Conclusion The examples presented here used interactive processes of data use throughout the program cycle through regular feedback to program implementation pon geographies/subpopulations 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

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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

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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

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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

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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

(HPV) has been identified as the causal agent of cervical cancer. Project 'HOPE Peru: Women helping women fight cervical cancer' aims to create the first Peruvian public health social enterprise aiming to improve access to healthcare technologies for communities with the involvement of community women. HOPE´s first project will be to seek to market the HPV self-testing (CareHPV®) to get commitment and promote a culture of cervical cancer prevention. The tests will be sold to high income women to create a sustainable platform to offer free testing to women with less resources, involving training of community women ('HOPE ladies'). The project is based in four key pillars: (1) the use of molecular HPV tests for screening, with better sensitivity than PAP tests and at a relatively low cost; (2) the use of self-collected vaginal samples, which offers an opportunity to increase screening coverage; (3) community women teaching other women about cervical cancer and how to apply the HPV test; and (4) use of technology with the development of an informatics platform for the follow up of the distribution of molecular HPV screening tests, results, follow-up of women screened and the transmission of reminders through text messages (SMS) for clinic visits to women and an internet information platform and hot-line. The HPV test can be self-administered by women in the comfort and privacy of their own homes. Depending on the case the test could be pick-up from their houses or could be deposited in collection boxes located in commercial places (pharmacies, stores) opened 24/7. The samples are tested at a central lab and the results of the test are received within a week via SMS, with appropriate referrals for treatment as needed.

Disclosure No significant relationships.

S02.4 EMPOWERMENT AND APPROACHES FOR STIGMA REDUCTION: IMPLEMENTATION OF HIV SELF-TESTING AMONG FEMALE SEX WORKERS

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10.1136/sextrans-2019-sti.23

HIV self-testing (HIVST) may play a role in addressing gaps in HIV testing coverage and as an entry point for HIV prevention services by empowering individuals to test themselves and reducing stigma-related barriers to HIV testing. We evaluated two health systems delivery approaches for HIVST distribution compared to referral to standard testing among female sex workers in Zambia. Trained peer educators in Kapiri, Chirundu, and Livingstone, Zambia each recruited 6 FSW participants. Peer educator-FSW groups were randomized to one of three arms: 1) delivery (direct distribution of an oral HIVST from the peer educator), 2) coupon (a coupon for collection of an oral HIVST from a health clinic/pharmacy), or 3) standard-of-care HIV testing. Participants in the two HIVST arms received two kits: one at baseline and one at three months. The primary outcome was any self-reported HIV testing in the past month at the one- and four-month visits, as HIV self-testing can replace other parts of HIV testing. Secondary endpoints included linkage to care, HIVST use in the intervention arms, adverse events, empowerment, sexual behaviors, and measures of stigma. Participants completed questionnaires at one and four months following peer educator interventions.965 participants were enrolled (delivery: N=322, coupon, N=323, standard, N=320); 20% had never tested for HIV. Overall HIV testing at one month was 94.9% in the delivery arm, 84.4% coupon, and 88.5% standard-of-care. Four month rates were 84.1% delivery, 79.8% coupon and 75.1% standard. HIV self-test use was higher in the delivery arm compared to the coupon arm (RR=1.14, 95% CI 1.05–1.23, P=0.001) at one month but there was no difference in at four months. Among participants reporting a positive HIV test at one (N=144) and four months (N=235), linkage to care was non-significantly lower in the two HIVST arms compared to the standard-of-care arms. At four months, participants reported significantly fewer clients per night in the delivery arm (mean difference -0.78 clients, 95% CI -1.28 to -0.28, P=0.002) and the coupon arm (-0.71, 95% CI -1.21 to -0.21, P=0.005) compared to standard-of-care. HIV self-testing coverage was high in all arms, suggesting that HIV self-testing is able to overcome stigma-related barriers to HIV testing in this population.

Disclosure No significant relationships.

S03 – EPIDEMIOLOGICAL ASPECTS OF STI TRANSMISSION IN MSM

Monday, July 15, 2019 10:45 AM – 12:15 PM

S03.1 IMPACT OF HIV PREP ON RISK COMPENSATION AND STI EPIDEMIOLOGY – WHAT DOES THE EVIDENCE SHOW?

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10.1136/sextrans-2019-sti.24

Introduction From the earliest days of the HIV epidemic there has been a close relationship with other sexually transmitted infections (STI). The shared transmission routes and determinants were reflected in high levels of synergy in the epidemics. Early preventive interventions for HIV – including changes in partner numbers and selection, use of barriers and changes in sexual practices towards safer sex – were 'infection agnostic', and had a dramatic impact on bacterial STI, with levels of syphilis and gonorrhoea falling to historic lows in some high-income settings. In contrast, many newer technologies for HIV prevention are 'infection specific', leading to the potential for divergent epidemics of HIV and other STI

Method and results We review evidence to date of the impact of PrEP on (a) risk compensation, and (b) STI rates in a range of populations and settings. We synthesize data from earlier systematic reviews, and review the association between PrEP use and bacterial STIs in cis-gender women. Detailed results will be presented; briefly, early randomised control trials reported no increase in STIs or changes in sexual practices; more recent studies in less controlled environments such as open-label or demonstration projects have often reported increased STI incidence and risk compensation.The majority of evidence is from studies in men who have sex with men and transgender women

Discussion An increase in condomless sex is not an unintended consequence of PrEP. For decades HIV prevention was limited because many people prefer sex without condoms. Now we have the technology to do this without the fear of HIV, just