However, little is known about the context and forms of mental distress, and the coping mechanisms TGs employ. This study seeks to understand the various mental health issues among TGs in Delhi, and prevalent government service usage patterns. Further, it intends to advocate for the inclusion of mental health services within the existing Government health policies.

Methods Qualitative in-depth interviews were conducted with twenty TGs from Delhi. Purposive sampling was done to maximise variation in relevant socio-demographic characteristics. Respondents were recruited from a targeted intervention programme run by Delhi State AIDS Control Society. An open ended interview guide consisting of a range of mental health themes were used. Interviews were conducted in the local language, Hindi, and transcripts were translated to English. A thematic content analysis was conducted by coding data manually.

Results The study revealed poor mental health among TGs. They face increased societal stigma, discrimination, poverty, familial rejection coupled with extreme physical and social violence, leading to anxiety and depression, with instances of suicidal attempts. Further, to cope with the multitude of problems, alcohol and self-harm are used as temporary escape. Importantly, it is found that the TG community does not avail most government services due to aforementioned causes, which negatively affects their self-esteem and overall mental health.

Conclusion Results of this study reflect heightened mental distress and minimal usage of existing health services among TGs in Delhi. The need of the hour is to improve their mental health through provision of adequate services that are accessible and stigma free. The study proposes that this can be achieved by integrating mental health services within the larger HIV prevention programmes of the Government of India.

Disclosure No significant relationships.

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LEVERAGING MULTI-LEVEL MONITORING TO ACHIEVE STAKEHOLDER BUY-IN: DESCRIPTIVE LESSONS FROM KEY POPULATION MAPPING IN NIGERIA

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10.1136/sextrans-2019-sti.399

Background Effective processes produce quality outcomes. For key populations (KPs) intervention, quality data that enjoys the buy-in and ownership of community members and other stakeholders is critical for optimal program outcome. In Nigeria, some previous efforts at mapping KPs have not enjoyed the full buy-in of key stakeholders with the credibility of study data and associated findings being challenged by stakeholders, especially the KP community. This situation adversely affected HIV epidemic management in the country. A multi-layer monitoring system was initiated across national and sub-national field operations in order to ensure protocol compliance, quality data, community ownership and general stakeholder buy-in.

Methods A national technical team (NTT) was constituted comprising of representatives from all critical actors, especially from the key population community with a mandate to ensure

efficient study delivery. At the sub-national level, a similar body was put in place across all the 10 study states. The lead technical partner, the University of Manitoba, and the study administrator, the Society for Family Health, also had monitors and study coordinators who were deployed to coordinate and monitor the field operations across all 10 study states. The National Agency for the Control of AIDS (NACA) acting as the principal investigator provided leadership and guidance. Programmatic mapping approach involved a 2-step hotspot listing and validation phases known as Level 1 and Level 2. At both phases, stakeholders were involved in routine field monitoring activities.

Results Sub-national level report disseminations were conducted across all the participating study states with all stakeholders, including representatives from the 3 nationally recognized KP groups – FSW, MSM & PWIDs, accepting that the data reflected findings at the spots.

Conclusion It is imperative to involve critical stakeholders from planning to monitoring of study processes as it engenders community ownership- a positive leverage for the efficient delivery of community impact interventions for KPs.

Disclosure No significant relationships.

P275

TOWARDS THE MANAGEMENT OF HIV/AIDS PATIENTS IN PENTECOSTAL CHURCHES IN UGANDA: A CASE OF EDEN AND BETHEL CHURCHES IN KAMPALA

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10.1136/sextrans-2019-sti.400

Background Main stream churches in Uganda have been known to be at the fore front of extending medical services, particularly in the areas of HIV/AIDS. However, Pentecostal churches seem not to be following suit, given their belief in miraculously healing by God. The aim of this study was to; - Investigate the occurrence and management of HIV/AIDS miraculous healing in the Pentecostals Churches. - Identify the challenges faced in quantifying AIDS/HIV miraculous healings in Pentecostal Churches. - Make suggestions for the best practices on AIDS/HIV management alongside the belief in miraculous healing. - Find out if there is complete healing of HIV/AIDS among believers

Methods Questionnaires, interviews and observation were used as instruments for data collection. Church leaders were purposively sampled and convenience sampling among believers. It was discovered that believers knew about HIV & medical interventions towards its management but needed better communication channels/models to bridge the awareness gap & change of attitude towards HIV miraculous healing to strengthen HIV patient management in Pentecostal churches.

Results The study showed that the application of medical based HIV prevention in Pentecostal churches was bedevilled by poor models of communication applied, lack of specific programs, inadequate finances, limited HIV awareness church based trainings, above of all the strong miraculous healing beliefs.

Conclusion It was recommended, that the application of approximate communication models be developed; Church leaders develop HIV prevention programs in line with government policy; Churches engage Government and funder for funding; and a creation of liaison platform between Pentecostal and main stream churches for HIV program awareness.

Attendee will realise that Pentecostal churches present a great potential for the management of HIV, and thus remain relevant, to advocate for change among believers attitudes towards miraculous healing and HIV prevention through applying reliable and effective communication models.

Disclosure No significant relationships.

P276 A NATIONAL ACTION PLAN TO ADVANCE THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN LIVING WITH HIV IN CANADA

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10.1136/sextrans-2019-sti.401

Background Action on the World Health Organization (WHO) *Global Consolidated Guideline on Sexual and Reproductive Health and Rights (SRHR) of Women Living with HIV (WLWH)* recommendations requires evidence-based, equity-oriented, and regionally-specific strategies which are responsive to the priorities and rights of WLWH.

Methods In 2017/18, a team of leading Canadian women's HIV community, research, and service organizations partnered with WHO to convene a webinar series to: define WLWH's SRHR priorities in Canada; disseminate Canadian research and best practices; and highlight the importance of meaningfully engaging WLWH. Webinar topics included: Trauma- and violence-aware practice; Supporting safer HIV disclosure; Reproductive health, rights, and justice; and Resilience, self-efficacy, and peer support (>1,100 webinar views). Subsequent in-person and online consultation with >130 key stakeholders identified priorities for a National Action Plan to advance the SRHR of WLWH in Canada.

Results Identified priorities to support SRHR across priority topics focused on transforming enabling environments include: • Incorporate Truth and Reconciliation calls-to-action for Indigenous and non-Indigenous Peoples; • Support WLWH's leadership through equitable, adequately compensated opportunities; • Embed peer support and leadership throughout services for WLWH; • Prioritize women-centred care in service/program delivery, attending to women's diverse priorities, experiences, and identities; • Use inclusive, respectful language to avoid reproducing stigma, discrimination, and marginalization; • Strengthen and expand support for WLWH's extended networks (e.g. parental support); • Implement trauma- and violence-aware practices to ensure safer healthcare spaces; • Improve Knowledge Translation & Exchange initiatives. Additional topic-specific key messages were identified to inform a National Action Plan.

Conclusion Guided by community engagement, recommendations from the National Action Plan encourage Canada to

demonstrate global leadership in advancing SRHR of WLWH by emphasizing the need to create enabling environments for health and healthcare. Implementing the plan is being pursued through planned consultations with provincial and national government representatives and policy-makers.

Disclosure No significant relationships.

P277 REDUCING HIV SELF-TESTING BARRIERS IN BLACK AFRICAN COMMUNITIES USING COLLECT: A PHE HIV INNOVATION FUND PROJECT

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10.1136/sextrans-2019-sti.402

Background Black Africans (BA) are disproportionately affected by HIV in England, comprising 38% of heterosexuals diagnosed in 2017, 57% of whom were diagnosed late. Late diagnosis was even higher in BA men (69%).

HIV self-testing is a preferred way to test among BA (Sigma, 2015). Despite increasing online availability of self-tests, Terrence Higgins Trust (THT) noted a lower uptake amongst BA than others. One reason provided includes a reluctance to receive kits in shared accommodation.

With public funding, we added Click&Collect delivery to explore if this would help reduce HIV self-testing barriers.

Methods

- 20,000 self-tests offered online to key communities, including BA, from October–December 2018.
- Click&Collect option provided, with 4,000+ collection points. While open to all, enhanced promotion went to BA.
- Users were sent two follow-up SMSs requesting results. All those with a reactive result received THT support calls.
- A user survey assessed reasons for using the service.

Results

- 18,597 tests dispatched; 3,291 to BA.
- 50% BA reported results, compared to 61% overall.
- Click&Collect uptake: 10% overall; 18% BA men.
- 11 BA reported reactive results, one of whom used Click&Collect. The reactivity rate for BA was 0.7%. From the user survey:
- Over 48% of Click&Collect users stated primary reasons for choosing it were not wanting anyone they lived with accidentally opening package, or finding out they were taking an HIV test.
- 50% of BA Click&Collect users chose self-test for confidentiality – compared to 34% of all other Click&Collect users, for whom it was not a top reason.

Conclusion Click&Collect may address privacy/confidentiality issues for BA where this is a primary issue. The proportion of BA men using Click&Collect was higher than in other groups. As self-testing services increase, Click&Collect offers a way to increasing HIV testing uptake in a group highly affected by late diagnosis.

Disclosure No significant relationships.