

Reported condom use in the past year was: always 39%, always but once 11%, sometimes 27%, never 14% (10% had no penetrative sexual intercourse). Most known places to have an HIV test are hospital (95%), STI clinic (58%) and chemical analysis laboratory (54%); most used: hospital (73%), STI clinic (30%), laboratory (22%); 5 responders reported having had a self-test at home. Preferred places is self-testing at home (53%), hospital (36%), pharmacy (32%) and headquarter of an organization (31%). Most known testing method is draw blood from vein (97%), which is also most used (80%) but the least preferred (31%) while saliva (65%) and finger prick (56%) are the preferred choices. Physicians are the preferred operator (54%) followed by self-testing (46%), nurses (46%) and peer-volunteers (39%). The ideal HIV test should be: reliable (86%), with no medical prescription (75%), free (63%), rapid (55%), with no personal information collected (45%), with the opportunity to speak with a peer-counselor (36%).

Conclusions: Awaiting for the results and bureaucratic obligations represent the major barriers to HIV test in Italy. Home-testing and community-based testing seem to be among the best ways to offer new opportunities for HIV test though home testing will not allow any kind of support for newly diagnosed people.

P09.04

Test for Triage: A New Approach to Community-based HIV Testing and Counselling

Rachel Baggaley¹, Kathryn Curran¹, Cheryl Johnson¹, Anita Sands², Martina Brostrom³, Vladanka Andreeva⁴

¹WHO, World Health Organization, Department of HIV/AIDS, Geneva, Switzerland, ²WHO, World Health Organization, Essential Medicines and Health Products, Geneva, Switzerland, ³UNAIDS, the Joint United Nations Programme on HIV/AIDS, Geneva, Switzerland, ⁴UNAIDS, the Joint United Nations Programme on HIV/AIDS, Bangkok, Thailand

Background: Despite recent achievements in scaling-up HIV testing and counselling (HTC), two major challenges remain:

- 1) increasing the number of people who know their HIV status, particularly populations at highest risk for HIV, and
- 2) ensuring correct HIV test results are delivered. WHO recommends community-based HTC (CBHTC) in generalized epidemics and for key populations in all epidemics.

However, in some settings, there are regulatory barriers and lack of support for use of HIV rapid diagnostic test (RDTs) at point-of-care by community providers. There are also concerns that quality of testing and accuracy of results may be sub-optimal in many settings.

Methods: A “test for triage” approach represents a new, simple way to support CBHTC. Community providers conduct a single RDT. Individuals with a reactive test result are immediately linked to a facility for further HIV testing (starting at the beginning of the national testing algorithm) and assessment for treatment. Individuals with a non-reactive test result are given their results, referred for appropriate HIV prevention services and recommended for re-testing according to national guidelines.

Results: This new approach encompasses both (1) expansion of CBHTC performed using a single RDT and (2) emphasis of immediate linkage for HIV diagnosis and treatment assessment at health facilities. The simplification of CBHTC to a single

RDT followed by linkage of people who have a reactive test result to further testing with a new specimen and a “second reader” at a facility could reduce operator errors, thus, leading to more reliable HIV test results, especially for low prevalence populations (Figure 1). Supportive HTC policies, clear messages for clients and providers to understand test results and strong linkage-to-care are critical to the success of this approach.

Conclusions: This simplified approach to CBHTC may address current challenges in HTC. It could be implemented along with efforts to strengthen quality assurance.

P09.05

Opportunities for HIV Prevention among Couples in Durban, South Africa

William Kilembe¹, Mammekwa Mokgoro², Annie Mwaanga¹, Miriam Kamusoko², Tarylee Reddy³, Elisabeth Dissen¹, Jonathan Davitte^{4,5}, Shumba Phiri Hilda¹, Mark Brockman⁶, Thumbi Ndung'u², Susan Allen^{5,7}

¹Rwanda Zambia HIV Research Group, Lusaka, Zambia, ²HIV Pathogenesis Program, Durban, South Africa, ³Medical Research Council of South Africa, Durban, South Africa, ⁴Rwanda Zambia HIV Research Group, Ndola, Zambia, ⁵Emory University, Atlanta, GA, United States, ⁶Simon Fraser University, Burnaby, BC, Canada, ⁷Rwanda Zambia HIV Research Group, Atlanta, GA, United States

Background: Couples' Voluntary Counseling and Testing (CVCT) reduces HIV transmission by up to 60% among discordant couples but uptake is low in a priority setting. Rwanda Zambia HIV Research Group (RZHRG) in collaboration with the HIV Pathogenesis Programme (HPP) at the University of KwaZulu-Natal (UKZN) conducted a pilot project to expand of CVCT and to assess opportunities to implement HIV prevention strategies that target couples at local clinics in Durban, South Africa.

Methods: In February 2013, trainers from RZHRG conducted CVCT training and supervision for counselors and health promoters at five clinics around Durban. Client level indicators including age, gender, pregnancy status, ART status, and sero-status of both partners, were collected for all couples as a component of routine CVCT service operation. Descriptive analyses are presented here.

Results: A total of 20 counselors and 28 promoters completed training. Out of 908 couples (1816 individuals) that underwent CVCT, 50% of men and 62% of women had been previously tested alone; only 4% had been tested as a couple. Prevalence of HIV was 42% and prevalence of discordant couples was 29% (19% F+M-, 10%F-M+). Almost half of the couples were within the age group 20 to 29 years. This group had the highest prevalence of HIV and contributed the highest proportion of discordant couples. Only 21% of discordant couples had the positive partner on ARVs (13% M-F+, 8% M+F-) and 30% of the concordant positive couples with one or both partners on ARVs. In 95 couples (10%), the woman was pregnant. Of these, 14 (15%) were discordant couples where the woman was the negative partner and had never been tested as couples before; only in one of these couples was the man on ARVs.

Conclusions: The burden of HIV in Durban is high. CVCT, an intervention that targets the largest risk group in sub-Saharan Africa, would greatly benefit the couples in Durban as an HIV

prevention strategy and as an entry point to care and treatment services aimed at reducing HIV incidence.

P09.06

Effectiveness and Impact of Promotion of Health Rights by Sex Workers for Reducing HIV Prevalence in the Eastern of Democratic Republic of Congo

Mambo Amisi Modeste^{1,2}

¹Humanitarian Action for Health and Community Development, Public Health, Bukavu, Democratic Republic of the Congo

²Institut National de Santé Public, Epidemiologie, Kinshasa, Democratic Republic of the Congo

Background: Since 1994, the Eastern Democratic Republic of Congo has been a theater of armed conflict, violence, and serious human rights violations. Two out of three women have experienced the violence personally. While the whole community suffers, sex workers and MSM transgender people are particular victims of discrimination, rape and sexual violence.

The 2011 annual report of the National Program for fighting against HIV/AIDS, indicated that a 4.7% HIV prevalence among sex workers in Eastern Democratic Republic of Congo. This information drove the sex workers gathered at the AHUSADEC NGO to initiate a program in 2012, "Club mutual pleasure of sex workers," with the goal of promoting prevention and sharing information about STIs and HIV by sex workers to sex workers, the community and customers, and to promote human rights and advocacy in the towns of Bukavu and Goma in the Eastern Democratic Republic of Congo.

Methods: We're organized into six solidarity communities. 276 received training in peer education on HIV/AIDS prevention. Through our voluntary counseling and testing center, we promote education, training and sensitization for HIV testing. In the conflict zone we educated and trained an army group and women about HIV prevention.

Results: In 2013

- 276 sex workers were sensitized about human rights and trained as peer educators in STI-HIV/AIDS prevention;
- 308,600 male and 1,803 female condoms used by 27 army group member in the conflict zone;
- 104 sessions conducted by sex workers peer educators on IST-VIH/SIDA and human right with 27 army groups in Eastern of D.R. Congo;
- 2769 soldiers from army groups know their HIV status through UNHCR and VCT of AHUSADEC;
- 503 lubricants distributed;
- 74 soldiers from army groups who are HIV+ received ARV treatment through the UN mission HIV section;
- 439 were identified as having sex with condoms in February, 793 in July and 3705 in November 2013, an increase of 75%.

Conclusions: The effective involvement of sex workers in the promotion of human health could reduce the prevalence of HIV / AIDS to 12% in sentinel areas (Walikale, Masisi, Rutshuru and Minova) in territory occupied. The very low economic power of sex workers is our challenge.

P09.07

Engaging Young Adult Clients of Retail Pharmacies for HIV-1 Testing in Coastal Kenya

Peter M. Mugo¹, Henrieke Prins¹, Elizabeth Wahome¹, Grace Mwashigadi¹, Alexander Thiong'o¹, Evanson Gichuru¹, Anisa Omar², Susan M. Graham^{1,3}, Eduard J. Sanders^{1,4}

¹Kenya Medical Research Institute, Kilifi, Kenya, ²Ministry of Health, Kilifi, Kenya, ³University of Washington, Seattle, WA, United States, ⁴Oxford University, Headington, United Kingdom

Background: Adults in resource-limited countries frequently use retail pharmacies as the first or only source of treatment for various ailments. The aim of this study was to assess whether young adult clients of retail pharmacies can be referred for HIV-1 testing and engaged for HIV-1 prevention research.

Methods: We requested five pharmacies to refer clients meeting predefined criteria (18–29 years of age and requesting treatment for fever, diarrhoea, sexually transmitted infection (STI) symptoms or body pains) to selected study health facilities, where HIV-1 testing and screening for an ongoing HIV-1 prevention study was offered. Using multivariable logistic regression, we determined client characteristics associated with uptake of HIV-1 testing.

Results: From February through July 2013, 1,490 pharmacy clients met criteria for referral (range of weekly average by pharmacy: 4–35); 377 (25%) reported for screening at a health facility, 353 (24%) were HIV-1 tested and 127 (9%) met criteria for the prevention study. Of those tested 14 (3.9%) were HIV-1 infected. Test uptake varied significantly by referring pharmacy, and was higher for clients who presented at the pharmacy without a prescription vs. those with a prescription, and for clients who sought care for fever or STI symptoms vs. those who sought care for body pains.

Conclusions: About a quarter of retail pharmacy clients engaged for HIV-1 prevention research were tested for HIV-1. Clients seeking care directly at the pharmacy (i.e., without a prescription) and those with fever or STI symptoms were more likely to take up HIV-1 testing. Engagement of adult pharmacy clients for HIV-1 testing may identify undiagnosed individuals and offers opportunities for HIV-1 prevention research.

P09.08

Correlates of Voluntary HIV Testing and Collection of Test Results among Male Clients of FSWs in Three States of India

Karikalan Nagarajan¹, Sheela Godbole¹, Sucheta Deshpande², Ramesh Paranjape¹

¹National AIDS Research Institute, Pune, India, ²Public Health Foundation of India, New Delhi, India

Background: Male clients of female sex workers (FSWs) are a high risk (HRG) and bridging population driving the heterosexual HIV epidemic in India. National AIDS control programme has prioritized scaling up of voluntary HIV testing (VT) among HRG's. Impact of VT, dependent upon 'collection of test results' (CR), is of significance in this bridging population. We assessed the correlates of VT&CR among male clients in India to understand its determinants.

Methods: Data were drawn from the cross-sectional IBBA survey of male clients of FSWs between 2009–2010 in three high prevalence states of Tamil Nadu, Andhra Pradesh and Maharashtra, India. Informed consent was obtained. Multivariate logistic regression models were used to assess the correlates of VT&CR and to identify factors preventing clients from collecting test results

Results: Of 4803 'clients', 781(16.2%) reported VT, of whom 710 (90.9%) of clients had collected reports (CR). Clients exposed to STI advertisements [AOR 1.9(CI-1.5-2.4), p<0.05] and 'Key'