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TOWARDS CLOUD COMPUTING AS A PLATFORM FOR SUPPORTING HIV INFORMATION DISSEMINATION IN UGANDA: A CASE OF JSCS AND TASO KAMPALA

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Background The use of ICT to improve the dissemination of HIV awareness information should be a feature of everyday life, in a disease prone Uganda today, being a developing country with high prevalence of HIV/AIDs. It is, therefore, paramount that ICT policies that support the dissemination of HIV/AIDs information are put in place to adopt new concepts and technologies that create new avenues. Cloud computing is viewed as a potential technology infrastructure that can be used to improve efficiency and effectiveness of operations geared towards health information dissemination. However, it is yet to be embraced. Our aim was to: Find out the major platforms of HIV/AIDs information dissemination today in Uganda. Investigate the management of cloud computing technology in HIV/AIDs information dissemination in lieu of the existing technologies. Identify challenges, affordability and accessibility of cloud computing in Uganda.

Methods Literature review and interaction with health information providers both in public and private hospitals were done. Data was collected using questionnaires, interviews and observation.

Results The study found out that the adoptability of the technology is bedevilled by lack of local service providers, lack of technical personnel and fear of hosting sensitive data, outside the borders of Uganda. The technology was, however, found to be very relevant both in government and private sector health care services in supporting the increase and effective HIV/AIDs information dissemination. The study created awareness on the existence of a government cloud and recommended a new brokerage model that can be used for the creation and dissemination of information.

Conclusion The potential and impact of cloud computing is undoubtedly quantifiable, especially, for Ugandan hospitals and practitioners that run on low budgets. The model identified in the study can be used in individual attendee environments.

Disclosure No significant relationships.

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HEALTH RIGHTS: LGBTIQ COMMUNITY

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Background The Zimbabwean HIV epidemic is largely driven by unprotected heterosexual sex. Now there is a growing epidemic among key populations who are at higher risk of HIV. National data is sparse. Only a minimal amount of data is collected and reported in national documents. The KP is disproportionately burdened by HIV infection, situation which is worsened by laws that penalise same-sex intercourse and contribute to a cycle of stigma, homonegativity and discrimination. African countries' laws criminalising homosexuality may be fuelling the epidemic; they dissuade KPs from seeking treatment and health care providers from offering it.

Zimbabwe is one of the countries where homosexuality is ontra, onos, ores. The hostile environment the KP community is exposed to especially at health facilities in the country has impacted negatively on their rights to basic SRHR. Some have been keeping sexually transmitted infections for months without seeking help. Such discrimination and stigma at the highest level makes life difficult and remain secretive and isolated community always fearing for lives. Zimbabwe's Constitution promotes universal access to health enabling every person regardless of their sexual orientation to be treated with respect and have access to healthcare and support. The everyday reality though is very different. We have held sensitisation workshops with stakeholders to root out ignorance and misinformation associated with the LGBTI community. Hostility and beliefs systems deep rooted against the practise of same sex relationship in the country will need to be reversed. While Zimbabwe's Constitution stipulates healthcare for all, it also outlaws same sex marriages. The gay community continues to be marginalised making the fight against HIV/AIDs all the more difficult. The intersectionality of HIV/AIDs between the broader heterosexuals and LGBTI community is a reality. If we are to reduce or end new infections end deaths from AIDS end stigma and discrimination in Zimbabwe no one should be left behind.

Methods To increase testing particularly among hard to reach groups is self-testing. In 2015 Population Services International and UNITAID began HIV Self Testing Africa (STAR), a four-year project to scale up self-testing in Zimbabwe Malawi and Zambia. In the first year nearly 380 000 free HIV self-test kits were distributed in 27 districts in Malawi, Zambia and Zimbabwe. Results suggest self-testing is enabling more young people (aged 16–24 years) and men to be aware of their HIV status. In the first year young people comprised 28% of self-tests and resulted in testing coverage among this age group increasing by 39% in the project's catchment areas. Men accounted for 44% of self-test users and testing coverage increased by 28% in testing areas. Among those using the kits in Zimbabwe 23% were first-time testers. Homosexual acts are illegal in Zimbabwe for men who have sex with men (MSM) but legal for women who have sex with women.

Results With the help of mobilizers the identified 300 MSM & 280 (62%) participated in a survey. Over 100 (38%) reported they never reported testing for HIV leaving 120 for analysis. 200 men used the HIVST. HIV prevalence was 6% (14/200). Overall (55%) were between 21 and 30 years-old, received less than a college-level education (54%) an annual income of \$3400 (48%). Majority of men identified as gay (84%) never married (93%), only a third disclosed sexual contact with other men to healthcare providers (28%), (75) had tested for HIV in the past 3 months. The common venue for seeking sex partners was the internet (90%). 104 men (32%) had sex under the influence of alcohol/drugs within the last 3 months, 42 men (12%) engaged in group sex in the past year, 42 received payment for sex with money or gifts.

Conclusion As a consequence of this punitive law national statistics are rarely available. Criminalising men who have sex with men drives this vulnerable group away from HIV services. As a result, many do not know their HIV status let alone access treatment. However Zimbabwean organisations

that support the rights of men who have sex with men and their access to HIV services do exist such as (GALZ) H.O.P/PSI. Many are routinely punished and shutdown or have their members arrested. UNAIDS reported in 2017 that just one in seven men who have sex with men in Zimbabwe (14.1%) are aware of their status. International donors such as the Global Fund to Fight AIDS Malaria and Tuberculosis and PEPFAR have attempted to ensure some of their funding is directed towards men who have sex with men. Government restrictions mean this has not materialised.

Disclosure No significant relationships.

P271 A COMMUNITY PERSPECTIVE ON THE IMMEDIATE PRESCRIBING OF ANTIRETROVIRAL THERAPY AT TIME OF A HIV DIAGNOSIS (ARTATD)

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Background The World Health Organisation (WHO) in 2017 published 'Guidelines for Managing Advanced HIV Disease and Rapid Initiation of Antiretroviral Therapy'. Supporting evidence that the prescribing antiretroviral therapy (ART) at the time of an HIV diagnosis (ARTatD) maybe beneficial. Further support arises from the Strategic Timing of Antiretroviral Therapy (START) study and from clinical programs e.g. RAPID Program at San Francisco General Hospital. The START Study shows improved outcomes for all body systems affected by HIV including cardiovascular, lower risk of chronic kidney disease (CKD) and ARTatD may reduce the populating of viral reservoirs within the central nervous system (CNS) at the time of infection.

Methods With an interest in community opinions on ARTatD Positive Life NSW (PLNSW) distributed an online survey using SurveyMonkey recording answers from across Australia (N=833) to 18 questions. Current demographics and HIV status, Attitudes supporting ARTatD if it was recommended, Concerns and problems envisaged on a recommendation of ARTatD, and What would influence their decision on commencing ARTatD

Results Representation from those born in Australia (69%) and from overseas (31%) with an age range 18 to >75 years of age of whom identified as 96% male, 2% female, 1 non-binary and 1% as other and of these 76% supported ARTatD if it was available. 9% did not support and 15% were unsure of ARTatD.

Conclusion Those identifying ARTatD as being the most beneficial identified among their reasons as, if the doctor recommended it, giving a sense of control, protecting sexual partners, protecting the unborn baby for pregnant women. Those not supporting ARTatD identified needing time to adjust, making sure of the diagnosis and prescribed medication was correct. The outcome of this survey will inform how those at the time of a HIV diagnosis will need to be supported if ARTatD becomes a standard recommendation

Disclosure No significant relationships.

P272 RESEARCH TO RESOURCE: BOOKLET FOR PEOPLE LIVING WITH HIV ASSOCIATED NEUROCOGNITIVE DISORDER (HAND)

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Background Recent estimates of risk for symptomatic HAND range from 18–50% of those people living with HIV (PLHIV) on combined antiretroviral therapy (cART). Positive Life NSW's (PLNSW) research into the level of knowledge of HAND amongst PLHIV arose from questions raised at a meeting of HIV healthcare and community representatives in early 2015. Questions to be answered: Is there an awareness of HAND? Are PLHIV thinking about and are they concerned about HAND? Have they tried talking to someone about HAND? What was the response to this and the outcome? Did PLHIV want suggestions of how to talk about their concerns to others? The research identified the next steps to develop resources and support programs for PLHIV managing their experiences and concerns living with HAND.

Methods Ethics was granted for a questionnaire to be distributed online via SurveyMonkey through PLNSW social media and electronic media platforms. From total responses (N=163), postcodes of respondents from other states outside NSW (n=31), incomplete responses (n= 6) and those from overseas (n=28) were removed, leaving a total of ninety-eight responses from NSW for analysis (n=98).

Results A resource was drafted by healthcare professionals, reviewed by Multicultural HIV and Hepatitis Service (MHAHS) for those with low level literacy, the HIV/AIDS Legal Centre (HALC) covered legalities, and focused tested by PLHIV with HAND before publication. The booklet is now being distributed for use by PLHIV to talk in a meaningful way with healthcare providers and significant others about HAND. The booklet outlines signs and symptoms, seeking further assessment and support, legal assistance and practical advice on living with HAND.

Conclusion PLHIV and service providers alike reading the booklet have applauded the initiative are utilising the resource to speaking with friends and partners and seeking assistance from clinicians.

Disclosure No significant relationships.

P273 UNDERSTANDING THE MENTAL HEALTH ISSUES AND SERVICE NEEDS OF THE TRANSGENDER COMMUNITY IN DELHI, INDIA

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Background Trauma and distress are common characteristics of mental disorder among the Transgender (TG) community.