to improve the population’s access with potential for reducing inequities, as also reported by other countries.

1083: Espaço Intendente (GAT): Working to Reach the 90-90-90 Target

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Introduction: Community-based services offered to key populations are one of the strategic approaches contributing to reach the 90-90-90 target.

Description: Espaço Intendente in Lisbon is a community-based center of Grupo de Ativistas em Tratamentos (GAT) that focuses on prevention, detection, and linkage to care for trans-people, sexual workers and/or migrants. Espaço Intendente offers counselling; distribution of sexual prevention materials; confidential and anonymous screening for Human Immunodeficiency Virus (HIV), Hepatitis B, Hepatitis C and/or syphilis; medical care for other Sexual Transmitted Infections (STI’s); and support to address people’s social needs.

Lessons Learned: In 2019, Espaço Intendente performed 2524 HIV screenings tests, of which 51 (2%) were reactive – one of the reactive tests was performed indoors (in apartments where sex work is carried out). One hundred (100) people with a non-reactive HIV test who reported significant risk situations were referred to Pre-Exposure Prophylaxis (PrEP). One hundred and twenty-eight (128) people with prior knowledge of HIV infection were linked or relinked to HIV care. More than a third of the people screened for HIV did not have the Portuguese National Healthcare beneficiary number.

Recommendations: Espaço Intendente offers a unique contribution for HIV care cascade by adopting a proximity approach in counselling, screening, social support and (re)linkage to care for key populations that otherwise could be missed by the National Health Service.
1093: Routine HIV Screening in the Era of COVID-19

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Introduction: After the first diagnosis of COVID-19 on March 9, 2020, New Orleans, Louisiana had an early, rapid increase in cases, distinguished as the fastest-growing COVID outbreak worldwide. The University Medical Center-New Orleans (UMCNO), a safety net hospital in New Orleans, provided 24-hour access to routine HIV screening throughout the pandemic when many organizations halted screening services.

Description: UMCNO implemented the Frontlines of Communities in the U.S. (FOCUS) grant funded HIV testing program in 2013, which integrated automated electronic medical record (EMR) driven routine HIV testing into normal hospital workflow, with system-wide policy changes to support sustainability. Two full-time navigator positions facilitate linkage to care for patients living with HIV identified through testing.

Lessons Learned: Over 100,000 HIV tests were conducted at UMCNO between 2013 and 2020, with a HIV-seropositivity rate of approximately 0.9%. With implementation of stay-at-home orders, monthly average Emergency Department (ED) visits from April to June 2020 decreased to 65% of the November 2019 – January 2020 pre-pandemic levels, with monthly averages for HIV tests decreasing to 57% compared to the same pre-COVID quarter. Average monthly ED visits later increased, but remained lower than pre-pandemic levels (e.g., 7539 in the November 2019-January 2020 pre-COVID quarter compared to 6264 in the July – September 2020 quarter). Linkage to care rates remained consistently high (Table 1), proportional to identified positive diagnoses throughout 2020.

Recommendations: UMCNO’s FOCUS program integrated HIV screening into hospital workflow. As such, our hospital-maintained testing, albeit at a reduced rate, during the months the stay-at-home orders were in place in New Orleans. The program maintained routine HIV testing and linkage services through EMR automation (best practice advisories) to ensure all eligible patients are offered testing when appropriate.

1139: Modelling the Interaction between Depression and HIV Incidence in Manicaland, East Zimbabwe

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Background: Depression can worsen rates of HIV testing and treatment adherence. In urban, generalised epidemic settings, depression prevalence may be high, and a mathematical model linking depression and HIV incidence can give insight into the impact of increasing interventions for depression on HIV incidence.

Method: We used serostatus and questionnaire data from the Manicaland Study (Zimbabwe, 2018–19) for parameterising, calibrating, and validating the model. In addition to demographic, sexual risk and treatment data, the questionnaire incorporated Patient Health Questionnaire-9 questions, allowing assessment of depressive symptom prevalence. Using this data, we developed a deterministic compartmental model describing interactions between depressive symptoms and HIV status (Fig.1). We estimated depressive symptom prevalence from 2020 to 2025, assessing the impact of a cognitive behavioural therapy-based intervention on HIV incidence.

Results: From study data, depressive symptom prevalence was higher among people living with HIV than HIV-negative people (men:29.8%, 95% confidence interval=24.8-34.8%, n=331, vs 18.2%, 18.2-20.9%, n=3,544, p<0.001, women:40.8%, 36.9-44.8%, n=605, vs 26.3%, 25.0-27.6%, n=4,834, p<0.001). We calibrated our model to study data (Fig.2). Preliminary findings suggested the psychotherapy intervention may reduce HIV incidence by 11.6% over five years, largely driven by changes in mortality and HIV risk behaviour.

Conclusion: This model captures interactions between HIV and depression. While our results on the impact of psychotherapy are initial, they highlight the role that depression interventions could have in the fast-tracked HIV response.

1142: TB Treatment Initiation Time in HIV Positive Patients: Implications for TB Treatment Outcomes

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Background: Mozambique, a country with a high burden of TB/HIV adopted the WHO policy on collaborative activities...
to reduce the co-infection (2013). However, latest TB report shows rates of successful treatment outcomes for co-infected patients still much lower than rates for all TB patients. Data from Carmelo, a reference Hospital in Gaza province, was assessed to identify factors associated with unsuccessful TB treatment outcomes among a cohort of adult TB/HIV patients.

Method: A retrospective study was conducted using 2006–2017 cohort data looking at TB treatment outcomes considering which treatment was initiated before: ATT or ART. The study focused on determinants of unsuccessful TB treatment outcomes, grouping the different outcomes to have a yes/no variable. Probit regression was applied to identify association between binary dependent variables. Variables included ART/ATT start dates; age at ART initiation; gender; baseline CD4; anatomical location of TB; ATT regimens and treatment outcomes.

Results: A total of 6,782 co-infected patients (52.9% males) were included. Of these 69% started ATT first, while 31% started ART first. Among 21.1% of patients with unsuccessful treatment outcomes, those starting ART first were more prevalent. Unsuccessful outcomes were strongly associated with early initiation of secondary treatment: ATT initiation within the first three months of ART and ART initiation while on the intensive phase of TB treatment, especially among patients with low baseline CD4. Being on TB retreatment and age>50 years are risk factors weakly associated (HR>1: 1,075/1,492 for ART start first group; and 1,890/1,552 for those starting ATT first respectively) with unsuccessful outcomes.

Conclusion: Rapid and more sensitive TB diagnostic tests in PLHIV, better management of elderly and immunosuppressed patients, provision of ART services in all sectors of the facilities are recommended to improve TB outcomes among co-infected patients.

1148: The Effect of Using FARMAC Pharmacies in Strengthening the Differentiated Models of Service Delivery for Antiretroviral Therapy
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4Ministry of Health, Maputo City, Mozambique
5FARMAC, Maputo City, Mozambique

Background: The HIV epidemic is a major public health problem in Mozambique. HIV patients’ retention in care and treatment is still among the most disturbing challenges. The National Health Service has adopted the differentiated models of service delivery for antiretroviral therapy to adapt the response to the needs of users. Thus, the Ministry of Health in collaboration with its partners established a partnership with public pharmacies outside the health facilities (FARMAC) to dispense antiretroviral drugs to patients in treatment.

Method: Four FARMAC pharmacies in Maputo City were included in the strategy between September 2019 and August 2020. Eleven pharmacists from FARMAC were trained to dispense antiretroviral drugs and in counselling to enforce adherence to antiretroviral treatment. Education sessions and pamphlets were used to disseminate the strategy at health facilities. Patients older than 10, in the first line drugs, with good adherence, undetectable viral load, and without the need to take prophylaxis therapy were invited to participate. Those who consented were referred to the pharmacy of their choice. Patients received monitoring calls to collect their medication and attend clinical consultations timely.

Results: About 2745 patients used FARMAC pharmacies through the intervention. Of those, 99% remained in HIV care and treatment. Adherence to the strategy was higher when associated to three months drugs collection. Only 26 patients interrupted their participation mainly (18 patients) due to repeated absences.

Conclusion: Public pharmacies outside the health facilities are potentially an additional model to differentiated models for HIV service delivery. The strategy reduced the number of visits to the health facilities, demonstrating an appealing option in COVID-19 restrictions context and alike. Moreover, it illustrates patients centered models efficacy in retention improvement.

1157: Associations of Income and Demographics with Care Continuum Outcomes: A Zip Code Level Analysis in 36 US Cities
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Background: Differences in the HIV treatment continuum endpoint (viral suppression) have been demonstrated across several social determinants of health (SDOH). We aimed to evaluate ecologic associations between stages of the HIV treatment continuum and SDOH at the zip code level in 36 US (20 Fast-Track) cities.

Method: Data were obtained by AIDSVu.org. Jurisdictions reported counts of HIV care continuum outcomes (late diagnosis, linked to care for 2014–2018; received care, viral suppression for 2018). SDOH data were obtained from the American Community Survey. Using zip code as the unit of analysis, we used hierarchical linear regression models to estimate the association between each SDOH variable and each HIV care
continuum outcome. We present the change in percentage points of each outcome that corresponds to an increase from the first quartile to third quartile of each SDOH.

**Results:** The zip code level median percent for percent of new infections with a late diagnosis was 19.7% and linked to care was 72.6%. Among prevalent infections, the median zip-specific values for received care and viral suppression were 71.3% and 59.8%, respectively. Comparing the third to first quartile, median income was associated with 3.2% increase in late diagnosis (95% CI: 2.3%, 4.1%), a 3.1% increase in linkage to care (CI: 2.3%, 3.8%) and a 2.1% increase in viral suppression (CI: 1.6%–2.6%). Zip codes with a higher percentage of Black adults had a lower proportion of late diagnosis (-1.8%, 95% CI: -2.3, -1.4), but lower timely linkage to care (-2.2%, 95% CI: -2.7%, -1.7%) and lower viral suppression (-1.4%, -1.8%, -1.0%).

**Conclusion:** At the zip code level, social determinants of health are associated with all stages of the HIV care continuum, but the direction and magnitude of that impact differs across stages. Understanding the associations between SDOH and continuum outcomes should inform programmatic planning and resource allocation.

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**1162: Acceptability Evaluation of Dual HIV/ Syphilis One-Minute Test for the Screening of HIV & Syphilis in Men Who Have Sex with Men in CheckpointLX, Lisbon, Portugal**

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**Background:** Dual tests that can be used at point-of-care for simultaneously detecting HIV and syphilis antibodies have been developed, but there is limited data on their acceptability. CheckpointLX offers 15-minute independent HIV, and syphilis testing for men who have sex with men (MSM) performed by trained peers since 2011. A 1-minute dual test was introduced to scale-up HIV and syphilis testing, but MSM acceptability is a higher priority to tailor the service. Hence an evaluation of the dual test acceptability compared with standard of care at CheckpointLX was performed.

**Method:** Participants were randomly allocated to receive the 15-minute HIV and syphilis separate testing currently used or receive the 1-minute INSTI® Multiplex HIV-1/HIV-2/ Syphilis Antibody Test, based on the week they visited CheckpointLX. Then they answered an acceptability questionnaire. Data were collected between September 2019 and July 2021, and statistics were performed to describe data and to compare both tests’ acceptability.

**Results:** 78 MSM were enrolled, 39 received the new dual test, and 39 received the ongoing separate test. No significant differences were found between dual test and separate test groups regarding the mean age, education, working status, and country of origin. We found no differences regarding willingness to use test and in the feasibility domains. Regarding satisfaction domain, 38 (97.4%) of the dual test would like to use the test again vs 11 (28.2%) of the separate test group, p<0.001, and 38 (97.4%) of dual test participants would recommend the test to a friend vs 29 (74.4%) of the other group, p=0.009.

**Conclusion:** Our data suggest the dual test acceptance is higher. A higher acceptance associated with a considerable time reduction may contribute to testing scale-up, leading to an eventual increase of new cases detection.

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**1183: Outcomes of an HIV/HCV Screening Program with an Embedded Linkageto Care Nurse**

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**Background:** Global efforts aim at tackling human immunodeficiency virus (HIV) and hepatitis C (HCV) infection by stopping its transmission through increased diagnosis and effective linkage to care (LTC). As a Fast-Track City (FTC), Cascais implemented a universal HIV/HCV screening project in the Emergency Department (ED) of its hospital, with an embedded nurse assuring LTC.

**Method:** For patients 18–65 years of age the Electronic Medical Record (EMR) automatically generates a request for HIV and HCV antibody test provided the patient has a blood test as part of routine ED care; excluded are individuals already known to be infected and those who have on record a test performed in the previous year. Nursing staff in the ED receive a visual warning of patient eligibility and offer the screening; the «opt-out» strategy is applied. All reactive results are referred to the embedded LTC nurse by email who will guarantee assessment, follow-up and LTC when applied.

**Results:** Between September 2018 and September 2020 a total of 21139 and 27357 patients were screened for HIV and HCV, respectively. 771 reactive results were referred to the LTC nurse by email who will guarantee assessment, follow-up and LTC when applied.
Conclusion: Our screening program in the ED was successful in diagnosing new HIV and HCV infections. Effective LTC after diagnosis is crucial to ensure optimal patient outcomes and high LTC rates were achieved because of the crucial role of the LTC nurse.

I215: Chemsex Use in a HIV Pre-Exposure Prophylaxis (PrEP) Program Based in Milan

Camilla Muccini (presenting)1, Alessandro Tavelli2, Roberto Repossi2, Roberto Rossotti3, Daniele Calzavara2, Anna De Bona4, Pietro Vinti2, Simona Bossolasco1, Antonella d’Arminio Monforte5, Massimo Cernuschi1

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Background: Chemsex is increasing among MSM. Prevalence and incidence estimates change substantially among different cohorts. Aim of our study is to assess prevalence and incidence of chemsex and define factors associated to its use in a community-based PrEP service in Milan.

Method: Data were collected from self-administered questionnaires filled between December 2017 and July 2021. PrEP users completed a questionnaire at each visit providing data on drug and alcohol use, and sexual behaviors. Chemsex practices included use of crystal methamphetamine, mephedrone, MDMA, ketamine, GHB, MDVP and cocaine. Logistic regression estimated adjusted odds ratios (aORs) and 95% confidence intervals (CIs) for factors associated with chemsex use.

Results: The analysis included 527 participants with a median age of 44 (31-37) years; 505 (96.2%) were MSM. Overall, 127 (24.1%) have reported recreational drug use: 61 (11.6%) continuously and 66 (12.5%) occasionally. Eight participants (1.5%) were female, and none reported chemsex. Among them, 80 (63.0%) participants reported both illicit drugs and alcohol use while 47 (37.0%) only drugs use (p<0.01). Cocaine was the most consumed: it was taken by 77 (14.6%) PrEP users, followed by GHB (7.4%) and MDMA (7.2%). Prevalent cases were 86 at the first visit, while incident cases at follow-up visits were 41 with an incidence of 15.5 per 100 person-years of follow up. Participants who used recreational drugs were more likely to use also erectile dysfunction drugs (aOR 2.77, 95%CI 1.67-4.60, p<0.001) and alcohol during sexual intercourse (aOR 2.54, 95%CI 1.64-3.94, p<0.001), and to have a higher number of unprotected sexual intercourse (aOR 1.04, 95%CI 1.01-1.09, p=0.022), as shown in Table.

Conclusion: Chemsex prevalence and incidence proved to be high among PrEP users in Milan. Routine clinical practice should include chemsex screening and counseling for a better risk management.

I225: Access to HIV Testing Before and After SARS-CoV-2 Pandemic in Milan: Comparison between a Healthcare Setting and a Community Setting

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Background: SARS-CoV-2 pandemic had a negative impact not only on diagnostic and therapeutic services but also on prevention, including HIV screening. In this study we evaluated and compared the impact of the pandemic on HIV testing in healthcare and community settings in Milan.

Method: We considered the HIV screening tests performed between 01/01/2019 and 10/06/2021 in two local hospital-based STIs outpatient clinics and in a community-based HIV testing facility. We then compared the two settings in pre COVID (before Mar2020) and post COVID (Mar2020–Jun2021) period in terms of number of tests performed, test results and age, sex and nationality of the subjects tested.

Results: 4106 HIV screening tests have been performed (30.8% healthcare setting, 69.2% community setting). Globally, the community setting tested younger subjects, more females, and fewer foreigners, with a lower HIV prevalence (Tab1). In the healthcare setting, in the post COVID period there has been a decrease in the number of tests performed (Tab4), with older subjects and fewer females tested (Tab2). HIV prevalence remained quite high (Tab3). In the community setting, in the post COVID period there has been also a decrease in the number of tests performed, mostly due to lockdown (Mar – Jun 2020, Fig1). Indeed, after restricting to the period of Jul 2020 – Jun 2021, the average number of HIV-test/month was similar to pre COVID era. Younger subjects, fewer females and a lower HIV prevalence have been found in post COVID period.

Conclusion: Both settings have reduced their activity due to the pandemic. The prevalence of HIV was high in the healthcare setting, possibly because of subjects attending the service while...
sential to contain the trauma and devastation inflicted by these diseases.

Introduction: The City of Windhoek (CoW), in partnership with Ministry of Health and Social Services (MoHSS), UNAIDS, and other stakeholders hosted Male Engagement events. The campaign engaged men in dialogue regarding their uptake of health services, gender-based violence, and onsite health services screening, including HIV testing. The events were mainly hosted in informal settlements like the Moses Garoeb Constituency in Windhoek.

Description: The campaign stemmed from the Mayor’s commitment to HIV prevention as a Champion of the Paris Declaration on Fast-Track Cities, in Namibia. The Mayor’s initiative was fueled by poor access and uptake of health services by men, particularly in the City of Windhoek. The campaign engaged men aged 18 and above in a dialogue regarding their uptake of health services, to recognize the health needs of men and the crucial role of health promotion towards a healthy nation. The campaign provides an open and informative platform for men’s health and behaviour change.

Lessons Learned: About 250 men attended the last event and actively participated in the discussions. About 90 men tested for HIV, with most of them testing for the first time. The “Male Engagement Policy Paper” was officially launched by Mayor of City of Windhoek at the event and disseminated to all constituencies. Events such as this increase coverage of HTS and other diseases, and further extends information on sensitive topics such as Gender-Based Violence and Voluntary Medical Male Circumcision (VMMC).

Recommendations: The men made recommendations on how to create male-friendly health facilities which are caring and supportive to all men irrespective of their economic status and social background. Other cities such as Katima Mulilo and Swakopmund were identified for implementing similar campaigns to encourage men to take up health services. These will then be rolled out countrywide.

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1238: Fighting HIV Stigma with Elected Officials and At-Home Testing
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Introduction: This project addressed HIV testing stigma. Due to HIV stigma, people are less likely to get an HIV test in fear of receiving a positive test result thus unknowingly contributing to the transmission of HIV.

Description: To address HIV testing stigma with a new audience, the Southern Nevada Health District asked elected officials in Nevada to participate in a social media campaign to raise awareness of a new at-home HIV testing program
(Collect2Protect). The social media campaign was grounded in Social Cognitive Theory through the observational learning construct and aimed to normalize HIV testing. The team hypothesized that after the public had seen the elected officials talking HIV testing, showing the at-home HIV test, they would order one. Multiple recruitment strategies were utilized to gain elected official support. Key messages and sample scripts for HIV testing, stigma, populations impacted, and linkage services were shared with local elected officials. The campaign was launched on National HIV Testing Day June 27th with social media posting starting June 23, 2021, through June 27, 2021.

**Lessons Learned:** Eleven Nevada elected officials created four videos and shared seven photos during the dates above. The number of video views ranged from 21 to 795, and there were 72 clicks to the Collect2Protect website. Although they were new messengers, the elected officials were glad to be a part of the HIV work in the state and showed interest collaborating on future projects. Housing Fast-Track Nevada within the local health department helped to gain support of elected officials.

**Recommendations:** For duplication purposes, it is recommended to leverage stakeholders/elected officials who sit on health boards, engage elected officials who have previously supported HIV work, engage elected officials early in the process, and contact social media directors/special assistants of elected officials to coordinate efforts.

**1244: Impact of COVID-19 Pandemic in the ReLink-C Strategy to Search and Retrieve Lost to Follow-Up HCV Patients**

Elena Vargas-Accarino (presenting), Raquel Dominguez-Hernández, Ariadna Rando, Mar Riveiro-Barciela, Francisco Rodriguez-Frias, Ana Barreira, Adriana Palom, Miguel Ángel Casado, Rafael Esteban, María Buti

**Background:** There are patients with Hepatitis C Virus (HCV) infection previously diagnosed and lost to follow-up (LTFU). Strategies to identify and linkage to care are necessary to achieve HCV elimination. The aims were to evaluate the impact of COVID-19 pandemic on LTFU patients in searching and retrieving HCV-RNA+ve individuals (ReLink-C strategy) and perform a health economic evaluation.

**Method:** ReLink-C strategy was based on a retrospective search of the microbiology databases of Barcelona north health area (450,000 inhabitants), followed by medical records review to identify and retrieve LTFU of HCV-RNA+ve individuals. Individuals were called (five times) to offer them a medical visit, re-evaluation, and subsequent treatment. The search was done into two periods: pre-COVID, Jan 2019 to Feb 2020 and COVID, Mar 2020 to Dec 2020. The costs of ReLink-C strategy were calculated, and a Markov model was used to estimate lifetime cases of liver complications, liver-related mortality and costs associated, compared to non-intervention.

**Results:** Overall 1,415 HCV-RNA+ve individuals were detected, 158 candidates for contact, 99 individuals located and 47 agreed to a visit. 41 individuals attended the visit and 38 started DAA treatment. During COVID period, a higher percentage of individuals were selected for retrieval (65 vs 51%) and a lower percentage were candidates for contact (6 vs 13%) and located (4 vs 8%) comparing to pre-COVID period. A similar percentage of cases started treatment. The cost of ReLink-C strategy was €23,830. During lifetime horizon, for a cohort of 133 viremic patients ReLink-C avoided 10 cases of decompensated cirrhosis, 6 hepatocellular carcinomas and 1 liver transplant, saving €423,372 associated to their management; deaths were reduced by 26%.

**Conclusion:** ReLink-C strategy retrieved and treated a high number of LTFU patients and showed to be cost-effective. COVID had a relevant impact on the linkage to care and treatment of HCV patients.

**1246: Trajectories of HIV Pre-Exposure Prophylaxis (PrEP) Stigma in the Ontario PrEP (ON-PrEP) Cohort Study**

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**Background:** PrEP stigma is an expression of social power which uses stereotypes (e.g., promiscuity) to devalue PrEP users. We characterized trajectories of PrEP stigma over time within the Ontario PrEP Cohort Study.
Method: Adults initiating or using PrEP completed biannual electronic questionnaires for up to two years from 2018–2021, including annual questions about PrEP stigma. We classified participants into trajectories based on patterns of reporting anticipated, enacted, or no stigma over time, using last observation carried forward to impute missing values. We compared demographic characteristics of those reporting never/ever experiencing anticipated/ enacted stigma using pairwise two-sample t-tests.

Results: Of the 317 participants, the median age was 39.5 (IQR, 30.7–46.1) years, median time on PrEP was 12.8 (IQR, 1.1–19.8) months, and 92.4% identified as gay males. The most common stigma trajectories were: (1) never experiencing stigma (n=223, 70.3%); (2) anticipating but never experiencing stigma (n=31, 9.8%), and initially experiencing stigma but not later (n=23, 7.3%). Three trajectories included enacted stigma: (4) transitioning from none to enacted stigma (n=11, 3.5%); (5) repeatedly reporting enacted stigma (n=9, 2.8%), and (6) transitioning from anticipated to enacted stigma (n=5, 1.6%). Finally, (7) 15 participants (4.7%) transitioned from none to anticipated stigma. Participants with high alcohol consumption were more likely to report ever experiencing anticipated/enacted stigma (p=0.02), but there were no differences according to age, race, time on PrEP, income, adherence, drug coverage, geography, or depression.

Conclusion: While most PrEP users reported never experiencing stigma or diminishing feelings of stigma over time, enacted stigma was not rare, and patterns fluctuated over time. Future work should acknowledge the dynamic nature of PrEP stigma.

1255: Progress towards HIV Care Continuum Goals: Results from 18 US Fast-Track Cities
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Background: Public health surveillance data are central in measuring progress along the HIV care continuum. Accessible data on progress towards continuum targets can inform local efforts on certain continuum steps, locations, or demographic groups. We report 2019 descriptive statistics for continuum steps for 18 US Fast-Track cities and their progress towards 2020 National HIV/AIDS Strategy (NHAS) goals.

Method: Health departments used standardized code to calculate HIV care continuum indicators (timely diagnosis, linkage to medical care, receipt of care, and viral suppression) from National HIV Surveillance System data to ensure comparability. We report continuous variables for timely diagnoses, linkage to care, receipt of care, viral suppression, and an indicator of progress towards the NHAS goals (i.e., met or surpassed the goal, within 25% of attaining the goal, further than 25% from achieving the goal).

Results: Overall, the median percentages for timely diagnoses, linkages to care, receipt of care, and viral suppression were the following: 81.3%, 77.5%, 78.1%, 59.9%, respectively. Across all cities in the analysis, the highest percentages for linkages to and receipt of care were 83.7% and 87.8%, respectively. The indicator with the most variability among cities was linkages to care (83.7%–64.4%, 19% difference). Across all cities, the most commonly missed goal was viral suppression, and 12 of 18 cities were >25% away from attaining one or more continuum goals. Progress towards the goals for the other indicators was fairly similar, with most cities within 25% of achieving the goal.

Conclusion: Evaluation involving common analytic methods is essential to generating unbiased comparisons of indicators across cities. Cities can benefit from benchmarking against other cities in their region or with similar characteristics that are having success with certain indicators to promote sharing of best practices.

1260: Using the Consolidated Framework for Implementation Research (CFIR) to Identify Implementation Strategies to Ensure Feasibility, Fidelity and Sustainability of Community-Based Same-Day Antiretroviral Therapy Initiation in Bangkok, Thailand

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Introduction: Thailand has implemented same-day antiretroviral therapy (SDART) initiation in several healthcare facilities. This strategy has proven to be efficient, with increased antiretroviral therapy (ART) uptake, viral load suppression, and retention in care, which led to its incorporation into the 2020 Thai HIV Guidelines. However, linkage to care gaps still exist in community settings in Bangkok, whereby 20% of key populations (KPs), particularly men who have sex with men and transgender women, were lost to follow-up pre-ART. Community-based SDART (CB-SDART) can increase access to and uptake of ART among
KPs diagnosed at community-based organizations (CBOs). Here, we present the process of identifying strategies for implementing CB-SDART in this setting.

**Description:** Proctor’s model was used to determine relevant implementation outcomes (IOs): feasibility, fidelity, and sustainability. We held a community consultation with CBO leadership, managers, and key implementers to plan implementation strategies (ISs) to achieve these IOs. Consolidated Framework for Implementation Research (CFIR) was used to assess contextual domains of importance in the implementation of CB-SDART, as well as constructs within those CFIR domains, to identify factors of influence, and potential barriers and facilitators. ISs were formulated to address barriers and utilize facilitators.

**Lessons Learned:** The CBOs emphasized adaptability of SDART to fit the CBO context, and sustainability, particularly the importance of government financial support. CFIR examination identified relevant domains (intervention, inner setting, outer setting, and process), and five sub-constructs of relevance across these domains. An IS was formulated to optimize implementation success.

**Recommendations:** The use of CFIR facilitated the formulation of comprehensive ISs to meet relevant Proctor’s IOs. This approach will inform how to implement CB-SDART and facilitate the systematic uptake of CB-SDART in CBOs across Thailand in the future.

**1265: Epidemic Profiles to Better Understand the Current Status of City-Level HIV Responses**

*Pascal Muriset (presenting)*¹, *Eleanor Gouws*¹

*¹NAIDS, Geneva, Switzerland*

**Introduction:** To better understand the HIV epidemic and response at city level, UNAIDS in collaboration with city partners developed a set of 15 city epidemic profiles. The profiles help cities to identify data gaps and limitations, to better monitor the response, and can be used for further analysis or city level comparisons.

**Description:** The joint UNAIDS-IAPAC Fast-Track Cities project supports 15 cities to strengthen their capacity to collect, analyse, and report strategic information on the HIV epidemic and response, and to use this data for policy and programmatic decisions. As part of this work, UNAIDS assisted cities to develop city specific epidemic profiles to provide snapshots of the current status of the HIV epidemic and response, and to help cities better manage their data. The profiles can be updated with newly available data on a regular basis, and can be disseminated at local, national, regional, and global level for monitoring, awareness and advocacy purposes. The profiles include sections on: Epidemiology, Treatment and Care, Prevention, Key Populations, Young People, Intimate Partner Violence, Achievements, Challenges, Solutions and, Priorities.

**Lessons Learned:** Cities have made good progress towards achieving their 90-90-90 targets since the start of the project. While cities generally have good data on key epidemiological indicators, data on prevention and key populations are limited. The profiles help city stakeholders identify and find solutions to these limitations and other gaps.

**Recommendations:**

- Data collection and analysis need to be reinforced for a comprehensive understanding of the status of city epidemics, to assess the impact of cities responses and to take appropriate measures to reach people being left behind.
- Capacity in city-level monitoring and evaluation should be strengthened.
- City authorities should better coordinate data generation, reporting, and use.

**1268: Providing PrEP to Men during COVID-19 in the Health4Men Programme, Johannesburg, South Africa**

*Kate Rees (presenting)¹, Diana Mokoena¹, Moyahabo Mabitsi¹, Helen Struthers¹, James McIntyre¹, Charlotte Modibedi¹, Cara O’Connor¹*

*¹Anova Health Institute, Johannesburg, South Africa*

**Background:** Men have been left behind in the HIV response in sub-Saharan Africa. Health4Men is a comprehensive HIV prevention and treatment programme, integrated into City of Johannesburg public-sector primary health facilities. Services include demand creation, outreach, PrEP, PEP, condom, and lubricant provision, HIV testing and treatment services, and sexual and reproductive health services. PrEP has the potential to impact on incident infections but has not been implemented at scale in South Africa.

**Method:** We used routine data at five Health4Men sites in Johannesburg to examine trends in number of men testing HIV negative, offered PrEP, started on PrEP and number of men receiving PrEP per quarter, from October 2019 to March 2021. October 2019 to March 2020 is considered pre-COVID, April to June 2020 the lockdown period, July to December 2020 post-COVID, and January to March 2021 a recovery period.

**Results:** At all sites, for the complete 18-month period, 34% of men who tested HIV negative were assessed to be high risk and offered PrEP (5832 men). 26% of those men accepted and initiated PrEP (1545 men). Although the offer rate decreased from 43% of HIV negative men pre-COVID (1365 men offered PrEP per quarter) to 31% post-COVID (860 men offered PrEP per quarter), uptake increased from 20% of men offered PrEP to 33%. The number of men remaining on PrEP decreased from 1234
Introduction: State-wide lockdowns for COVID-19 pandemic caused major disruptions for People Living with HIV (PLHIV) registered for treatment with Public Antiretroviral Treatment (ART) Centres in Mumbai. They faced enormous difficulties in reaching their treatment centres while many PLHIVs, being migrants in the city, travelled back to their native districts. These situations posed serious challenges for HIV program implementation to ensure UNAIDS treatment goals of retention in care. It was also compounded due to 53% of PLHIV, being unreachable by phone among those who missed their appointments at ART Centres, with resultant treatment interruptions.

Description: Mumbai Districts AIDS Control Society (MDACS) launched ARTmitr (Mitr meaning friend), the strategy to guide PLHIV for services based on their geo-location during the lockdown. PLHIV who missed appointments received a short SMS vernacular text message from ARTmitr with a helpline number. The patients who responded to SMS and successful SMS beneficiaries received personalized tele-guidance based on their current location and their ability to reach the nearest ART centre. The ARV refills through community refill sites were initiated through training of outreach staff. The mobile web form captured refill data from community sites for real-time updates at ART centre.

Lessons Learned: During April–June 2021, SMS notifications were sent to 9524 PLHIV and were successfully received by 5958 (62%). Tele-guidance was provided to 3242 (54%) patients. ARV medicines in transit were facilitated from nearby treatment centers for 1982 patients and 475 were advised to reach local ART centre. The patient centric services of Community ARV refills and courier services were arranged for continuum of care. Innovative services of e-transfer and e-consultation were launched for PLHIVs using digital technology.

Recommendations: ARTmitr facilitated to reach PLHIVs for accessible ARV services during COVID lockdown through the community ARV refills and e-consultation services.

Conclusion: These findings have implications for scaling up and integrating PrEP services during COVID-19 and beyond. Percentage uptake increased with decreased number of men offered PrEP, likely due to greater time spent counselling each client. Retention on PrEP was affected more than new initiations, and innovative methods of supporting adherence during COVID-19 waves are needed, e.g., enhanced virtual communication.

1273: ARTMitr – The Strategy to Ensure Treatment Retention among People Living with HIV during COVID-19 Disruptions in Mumbai, India

Shrikala Acharya (presenting)

Mumbai Districts AIDS Control Society, Mumbai, Maharashtra, India

Abstracts

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Introduction: These findings have implications for scaling up and integrating PrEP services during COVID-19 and beyond. Percentage uptake increased with decreased number of men offered PrEP, likely due to greater time spent counselling each client. Retention on PrEP was affected more than new initiations, and innovative methods of supporting adherence during COVID-19 waves are needed, e.g., enhanced virtual communication.

1287: Marked Increases in Antiretroviral Therapy Initiation After Expansions of Eligibility Criteria in eThekwini Municipality, Durban, South Africa

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Background: eThekwini Municipality has one of the largest urban populations of people living with HIV globally. We aimed to evaluate the impact of expansion of eligibility criteria from people with CD4 cell counts<200 cells/mm3 only, to universal test and treat (UTT) for all people living with HIV, on numbers of ART initiations in this setting.

Method: We analyzed routinely collected, de-identified clinic data from 57 primary care clinics run by the eThekwini Municipality Health Unit. Patients aged>15 years initiating ART between August 2010–May 2020 were included in the analysis. We assessed trends in the ART initiations after each major change in CD4 count eligibility criteria using interrupted Poisson segmented regression models (interrupted time series analysis).

Results: During the study period, 230,554 patients were initiated on ART at the eThekwini Municipality clinics, of which 155,444 (67.4%) were female. Median age was 32 years (interquartile range [IQR] 27–38) and median initiation CD4 count was 286 cells/mm3 (interquartile range [IQR] 161–441); 65,261 (28.3%) had initiation CD4 count<200 cells/mm3. ART initiations increased at the time of each expansion of eligibility, from 200 to 350 cells/mm3 (incidence rate ratio [IRR] 1.45) and to UTT (IRR 1.44, 95% CI 1.41–1.47). However, in the periods after expansion to 500 cells/mm3 and to UTT, there was a trend of decreasing ART initiations (Fig 1). During UTT, there was a trend of decreasing numbers of late ART initiations (CD4 count<200 cells/mm3, Fig 2).

Conclusion: Expansion of ART eligibility criteria was associated with immediate, large increases in ART initiations. With UTT, the number of people initiating ART with CD4 counts<200 cells/mm3 decreased markedly. This supports the rollout of universal ART to achieve 95-95-95 in this high prevalence urban setting.
1303: Youth Forums as ‘90-90-90’ Youth Action Groups: Addressing HIV/AIDS Stigma and Discrimination in Healthcare and Community Settings

Sbongile Mzulwini (presenting)1

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Introduction: The National Association of Child Care Workers (NACCW) has a Youth Forum programme which are platforms to bring young people together to experience themselves as change agents within their lives; and to engage in positive change in communities. The programme is supported by the Adoption centrum and NACCW’s membership structures.

Description: Youth Forums serve as 90-90-90 community youth action groups to address stigma and discrimination in relation to HIV/AIDS; and enhance knowledge on HIV prevention, treatment, and care. The Youth Forum is a vehicle for youth participation in matters on HIV/AIDS. Youth Forums address stigma and discrimination through dialogues and awareness-raising activities with other youth and community members. Youth in forums partner with the PLHIV sector (in clinics, DoH, local CBOs or programmes) as community advocates to strengthen community anti-stigma campaigns and activities linked to the 90-90-90 goals.

The forums are made up of the following core elements: a formal governance structure, monthly meetings, community engagement and broader stakeholder engagement through workshops, debates and other activities in community and healthcare settings. There are three Youth Forums in eThekwini where NACCW is currently in partnership with UNAIDS and the Mayor’s office deploying child and youth care workers (CYCWs) and Youth Forums in one of the epicentres of the pandemic in South Africa.

Lessons Learned: The youth, including LGBTI peer educators and PLHIV, conduct activities with support from Youth Forum Coordinators who are CYCWs. CYCWs are linked to health facilities to conduct community empowerment sessions with Youth Forum members. There are currently 61 youth in the three Youth Forums working with five clinics and close to 60 other community leaders/stakeholders. The programme aims to reach over 5,000 young people and community members through its various activities. The key purpose of these activities is to promote the 90-90-90 goals and address stigma and discrimination.

1305: Chronic Comorbidities in a Clinic-Based Sample of Persons Living with HIV in Accra, Ghana

Farzana Kapadia (presenting)1, Bismark Sarfo1

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Background: Improvements in access and uptake of HIV testing, antiretroviral therapy (ART), and retention in care have increased the life expectancy of persons living with HIV (PLWH). This increase in life expectancy among PLWH parallels an increase in chronic conditions. However, there is limited information on the burden of chronic conditions among PLWH in Accra, Ghana.

Methods: Data on sociodemographic characteristics, physical health, HIV biomarkers, ART adherence and chronic conditions were obtained via medical record abstraction for a sample of n=222 PLWH receiving care at Pantang Hospital in Accra, Ghana.

Results: Among this sample of PLWH (median age=39.2 yrs, IQR=32-58 yrs; 65.3% female; 32.9% WHO Stage III/IV HIV; 60.4% with CD4 cell count< 350 and 47.3% non-adherent to ART) the overall prevalence of any chronic conditions was 53.6% (95% CI 47.0–61.2%). With regard to specific conditions, the prevalence of chronic respiratory conditions was 17.6% (95% CI: 12.6–22.6), hypertension 12.2% (95% CI 7.9–16.5), CVD 10.8% (95% CI 6.7–14.9), peripheral neuropathy 9.9% (95% CI 6.0–13.8), kidney disease 4.1% (95% CI 1.5–6.6), 2.3% osteoporosis (95% CI 0.3–4.2), 1.4% liver disease (95% CI 0.1–2.9), 0.9% diabetes (95% CI 0.1–2.1). The prevalence of chronic conditions was higher among women, among PLWH in WHO Stage III/IV HIV and among those with CD4 cell counts≤ 350 mm3.

Conclusion: In low- and middle-income settings such as in Accra, Ghana, the need for comprehensive assessment of chronic conditions among PLWH – particularly women and PLWH in advanced stages of HIV disease, must be integrated with HIV care systems. The integration of such services is necessary to implement effective disease monitoring and management strategies across these chronic conditions and HIV.

1307: Health Care Professional’s Knowledge Assessment on HIV Related Stigma and Discrimination in Primary- Care Settings in Kyiv

Gonçalo Lobo (presenting)1, Andrii Kosinov2, Imane Sidibé1, Chris Duncombe1, José M. Zuniga1

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2Kyiv Public Health, Kyiv, Ukraine

Background: HIV-related stigma and discrimination has an impact in several areas of the life of a person living with HIV (PLHIV), including their quality of life and the quality of care received within healthcare facilities. Roughly one in eight PLHIV is being denied health services because of stigma and discrimination (UNAIDS, 2017). Providers with limited recent HIV-stigma training were more likely to exhibit stigmatizing behaviors toward patients (Geter et al.,
of the joint UNAIDS-IAPAC Fast-Track Cities Project is addressing stigma-related challenges faced by PLHIV within healthcare facilities through capacity-building efforts among healthcare professionals.

**Method:** 141 healthcare workers across 17 primary care facilities in Kyiv were trained onsite using two stigma and discrimination elimination modules covering two domains: Human Rights and Integrating Stigma Elimination into Daily Clinical Practice. To ascertain knowledge improvement, pre- and post-training assessments were conducted among trainees. Training material was approved by the Ukraine Public Health Center.

**Results:** 82% of participants were physicians and the remaining 18% included psychologists, social workers, and facility administrators/managers. Results for pre- and post-training assessments showed an important knowledge improvement with an overall average pre-test score at 63% and 79% for post-training, across both modules. Disaggregated, the average baseline score for each module, Human Rights, and Integrating Stigma Elimination in Daily Clinical Practice, was 67% and 59%, respectively. Post-training assessment score for the Human Rights module was 84%, and for the module on how to integrate stigma elimination efforts, post-training score averaged at 74%.

**Conclusion:** Healthcare professionals lack knowledge on HIV-related stigma and discrimination. Reducing HIV-related stigma to combat new HIV infections and increase linkage and retention is a global HIV prevention goal. Developing provider-centered stigma-reduction interventions may help advance national HIV prevention and care goals.

**1315: Applying Case-Profiling to Improve the Focus of HIV Testing Services for Men who Have Sex with Men in Jakarta, Indonesia**

*Micahel M. Cassell (presenting)*

*Agus Aribowo, Lingga Permana, Caroline Francis, Lucyan Umboh*

**Background:** The USAID- and PEPFAR-supported LINKAGES Indonesia Project implements HIV testing services (HTS) for men who have sex with men (MSM) through community partners in Jakarta. We analyzed routine program data to identify the characteristics of HTS clients more likely to experience reactive test results, applying these profiles to improve the focus and impact of HTS implementation.

**Method:** Community workers secured voluntary, informed consent from clients to participate in a sociodemographic and risk questionnaire before testing, and stored responses in a secure program database with testing results. We conducted chi-squared tests to assess bivariate associations between client characteristics and reactive HIV test results in this database. We then constructed a multivariable logistic regression model incorporating variables with significant bivariate (p≤0.05) relationships with testing results to calculate adjusted odds ratios (AOR) reflecting the likelihood of receiving reactive test results based on distinct client characteristics.

**Results:** In the annual reporting period from October 1, 2019, to September 30, 2020, 8,744 previously undiagnosed MSM participated in HTS, with 1,223 (14%) receiving reactive results. We identified six client characteristics with bivariate (p≤0.05) associations with test results and incorporated these in the multivariable model. Predictors of the likelihood of reactive results in the multivariable model were reporting tuberculosis signs or symptoms (AOR=3.36, p<0.001); reporting ever sharing needles (AOR=2.28, p=0.029); being reached by a community supporter versus a peer (AOR=1.98, p<0.001); reporting sex without a condom (AOR=1.70, p=0.021); and age in years (AOR=99, p=0.028). The odds of receiving a reactive result were significantly greater for those reached in Central Jakarta (AOR=1.93, p<0.001) and East Jakarta (AOR=1.43, p<0.001) than those reached in South Jakarta.

**Conclusion:** We applied the model to predict the likelihood of reactive results based on client characteristics and to help community partners focus services to engage individuals with these profiles. Between October 1, 2020–March 2021, LINKAGES-supported civil society organizations identified 909 new MSM — the highest MSM semi-annual case finding total recorded during the project’s implementation.

**1317: A Feasibility Study to Increase Chronic Hepatitis C Virus RNA Testing and Linkage to Care among Clients Attending Homeless Services in Amsterdam, The Netherlands**

*Ellen Generaal (presenting)*

*Hepatitis C Virus RNA Testing and Linkage to Care among Clients Attending Homeless Services in Amsterdam, The Netherlands*

**Background:** People who inject drugs (PWID) are disproportionately affected by hepatitis C virus (HCV) infections and are frequently homeless. To improve HCV case finding in these individuals, we examined the feasibility of rapid HCV RNA testing in homeless services in Amsterdam.

**Method:** In 2020, we provided a comprehensive service to homeless facilities, which included workshops on HCV for personnel, a “hepatitis ambassador” at each facility, a rapid, onsite HCV RNA fingerstick test service, and assistance with linkage to care. Risk factors for HCV RNA-positive status were examined using Bayesian logistic regression.

**Results:** Of the 152 participants enrolled, 150 (87% men; median age: 47 years) accepted rapid HCV testing. Seven tested HCV RNA positive (4.7%, 95% CrI= 1.31–8.09; 7/150). Of these, five (71%) were linked to care, of whom four
(57%, 4/7) initiated treatment and one (14%, 1/7) delayed treatment due to a drug–drug interaction. Of these four people, two completed treatment (50%), of whom one (25%) achieved sustained virologic response after 12 weeks. HCV RNA-positive individuals were more likely to originate from Eastern Europe (posterior-odds ratio (OR)=3.59 (95% credible interval (CrI) =1.27–10.04)) and to inject drugs (ever: posterior-OR=3.89 (95% CrI=1.37–11.09); recent: posterior-OR=3.94 (95% CrI=1.29–11.71)).

Conclusion: We identified HCV RNA-positive individuals and linkage to care was relatively high. Screening in homeless services with rapid testing is feasible and could improve HCV case finding for PWID who do not regularly attend primary care or other harm reduction services for people who use drugs.

1320: Inclusive Policies as Enabling Environments for LGBTI+ Health Equity – Findings from a Global Study of Fast-Track Cities

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1International Association of Providers of AIDS Care (IAPAC), Washington, DC, USA

Background: Stigma and discrimination affect LGBTI+ health and contribute to the HIV-related inequities facing this population. Few studies have examined LGBTI+ issues globally, and little comparable research on LGBTI+ health equity exists between the diverse cities that comprise the Fast-Track Cities initiative.

Method: IAPAC conducted a study of 50 FTCs that included a comprehensive desk review and a survey of 275 key informants. As part of a new analysis for this abstract, cities were divided into unfavorable, moderate, and favorable enabling environments depending on their laws or policies relating to four factors:

- Prohibiting discrimination on the basis of gender identity
- Prohibiting discrimination on the basis of sexual orientation
- Legal recognition of same-sex marriage
- Ability to change one’s gender marker without requiring surgery

Results: We found that cities with unfavorable policy environments received the lowest scores with respect to overall quality of life, sexual orientation-based discrimination, and mistreatment by police, cities with moderate environments scored better and cities with favorable environments did best. However, all three categories scored equally with respect to gender identity discrimination. LGBTI+ Wellbeing on a Scale of 1 (Poor) to 4 (Excellent).

Conclusion: FTCs that had better policies on LGBTI+ equity had better overall quality of life, less sexual orientation-based discrimination, and less police mistreatment of LGBTI+ people. However, favorable policies were not associated with a decrease in gender identity-based discrimination, demonstrating the limits of policy change without accompanying social change, including decreased stigma and increased awareness on both institutional and individual levels.

1322: TB 90-90-90 in 12 Fast-Track Cities

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3StopTB Partnership, Geneva, Switzerland

Introduction: The Global Plan to End TB 2016–2020 and its update 2018–2022 set out 90-90-90 targets and demand that all TB stakeholders work together to: 1. Reach at least 90% of all people with TB and place them on appropriate therapy; 2. Reach at least 90% of the key populations with TB and place them on appropriate therapy; and 3. Achieve at least 90% treatment success for all people diagnosed with TB.

Description: The International Association of Providers of AIDS Care (IAPAC) and StopTB Partnership delineated standard methodologies for reporting TB 90-(90)-90 targets for TB, MDR-TB, and TPT. Reporting frequency was standardized as semi-annual. Given TB data generation on key populations lacks a standardized approach, the second 90 focused only on People Living with HIV (PLHIV). These methodologies were shared with 12 Fast-Track Cities, and lessons around generation and reporting of these targets were gleaned through a survey of municipal health departments.

Lessons Learned: No city currently reports complete 90-90-90 targets for TB, MDR-TB or TPT. However, many cities (9 cities for TB and MDR-TB, 7 cities for TPT) do collect the indicators required to calculate these targets. Barriers that impact reporting the TB and TPT 90-(90)-90 targets include: need to triangulate multiple sources (5 cities), data quality issues (5 cities), lack of electronic case-based TB care and prevention information system (5 cities), limited M&E personnel (4 cities), delays in data submission from facilities (3 cities), and limited training on TB indicators (2 cities).

Recommendations: Fast-Track Cities reporting on TB 90-90-90 has the potential to guide strong local advocacy and actions towards universal access to TB prevention and care services for all PLHIV. Cities could benefit from interventions such as, technical assistance around TB indicators,
moderatization of TB and HIV program information systems to a real-time web-based system to enable disaggregated data and timely reporting, streamlining data collection from multiple sources, and investing in human resources for M&E.

**1324: Large HIV Quality of Care Survey Reports Sub-Optimal Adoption of WHO Recommendations on ART Initiation and Differentiated Service Delivery**

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**Background:** The goal of HIV treatment is sustained viral load suppression. Early initiation of ART and access to client-centered, differentiated, high-quality, stigma-free care is a prerequisite of long-term retention and viral load suppression.

**Method:** 2,374 PLHIV from 5 cities (Lagos, Kinshasa, Yaoundé, Lusaka, and Kigali) were surveyed about their perceptions of the quality of care they receive across the eight domains of HIV understanding, linkage to HIV care, engagement in HIV care, ART adherence, HIV counseling, secondary HIV prevention, whole person care, and interpersonal communication. Implementation took place between January–April 2020.

**Results:** Among 2,374 respondents, there was a similar gender distribution across both regions with women comprising 47–70%. In WCA, 37–50% reported initiated ART on the same day as HIV diagnosis, with 63–73% reporting initiation within the WHO-recommended seven days. Lagos, Kinshasa, and Yaoundé reported same-day and within seven days of ART initiation ranging from 51% and 68%. In terms of differentiated service delivery, in WCA, 37%–50% reported having initiated ART on the same day, with 63–73% reporting it same day or within less than seven days. In Lusaka and Kigali, respondents reported same-day ART initiation at 34–56%, with 47–65% having received ART on same day or in less than seven days from HIV diagnosis. 37%–53% of respondents reported they were either not virally suppressed or they did not know if that had an undetectable viral load.

**Conclusion:** A third to a half of respondents reported not initiating ART within the WHO-recommended seven days of HIV diagnosis. In two cities, respondents reported continuation of 1–2 monthly clinic visits despite the WHO recommendation of 3–6 monthly visits. A third to a half reported not being undetectable or not knowing their viral load status. A follow-up survey looking closely at the impact of COVID-19 on HIV services and perceived QoC is recommended to clearly assess impact on WHO recommendations for ART initiation.

**1338: Using Mathematical Models to Extract Patterns and Trends in the HIV Epidemic in Fast-Track Cities**

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**Background:** Mathematical models applied to city level data can be leveraged to examine patterns and trends in treatment coverage and the impact on the HIV epidemic over time in Fast-Track Cities.

**Methods:** Data on prevalence and ART coverage were extracted from Spectrum and Naomi models for 3 Fast-Track Cities (Nairobi, Maputo, and Lagos) from 1990 to 2020. Further analysis was done to investigate trends in prevalence of people living with HIV, prevalence of PLHIV on treatment, and prevalence of PLHIV not on treatment to assess impact on ART coverage and HIV incidence; as well as identify data quality issues.

**Results:** In Nairobi and Lagos prevalence of PLHIV on ART is nearly the same as prevalence of PLHIV (5.0% in Nairobi and 1.2% in Lagos). However, large uncertainty bounds in Lagos point to possible data quality issues. In Maputo, prevalence of people on ART is levelling off with only 0.6% increase in the last four years from 13.2% to 13.8% in 2017 and 2020 respectively. Additionally, the prevalence of PLHIV not on ART has not yet reached zero (3.1% currently) indicating continuation of transmission.

**Conclusion:** The nearly equal prevalence of PLHIV and prevalence of PLHIV on ART suggests that transmission should be very low but if compliance with ART falls significantly below 100% there could still be ongoing residual transmission. The focus for Nairobi must be to keep ART coverage high but also ensure that compliance among those on treatment is maintained to ensure that people live a normal and healthy life, and that transmission is controlled. The focus for Maputo should be on reaching those people who are not yet on treatment and to ensure compliance for those on ART. Issues related to data availability and quality result in large uncertainty bounds suggesting that cities need to do more to invest in solid M&E
systems and to collect good quality data over time, which in turn can help to guide an accelerated response towards achieving zero transmission and zero deaths.

1339: Portugal: Tuberculosis on the Fast-Track Cities Highway

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Background: In 2019 Fast-Track Cities, including ten Portuguese cities embraced an updated Paris Declaration 3.0 which included a commitment to strengthening local TB responses. Portugal additionally is implementing an End TB strategy.

Method: TB, MDR TB, and LTBI incidence data from ten Portuguese cities (Almada, Amadora, Cascais, Lisbon, Loures, Odivelas, Oeiras, Portimão, Oporto, Sintra, Madeira) were analyzed to inform a targeted approach to Portugal’s future TB response. Cases notified on the TB National surveillance database (SVIG TB), between 2016-2020; as well as social determinants were included in the analysis.

Results: Among the ten cities, the notification rate ranged from 39.1 cases/100 000 residents (Amadora) to 5.4 cases/100 000 residents (Madeira). The proportion of MDR TB cases is highest in Lisbon and Tagus Valley, with 10 cases in residents (Madeira). The proportion of MDR TB cases is 39.1 cases/100 000 residents (Amadora) to 5.4 cases/100 000 residents (Madeira). Among the ten cities, the notification rate ranged from 39.1 cases/100 000 residents (Amadora) to 5.4 cases/100 000 residents (Madeira). Among the ten cities, the notification rate ranged from 39.1 cases/100 000 residents (Amadora) to 5.4 cases/100 000 residents (Madeira).

1340: HIV-Related Stigma Elimination Program for Health Workers in the City of Yaoundé (Fast-Track Cities Initiative)

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Background: In sub-Saharan Africa, people living with HIV (PLHIV) face challenges accessing quality health care services, including barriers to care associated with widespread stigma and discrimination in health settings. Here, we present the results and lessons from a training program on stigma elimination rolled out in the city of Yaoundé, Cameroon within the framework of the joint IAPAC-UNAIDS Fast-Track Cities initiative.

Method: Trainings were conducted as hybrid on-line and in-person for health workers and paraprofessional navigators employing self-narrated audio-visual training modules approved by the Cameroon National Aids Control Committee (NACC). Pre- and post-training questionnaires were administered to assess knowledge change across two modules: Human Rights and Integrating Stigma Elimination into Daily Practice.

Results: A total of 417 health workers across 70 health facilities enrolled for the onsite training, while 671 across 37 health facilities registered for online training. For the onsite training sessions, average pre- and post-test scores for the module covering basics on human rights were 56% and 73%, respectively. Baseline score average for self-administered online trainings on human rights was 83% and 85% for post-training assessments. For the module covering integration of stigma elimination into daily practice, health worker overall knowledge gain in the pre- and post-test assessments was 49% to 69% for onsite trainees, and 85% to 87% for health workers enrolled online.

Conclusion: Despite the COVID-19 pandemic, a blend of onsite and online training contributed to knowledge gains, especially among onsite trainees. Gauging the degree of knowledge improvement among self-administered online trainees was limited as health workers could repeat trainings over an extended period when compared to their onsite counterparts. Although the training of health workers is an entry point for stigma elimination, ongoing capacitation and follow up with the facility managers is critical for the attainment of stigma free health facilities.
1361: HCV Cure Literacy across Seven UK Fast-Track Cities

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Background: The World Health Organization (WHO) estimates that 58 million people worldwide have chronic hepatitis C virus (HCV) infection, with around 1.5 million new infections occurring annually. In 2016, there was a paradigm shift in the clinical management of chronic HCV infection with the introduction of pan-genotypic direct-acting antivirals (DAAs) that have a cure rate of >90%.

Methods: Two surveys – one targeting the general population (ages 18-55+), the other men who have sex with men (MSM) – were fielded in five countries, including the United Kingdom. One of the aims of the surveys was to assess literacy levels regarding HCV screening, testing, and treatment. In the United Kingdom, there were 1,002 respondents for the general population survey and 200 respondents for the MSM survey. Data were further stratified to reflect insights from respondents from seven UK Fast-Track Cities, including Brighton, Cardiff, Edinburgh, Glasgow, Liverpool, London, and Manchester (general population respondents: n = 536; MSM: n = 110).

Results: Across the seven UK cities, only an average 13.2% of general population respondents reported ever having been tested for HCV, while an average 44.5% of MSM respondents reported likewise. When asked if it is possible to cure HCV infection, an average 25.2% of general population respondents across the seven cities said “yes” versus 20.3% who indicated “no” and a majority of 54.7% who did not know or were unsure. Among MSM, those percentages were higher, with 48.2% agreeing that HCV can be cured, 24.5% disagreeing with the statement, and 27.3% saying they did not know or were unsure.

Conclusions: The low level of HCV treatment literacy places untreated HCV-positive individuals at risk of liver-related morbidity and mortality. Increased HCV literacy can promote HCV screening and testing and facilitate linkage to HCV treatment that, if sustainably virally suppressive, can lead to curing chronic HCV infection. Such an effort is needed to close the diagnosis-treatment-cure gap worldwide and further contributes to reducing HCV transmission among key populations, including MSM.