(107/702) of men were infected with CT and/or NG, 8.4% (33/392) at 6 months, and 15.6% (10/64) at 12 months. The incidence of anorectal and/or urogenital infection was 6.0 per 100 person-years (PY), and 4.6 per 100 PYs for urogenital infection alone. Increased risk of urogenital infection was associated drug use in the past year (aHR=2.44; 95% CI: 1.17–5.08), versatile (compared to) imperative) usual sexual positioning (aHR=2.40; 95% CI: 1.01–5.71) or water-based lubricant use compared to no lubricant use (aHR=5.72; 95% CI: 1.28–25.5). Protective factors (p<0.10 each) included increasing age (aHR=0.94), condom use at last sex (aHR=0.53), and increasing social support (aHR=0.73 per quartile increase). Child abuse scores, depressive symptom measures, HIV status, and alcohol use were not associated with incidence.

Conclusions NG and/or CT and incidence was high despite baseline testing and treatment, quarterly visits, and peer counselling and support for reducing HIV risk. Partner treatment and program exposure measures will be analysed as data accrual completes with follow-up continuing to September 2017.

**009.2 FEASIBILITY, ACCEPTABILITY AND POTENTIAL ROLE OF PREP COMBINATION HIV PREVENTION FOR MSM AND TRANSWOMEN IN PERU: RESULTS OF A MIXED-METHODS STUDY**

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**Introduction**

Despite progress in treatment, HIV incidence among men who have sex with men and transwomen (MSM/TW) remains high in Peru due to low coverage and insufficiency of HIV prevention services. In 2014–2015 a study gathered evidence for implementing combination HIV prevention for MSM/TW in collaboration with the health sector and civil society.

**Methods**

In 6 cities, a mixed-methods study: (1) identified stakeholders’ (users, providers) perspectives on existing and novel (pre-exposure prophylaxis [PrEP], Treatment as Prevention [TasP]) HIV prevention methods; (2) assessed health systems’ needs and conditions, and (3) used a previously developed mathematical model to estimate impact and cost-effectiveness of combinations of 5 interventions (2 behavioural, 2 treatment-focused, PrEP) to reduce HIV incidence among MSM/TW in general and TW sex workers in particular. A National Consultation on Combination Prevention allowed for discussion of preliminary findings.

**Results**

According to the stakeholders’ analysis, information on new combination prevention tools was limited among communities and providers alike, particularly for TasP (as PrEP trials had taken place here); misconceptions led to fear/resistance to change. Health facilities required improvements (lab access, training) to respond to new needs. The specific TW sex worker model predicted higher effectiveness for various combinations of prevention strategies. In PrEP-containing scenarios, PrEP made a distinct contribution, yet cost-effectiveness was largely determined by drug cost. It seemed higher if PrEP was used on a smaller group at higher risk. (MSM/TW analysis is ongoing). The National Consultation showed increasing interest in PrEP/TasP among potential users and providers.

**Conclusion**

Focused PrEP use may play a significant role in combined HIV prevention in Peru if TDF-FTC is obtained at reasonable cost.