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Oral Presentations

HIV Prevention Summit 2021

1

Persistence on F/TAF versus F/TDF for HIV Pre-Exposure Prophylaxis: A Real-World Evidence Analysis in the United States

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Background: Persistence to preexposure prophylaxis (PrEP) is an important determinant of its efficacy, but evidence on real-world persistence is lacking. This study assesses adherence to F/TDF and F/TAF for PrEP both in terms of discontinuation and re-initiation patterns.

Methods: We identified HIV-negative individuals in the United States who initiated F/TDF or F/TAF for PrEP between October 2019 and December 2020 from a de-identified p rescription claims database; users taking generic F/TDF were excluded. Non-persistence was defined as a prescription fill gap of >30 days; discontinuation included switch from F/TDF to F/TAF or F/TAF to F/TDF. We used survival analyses to estimate persistence, Cox regressions to compare the hazard ratios (HR) of discontinuation, and logistic regression to compare the odds ratios of reinitiation after discontinuation.

Results: Among F/TAF users (N=82,402) median age at PrEP initiation was 35 years (interquartile range [IQR] 28–47) and median PrEP persistence was 4 months (IQR 1.8-8.9), compared to 31 years (IQR 25–40) and 2 months (IQR 1.0-3.8) for F/TDF users (N=48,501). PrEP persistence at 60 and 90 days was higher among F/TAF users than F/TDF users (Figure). F/TDF users were 2.5 times more likely to discontinue than F/TAF users, with more marked differences in older users than that in younger users (p for interaction between discontinuation and age group <0.01, Table). We also observed a higher rate of discontinuation of F/TDF versus F/TAF if PrEP was prescribed by internal medicine or infectious disease physicians than by family medicine physicians (data not shown). After discontinuation, F/TAF users were 1.7 times more likely than F/TDF users to re-initiate PrEP; the association was not different by age.

Conclusions: In this real-world analysis, the F/TAF for PrEP regimen was associated with higher persistence and re-initiation than F/TDF for PrEP. These findings underscore the dynamic nature of PrEP utilization in the real-world and the importance of interventions aimed at improving PrEP persistence and re-initiation in people who would benefit from PrEP.

2

Socio-demographics of individuals initiated on HIV pre-exposure prophylaxis (PrEP) in Nigeria

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Background: Pre-exposure prophylaxis (PrEP) is using antiretroviral drugs to prevent the acquisition of HIV in populations at substantial risk. PrEP implementation in the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project, funded by PEPFAR/USAID, started in December 2019 as part of a comprehensive package of care. Potential users are HIV-negative partners. The objective of the study was to assess the sociodemographic characteristics of individuals who initiated PrEP in the SIDHAS project.

Material and Methods: Data were collected from the electronic medical records for a retrospective review of eligible individuals who started PrEP between January 2020 and March 2021 in SIDHAS-supported facilities in Akwa Ibom and Cross River states. A quarterly descriptive analysis of the sociodemographic characteristics of the clients was done using STATA version 12.0SE.

Results: In total, 16,551 clients were initiated on PrEP within the review period; 3.0% (494) in January–March 2020, 6.1% (1,010) in April–June 2020, 7.7% (1,267) in July–September 2020, 22.8% (3,771) in October–December 2020, and 60.5% (10,009) in January–March 2021. Of these, 61.1% (10,197) were male, 50.2% (8,310) were married, 49.0% (7,157) unmarried, 58.1% (9,622) had at least a secondary education, 55.2% (9,136) unemployed, 27.8 (4,594) employed, and median age was 32 years (IQR: 27–39). PrEP initiation declined in facilities from 77.5% to 53.2% and increased in the community from 22.5% to 46.8% over the quarters (January–March 2020 to January–March 2021). Likewise, PrEP initiation declined among the married population from 70.9% to 43.1% and increased among the unmarried population from 28.1% to 56.2% over the quarters.

Conclusions: PrEP enrolment increased across the quarters with more initiations being carried out in the community and among men compared to women. The data also showed that more clients were unemployed, probably due to ease of reach in the community during work hours. The increase in initiation among the unmarried population across the quarters may be attributed to opening services to partners of clients who are not married but are in other committed relationships, e.g., co-habitation, open relationship. A differentiated model targeted to reach specific populations, i.e., women and the employed, with PrEP is highly recommended.

3

Community PrEP Service delivery for Female Sex Workers in Ghana

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Background: The West Africa AIDS Foundation (WAAF) is a sub-recipient of the PEPFAR/USAID funded project; Meeting Targets and Achieving Epidemic Control (EpiC) which implements pre-exposure prophylaxis (PrEP) activities through the Key Population Investment Fund (KPIF) in Ghana. The purpose of the project is to initiate higher-risk populations (MSM, TG and FSWs) on PrEP to reduce HIV acquisition. In August 2020, WAAF, in collaboration with its sister organization, International Health Care Center (IHCC), started implementation of PrEP services at its health facility and through Mobile Clinic service delivery. Social media was used in demand creation targeting Female Sex workers (FSWs) within the Greater Accra region of Ghana. High number of FSWs reached with PrEP demand creation were reluctant to travel from their communities of residence to a centralized health care facility to receive PrEP services resulting in low numbers initiated on to PrEP

Materials and Methods: One-year implementation (August 2020 – August 2021) was initiated through social media demand creation by a KP-led organization, FSWs reached and educated were referred for PrEP eligibility screening and initiation by IHCC's trained nurses. It was found that FSWs were reluctant to visit the IHCC/WAAF health clinic located in Haatso, Accra. As most FSWs reached were located far from the health facility, mobile clinic services at the community level was the preferred option of service delivery. Weekly Community PrEP services were made available through Mobile Clinic, offering PrEP eligibility screening, HIV testing and counseling to FSWs. Eligible clients were initiated.

Results: A total of 140 FSWs were initiated on PrEP during a year of project implementation, of which 138 (98.6%) received community PrEP services. Trained staff of the KP-led organization provided PrEP refill services during flexible times and locations, which ensured a sustainable way for PrEP clients to access their refills. Of the 140 FSWs initiated on PrEP, 76 (54%) received community level PrEP refill.

Conclusions: Providing PrEP services directly to FSWs in their communities, at flexible times and locations, resulted in increased uptake and retention of FSWs on PrEP, in contrast to providing health services from one centralized location.

4

Uptake of HIV post-exposure prophylaxis, completion rates and self-reported reasons for non-completion among health care workers at Mbarara Regional Referral Hospital

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Background: Approximately, 1,000 HIV infections are transmitted annually to health care workers (HCWs) worldwide from occupational exposures. 19.2% of HCWs experience exposure to HIV per year yet the use of post-exposure prophylaxis (PEP) is largely undocumented. We assessed PEP initiation rates and self-reported reasons for non-completion of PEP among HCWs following occupational exposure to HIV.

Materials and Methods: A cross-sectional study was conducted at Mbarara Regional Referral Hospital, from March 2020 to October 2020 with a sample size of 206 HCWs. Participants were randomly selected from a list of eligible HCWs that included Medical staff, Cleaners and Medical students at MRRH and all eligible HCWs were enrolled.. Information regarding PEP initiation and completion was obtained using a self-administered questionnaire. Chi square test was done to determine proportions in gender, cadre and age among participants who reported to have ever been initiated on PEP for PEP using Epi Info 3.5.1 and Stata version 15 at 95% confidence interval.

Results: Of 206 HCWs who participated in the study, 77 (37.4%) reported to have ever been initiated on PEP of these 56(72%) reported to have completed their PEP while 21(28%) never completed their PEP dose. Exposure was highest among medical staff and there was no significant difference in PEP initiation and completion observed across gender. Self-reported reasons for non-completion was mainly side effects 17(80.9%).

Conclusions: Despite the observed rate of occupational exposure to HCWs at Mbarara Regional Referral Hospital, a reasonable number of Health care workers do not complete their PEP dose due to side effects of drugs. Effective counselling on side effects of PEP Medicines is therefore needed to enable all care workers to complete their PEP after exposure to HIV pathogen.

5

Characterizing Non-Occupational Post Exposure Prophylaxis for HIV in 5 Urban Health Centers of Kampala, Uganda: January 2016 - June 2019

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Background: Post-exposure prophylaxis (PEP) for non-occupational HIV exposures is an important, yet under-emphasized, element of HIV prevention. In Uganda, PEP is recommended for HIV-negative persons with high risk of acquiring HIV after potential occupational or non-occupational (NPEP) exposure [such as unprotected sex, sexual assault and injuries like human bites, road traffic accidents and sharp injuries with blood exposure]. Follow-up repeat HIV testing is recommended at the end of the 1 month PEP course and thereafter at months 3 and 6. We characterized NPEP recipients in Kampala Uganda by type of exposure, timeliness of presentation for services and of PEP initiation, and loss to followup (LTFU).

Materials and Methods: We retrospectively reviewed Ministry of Health (MoH) PEP registers capturing NPEP prescribed from January 1, 2016–June 30, 2019 in the five largest Kampala City Council health facilities. We defined sero-conversion as a positive HIV test after four weeks of PEP. We summarised the data in frequencies and proportions and used logistic regression to establish factors associated with return at 4 weeks followup.

Results: We examined register entries for 2,191 NPEP recipients during the analysis period; 1,034 [47%] were male; median age was 26 years [IQR=22-31 years]. The most frequent exposures were sexual (81%; n=1,785). Of all recipients, 1,101 (50%) reported <24 hours after exposure, and 980 (45%) received PEP <24 hours. At four weeks, 1,223 (56%) returned; 669 (31%) returned at both 4 weeks and 3 months, and 629 (29%) returned for all three follow-up visits. The odds of return for follow up after four weeks increased among recipients whose exposure source had unknown vs known HIV status (OR=1.7, 95% CI; 1.2-2.3) as well as those receiving PEP within 24-48 hours (OR=1.9, 95% CI; 1.5-2.3) and receiving PEP 48-72 hours (OR=1.4, 95% CI; 1.0-1.9) vs <24 hours. Only 2 patients sero-converted..

Conclusions: Sexual exposure was the main indication for NPEP in Kampala. Attendance at follow-up visits for HIV testing was poor. We recommend exploration of causes of poor follow-up after PEP to improve service completeness, and integration of PEP with other HIV prevention services.

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Post-Exposure Prophylaxis, Post-Violence Care and Ongoing HIV Risk: Missed Opportunities for HIV Prevention through Pre-Exposure Prophylaxis and Other Interventions

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Background: Victims of sexual violence and other persons at substantial HIV risk may not fall into recognized key and priority populations. Non-occupational Post-Exposure Prophylaxis (NPEP) is offered in Uganda after high-risk non-occupational HIV exposure. Recent East African data suggest that recipients of NPEP develop HIV at elevated rates in the year after NPEP receipt, suggesting failures to identify and mitigate ongoing HIV risk. African countries are now implementing Pre-Exposure Prophylaxis (PrEP) but struggling to efficiently identify and deliver PrEP to persons at substantial HIV risk. While several countries, including Uganda, designate NPEP recipients as eligible for PrEP, implementation is not emphasized. Because PrEP clients who discontinue PrEP may return to facilities needing NPEP, integration of NPEP and PrEP programs is important bidirectionally. We performed a situational assessment of NPEP in Kampala, Uganda to assess how PEP-to-PrEP programming can be strengthened.

Materials and Methods: We examined NPEP registers at the five largest Kampala City Council clinics from January 2016 to June 2019, including NPEP prescriptions and additional services provided (including sexually transmitted infection services and condom provision). We interviewed staff about NPEP service delivery, PrEP provision, and other HIV prevention services.

Results: Among 2191 total NPEP recipients, 836 (38%) had condoms provided, and 178 (8%) had documented sexually transmitted infection assessment. No NPEP recipient was documented to have been assessed for PrEP eligibility or referred for PrEP services. Staff handling post-violence care and NPEP were different than staff handling PrEP; neither group was aware that NPEP recipients are eligible for PrEP per national guidelines. There was no standard process for counseling and screening NPEP recipients for PrEP.

Conclusions: NPEP recipients seek HIV prevention services at the same facilities where PrEP is being introduced. Many NPEP recipients are likely at substantial ongoing HIV risk, but most are not being counseled or screened for PrEP. NPEP should be re-emphasized, strengthened, and linked at the facility/client level to other HIV prevention programs, especially PrEP, condom provision, post-violence care, and STI services. When possible, programs should assess HIV incidence in NPEP recipients and in PrEP clients identified through NPEP/post-violence services, to close gaps in HIV prevention.

7

Intimate partner violence and gender-based violence among people living with HIV in southern Nigeria

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Background: Intimate partner violence (IPV) and gender-based violence (GBV) can increase the risk of non-adherence to antiretroviral treatment and poor treatment outcomes for people living with HIV (PLHIV). The Strengthening Integrated Delivery of HIV/AIDS Services project in Akwa Ibom State, integrates routine screening for violence, post-violence care, and referrals for services into basic care and support for PLHIV. We determined incidence of IPV/GBV among PLHIV across age and gender.

Materials and Methods: Routine program data from 33 health facilities were analyzed to determine the incidence of IPV from February 2020 to January 2021. PLHIV are routinely screened at clinic visits for all types of IPV/GBV. This comprises physical violence (PV), when sexual partner(s) have hurt them physically/emotionally, and sexual violence (SV), when they have been physically forced to perform one or more sexual acts. A "yes" to either was reported as IPV experience. Findings were analyzed using descriptive and chi-square statistics on SPSS version 26.0.

Results: Among 118,661 cases reviewed, 63% (74,584/118,661) were females, and 97.56% (115,769/118,661) were older than 14 years. The 1-year incidence of IPV/GBV was 14.2 cases per 1,000 PLHIV. Across gender, incidence was 1.08% among male PLHIV (478/44,077)/year and 1.64% among female PLHIV (1,222/74,584)/year, with 1.18% among adult (≥15 years) PLHIV (1,363/115,769) and 1.11% among children (<15 years) living with HIV (322/2,892). When disaggregated by type of violence, PV made up 81.2% (1,369) of violence and SV made up 19.8% (316). Incidence of PV over one year was 1.15% (1,369/118,661), while incidence of SV over one year was 0.27% (316/118,661). Among men, SV was 10% (46/478), and PV was 90% (432/478), compared to females with 23% (275/1,222) SV and 77% (947/1,222) PV. Among children, SV was 51% (165/322) and PV 49% (157/322), compared to adults with 11% SV (151/1,363) and 89% PV (1,212/1,363). Females were 2.7 times as likely as males to report sexual violence (RR=2.72; 95% CI=1.956–3.802; p<0.001), and risk of sexual violence was lower in adults than children (RR=0.12; 95% CI=0.09–0.16; p<0.001).

Conclusions: Routine IPV screening should be integrated into HIV programming to improve case identification and linkage with relevant programs and services.

Poster Presentations

HIV Prevention Summit 2021

8

Assessing Knowledge About Pre-exposure Prophylaxis at a Higher Education Institution in The Western Cape, South Africa Using Limited Episodes of The MTV Shuga Series

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Background: The aim of this study was to assess student's knowledge about Pre-Exposure Prophylaxis at a higher education institution (HEI) in Western Cape, South Africa using limited episodes of the MTV Shuga series. Study objectives included assessing students' knowledge about PrEP after answering four questions following MTV Shuga series screening; and making recommendations about the use of the MTV Shuga series in programs that address PrEP.

Materials and Methods: A total of 59 students participated between the ages of 17 and 24 years. Gender distribution was 64% females and 35% males, majority of the respondents spoke IsiXhosa as their home language (40,7%) and were in their first year of study(32%). Respondents completed an online pre-questionnaire on Survey Monkey upon consenting to participating in the study. Additionally they watched two episodes from the MTV Shuga Down South 2 series, followed by answering four questions and lastly completed post-questionnaire. The study was completed virtually.

Results: The study results showed levels of PrEP awareness among this population not low nor high. Students indicated they have heard of PrEP but lacked in-depth knowledge. There were however low levels of awareness on access to PrEP. Initially on the pre-questionnaire 6,8% strongly agreed that they know where to get PrEP and that number increased to 45,8% after watching the two episodes. Proving that even with limited episodes the MTV Shuga can assist in improving knowledge. Respondents showed a positive attitude towards the use of PrEP and using it themselves. Furthermore, respondent's showed interest in the series and how they will recommend it to their peers as it depicts everyday life of young people in South Africa, especially in the context of HIV.

Conclusions: Based on this study results, recommendations include strengthening PrEP knowledge and awareness at the targeted institution. Collaborating with other departments within the institution to better reach students. Moreover, find ways to make PrEP accessible to students. Lastly, include the MTV Shuga series in existing HIV prevention programs as a tool to reach more young people.

9

Development and implementation of a pre-exposure prophylaxis (PrEP) curriculum for pediatric residents

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Background: Lack of provider knowledge about pre-exposure prophylaxis (PrEP) is one barrier to PrEP uptake. Training pediatric resident physicians to counsel patients about PrEP is essential to expanding PrEP access to adolescents and young adults (AYAs) at risk for HIV. Purpose: to determine the effectiveness of a PrEP curriculum, identify knowledge gaps, and identify areas of improvement in curriculum design.

Materials and Methods: Pediatric residents on an AYA rotation were asked to complete two pre-rotation questionnaires: a PrEP knowledge assessment and an AYA exposure self-assessment asking about clinical exposure to AYA patients, sexual history-taking, knowledge of PrEP, sexually transmitted infections, and comfort with counseling on these topics. During the rotation, residents had access to recorded PrEP lectures, online content resources, educational videos, and PrEP-related literature. Post-rotation, residents were asked to complete a case-based posttest and curriculum evaluation. Questionnaires were administered electronically via REDCap. Descriptive statistics were used to evaluate results of the questionnaires and identify PrEP knowledge gaps.

Results: Forty pediatric residents rotated in the AYA clinic from January 11-July 27, 2021. Thirty-nine residents (98%) completed the pretest, 37 (93%) completed the AYA exposure self-assessment, 26 (65%) completed the posttest, and 21 (53%) completed the curriculum evaluation. Of those who completed the posttest, missed concepts included PrEP eligibility, side effects, and screening labs. Among those who completed the evaluation, 20 (95%) indicated “poor” or “fair” knowledge of PrEP prior to the curriculum, and 18 (86%) indicated “good” or “excellent” knowledge after the curriculum. Nineteen (90%) indicated “poor” or “fair” comfort with counseling and prescribing PrEP prior to the curriculum, and 14 (67%) indicated “good” or “excellent” comfort after the curriculum.

Conclusions: Perceived knowledge and comfort level with prescribing and counseling AYA patients about PrEP increased after completing the curriculum. However, many residents did not complete the posttest or curriculum evaluation. Residents who completed the posttest demonstrated deficiencies in PrEP eligibility criteria, side effects, and screening labs. Designing a curriculum utilizing synchronous and asynchronous components with knowledge assessments may help with information retention and comfort with PrEP material. Redesigning the questionnaires and ensuring their completion will help with curriculum evaluation

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Increasing visibility, uptake and retention of Pre-Exposure Prophylaxis (PrEP) users among men who have sex with men (MSM) in Nairobi, Kenya through let's Get Real Events (LGR).

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Background: MSMs contribute 15% of new Human Immunodeficiency Virus (HIV) infections in Kenya. In new findings released, Nairobi County has a prevalence of 6.1% higher than the national prevalence which is 4.9%.PrEP has proved to reduce infections by 99%. However there is a gap in accessing PrEP attributed by structural barriers such as stigma.

Materials and Methods: Four LET GETS REAL events were conducted in four hotspots where MSMs regularly hanged out. At the registration one was given a T-shirt branded LETS GET REAL WITH PrEP and a PrEP wrist band. Participants took photos using their phones in a PrEP branded photo booth. They then posted the photos in their respective social media platform using the hashtag LETS GET REAL. Attendance list that had participants contacts was also signed for follow up purposes. Participants were given a voucher that entitled one to two soft drinks. A community PrEP champion was present to motivate others on PrEP.

Results: 576 registered for the event. 398 (69%) of the participants were aged 18-24, 153 (26%) aged 25-30 and remaining 5% above 30 years. 478 (82.9%) used the hashtag to create PrEP awareness in different social media platforms. Visibility was measured through increase in likes, following, comments on CSO partner digital pages.184 (31.3%) were initiated on PrEP at the clinic days after the events. 53 (7.1%) lost to follow up were restarted on PrEP at the clinic.

Conclusions: It is worth concluding from the results that creating PrEP visibility and bridging the gaps in access of PrEP among MSMs is key in curbing new HIV infections by increasing PrEP uptake. Individuals should take photos with their own phones in designated photo booths.

11

Understanding barriers to HIV Pre-Exposure Prophylaxis scale up in Lusaka urban.

Kabongo M[1]*Cidrz*

Background: As Zambia is getting closer to achieve HIV epidemic control, investing in HIV prevention becomes cardinal to maintain the gain made in the fight against AIDS. While intervention like voluntary medical male circumcision and condom distribution have been taken to scale, HIV incidence in Zambia remains high among adults aged 15-49 (6.62/1000 population) (UNAIDS).
In 2017, Zambia adopted the WHO guideline recommending oral pre-exposure prophylaxis (PrEP) to be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches, but PrEP uptake remain very low among eligible clients.

Materials and Methods: We did a situation analysis in 18 high volume facilities in Lusaka urban from 1st October to 30th November 2021 to identify barriers to PrEP scale up. Facilities were selected based on the volume of clients seen daily (above 100 clients). we assessed health system, reviewed patients flow from HIV testing, PrEP screening to initiation and availability of PrEP tools. We assessed HIV acquisition risk Perception, PrEP awareness, and knowledge by asking both health providers and potential PrEP Clients a set of questions on PrEP.

Results: Barriers to PreP were classified as PrEP Recipients, health care providers and health system factors. Recipients of care and health care providers had in common barriers like inadequate PrEP awareness and knowledge, self-perceived or experienced stigma, but mainly low HIV acquisition risk perception. On the other hand, bottlenecks in health system like lack of unfavorable patient's flow, conducive space for screening and counselling and lack of screening tools. These barriers were cross cutting in all the 18 selected facilities within Lusaka district.

Conclusions: Even though Zambia adopted the WHO recommendation to offer PrEP as an addition mode of prevention against acquisition of HIV infection, health system still facing challenges to offer conducive environment for PrEP services, lack of appropriate tools and training have also reduced capacity of health care provider to offer PrEP. There is a need to increase PrEP awareness in the community, make facilities PreP friendly and train more staff in PrEP.

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Burden of HIV infection among the elderly in urban Ethiopia

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Background: Globally, increasing proportions of people living with HIV (PLHIV) are age 50 and older. Few HIV program strategies address the additional burden of an older PLHIV cohort.

Materials and Methods: Population-based HIV Impact Assessment (PHIA) in urban Ethiopia (EPHIA) was conducted from October 2017 to April 2018, with 19,136 adults aged 15-64 participating in the survey and HIV testing, of whom 1,910 were aged 50-64 years. Weighted estimates and 95% confidence intervals are presented to describe HIV prevalence, awareness, treatment and viral load suppression (VLS) and other indicators by age group. Age specific logistic regression models to identify associated factors for HIV positivity were used to analyze age-group differences in HIV-related outcomes and risk factors.

Results: HIV prevalence among 50-64-year old was 4.4%, compared to 2.9% among 15-49-year old (X2=14.2, p=0.0002). HIV prevalence for males aged 50-64 was 4.2%, twice observed for males 15-49 years (1,7%) (X2=21.9, p<0.0001). Awareness of HIV status, proportion on treatment and overall HIV VLS among those aged 50-64 were 79.9%, 78.5% and 75.5% respectively. Among females, progress toward the 90-90-90 targets was slightly lower than the national average and did not differ by age group. Compared to younger males, older males were significantly more likely to be aware of their status (85.7% vs. 56.0%, X2=8.01, p=0.005), on treatment (85.7% vs. 55.8%, X2=8.08, p=0.005) and virally suppressed (84.8% vs. 52.0%, X2=10.4, p=0.002). Among HIV positive males, there were no significant age group differences in marital status, residency status or education. However, compared to younger women, older HIV positive women were less likely to be married (14.4% vs. 41.6%, X2=10.9, p=0.0012) and more likely to live alone (27.1% vs. 8.7%, X2=12.2, p=0.0006).

Conclusions: HIV prevalence is higher among the 50-64-year old than among those 15-49 years of age. Programs are needed to reach the urban elderly with effective prevention and treatment programs. New infection of HIV among elderly was 0.12, higher compared to the general population (0.05) while risk behaviors among elderly is higher and preventive measures including condom use are limited.

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The Covid-19 pandemic and its effect on the sex market in Mexico City

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Background: The Covid-19 pandemic had multiple and profound impacts on sex work in Mexico. In Mexico City, social distancing measures and quarantine periods were taken to deal with the pandemic, which directly impacted the economy of sex workers. The objective of this study is to quantify the effect of quarantine on the price per sexual transaction and to identify profiles of greater and lesser vulnerability.

Materials and Methods: A survey was conducted with 146 male sex workers (MSWs) in Mexico City, from June 2020 to June 2021. The analysis was divided into 2 parts: i) linear regression analysis to measure the effect of quarantine on the price per sexual transaction; ii) analysis of decision trees to identify and characterize the profiles of MSWs on whom the quarantine had a negative impact on their income, and those on whom it had no impact.

Results: The linear regression model showed that the quarantine had a statistically significant negative effect of 6% on the price per sexual transaction ($p < 0.001$). Belonging to the HIV prevention (PrEP Seguro) program increased the price of sexual transactions by 29% ($p < 0.001$); and the workers who took preventive measures to avoid the spread of Covid-19 increased the price per sexual transaction by 52% ($p < 0.001$). The results of the decision tree showed that, in general, the MSWs who had the number of clients before and during the quarantine as well as the place of work were the main variables to determine when a MSW had a reduction in the price per sexual transaction. In addition, age (28 years was the cut-off point) also influenced, with the youngest being the least likely that their price per sexual transaction would decrease.

Conclusions: Mobility restrictions, physical distancing measures, and quarantine have had a negative economic impact on male sex workers in Mexico City. However, MSWs who continued with sex work and took the respective preventive measures stipulated by the government increased their price per sexual act. Likewise, we identified the profiles of MSWs in which public policies of economic support for sex work in Mexico City could be more efficient.

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Perceptions of the Effectiveness of Health Education Strategies in Reducing Harm from HIV in Libyan Married Women

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Background: HIV became a public issue in Libya in 1998 when over 400 children received HIV-infected blood, causing an epidemic at El-Fatih Children's Hospital in Benghazi. Currently HIV prevalence in Libya is low, at 0.2%. Due to the civil war, social and religious barriers, HIV prevalence is hard to establish, but it is generally believed to be increasing, including in women, who account for 30- 40% of People Living with HIV. A recent study found that most of the female patients hospitalised with HIV were married 57.5% (n= 23) or widowed 22.5% (n= 9) and 87.5% (n=35) identified martial sexual relations as their route of HIV transmission (Shalaka 2013). Issues such as low-risk perception, poor accessibility to information, economic dependency, fear of violence and social stigma, increase a Libyan married women's vulnerability to the virus.

Materials and Methods: This poster proposes a mixed-method study comprising: Quantitative online anonymous self-completion questionnaires aimed at married women in Libya; and Qualitative semi-structured interviews with key stakeholders to explore and expand on results given by the Libyan married women. This research will involve two pilot phases to assess the quality of the questionnaire, its translation, and the survey's feasibility

Results: The proposed study will explore of their level of knowledge, perceptions and attitudes towards HIV/AIDS. Examine the impact of sociocultural, economic, political and religious factors on attitudes toward HIV/AIDS related knowledge and HIV risk perception among Libyan married women. Examine how and where they source healthcare information and services.

Conclusions: Overall, there is a lack of research on the HIV epidemic in Libya, especially regarding women and sexual transmission. The most obvious reason for this shortcoming is the weight of religious and cultural sensitivities This project contains culturally sensitive research on Libyan married women.