treatment and sexual health care after positive diagnosis. We
developed this program using the systematic intervention mapping
(IM) protocol (six steps). Here, we describe the develop-
ment process.
Methods Step 1 (needs assessment): we conducted a literature
review and interviews with 18 MSM and 19 healthcare pro-
fessionals from public-health and hospital care. Step 2–5: spe-
cific objectives were formulated to achieve the program goal
and methods were selected to address determinants that
needed to be changed. Program production was done with
evidence-based methods to overcome barriers identified in the
needs assessment. A plan was made for implementation.
Results Step 1 (needs assessment): Healthcare professionals and
MSM expressed a positive attitude towards home-based self-
sampling. Care providers raised concerns to missing face-to-
f ace counseling and expected that MSM may experience diffi-
culties with blood drawing (finger prick). Steps 2–4: Identified
target change behaviors were 1) testing in MSM and 2) adop-
tion of the program in care-providers. Solutions to decrease
testing barriers in MSM in the program include: 1) home-
based self-sampling 2) reminders (text messaging) 3) social net-
work peer-dissemination of tests and 4) re-testing opportuni-
ties. To improve adoption and implementation, a sustainable
collaborative infrastructure is set up between public-health
service, hospital care providers and general practitioners.
Conclusion The regional homecare program to motivate MSM
to HIV/STI testing and to motivate care providers to use it was
systematically developed for effective behavioral change.
In the program, evidence-based methods to overcome barriers
are included to reach an increased number of MSM and moti-
vate care providers. The next step is to pilot implementation
of the program.
Disclosure No significant relationships.

P032 ALONE BUT SUPPORTED WITH AN INNOVATIVE HIV
SELF-TESTING APP: QUALITATIVE RESULTS FROM
A LARGE COHORT STUDY IN SOUTH AFRICA

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Background HIV self-testing (HIV-ST) has the potential to
positively impact HIV test access, uptake and early diagnosis.
Its widespread adoption could change the nature of how and
where patients access HIV testing. But concerns remain
regarding test conduct, provision and nature of counselling,
and support offered during/after HIV-ST. This study investi-
gated an oral HIV-ST application (app) based strategy (an oral
self-test with a mobile phone/tablet app), that offered HIV
pre-test counselling, risk staging, test conduct/interpretation,
and linkages to care. We aimed to identify if and how the
app provided counseling and support during/after HIV-ST and
how this strategy might impact test access in the South African
context.
Methods We conducted a qualitative study nested within an
observational cohort study (November 2016 – May 2018)
Conclusion Novel solutions that aim to reduce empiric therapy, or shorten the interval to treatment success, are critical. Through the use of sequential testing algorithms, more accurate discrimination between GU etiologies may help address the re-emergence of Syphilis in the USA.

Disclosure No significant relationships.

Background HIV self-testing (HIVST) was recommended by the World Health Organization as an additional way for improving HIV testing due to its advantage in privacy and convenience. Studies showed that HIVST was well accepted among men who have sex with men (MSM) in China. This study aims to investigate the situation of HIVST usage, its correlates and implications for linkage to care among Chinese MSM.

Methods Data were collected from a nationwide online survey. Men who ever had sex with another man, were 16 years or older, born as a male, and ever tested for HIV were eligible. Survey collected information on HIVST and source of self-test kits. Sociodemographic and behavioral data were also collected and assessed in relation to HIVST through bivariate analyses. We characterized linkage to care after receiving a HIV-positive confirmatory result among self-testers and facility-based testers (i.e., who never self-tested).

Results Among 540 men who ever tested for HIV (age: 27.3 ±6.6), most were never married (87.4%, 472/540) and completed college (52.2%, 282/540). 75.2%(406/540) reported having been self-tested. Self-test kits were commonly obtained from community-based organizations (54.4%,221/406) and online (46.6%,189/406). HIVST was associated with college or higher education (OR=1.41, 95%CI: 1.03–1.96), but not with other socio-demographics, sexuality disclosure or condom use, 32/540 (5.9%) men received confirmed HIV-positive results, 25/406(6.2%) among self-testers and 7/134 (5.2%), among facility-based testers (p=0.69). After receiving HIV-positive confirmatory results, all 25 self-testers sought care while 3/7 (42.9%) facility-based testers did (p<0.001). Delays before seeking care were not significantly different between self-testers and facility-based testers (P=0.366). 254/508 (46.5%) men reported likely to test for HIV in next three months, similarly among self-testers and facility-based testers.

Conclusion Many men received HIVST. Men with higher education were more likely to be ever self-tested. The use of HIVST did not appear to hinder linkage to HIV care and services among men with confirmed HIV-positive results.

Disclosure No significant relationships.

Background According to Nepal Demographic and Health Survey (NDHS) 2016, 81% of women have heard of AIDS in Nepal. Despite this, only 10% of women have ever been tested and received the results. The objective of the study is to examine the impact of mass media exposure in getting HIV testing among urban women in Nepal.

Methods The study is based on 12,862 women aged 15–49 residing in Nepal and enrolled in NDHS 2016. All urban women were asked the frequency of exposure to media. Binary logistic regression analysis was used to study the effect of radio, television and internet exposure in getting HIV-testing among women in Nepal.

Results Among women exposed to radio, television and internet have 12.6%, 12.6% and 18.6% HIV testing respectively than those without radio (9.9%), television (8.1%) and internet (8.3%). (P value <0.001). Women exposed to radio, television and internet at least once a week were more likely to have HIV testing than those not exposed. Women who used the internet every day had high HIV testing (19.4%, CI 18.9 to 19.8) in comparison to those listened radio every day (13.6%, CI 13.1 to 14.0) and watch television every day (14.1%, CI 13.7 to 14.5). Using binary logistic regression analysis, odds of women exposed to radio, television and internet were 1.2, 1.5 and 2.5 times respectively more likely to have HIV testing than those not exposed. Women who used the internet every day had high HIV testing (19.4%, CI 18.9 to 19.8) in comparison to those listened radio every day (13.6%, CI 13.1 to 14.0) and watch television every day (14.1%, CI 13.7 to 14.5).

Conclusion Urban women exposure to internet has high impact in getting HIV test in Nepal. Internet plays a crucial role as a source of information for urban women in getting HIV testing in comparison to radio and television. The Ministry of Health, and International Development Partners should develop the intervention such as mobile apps, website as information source as more women are using mobile phone and internet in Nepal.

Disclosure No significant relationships.

Background Immediate uptake of antiretroviral therapy (ART) after an HIV-positive diagnosis (Test and Treat) is now being implemented in Uganda. Data are limited on lost to follow-up (LTFU) in high-risk cohorts that have initiated ‘Test and Treat’. We describe LTFU in a cohort of women of high-risk sexual behaviour who initiated ART under ‘Test and Treat’.

Methods We performed a retrospective cohort study of participant records at the Good Health for Women Project (GHWP)