Methods A comprehensive search of published studies was carried out in six electronic databases followed by a manual search of studies from references of selected papers. Data were extracted using a template. The results were synthesised, and a meta-analysis based on a random-effects model was conducted. Subgroup and sensitivity analyses were undertaken to explore sources of heterogeneity.
Results Of 30,273 citations, 14 studies with a total of 97,030 study participants were identified. The pooled CHTC uptake was 31.48% (95%CI: 23.55–40.00) with significant heterogeneity between studies (I^2=99.98%, p < 0.001). The Egger's and Begg's tests showed there was no evidence of publication bias (p=0.08). However, the sensitivity analysis showed that two studies highly influenced the overall estimate. After omitting these two studies, the pooled estimate for CHTC uptake was 24.05% (95%CI: 16.6 5, 32.34, I^2=99.86%, p<0.001). The sub-group analysis indicated the pooled CHTC uptake was higher among pregnant women and their partners (OR=1.66, 95%CI: 1.58, 1.84) compared with heterosexual couples in general. Similarly, the uptake was higher when one person in the dyad first tested individually without the knowledge of their partner, and then suggested to their partner that they take CHTC together, compared to an approach of undertaking CHTC together as the first testing option for both people (OR=3.16, 95%CI: 2.69, 3.72).
Conclusion The findings confirmed that more than three-quarters of study participants who were in ongoing heterosexual relationships chose not to, or were unable to, undertake CHTC. These findings suggest people are cautious of what could amount to harmful risks when couples test together, particularly if their HIV sero-status is shown to be discordant. Further studies are required to explore how couples intend to use HIV testing services including CHTC.
Disclosure No significant relationships.

P008 DIAGNOSTIC ACCURACY OF XPERT MTB/RIF IN DETECTING PULMONARY TUBERCULOSIS AMONG PEOPLE LIVING WITH HIV IN WESTERN NIGERIA

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Background Tuberculosis is a leading killer among people living with human immunodeficiency virus (HIV). HIV-infected individuals with latent TB are approximately 20–30 times more likely to develop TB disease, at a rate of 8–10% per year, with the disease estimated to cause approximately 9 million cases annually and 1.5 million deaths. Hypothesis tested was site of infection effect on tuberculosis on tuberculosis treatment outcome. This study determined the diagnostic validity and reliability of Xpert MTB/RIF in identifying the presence of Pulmonary Tuberculosis (PTB) among HIV patients in South Western Nigeria.
Methods This study was a prospective analytical study among HIV patients between ages 15 – 60 years who are infected with HIV seen from January 2015 - June 2017. Patients with signs and symptoms of Pulmonary Tuberculosis (PTB) were enrolled and submitted sputum for Acid Fast Bacilli (AFB) smear and Xpert MTB/RIF. This was processed following protocol for pulmonary samples for Xpert MTB/Rif. All samples were processed for AFB smear and Xpert MTB/RIF as part of the procedure for PTB diagnosis.
Results A total of 300 patients were enrolled in the study. The mean age ± SD is 37.11 ± 15.27 years. One hundred and thirty five (45.0%) of them are males while one hundred and sixty five (55.0%) are females. Xpert MTB/RIF has a sensitivity of 93.0% and specificity of 98.5%. The main factor associated with tuberculosis treatment outcome was the site of infection (χ^2 = 19.01, df = 1, p = 0.001) as 233 (77.7%) of the patients were declared cured after six month treatment course.
Conclusion Use of Xpert MTB/RIF as a screening tool has a great performance for rapid diagnosis of *Mycobacterium tuberculosis* might effectively reduce the risk of multi-drug resistant tuberculosis (MDR-TB) in HIV care and treatment settings and improve the prognosis of affected patients.
Disclosure No significant relationships.

P012 A PROCESS EVALUATION OF AN INCENTIVIZED HOME-BASED INTERVENTION TO TEST AND START (HITS) IN RURAL KWAZULU-NATAL, SOUTH AFRICA

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Background Despite freely available HIV testing and treatment, many men do not access HIV treatment and care in South Africa. We conducted home-based intervention to test and start (HITS) - a factorial design randomised controlled trial (ClinicalTrials.gov #NCT03757104). HITS is designed to assess the effectiveness of two financial micro-incentives (R50 [$3] food vouchers) for home-based HIV testing and, following a HIV-positive test, to link to HIV care; and/or a male-targeted counselling application to support home-based testing (EPIC-HIV1) and to support men linking to care (EPIC-HIV2). The research was conducted in an HIV-hyperendemic setting in rural KwaZulu-Natal.
Methods We conducted a process evaluation to understand the impact of HITS intervention on the decision of men to test for HIV and/or engage in HIV care. Thirty men (16–73 years) were purposively selected in the three intervention arms (ten per arm) and interviewed between August and December 2018. Emerging themes were thematically analysed following an interpretivist approach.