

Conclusion The examples presented here used interactive processes of data use throughout the program cycle through regular feedback to program implementation on geographies/sub-populations that are lagging behind in terms of both coverage and quality.

Disclosure No significant relationships.

S01.4 EVALUATING COMPLEX PUBLIC HEALTH ISSUE VIOLENCE: UNDERSTANDING AND MEASURING VIOLENCE AND EVALUATING VIOLENCE INTERVENTIONS – LESSONS FROM STRIVE

Sinead Delany-Moretlwe*. *Wits Reproductive Health and HIV Institute, South Africa*

S02 – HIV AND SYPHILIS SELF-TESTING AND SELF-COLLECTION: EMPOWERMENT, AGENCY AND IMPLEMENTATION

Monday, July 15, 2019

10:45 AM – 12:15 PM

S02.1 HIV SELF-TESTING IN EASTERN AND SOUTHERN AFRICA: THE STAR PROJECT

Maryam Shahmanesh*. *University College London, Institute for Global Health, London, UK*

10.1136/sextrans-2019-sti.20

Background HIV testing is the first step to access both HIV treatment and prevention. While there have been tremendous efforts to close the HIV testing gap, 2.7 million people in east and southern Africa still do not know their status. Men and adolescents remain a challenge to reach. The Unitaid funded and Population Services International (PSI) led HIV Self-Testing Africa (STAR) is a five-year Initiative to catalyse the scale up of HIV self-testing (HIVST). It began with establishing the evidence base and product introduction (formation), moved to inclusion of HIVST in national plans and guidelines (early scale-up), and now optimisation of service delivery for scale-up. The results have informed WHO guidance and the development of national-level policy on HIVST. In addition, the evidence generated has transformed the testing landscape, informed estimates of the market size, and encouraged market entry among potential HIVST kit manufacturers.

Discussion In this symposium we will discuss key developments toward HIVST scale-up and the evidence generated from the STAR Initiative in six African countries. We will summarise the evidence for how HIVST has supported adolescents and men to gain knowledge of their HIV status and linked them into HIV care. We will describe the consortium plans to understand the use of this person-centred technology to link young men and women to HIV prevention, and in particular voluntary male medical circumcision and HIV Pre-Exposure Prophylaxis. Finally, we will discuss the value that our large consortium with close relationships to national and international health policy makers brought to shaping the market and building the public health evidence. Specifically, the involvement of policy and market developments supported by

WHO; country-led research teams, supported by the London School of Hygiene and Tropical Medicine; using randomised controlled trials to evaluate rigorous interventions independently implemented by experienced country-based implementation teams (PSI).

Disclosure No significant relationships.

S02.2 SYPHILIS SELF-TESTING: A NATIONWIDE PRAGMATIC STUDY AMONG MEN WHO HAVE SEX WITH MEN IN CHINA

Cheng Wang*. *Dermatology Hospital of Southern Medical University, Guangdong Center for STD Control and Prevention, Guangzhou, China*

10.1136/sextrans-2019-sti.21

Background Syphilis self-testing may help expand syphilis testing among men who have sex with men (MSM). China has had rapid scale up of HIV self-testing pilots, creating an opportunity for integrating syphilis self-testing. However, there is a limited literature on optimizing implementation of syphilis self-testing. We organized an online survey of MSM in China to examine syphilis self-testing experience and its determinants among MSM in China

Methods A cross-sectional online survey was conducted in 2018. Participants completed a survey instrument including socio-demographic characteristics, sexual behaviors, syphilis self-testing, and HIV self-testing history. Eligible participants were born biologically male, aged 16 or over, and engaged in anal or oral sex with a man at least once during their lifetime. Multivariable logistic regression was conducted to identify correlates of syphilis self-testing.

Results Six hundred ninety-nine MSM from 89 cities in 21 provinces in China completed the study. 361 (51.7%) had ever tested for syphilis, of whom 174 (48.2%) had ever used syphilis self-testing. Among 174 who had self-tested, 90 (51.7%) reported that the self-test was their first syphilis test, 161 (92.5%) reported that they undertook syphilis self-testing together with HIV self-testing. After adjusting for covariates, syphilis self-testing was correlated with disclosure of sexual orientation (aOR: 1.90, 95%CI: 1.32–2.73), reporting two to five male sexual partners (aOR: 1.81, 95%CI: 1.04–3.16), HIV self-testing (aOR: 39.90, 95%CI: 17.00–93.61), and never tested for syphilis in the hospital (aOR: 2.96, 95%CI: 1.86–4.72). Self-reported harms associated with syphilis self-testing were minimal.

Conclusions Scaling up syphilis self-testing could complement facility-based testing in China among MSM. Self-testing may increase first-time testing and has limited harms. Our findings suggest that syphilis self-testing could be integrated into HIV self-testing services.

Disclosure No significant relationships.

S02.3 HPV SELF-COLLECTION IN PERU: PROJECT HOPE

Patricia García*. *Cayetano Heredia University, Unit of Epidemiology, STIs and HIV, Lima, Peru*

10.1136/sextrans-2019-sti.22

In Peru, cervical cancer is the leading cancer among women, killing one woman every 5 hours. The human papillomavirus