

**Background** Stigma and discrimination related to HIV and populations at high risk of HIV have the potential to impede the implementation of effective HIV prevention and treatment programmes. We will conduct an implementation science study of HIV-related stigma in communities and health settings within a large, pragmatic cluster-randomised trial of a universal testing and treatment intervention for HIV prevention in Zambia and South Africa and assess how stigma affects, and is affected by, implementation of this intervention.

**Methods** A mixed-method evaluation will be nested within HPTN071/PopART (Clinical Trials registration number NCT01900977), a three-arm trial comparing universal door-to-door delivery of HIV testing and referral to prevention and treatment services, accompanied by either an immediate offer of antiretroviral treatment to people living with HIV (PLHIV) regardless of clinical status, or an offer of treatment in-line with national guidelines, with a standard-of-care control arm. The primary outcome of HPTN071/PopART is HIV incidence measured among a cohort of 52,500 individuals in 21 study clusters. Our evaluation will include integrated quantitative and qualitative data collection and analysis in all sites. We will collect quantitative data on indicators of HIV-related stigma over three years from large probability samples of community members, health workers, and PLHIV, and qualitative data, including in-depth interviews and observations from members of these same groups sampled purposively. In analysis we will: (i) compare HIV-related stigma measures between study arms, (ii) link data on stigma to measures of the success of implementation of the intervention, (iii) explore changes in the drivers and manifestations of stigma in study communities and the health system.

**Discussion** Using a novel study-design nested within a large, pragmatic trial we will evaluate the extent to which HIV-related stigma affects and is affected by the implementation of a comprehensive combination HIV prevention intervention including a universal test and treatment approach.

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#### P14.14 INTERSECTING STIGMAS: A FRAMEWORK FOR DATA COLLECTION AND ANALYSIS OF STIGMAS FACED BY PEOPLE LIVING WITH HIV AND KEY POPULATIONS

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**Introduction** Stigma can impede the implementation of HIV prevention and treatment programmes. Many measurement scales have been developed, though few have addressed intersecting

stigmas: that is to say, multiple stigmas faced by people living with HIV, and key populations at high risk of HIV.

**Methods** We developed an approach to measure intersecting stigmas nested within the HPTN 071 (PopART) trial, conducted in South Africa and Zambia. We adopted best-practice wording to assess key domains of stigma, building on a process of global consultative indicator harmonisation. We designed nested data collection items in surveys for parallel use among the general population, health workers and people living with HIV (PLHIV) - including health workers living with HIV - to assess the same phenomena from multiple perspectives. We also designed "parallel" assessments of key population stigma within the health care worker survey to compare the attitudes and perceptions of health care workers towards PLHIV, and those at increased risk of HIV infection, such as migrants, sex workers, MSM, young women, and people with disabilities.

A core set of seven questions was included in the HPTN071 (PopART) surveys conducted among the general population (over 10,000 individuals), PLHIV (about 4000 individuals) and health care workers (over 1000 individuals). These items assessed two key domains of HIV stigma: drivers of stigma and manifestations of stigma. In the health care worker survey, questions specific to key populations were also included, to assess health care worker attitudes, experiences and perceptions about those at increased risk of HIV as listed above. We developed an approach to visually represent the complex data set using methods based on social-network analysis.

We developed an approach to assess intersecting HIV-related stigmas, incorporating data collected from different population groups. Data collection is ongoing.

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#### P14.15 IN THE SYSTEM (TONGAN SYSTEM) BUT OUT OF PLACE

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**Introduction** Since HIV/AIDS was discovered in the early 80s, and the first AIDS Victim came to Tonga from the United States, 19 people have lost their lives to the virus leaving many children and MSM/TG with more discriminations for our Communities. Since then there has been a lot of Stigma and Discriminations on our young MSM/TGs. These children have been forced out of school, engaged in hard labour, prostitution or high risk behaviours that make them vulnerable to contracting HIV. With support from international donors and local resource efforts.

**Methods** Tonga Leiti's Association (TLA) has a long and complex history. It's a history of survival. Its history has been