Conclusions The prevalences of LETP and LCSI are high in the Americas. Public health strategies should aim to create surveillance systems of syphilis in PLWHA and assure annual screening and timely treatment.

P040 IMPLEMENTING A RAPID SEXUAL HEALTH TESTING, DIAGNOSIS AND TREATMENT SERVICE: QUALITATIVE EVALUATION

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Background Unity Sexual Health in Bristol UK, re-designed its service to improve access and delivery of care. This includes a Panther (Hologic Inc) system at the point of care to provide rapid STI tests, allowing Nucleic acid amplification testing results for STIs including gonorrhoea and chlamydia to be available within four hours. Previously patients waited over a week for results.

Methods A qualitative evaluation running alongside the implementation of the new service, to understand experiences, and inform its iterative development. A total of 21 members of staff and 26 patients were interviewed, and 40 hours of observations conducted of the service in operation, were analysed thematically.

Results The new service implementation required co-ordinated changes in practice across multiple staff teams. Patients also needed to make changes to how they accessed the service. Multiple small 'pilots' of process changes were necessary to find workable options. This responsive model created challenges for delivering comprehensive training/communication in advance to all staff. However, staff worked together to adjust and improve the new service, and morale was buoyed through observing positive impacts on patient care. Patients valued faster results and avoiding unnecessary treatment. They were willing to drop off samples and return for a follow-up appointment the same/next day, enabling infection-specific treatment in accordance with test results thus improving antimicrobial stewardship.

Conclusions Implementation of service changes to improve access and delivery of care in the context of stretched resources can pose challenges for staff at all levels. Early evaluation of pilots of process change, provide opportunities for prompt feedback enabling adjustment, is valued. Visibility to staff of positive impacts on patient care is important in maintaining morale. The service was acceptable to patients.

P041 BARRIERS AND FACILITATORS TO ANTIRETROVIRAL THERAPY INITIATION AND ADHERENCE IN INDONESIA: HEALTH CARE PROVIDER'S PERSPECTIVES

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Background Indonesia has the fourth-largest number of new HIV diagnoses per year worldwide, is the only country in the Asia-Pacific region where HIV prevalence is increasing, and the WHO aims of 90–90–90 has not yet been reached. It is therefore important to investigate barriers and facilitators to antiretroviral (ARV) therapy initiation and adherence. This study set out to delineate these barriers and facilitators from the perspective of health care providers.

Methods Between March and May 2020, 20 semi-structured interviews were conducted with health care providers in Indonesia. Thematic analyses were subsequently conducted to ascertain categories of barriers and facilitators to initiation and adherence.

Results Main facilitators to ARV initiation and adherence were social support; good client-provider communication; less bureaucracy or easy access to ARV; and sufficient HIV and ARV knowledge among people with HIV. Additionally, the use of euphemistic terminology for ARV was a facilitator for adherence, but not for initiation; whereas having sufficient self-care motivation, a desire to live or having health goals, and HIV status acceptance were facilitators to initiation but not adherence.

Barriers to initiation and adherence included stigma; complicated bureaucracy; insufficient health care facilities, health care coverage or ARV supply; and distance to clinics. Side effects and experiencing regimens as tedious were additional barriers to adherence; and being in denial, being asymptomatic, fatalism, and the influence of anti-ARV social media were additional barriers to initiation.

Conclusion Barriers and facilitators to initiation and adherence occur on various socio-ecological levels and should therefore be targeted on structural, interpersonal, and individual levels. Health care providers can play a key role in promoting facilitators and reducing barriers, but must be supported by national and organizational level efforts that increase access to HIV clinics and health care coverage, and decrease bureaucracy and community-level initiatives that correct myths and misinformation.

P042 PREVALENCE AND ASSOCIATED FACTORS OF BEING DIAGNOSED WITH SYPHILIS AMONGST MSM ATTENDING AS SEXUAL CONTACTS OF SYPHILIS

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Partner notification strategies have increased the number of MSM attending sexually transmitted infection (STI) clinics as sexual contacts of syphilis. Current guidelines suggest testing and consideration of presumptive antimicrobial treatment. Syphilis treatment with benzathine penicillin; requires clinic resources, is painful and is associated with complications: it is important we consider strategies to rationalise presumptive antimicrobial use in MSM and promote antimicrobial stewardship.

We aimed to determine if there are any factors associated with having syphilis among MSM attending as sexual contacts of syphilis. We examined the clinical records of MSM attending as sexual contacts of syphilis from January through December 2019.

Of the 6613 MSM who attended for STI testing, 142/6613 (2.1%) presented as sexual contacts of syphilis. The median