AFRICAN WORKSHOP ON

HIV & WOMEN 2024

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ABSTRACT BOOK

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African Workshop on HIV & Women 2024

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Abstracts
Oral Presentations

1

Breast Feeding Practices among Women Living with HIV: Experiences from Breast Feeding Women Enrolled in Facility Based Groups at a HIV Clinic in the Suburbs of Kampala, Uganda

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Background: In Uganda, guidelines for preventing mother to child transmission of HIV recommend that women living with HIV breastfeed their children to one year of age. This is due to the test and treat policy where Anti-retroviral therapy lowers the risk of HIV transmission. The purpose of this study is to understand the breast feeding patterns of women with HIV during the Early Infant Diagnosis period of 18 months and the duration of breast feeding. Facility Based Groups provide psychosocial interventions to pregnant and breast feeding mothers living with HIV to eliminate mother to child transmission of HIV. These are often run by peer mothers, counsellors and supported by doctors/clinicians.

Material and Methods: A retrospective cohort study of breast feeding women with HIV enrolled in two facility based groups from 2021 at AIDS Information Centre Kampala. Women were recruited at very group visit/meeting which took place quarterly basis. These were followed up until the children made 18 months of ages. Data was collected and entered into STATA version 14. Appropriate summary statistics were used to describe the results.

Results: A total of 86 mothers were enrolled and their children were followed-up until 18 months of age. 34 (40%) of mothers breastfeed children until one year as per the guidelines. 9 (10%) breastfed for less than three months, 17 (20%) breastfeed for 3-6 months and (26) 30% breastfeed for more than 1 year. Median age was 28 years (IQR 20.2-34). Approximately 90% were virally suppressed with undetectable viral loads. 5% were non-suppressed (VL>1000 copies) and 5% were newly diagnosed. The most common reason for breast feeding beyond 1 year was fear of disclosure of HIV status to husbands and relatives (71%). Mixed feeding was highest among those who breastfed for 3-6 months. Fear of HIV transmission to baby was the commonest reason among those who breastfed for less than six months (65%). They related it to non-adherence, detectable viral load results and peer pressure from fellow women living with HIV. 10 (12%) babies belonging to those that breast for less than 6 months were either malnourished and/or had frequent ill-health. One baby tested positive for HIV at 18 months. Disclosure to health worker about stopping breast feeding, mixed feeding or breast feeding over 1 year was often reported on the third or four visit/follow-up.

Conclusion: This study demonstrates that there's variability in breast feeding behaviors among women living with HIV. It highlights that patients' concern for potential risk of HIV transmission to their babies and disclosure of their HIV status despite health education. They struggle with replacement feeding/ exclusive breast feeding thus ending up with mixed feeding. This often increases the risk of HIV transmission and malnutrition of their babies. Finally, it highlights the breast feeding behaviors of women living with HIV deviate from the guidelines and therefore the need further extensive studies to answer many remaining questions regarding breastfeeding in patients with HIV. This will help combat the rather high mother to child transmission rate of HIV in Uganda.

2

Prevalence and Factors Associated with Frailty and Pre-frailty in Middle-Aged and Older Women Living with HIV in Zimbabwe

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Background: Survival of people living with HIV (PLWH) has dramatically improved due to widespread roll-out of antiretroviral therapy (ART). An increasing proportion of PLWH are now entering older age and are at higher risk of frailty. This study assessed the prevalence of frailty and associated factors in older women living with HIV.

Material and Methods: This cross-sectional study recruited, by household sampling, men and women aged ≥40 years in Harare, Zimbabwe. Data were collected using researcher-administered questionnaires, physical assessments (e.g., handgrip strength) and blood tests (including HIV status, if consenting). Frailty was defined using five criteria: unintentional weight loss, exhaustion, low physical activity, low gait speed, low handgrip strength. Presence of ≥3 three criteria was defined as frailty, 1-2 as pre-frailty, and absence (0) non-frail. Ordinal logistic regression models were used to analyse data, adjusted for covariates: the HIV and frailty model was adjusted for age, employment status, marital status, sensory loss, and cancer diagnosis; factors associated with frailty in women living with HIV were adjusted for age. The association of frailty with years lived with HIV was adjusted for ART, and the association with ART adjusted for years lived with HIV.

Results: 537/572 women (93.8%) had HIV status data. 21.6% of these (116) were living with HIV and had a mean age (± standard deviation) of 54.0(±9.7) years. In total, 91.4% (n=106/116) knew their status and had lived with HIV for 10.2(±5.0) years. 8.6% (n=10) were newly diagnosed by the research team; their age ranged 40-83 years, mean 58.0(±12.8) years. Of those who knew their status, 97.2% (103/106) were on ART, with 96.0% (97/101) having a viral load of <1000 copies/mL and 87.1% (88/101) a viral load <50 copies/mL.

Overall, living with HIV was not associated with frailt ((adjusted odds ratios (aOR)=1.03 (95% Confidence Intervals [CI] 0.66, 1.62). In women living with HIV, 4.3%, 62.1%, and 33.6% were categorised as frail, pre-frail, and non-frail, respectively. Living with HIV for longer doubled the odds of frailty, although the CI was wide, aOR=2.01 (0.87, 4.99) per 5-years of HIV; whereas ART duration was inversely associated with frailty (aOR=0.43 (0.17, 0.99), per 5-years of ART. Viral load ≥50 copies/mL was associated with higher odds of frailty albeit with wide CI (aOR=3.04 (0.84, 12.88)). Prior tuberculosis was reported in 11.2% of the women living with HIV and was associated with higher odds of frailty (aOR=4.30 (1.18, 18.15)). Health-related quality of life index value was on average 9.4 units lower in women living with HIV who were frail compared to those who were pre-frail or non-frail, mean index values, 77.9(±16.3) versus 86.9(±9.3) and 87.3(±6.2) respectively, p=0.026.

Conclusion: In women with high viral suppression, living with HIV was not associated with frailty. However, longer ART duration was protective. Prior tuberculosis was associated with frailty. Given the decline seen in health-related quality of life with frailty, there is need to optimise tuberculosis prevention and management, early ART initiation, and good viral suppression to protect against frailty.

3

Socio-Economic Inequalities in the Coverage of Cervical Cancer Screening among Women Living with HIV in Five Low- And Middle-Income Countries (LMICS): An Analysis of Demographic and Health Surveys between 2010 and 2019

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Background: Women living with HIV (WLWH) are at a high risk of developing cervical cancer and the World Health Organization (WHO) recommends that they are screened from the age of 25 years. This study set out to describe the socioeconomic inequalities in the coverage of cervical cancer screening among WLWH and those not living with HIV (NLWH) in LMICs.

Material and Methods: We conducted a weighted secondary data analysis of the Demographic and Health Surveys (DHS) completed in Cameroon, Ivory Coast, Lesotho, Namibia, and Zimbabwe. These were the only countries that tested women for HIV and had questions on cervical cancer screening in DHS between 2010 and 2019. Our analysis included women aged 25 to 49 years with HIV test results. Absolute and relative socioeconomic inequalities were calculated using the Slope Index of Inequality and Concentration Index respectively by wealth quintile.

Results: A total of 22,420 women were included in this study (3,444 LWH and 18,976 NLWH). In all the countries, there was a low coverage of screening but higher rates of coverage among those LWH compared to those NLWH. In all the countries, higher proportions of women in the richest wealth quintile were screened compared to those in the poorest wealth quintile. In all the countries, higher proportions of WLWH in the urban areas were screened compared to those in the rural areas.

Conclusion: There are higher rates of cervical cancer screening among WLWH compared to NLWH and there exist pro-rich and pro-urban inequalities in the utilization of cervical cancer screening. Cervical cancer screening programs in LMICs need to reduce these inequalities.

4

"We Hear the Thunder but We See No Rain": Lessons Learnt in Efforts to Promote Community-Led Evidence-Based Initiatives to Advance Our Srhr

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Background: Women living with HIV have long sought to end violence against women and girls (VAWG), especially intimate partner violence (IPV), particularly given its long-term role both as a cause and consequence of HIV. VAWG has consistently undermined women's ability to achieve their sexual and reproductive health and rights (SRHR) and is an HIV comorbidity for many women. VAWG is preventable through gender-transformative social norms change programmes. However, global HIV policies have not adequately addressed VAWG. In 2022, responding to this gap, with short-term UNAIDS funding, women living with HIV, primarily from East, West and Southern Africa, decided to build on Htun and Weldon's evidence (2012) that the one effective way of reducing a country's VAW was a vibrant independent women's rights movement. Together with highly experienced Stepping Stones trainers from East and Southern Africa, they created the 40+ strong STREAM Network. This seeks to train women and men living with HIV as skilled facilitation teams, to run Stepping Stones programmes in and with their own communities, working with and through networks of women living with HIV, to reduce VAWG and against children (VAC), to build and spread ethical, effective and sustainable community-led resilience to HIV and related traumas, and to advance their SRHR in the context of HIV.

Material and Methods: 42 participants (39 African) met in Nairobi in October 2022 to workshop together. They built on evidence from the UK Government-funded What Works programs to reduce VAWG, combined with evidence-based materials of the Stepping Stones programmes (originally developed in Uganda (1994) and Tanzania (2016)); the UNAIDS-commissioned ALIV[H]e Framework which promotes community-led M&E in the context of VAWG and HIV; the CUSP Collective of evidence-based gendered social norms change programs to reduce VAWG; the collective lived experiences of all the women living with HIV who took part; and the long-term experiences of African Stepping Stones trainers. Brainstorming together, they prepared its first international Strategic Plan.

Results: The Nairobi meeting launched the STREAM Network, with its Strategic Plan published on International Human Rights Day 2022. However, severe unexpected UK Government ODA budget cuts have had immediate immense consequences for this and many other SRHR programme initiatives. The STREAM Network for 2023 has therefore only received 1/3 of funds required. These cuts have far-reaching ramifications.

Conclusion: UK's deep funding cuts worsen decades of minimal, unreliable and inflexible funding for women's SRHR globally, with damaging fundamental consequences for community-led programmes like this, despite the evidence base for their success when properly funded. Reliable, flexible long-term funding for evidence-based community-led programs - and women's rights organisations' core costs - are essential to reduce VAWG and advance SRHR in Africa (and globally). The extraordinary agency of African women living with HIV to create and implement effective, ethical and sustainable community-led transformative initiatives, such as the STREAM Network, to advance our SRHR, is as essential as rain is to water our lands. Yet without deep political will from policy-makers and donors to fund community-led initiatives like these, campaigns to promote them remain mere thunder.

5

HIV Positive Women and Gender-Based Violence in Northern Cameroon

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Background: In order to achieve epidemic control, the Index Case Testing (ICT) strategy is used for efficient HIV case finding. Disclosure of HIV status may increase risk of Intimate Partner Violence (IPV), which is a form of Gender Base Violence (GBV). Identification of risk of IPV may necessitate deferral of partner notification. This is the reason why the World Health Organization recommends integrating strategies to mitigate GBV during the offer of index case services. The prevalence of HIV in Cameroon is 2.8%. The prevalence among women (3.4%) is two times higher than among men (1.9%). It is estimated that there are approximately 400000 people living with HIV in Cameroon. ICAP at Columbia University, as an implementing partner, has been working with 85 high-volume HIV care and treatment sites in the northern regions of Cameroon for the past 3 years, to support the achievement of UNAIDS 95 95 95 objectives for epidemic control. ICAP regions include the Adamawa, North, and Far North. By the end of September 2023, ICAP recorded 71962 people living with HIV (PLHIV) amongst which women made up 66.2 % (47639) and men made up 33.8% (24323). The culture in Northern regions is predominantly a patriarchal Muslim society. In this context, IPV is common, but seldom reported. For instance, CAMPHIA 2017-2018 survey in Cameroon, reported the lowest prevalence of IPV in the Northern regions. Building the capacity of health care workers (HCW) on how to identify and manage GBV was necessary.

Material and Methods: In 2022, key HCW staff from HIV Care and Treatment units were trained on the management of GBV using the LIVES (Listen; Inquire; Validate; Enhance Safety; Support) approach. Standard operating procedures (SOP) on how to systematically screen for GBV during HIV testing services were made available to sites, along with data collection tools. Sites were mentored on introducing ICT during Pre-Test sessions, PMTCT/ANC, and ART visits, systematic screening for IPV/GBV during visits, referral of those screening positive for proper management, and documentation.

Results: As of March 2022, 52 out of 85 ICAP-supported sites (61%) were trained in the management of GBV. Across all sites, 183 HCW were capacitated. All supported sites have SOPs for GBV screening. Post capacity building, 45 cases of IPV were reported by the end of September 2023. The majority of cases, 39 (92.8%), were women; only 6 (7.2%) were men. Thirty-one of 39 women experienced sexual violence (79.4%) while 8 of 39 women (20.5%) experienced physical violence.

Conclusion: In the Northern regions of Cameroon, IPV is a problem that is frequent among women living with HIV (WLHIV). The patriarchal culture makes survivors hesitant to come forward. This project demonstrated that the appropriate training of HCW about IPV is the first step in prevention, identification, and management of IPV among WLHIV at facility and community levels. This project demonstrated that progress toward these goals can be achieved, even in a very patriarchal society.

6

Experiences of Serostatus Disclosure among Young Women Living with Perinatally Acquired HIV at the Intermediate Hospital Katutura ART Clinic in Khomas Region, Namibia

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Background: Human Immunodeficiency Virus (HIV) serostatus self-disclosure remains one of the key components in improving adherence to antiretroviral therapy (ART) and preventing secondary HIV transmission. Young women with perinatally acquired HIV not only have to know their HIV status but also face challenges with disclosing their status to peers, family members, intimate partners, and others. In Namibia, young people living with HIV face health and psychosocial challenges including poor adherence to and retention to treatment, poor viral load suppression, and constraints in disclosing their HIV status to others and being accepted by family members, peers, and intimate partners after they disclose. These challenges have negatively hampered the country's realization of the UNAIDS 95-95-95 targets by 2030. Young women continue to be disproportionally affected by HIV compared to their male counterparts. This study aimed to gain an understanding of young women living with perinatally acquired HIV's experiences of HIV serostatus disclosure and develop strategies for professional nurses to facilitate HIV self-disclosure to enable young women to make informed decisions about when and to whom they can disclose.

Material and Methods: The study was conducted at an Intermediate Hospital Katutura ART Clinic in Windhoek, Namibia. Data were collected between September 2022 and May 2023, respectively. A qualitative research approach that included exploratory, descriptive, and contextual research designs with a phenomenological method was used. The study population comprised 18 young women living with perinatally acquired HIV aged 18–22 years who were purposefully sampled, fully disclosed, active on ART for a year or longer, and willing to participate in the study. A total of 18 interviews were conducted. Data were collected through phenomenological in-depth individual interviews that were audiotaped and transcribed verbatim, supported by field notes. Measures to ensure trustworthiness were followed based on Lincoln and Guba's criteria and ethical considerations. In establishing credibility, the researcher took adequate time with the participants in the field and persistent observations. Findings were summarized into three themes using the Braun and Clarke method of data analysis.

Conclusion: Participants reported that they experienced being unaware of their HIV status and had to take medication without knowing why or any understanding of the infection. Participants did not trust other people enough to disclose their status to them because of fear of being discriminated against. Participants emphasized the need for guidance from professional nurses on how to disclose their status to significant others without being victimized and for the teachers to disseminate information on HIV to the learners in schools. To address the myriad challenges faced by young women living with perinatally acquired HIV with serostatus self-disclosure, comprehensive strategies will be developed for professional nurses to facilitate HIV self-disclosure and enable young women to make informed decisions concerning when and to whom they can disclose. The strategies will help and guide health care workers to support and empower young people living with HIV with decision-making skills to become confident in addressing the challenging issue of self-disclosure with ease and to become resilient when faced with negative outcomes of serostatus disclosure.

7

Improving Viral Load Suppression and Retention among Adolescent Girls and Young Women Living with HIV; A Group ANC Approach in Uganda

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Background: Adolescent girls and young women (AGYW) in Uganda face a dual threat, with 90% of HIV new infections occurring among this age group of 10-24 years and 17.2 percent of all maternal mortality among AGYW being pregnancy-related due their unique needs and engagement in risky behaviors such as early sexual debut, trans-generational sex, transactional sex, multiple sexual partnerships. This underscores the need to design patient-centered, tailored approaches to address the specific needs of the AGYW. This study describes how providing services to AGYW living with HIV through group antenatal care approach has improved viral load suppression and retention in Uganda.

Material and Methods: In October 2020, The AIDS Support Organization Soroti Regional Project with support from Center for disease and prevention mobilized and trained a total of 83 AGYW (adolescent girls and young women) peer leaders across 42 health facilities in North eastern Uganda. The training spanning for 5 days equipped the peer leaders with adequate Knowledge on HIV/AIDS, Gender Based Violence, Family Planning. These trained AGYW peer leaders were supported to group the pregnant AGYW who consented as per gestational age and age band. Monthly meetings were convened both at facility and in the community, where AGYWs living with HIV accessed quality clinical care as per their groups. During these sessions, AGYW peer leaders ensured group learning, peer support, and created a platform for sharing motherhood experiences. The compressive package of services they offered included HIV and syphilis testing, linking the positive mothers to antiretroviral therapy (ART), ART adherence counseling, monitoring viral load, scheduling appointments and following AGYW who missed appointment and Family Planning services, and ensuring infants of the AGYW receive all the prevention of mother to child services. Routine programmatic data was collected and summarized in frequencies and percentages.

Results: Between October 2021 to September 2023, a total of 46,566 pregnant and breastfeeding AGYWS were enrolled in the GANC/PNC model, of these 477 AGYWs were living with HIV with the majority under the age groups of 20-24 years, and all 100% (477/477) were started on ART. Retention at 3 months was 98%, 97% at 12 months. With viral load coverage of 98% (244/247) among the eligible clients with a viral load suppression of 97.5% (238/244), a total of 120 HIV-Exposed Infants (HEIs) born to AGYWs, 98% (117/120) of these received first polymerase chain reaction within 2 months.

Conclusion: The implementation of the Group Antenatal model significantly improved retention, viral load suppression, and ANC attendance among pregnant Adolescent Girls and Young Women (AGYW) living with HIV. Adopting approaches that tailor services to the unique needs of the AGYWS can contribute to the increased continuity in care among those living with HIV and also reduce on the new HIV infections within this priority population.

8

Retention Strategies in Health Programs among Adolescent Girls and Young Women Living with HIV at a National Referral Hospital in Uganda

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Background: Adolescent girls and young women (AGYW) living with Human Immunodeficiency Virus (HIV) are at higher risk than other groups of dropping out of HIV healthcare programs in Uganda. AGYW attending the HIV clinic within health facilities find it difficult to keep appointment and face societal stigma. Here we described a holistic retention strategy at a national referral hospital in Uganda tailored to reduce stigma, encourage adherence to medications, and promote a supportive community among AGYW living with HIV.

Material and Methods: The retention strategies were implemented at the HIV clinic at Kiruddu national referral hospital (KNRH) in Kampala, Uganda. First a root cause analysis was conducted to identify underlying factors contributing to the baseline retention rate of 72% in April through focused group discussions. We identified that forgetting the appointment date, lack of emotional support and difficult work schedules were the main causes. Thereafter, we designed the following retention strategies; individualized counselling as opposed to group counselling, labelling pill bottles with appointment dates, pre-appointment calls, bi-monthly peer to peer meet ups, a WhatsApp group for all AGYW that had access to a smart phone and flexible appointment scheduling were sought to create a supportive environment tailored to the unique challenges faced by AGYW living with HIV at KNRH. A cross-sectional register review and open electronic medical records system was used focusing on AGYW living with HIV that had their appointment scheduled between April 2023 and September 2023. We reviewed the counselling and appointment registers to determine the proportion of AGYW who received these interventions. The open electronic medical system was used to determine the rate of retention which was defined as the proportion of AGYW that had an appointment scheduled for a given month and kept it. We used the Mann- Kendall test to determine the trend of the retention rate.

Results: The study involved 121 AGYW living with HIV who had an appointment scheduled between April 2023 and September 2023.Their median (IQR) age was 19(17-24) years and had been on antiretroviral therapy for median (IQR) 43 (19-106) months. The retention rate from April to September was as follows: April (72%), May (89.8%), June (94.3%), July (94.8%), August (97.7%), and September (96.4%).

Conclusion: These interventions improved retention and have the potential of improving health outcomes in this vulnerable population. The trends align with the overarching goal of achieving 100% retention and 95% viral suppression. We recommend scaling up of such a holistic approach in similar settings.

9

Comparison of Depression Screenings by Health Care Workers and Study Research Assistants among Adolescents Living with HIV in Western Kenya

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Background: Depression is a significant concern among adolescents living with HIV, and effective screening methods are crucial for timely intervention. This study compares the agreement between depression screenings administered by healthcare workers (HCWs) and study research assistants (SRAs) amongadolescents living with HIV in Western Kenya. HCWs and SRAs play pivotal roles in the provision of healthcare services, as well as the execution of studies aimed at improving the well-being of adolescents living with HIV. we aim to explore and compare the effectiveness of depression screening between HCWs and SRA in identifying depressive symptoms among adolescents living with HIV. This investigation is crucial, as the timely and accurate detection of depression in this population can lead to improved mental health outcomes, adherence to antiretroviral therapy, and overall quality of life.

Material and Methods: Data was collected from 888 HIV-positive adolescents enrolled in Comprehensive Care Clinics in Western Kenya who completed depression screening through two different methods: a survey administered by SRAs (PHQ-9) and a simplified tool administered by HCWs (PHQ-2). We compared the responses to the first two questions in the PHQ-9 administered by SRAs to the PHQ-2 administered by HCWs. Differences in PHQ score by question were assessed using Chi-squared tests. The estimated prevalence of depression (PHQ score ≥ 3) and the proportion of agreement for between measures were also compared.

Results: The study findings revealed a statistically significant difference in the distribution of PHQ scores for both questions and calculated PHQ scores between the survey and tool. The first question (PHQ-Q1) yielded significantly different results: ($p<0.001$) with higher proportions of participants scoring zero on the tool (95.4%) compared to the survey (80.8%). A similar significant difference was observed for the second question (PHQ-Q2) with higher proportions of zero scores for the tool (95.6%) compared to the survey (82.5%; $p < 0.001$). The calculated PHQ scores also exhibited substantial discrepancies between the survey and tool. The prevalence of depression was 4.6% in the survey and 2.5% in the tool. Participants had relatively high agreement of responses across the two methods as measured by responses to PHQ-Q1, PHQ-Q2, and overall PHQ score (79.6%, 83.2%, and 72.5%, respectively). The agreement for identifying depression (PHQ≥3) was notably high at 94.7%.

Conclusion: The study revealed discrepancies in the screening for depression among adolescents living with HIV in Western Kenya using the PHQ2 tool when administered by HCWs and SRAs. These differences were particularly evident in the responses to the first two questions of the PHQ9 and the calculated PHQ scores. While there are discrepancies, both methods exhibit high agreement in identifying depression cases (PHQ≥3) the variations in responses and calculated scores raise concerns about the consistency and accuracy of the screening methods. These findings emphasize the importance of standardized screening procedures and training for healthcare workers in depression assessment among this vulnerable population, ultimately improving the early detection and management of depression in adolescents living with HIV. Further research is needed to explore the underlying reasons for differences in score distribution.

10

A Closer Look: The Unique Challenges Faced by HIV Positive Women Who are Using/Inject Drugs in Prenatal, Antenatal, and Postnatal Care in Dar es Salaam, Tanzania

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Background: Women Who Use/Inject Drugs (WWUD/WWID) experience high stigma in the society due to their drug use practice. This make them being in a high-risks of HIV and other blood borne infections due to lack of quality gender-based harm reduction services that target them. In 2011, Médecins du Monde Tanzania conducted A Rapid Assessment and Response among PWUD/PWID in Temeke districts and the report showed; 36 WWID and 37 WWUD recruited for the study and 24 WWID and 15 WWUD were tested HIV positive which is 66.7% for WWID and 40.5% for WWUD. Among of 10 WWID and 3 WWUD tested HCV positive with 27.8% for WWID and 8.1% for WWUD.
The report explained further that, gender played a significant role in the HIV prevalence and risks profile of injection and non-injecting drug user participants.
Description:
In 2019 and 2021, Health Aid and Care for the Future Foundation (HACFF) reached 9 WWID and 19 WWUD in Dar es Salaam through their hotspots and brothels. HACFF trained 3 WWID/WWUD as peer educators to reach their fellow peers in their hotspots for education provision, condom distribution, needle and syringe distribution for injectors and referral for the WWID/WWUD identified with medical issues and need further medical services.

Results: All 18 women were referred for further medical services and 3 WWID and 2 WWUD referred for further medical services were tested positive for HIV and in different period were tested positive for pregnant. After being diagnosed with pregnancy they were referred for PMTCT services at the nearby health facilities. They shared didn't know that have pregnancy and not have enough knowledge regarding pregnancy and their drug use life. Moreover, during following up them 3 got miscarriages due to violence and drug use. The remaining two pregnancy mothers were referred for Methadone Services (MAT). After delivery, following up their testing schedule for their Infants Exposed to HIV (IEH) 1 of the two babies delivered was tested positive for HIV .The mother didn't adhere for antenatal and postnatal clinics scheduled by the doctor ,until are following up in their hotspots. They shared to experience stigma from fellow women at clinic and HCW due to their appearance, this made them not to go back for services.

Conclusion: The model of gender-based harm reduction program for WWID/WWUD should be strengthened by having special centers to support them during prenatal, pregnancy and postnatal care for them and their babies in social and medical services. Training to health care worker will reduce stigma and discrimination during service delivery at antenatal and PMTCT center during services delivery to them. Hence harm reduction programs should set aside a special budget to support WWID/WWUD for prenatal, antenatal and postnatal seasons to reduce HIV transmission from mother to children of WWID/WWUD.

11

Breaking the Silence: A systematic Review in Understanding the Impact of Stigma on Disclosure of HIV Status among Pregnant Adolescent Girls and Young Women in Africa

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Background: Despite advancements in HIV prevention and treatment, stigma remains a formidable barrier to open communication about HIV status, particularly in the vulnerable population of pregnant adolescents. This abstract explores the multifaceted nature of stigma, its consequences on disclosure, and potential interventions to break the silence surrounding HIV status in this demographic. The systematic review highlighted the global burden of HIV/AIDS and its disproportionate effect on young women, especially in sub-Saharan Africa. Previous research indicated that pregnant adolescent girls and young women (AGY) face unique challenges, with stigma playing a crucial role in shaping their decisions to disclose their HIV status during pregnancy (Adeniyi et al., 2017). Societal Attitudes and Stigma: Societal attitudes rooted in cultural norms contribute to the stigma surrounding HIV, creating a complex environment for pregnant AGY. Research suggests that fear of discrimination, social ostracization, and breaches of confidentiality act as significant barriers to disclosure (Turan et al., 2017).

Material and Methods: The research methodology draws inspiration from successful qualitative studies exploring the experiences of individuals living with HIV and the impact of stigma on disclosure decisions. Several databases were searched, including PubMed, Embase, and Scopus, using appropriate keywords. By adopting these methodologies, the study captured nuanced narratives and contextual factors influencing disclosure among pregnant AGY.

Results: The analysis of the collected data was guided by frameworks proposed by Earnshaw and Chaudoir (2009) and Gillespie et al., 2019), which emphasized the interconnectedness of stigma, disclosure, and health outcomes. The findings from this systematic review offered valuable insights into the barriers and facilitators influencing disclosure decisions and their subsequent impact on maternal and child health. Barriers like fear of social judgment, discrimination, and rejection can lead to silence and secrecy (Earnshaw et al., 2013; Turan et al., 2017). Studies suggest that internalized stigma contributes to psychological distress, anxiety, and depression among pregnant adolescents living with HIV (Nachega et al., 2017; Logie et al. (2018)). strong social networks and community acceptance can act as protective factors, encouraging disclosure and promoting positive health outcomes (Busza et al., 2019; Gourlay et al., 2013) regnant adolescents facing stigma may delay seeking prenatal care or avoid disclosing their HIV status to healthcare providers, impacting their overall health and that of their infants (Adeniyi et al., 2017). stigma can contribute to educational barriers for pregnant adolescents living with HIV. Fear of disclosure and subsequent discrimination may lead to school dropout, limiting educational and economic opportunities (Idele et al., 2014).

Conclusion: Community-based education, peer support programs, and healthcare provider training are among the strategies proposed to create a more supportive environment for pregnant adolescents living with HIV (Turan et al., 2017). Furthermore, there is critical need for a comprehensive understanding of the impact of stigma on the disclosure of HIV status among pregnant AGY in Africa. By synthesizing existing literature and employing rigorous qualitative methodologies, this study aimed to break the silence surrounding this crucial aspect of HIV care.

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The Problematic of Aging Women Living with HIV Under ARV Treatment in the DRC

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Background: HIV/AIDS constitutes a public health threat, women are the most affected, 90% of them are infected through sexual contact. Women represent more than 60% of PLHIV in the DRC.

Apart from their vulnerability due to socio-economic, cultural and biological factors, HIV+ women also face the challenges of aging.

The care for HIV+ women has been very successful over the last 10 years with continuous improvement in the combination of ARVs. However, despite these efforts, the health system still has significant limitations, especially regarding the care and quality of morbidities due to aging in the female. Nearly 25% of women living with HIV on ARV treatment are over 50 years old.

In addition, the identification of HIV-positive older women as well as their biological monitoring due to comorbidities linked to advancing age remains a great challenge due to the weak institutional response.

Material and Methods: A qualitative study carried out in the DRC in 9 different provinces (PNLS, 2016) provided information on HIV+ women aged between 50 and 75 years by proceeding as follows:

1. Identification of a diverse sample of participants who met the criteria, gender, socio-economic status, different health care settings or support system.
2. Data collection through individual interviews or group discussions to collect their personal stories, experiences, opinions and perceptions, as well as observation techniques.
3. Analyse and transcribe the collected data, identifying recurring themes, patterns and unique perspectives.
4. Interpreting and reporting the results of our analysis presented using appropriate qualitative methods such as thematic analysis or narrative descriptions
5. Prioritizing ethical considerations such as obtaining informed consent, ensuring participant confidentiality and involving local stakeholders or organizations familiar with HIV in the study design process.

Results: In all the older women living with HIV in the 9 provinces included in our study, the majority of them have access to good health care and support.

On the other hand, a good number are still victims of stigma and discrimination, leading to the deterioration of the quality of their life and well-being and even their loss.

Furthermore, only a few of these women are unknown to the health system and still live in hiding.

Conclusion: The results of the survey carried out mainly indicate that:

Thanks to the early initiation of antiretroviral therapy using the “Test-Treat” approach, there is a very significant reduction in the occurrence of opportunistic infections, thus making this infection like all other chronic pathologies.

The diagnosis and treatment of non-communicable pathologies, particularly those linked to metabolic and neoplastic disorders (cervical cancer), constitute the great challenges in the DRC.

Thus, efforts to address the impact of HIV on older women living with HIV in the DRC include increased access to HIV testing, treatment and support services.

In addition, community organizations and health care providers must get involved to fight against stigma and discrimination, raise awareness and provide appropriate care for older women living with HIV.

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Abstracts
Poster Presentations

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Comparison of New HIV Diagnosis and Teenage Pregnancy in DREAMS and Non-DREAMS Districts, Malawi 2017–2022

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Background: The Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program provides a package of core interventions to address key factors that make adolescent girls and young women (AGYW) vulnerable to HIV. DREAMS was introduced in Malawi in 2016 and scaled up in three districts by 2018, with implementation by the President's Emergency Plan for AIDS Relief (PEPFAR) partners. The objective of this analysis is to evaluate the impact of DREAMS on reducing HIV new infections and teenage pregnancies among AGYW after over half a decade of implementation in Malawi.

Material and Methods: Using PEPFAR Measure Evaluation and Reporting data, a two-sample test of proportions on new HIV diagnosis and teenage pregnancy for DREAMS districts (Blantyre, Machinga, Zomba) compared to non-DREAMS (Chikwawa, Mangochi, Lilongwe) was conducted to determine if proportions between timepoints (2017 quarter 2 (baseline) and 2022 quarter 3 (endline)) or populations (DREAMS and non-DREAMS districts) had changed.

Results: Among young AGYW aged 15-19 in the DREAMS districts (117,472), the percentage of new HIV diagnoses decreased from 2.8% at baseline to 0.6% at endline, representing a percentage change of 77.8% ($p<0.001$). A decline of 58.1% occurred among young AGYW in non-DREAMS districts (140,000), from 1.6% to 0.7% ($p<0.001$). The difference in the percentage change among young AGYW aged 15-19 in DREAMS versus non-DREAMS districts was statistically significant ($p=0.003$). For old AGYW aged 20-24 years in the DREAMS districts (149,419), the percentage of new HIV diagnoses decreased from 5.4% at baseline to 1.7% at endline, representing a percentage change of 68.9% ($p<0.001$). A decline of 64.7% occurred among old AGYW in non-DREAMS districts (191,267), from 3.7% to 1.3% ($p<0.001$). The percentage of teenage pregnancies among AGYW attending antenatal care (ANC) in the DREAMS districts (491,975) decreased from 25.4% to 22.3% (percentage change 12.2%; ($p<0.001$). A decline of 6.5% occurred among women attending ANC visits in non-DREAMS districts (592,511), from 24.7% to 23.1% ($p<0.001$). The difference in the percentage change of AGYW attending ANC visits in DREAMS versus non-DREAMS districts was not statistically significant.

Conclusion: If scaled up intensely, the DREAMS comprehensive package of interventions could have a greater impact on reducing HIV transmission among vulnerable AGYW.

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Sexual Risk Behavior among Young Women Living with HIV (YWLHIV) in North-Central, Nigeria: A Facility-Based Survey

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Background: Antiretroviral therapy (ART) improves the health and well-being of people living with the human immunodeficiency virus (PLWHIV), and reduces their risk of transmitting the virus to sexual partners. It is expected that the initiation of antiretroviral therapy should leads to safer sexual behaviors. However, patterns of sexual risk behavior among HIV-positive patients taking ART in Nigeria remain largely unknown especially among young women living with HIV. In this study, we sought to examine the risky sexual behaviors of sexually active HIV-infected young women (18-24 years) accessing antiretroviral therapy (ART) in North Central Nigeria.

Material and Methods: A facility-based cross-sectional study was conducted from July to September 2023 among sexually active young girls, 18 to 24 years old infected with HIV and receiving

ART at the Federal Medical Centre Keffi. Study participants were selected using systematic sampling method. An interviewer-administered questionnaire was used to collect data from the 42 participants. Basic descriptive statistics were performed using SmartPLS statistical software.

Results: A total of 42 HIV-infected young women participated in this study. The average age was 21.5 years. Majority of the HIV-infected girls 34/42 (80%) had sexual debut before age 16, 28/42 (57%) knew their status before then and 33/42 (78%) can not abstain for more than six months. 27/42 (64%) reported to have multiple sex partner, 23/42 (54%) prefer older partner and vast majority 37/42 (88%) of respondents did not disclose their status to their sexual partner(s). All respondents shows to have significant knowledge on condom but majority 30/42 (71%) prefer not using it during intercourse though little more than half 23/42 (54%) reported to have use condom at last sexual Intercourse.

Conclusion: This study revealed high risky sexual behaviors among young girls living with HIV. Too early sex initiation, multiple sexual partners and dislike for condom use among HIV-infected young women could affect the progress toward HIV prevention and placed their partner(s) at high risk of transmission. Early intervention programmes addressing sexual behaviour in young people and changing one's sexual behaviour through sex education could be effective in decreasing the risky behaviors among young girls living with HIV. It is important to strengthen the implementation of secondary prevention strategies among this population group.

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Prevalence and Risk Factors of Detectable HIV Viral Load among Pregnant Women Living with HIV Seeking Antenatal Care in Southern Malawi

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Background: Pregnant women living with HIV are treated with antiretroviral therapy (ART) to prevent perinatal (vertical) transmission of HIV. Despite high ART uptake, perinatal transmission of HIV continues to occur. Maternal viral load (VL) is the main determinant of this vertical transmission. We sought to examine the prevalence and risk factors of detectable VL among pregnant women living with HIV presenting for antenatal care (ANC) in Southern Malawi.

Material and Methods: We evaluated detectable viral load (VL) in pregnant women established on ART for with at least 6 months before pre-conception and those self-reported as ART naïve at first antenatal care (ANC) at two government clinics in Southern Malawi. We defined detectable VL as any measure greater than 400 copies/ml. We used logistic regression to identify the predictors of detectable VL with results presented as odds ratios with 95% Confidence Interval.

Results: Of 816 pregnant women living with HIV, 67.9% were established on ART and 32.1% self-reported as ART naïve. Among women established on ART, 10.8% had detectable VL, and 9.9% had VL >1,000 copies/ml (WHO criteria for virological failure). In adjusted analysis, among women established on ART, virological failure was associated with younger age (p.02), 'being single/widowed'(p=.001) and no previous deliveries (p.05). One fifth of self-reported ART naïve women were found to have an undetectable VL at first ANC. None of the demographic factors could significantly

differentiate those with detectable VL in the 'ART-naïve' sub-sample.

Conclusion: In this cohort, approximately 90% of women who had initiated ART prior to conception had an undetectable viral load at first ANC visit. This demonstrates good success of the ART program but suggests that additional improvements could be achieved. However, screening women for ART adherence will not identify women with detectable viral loads, hence the need for VL testing antenatally.

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Sustained Viral Load Suppression Rates among Adolescent Girls and Women Living with HIV and on Highly Active Antiretroviral Therapy (HAART) in Nigeria: A Comprehensive Analysis from January 2021 to August 2023

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Background: Treating individuals with HAART for HIV can lead to long-term suppression of the virus. However, some patients on HAART may still experience unsuppressed viral loads over time. Achieving and sustaining viral suppression is vital for adolescent girls and women, among other key populations, to eliminate new HIV infections and reach the third UNAIDS 95% target by 2030. In this study, we aimed to determine the level of viral suppression and factors associated with it among our study participants.

Material and Methods: We conducted a retrospective descriptive cross-sectional study on 2147 HIV-positive adolescent girls and women on HAART at a Tertiary Healthcare facility in Nnewi between January 2021 and August 2023. We extracted information on socio-demographics, clinical and immunological data, viral load (VL), and other relevant parameters from the PCR Laboratory Information Management System (LIMS) and the M&E database. Our primary objective was to determine the proportion of patients who achieved viral suppression and sustained it for three years. We classified VL outcomes as suppressed (<1000 copies/ml) and unsuppressed (>1000 copies/ml). We used the last VL in 2021, the first VL in 2022, and last recorded VL in 2023 to determine sustained viral suppression. All participants were required to have at least two VL determinations each year and an excellent treatment adherence score (>95%). We also analyzed the variables associated with VL suppression.

Results: Out of the 2147 adolescent girls and women studied, 99.5%, 0.3%, and 0.2% were non-pregnant, pregnant, and breastfeeding mothers, respectively. Approximately 0.1% were HIV/TB co-infected, and 0.1% were currently on anti-tuberculosis treatment. The mean STD of baseline CD4 count was 289.52 ± 337.05 while the last mean STD CD4 count was 731.51 ± 602.13. The viral load suppression rates (<1000 copies/ml) were 83.4%, 96.0%, and 97.1% for 2021, 2022, and 2023, respectively. The sustained viral suppression rate for the three years was 82.7%. Married women had the highest viral load suppression rate (67.8%), while divorced/separated and widowed women had lower rates (2.6% and 1.8%, respectively). HIV-positive women who completed secondary education had a higher viral load suppression rate (69.4%) than those without formal education (1.3%). Employed women had the highest viral load suppression rate (81.8%), followed by unemployed (11.2%) and students (7.0%). The viral load suppression rate was most frequent among women aged between 39 to 48 years compared to other groups ($p < 0.001$).

Conclusion: Our investigation has showcased a remarkable achievement in HIV viral suppression, attaining an impressive rate of 97.1%, surpassing the ambitious target set by UNAIDS for the year 2030. Noteworthy factors found to be significantly associated with the attainment of HIV viral suppression encompassed adherence to treatment, marital status, employment, educational attainment, and an age range spanning from 39 to 48 years. The results also confirmed that while the

CD4 count of the patients was increasing, their viral load was reducing.

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Breaking Barriers: Empowering Adolescents and Young Girls Living with HIV at AIDS Information Centre (AIC), Kampala

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Background: Traditional HIV prevention strategies in Uganda have had initial success, but innovative approaches are needed to reduce infection rates among adolescents and young women. USAID-funded projects at AIC, Kampala, have implemented a quality improvement model (BCM) over three years to empower Adolescent Girls and Young Women (AGYW) at high risk of HIV infection. The BCM equips AGYW with essential skills, fosters peer support, combats stigma, and promotes disclosure, bolstering their health, well-being, and positive lifestyles.

Material and Methods: A comprehensive needs assessment was conducted among AGYW living with HIV at AIC Kampala, addressing medical and psychological needs. Mental health support, including counseling and support groups, was provided. In 2021, AIC organized discussions with 30 AGYW, leading to group formation and leaders' selection to tackle challenges such as adherence and stigma. These efforts involved peer leaders and health professionals and introduced innovations like virtual discussions and TV programs, significantly improving adherence and reducing stigma.

Results: Community acceptance reduced stigma and discrimination against AGYW living with HIV. In 2022, 20 out of 30 AGYW experienced reduced stigma, improved adherence, and better quality of life, with marked viral load suppression. The transition models at AIC Kampala gained support and intergovernmental funding for educational initiatives targeting AGYW increased.

Conclusion: AIC Kampala's comprehensive approach has transformed the lives of AGYW living with HIV, improving their physical and mental health, reducing stigma, and boosting self-esteem. Our success underscores the importance of empowering and supporting AGYW for their overall well-being.

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Forgotten Adolescents Living with HIV: Is CPHDP Intervention Enough? Vitu Kwa Ground ni Different!

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Background: There are 135,000 adolescents living with HIV in Kenya; 18,100 new infections and 2,800 deaths annually. Despite this, the uptake of HIV testing is low; with low access to key HIV preventive information for those HIV negative; delayed initiation into HIV care for those HIV positive. This creates a portent mix for repeated HIV transmission against low levels of HIV prevention information. Moreover, Covid-19 decimated the livelihoods of many households and the hopes of many young people. The resulting hopelessness pushes them into risky encounters as a chance of escape for some and others as a misguided fight for survival. As a result, many young women have found themselves either in sex work, or in abusive relationships through which they have become mothers, contracted STIs or HIV.

Study Objectives: To engage adolescents through a peer led approach community level, deliver of CPHDP messages and make referrals for capacity building programs that instill life skills.

Material and Methods: a) Peer led programs with trained adolescent peers, championing CPHDP messaging amongst their networks and initiating appropriate referrals. b) Key Interventions include:STI/HIV messaging and referrals for clinical care and distribution of Condoms Family planning messaging, demonstration and referral for Services Primary healthcare supportive conversation for young mothers; immunization Etc, HIV care initiation/ adherence and retention in care,

Substance abuse including referrals where Appropriate Delivery is a mixture of one on one sessions, group face to face sessions and also remote sessions through google meets/zoom software. c) Child protection and anti-trafficking sensitization: We keenly involved in child protection referrals; however this is a work in progress.
Results: Since inception, a) We have conducted over 100 one on one meetings, with 50 group sessions within Embakasi East for CPHDP messaging) We have distributed over 100,000 male condoms) We have reached 300 young women with key messages for family planning However, in all this, we still have 17 very heart breaking tales, which form the face of the community impact on adolescents: In one instance, there is a 13 year old Child, who is already 6 months pregnant, is HIV positive and is yet to start ANC care for Preventive Care. She is not in a stable relationship and has multiple partners from difference levels of the society all who practice unprotected intercourse with her. They all think that she is too young to be HIV infected! We have 17 other stories, with their impact statements, which we hope to share at the Conference!

Conclusion: Clearly, we need to do more for adolescents by expanding our scope of interventions to cut the pipeline upstream, through an expanded social protection systems; and we as Trust Five, need your partnership.

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Adolescent Women Living with HIV in Africa

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Adolescent Girls and Young Women (AGYW) living with HIV in Nigeria face structural barriers and challenges to their health and wellbeing. Their Sexual and Reproductive Health (SRH) needs remain unmet, due to lack of knowledge, social stigma, inadequate adolescent-friendly service provision and unequal value with men and boys.

Tearfund and its partners have been implementing an approach in Jos, Nigeria, called "My health, My right; Empowering Adolescent Mothers, Fathers and the Community" - a mutli-faceted approach to improve AGYW's SRH outcomes.

The approach incorporates 4 primary components:
Shifting harmful social norms which limit uptake of services and re-victimise survivors of violence and STDs through the evidence-based approach 'Transforming Masculinities'.
Service strengthening of healthcare providers, especially for government providers which lack current training. Information and stigma within services is addressed.
Community-wide testing for HIV and knowledge dissemination through age appropriate, comprehensive and integrated information and education on the prevention of mother-to-child transmission of HIV (PMTCT), safe motherhood, HIV and SRH.
Access support for those who test positive, including livelihood, transport and health kits.

12,067 AGYW and 2442 adolescent boys have been reached with quality rights-based SRH services, 43 AGYW reached with adolescent-centred sustainable livelihood programmes such as individualised skill acquisition, trading and school completion, 77 health care workers trained through the project, and 67,198 community members have been directly reached through dissemination of information or norms shifting activities in three communities of Plateau state Nigeria from June 2021 to May 2023.

Indicative qualitative data suggests positive shifts in attitudes and behaviours of and towards young women and girls.
One health worker said 'AGYW's now come to ask for condoms in the clinics unlike before'.
Another said 'The training on adolescent-friendly clinics has changed me and I am more friendly with adolescents and give them quality time and services'.
AGYWs have also been positively impacted by the programme: 'I get more attention now at the clinics and the treatment has improved'.
One faith leader said 'My sermons have changed following the Transforming Masculinities training, this congregation is now a safe space for AGYW, we are ending stigma and discrimination'.
One AGYW said 'I got tired of taking my antiretrovirals and have started skipping them. Attending the psychosocial support program with my peers helped me get support and education. I now adhere to my ARVS and also encourage my buddies to'.
An AGYW who has received livelihood support said 'Following my divorce because of my HIV status, life

was hard for me, dealing with the divorce, poverty and stigma. The livelihood support has made me blossom. I now give loans to other women as support, I can take care of my needs and my self-esteem has increased'.

Trained health care workers and peer mentors were highly effective in reaching AGYW and providing SRH and HIV services including linkages, referrals, reduced social stigma and gender inequality. Strike actions by health workers is a challenge to programme implementation. Scale up of intervention is recommended.

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The Impact of Women Disclosing Their HIV Status on Social Media: TikTok

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Background: This study explores the impact of women disclosing thier HIV status on social media (TikTok). We wanted to establish whether there is an impact in testing, treatment uptake, and reducing stigma and discrimination of women living with HIV in South Africa.

Material and Methods: We posted 6 videos' and 2 posters of a young women taking Antiretroviral drugs (ARVs) and disclosing that they have been living with HIV for the past 20 years on the TikTok social media platform for a period of 1 month. According to the TikTok report, the videos were seen by over 1 000 000 in South Africa and neighboring countries such as Zimbabwe, Lesotho and Malawi. There were also viewers from as far as Nigeria. Over 9,000 comments and over 250 people who shared the video. 99.5% of those who commented on the videos were female.

Results: The study found that there is a positive impact to disclosing one's status on TikTok as more people become comfortable sharing their status and mentioning when they started treatment. We also discovered that males reported not to want to talk about their HIV status with their partners. The study has implications for new HIV infections in South Africa as young women mentioned that they fear rejection when disclosing their status as they have been previously rejected, prefer to keep quiet and continue with the relationship without using condoms, but continue with their treatment. More people expressed positive reactions to seeing a male living openly with HIV and indicated that they were encourage to start taking their treatment. Some viewers reached out on the inbox section of TikTok asking for advice on how to go back to care.

Conclusion: Social media can play a huge role in educating our communities if we utilized it correctly.
The Department of Health and its partners need to invest more in social media platforms and work very closely with people who are already active and living openly with HIV on social media as there has been a trust that has been developed. More programs targeting males are needed as they are reluctant to talk about HIV or use condoms.

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Plight of Adolescent Women Living with HIV in Africa: A Case of Rushinga District, Zimbabwe

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Background: Adolescent Women Living with HIV in Zimbabwe comprises of approximately 88 304 nationally and in Rushinga an estimated of 467 adolescent and young women are living with HIV with at least 92% of them being on ART and 87% had suppressed viral load lower than the national coverage of 95%. Adolescent and young women in Rushinga lives in a society in which social and cultural values, beliefs and norms are of great importance and they guides a society. These women belong to a child bearing age and lives in a community where they are expectations. However a lot of myriad of challenges surrounds the Adolescent women living with HIV.

Material and Methods: An experimental design which was randomized was used to collect data though interviews which were conducted through a telephone since these are dispersed and there was little time to collect the data. Review of documents

and program data from the Zimbabwe HIV Core Output Indicators tracker was also done.

Results: 90% of the respondents showed that they are suffering from psychological issues and do not understand how they got infected at the first place with some indicating that it was passed on from their parents and some attributed to their first sexual encounters when they had low risk perceptions.
80% of Adolescent women living with HIV are orphans and grew up in custodian of a family member which resulted in her suffering from stigma and discrimination emanating from family members, school mates, communities and in-laws where they are married and has resulted in school dropouts, early marriages and non-adherence to Antiretroviral Therapy.
Failure to disclose statuses is rampant amongst adolescent women living with HIV upon engaging into intimate relationships and it shows that 40% of these women do not disclose their status had to transmit the virus both to their spouses and new born babies during pregnancy and lactating period. 90% the adolescent women with HIV responded that they lack sources of income and depend on their spouses for survival which **Results:**in most Gender Based Violence cases in communities. 50% of the Adolescent Women who did not disclose their status to their partners have suffered from Gender Based Violence from their intimate partners. 25% of the those that disclose but are living as a discorded couple responded that at one point they also have suffered Gender Based violence.

Lessons Learnt:
A peer led support group becomes an effective forum for the adolescent women living with HIV to openly discuss their challenges and ultimately receive psych-social support and counselling that enhances adherence to treatment. There is still a large gap in terms of HIV knowledge in communities which induce stigma and discrimination on spouse's relationships.

Conclusion: Adolescent and Young Women living with HIV needs to be put at the center of the HIV response. Retention into care is crucial in order to achieve Undetectable = Untransmitable. Scaling up HIV knowledge's in communities may reduce stigmatization of people living with HIV and may led to ending AIDS by 2030.

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Using the Social Networking System to Increase Case Finding in Adolescents and Young Women

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Background: Zambia, like most sub-Saharan countries has a high burden of HIV with women being affected more than men. 90.1% of people estimated to be living with HIV are aware of their status. ART coverage for young women 15-24 was 80% in 2023. Women accounted for 64% of the new infections that occurred up to the 3rd quarter of 2023. Novel strategies are needed in case finding to close the treatment gap.
The University Teaching Hospital-HIV/AIDS Program (UTH-HAP) offers HIV testing, antiretroviral therapy and HIV prevention services to children and adolescents living with HIV and their contacts.

Description: The social network system is a peer-led strategy that was introduced to increase case finding among adolescents and young women who are at high risk of acquiring HIV and are hard to reach. They are recruited for HIV testing services by 'seeds' who are equipped with information about risky behaviour, modes of transmission of HIV, antiretroviral therapy, pre-exposure prophylaxis and sexual reproductive health services. The adolescents and young women targeted were far more receptive to their peers and willing to access HIV testing, prevention and treatment services. Family planning services are also offered at the facility for everyone and this serves as an entry point for accessing HIV testing services. Underserved key populations like sex workers, people who inject drugs and lesbians who are at high risk of acquiring HIV and also generally have poor health seeking behaviour have been reached by this method. When saturation of a network occurs, new seeds are identified from among the recruits who then go on to recruit from new networks.

The seeds are made accountable with the use of a coupon system. A coupon is given to a potential recruit who then presents their coupon at the

hospital when they seek testing or family planning services. An HIV screening tool as well as recency testing is applied to all those who test positive in order to avoid initiating known positives and thereby duplicating numbers. A PrEP screening tool is applied to those that test negative before they are initiated on HIV prophylactic medication.

Lessons learnt: Peer-led innovations that require limited resources are vital in case finding and bridging the treatment gap. When equipped with the vital information young women can become a vital resource when it comes to case finding and linkage to care.

Conclusion:
Social Network System is an effective strategy that can be implemented with a team of dedicated volunteers and limited resources. Investing in equipping young women with the skills to offer peer support is essential. A multidisciplinary approach that includes task shifting is key in achieving epidemic control. As drivers of the epidemic young women's needs have to be met regardless of whether they are living with HIV or not. Offering reproductive health services exclusive to women living with HIV is barrier to accessing care and fuels stigma.

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Social Networks and Barriers to ART Adherence among Young Adults (18–24 years) Living with HIV at Selected Primary Health Facilities of South-Western Uganda: A Qualitative Study

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Background: Young adults living with HIV (YALWH) struggle to maintain high levels of adherence to antiretroviral therapy (ART) because of numerous barriers. This study describes the social networks of YALWH (18–24 years), their barriers to ART adherence, and the perceived role of social networks in overcoming those barriers.

Material and Methods:
This study used a qualitative descriptive research design. Twenty-three (23) YALWH who were on ART for a period of greater than one (1) month and had consented to participate in the study were purposively selected from two primary health care facilities in southwestern Uganda. We held four (4) focus group discussions with the YALWH over 5weeks between the 24th of July and 7th September 2020. Data were audio recorded, transcribed, and entered in Microsoft word 2010. Using the content analysis techniques, data were inductively coded and categories or themes developed.

Results: Most YALWH belonged to bonding (family, friends, and neighbors), followed by bridging (informal groups), and linking (health professionals) social networks, respectively. Most YALWH, irrespective of gender, had close connections with their mothers or elder sisters. The commonest form of bridging networks was informal community groups that provided financial services, whereas the linking ones comprised health professionals' directly involved in HIV patient care such as nurses, counselors, and their affiliates (expert clients or clinic based peer supporters), who occasionally acted as bonding networks. Structural barriers to ART adherence (eg, stigma) were the most cited, followed by medication- (eg,pill burden), and patient-related barriers (eg, non-disclosure of HIV status). Bonding net-works were perceived to help overcome patient, medication, and structural barriers to ART adherence. Bridging networks overcame structural and medication-related barriers to ART adherence. Linking networks were perceived to help overcome some health systems and medication-related barriers to ART adherence.
Conclusion: Bonding social networks seem to play a prominent role in overcoming numerous barriers to ART adherence compared with bridging and linking social networks.

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A Sexual and Reproductive Health Services Interactive Software Application for Solutions to the Adolescents (Females and Males) Living with HIV and AIDS

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Background: There are 2.1 million adolescents living with HIV globally, the majority in sub-Saharan Africa (SSA). An estimated 6% of the world's populations of adolescents living with HIV live in Kenya. Adolescents (ages 10-19 years) face a number of challenges as they transition from childhood to adulthood, including adjusting to physical and psychological transformation, as well as increasing independence. For adolescents living with HIV, these challenges likely intensify preexisting stressors related to HIV infection, such as HIV status disclosure and increasing personal responsibility for treatment adherence and the initiation of sexual and reproductive relationships and associated challenges of living with a lifelong communicable disease that can be sexually transmitted further complicates this time for many adolescents living with HIV especially young women. Adolescent girls and young women, aged 15-24 years, are disproportionately impacted by HIV globally. In 2015, young women constituted 58% of newly acquired HIV infections and 60% of all young people living with HIV worldwide. In Kenya, Adolescent girls and young women are twice as likely to be living with HIV as males aged 15-24 years. In Kenya, there are unmet contraception needs; among sexually active never married young women, the unmet contraceptive need is as high as 74% among those 15-19 years of age. The World Health Organization (WHO) estimates that unsafe abortion in sub-Saharan Africa accounts for 10% of all maternal deaths, while in Kenya, restrictive policies and the criminalization of the provision of sexual and reproductive services to unmarried adolescents or those below the age of majority, reinforce stigma and prevent young women from seeking these fundamental services, which affect significantly the female adolescents living with HIV/AIDS.

Objective: This interactive software application was developed to help the adolescents living with HIV, especially women, have a safe space to meet anonymously with other peers, share challenges, solutions and referrals, and also be able to get expert free consultations, advise and referrals to nearest youth friendly HIV/AIDS care centers and to Gynecologists and peer counselors.

Material and Methods: We did a metadata analysis of papers on adolescents living with HIV and female adolescents living with HIV/AIDS and their sexual and reproductive health challenges and needs, from 2010-2020, to come up with a solution.

Results: The finding was that in SSA and Kenya in particular, adolescents in general, and females ones in particular have limited sexual and reproductive health knowledge, further increasing the risk of sexual transmission of HIV to new partners as well as unintended pregnancy.

Conclusion: We concluded that the SRHS and HIV care for adolescents had a gap that needed to be bridged in a way that meets their needs, while keeping their privacy and confidentiality. We developed an app that covers both smart and analogue/Global System for Mobile Communications (GSM) phone users. Those with the Analogue/GSM phones can use the Unstructured Supplementary Service Data (USSD) protocol to send text messages to the software service application and get responses without smart phones and buying of data, this includes all adolescents in the urban and rural areas and those from rich, middle and low income families.

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Safe Clinic Network Health Application for Hard To Reach Key Populations in Nairobi, Kenya

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Background: Based in Kenya, SWOP is a leading health agency that promotes the safety and well-being of sex workers, while also affirming their occupational and human rights. SWOP grew out of a collaboration between the Universities of Nairobi and Manitoba in the 1980s, and currently operates in nine sites across Nairobi County.
As part of their program to ensure the wellness of sex workers, SWOP invented a digital application known as the Safe Clinic Network Application. The purpose of the application was to meet the daily needs of sex workers' by providing easy access to services when they are unable to attend in person. The application is available on Google Play and is used by SWOP staff to reach clients and provide them with information on the easiest ways to connect with SWOP services. It provides the following to key populations (KPs): geo-locations of facilities and outreaches; appointment and medication reminders; request for services; appointment bookings; gender-based violence response (GBV SOS). Currently 407 clients have downloaded the application; 325 (79.8%) are female sex workers (FSWs).

Lessons Learnt: Social media can be used to enhance program coverage. Across varying typologies, 407 KPs joined the application within 2 months. They were reached with a menu of services tailored to their needs at whichever location they were.
Social media can assist health care workers to deliver services to groups not easily served during daytime working hours. A total of 325 FSWs, mostly working at night, joined the application, sought services and were assisted.
The GBV SOS feature assists FSWs facing violence, including rape, in receiving a real-time response because it provides their current location. During the project, 86 FSWs requested assistance when facing GBV and received an immediate intervention.

Conclusion: The application should be scaled up to all counties serving KPs, many of whom avoid going to facilities due to discrimination, especially from health care workers.
Health care providers can use the application to offer important services to KPs at a low cost.
Some health services can be delivered via health applications instead of face-to-face for clients who work at nights or avoid facilities for fear of stigma.
Further investment in health services applications should be made by the Government as well as their development partners.
Gender based violence can be effectively responded to using a GBV SOS application, which provides immediate, real-time assistance to victims.

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Addressing Barriers to Cervical Cancer Screening: Harnessing Community Structures and Differentiated Service Delivery Models among Women Living with HIV in Budondo Hciv, Jinja District

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Background: Cervical cancer is a global public health concern, ranking as the fourth most common cancer among women worldwide. In Uganda, it is the leading cancer among females, posing formidable health challenges. Although Uganda's ministry of health (MOH) recommends screening for women aged 25–49 years, the screening at Budondo HCIV remains suboptimal at 17% by end of May 2023 with several barriers. The intersection of cervical cancer with HIV further exacerbates the issue, as women living with HIV face an elevated risk of acquiring HPV infection and developing aggressive forms of the disease. The coexistence of HIV and cervical cancer underscores the critical need for targeted interventions to improve screening rates and reduce the impact of this preventable malignancy among women in Uganda. This abstract presents a groundbreaking initiative in

Budondo HCIV, Jinja District, which leverages community structures and differentiated service delivery (DSD) models to enhance cervical cancer screening among women living with HIV.

Material and Methods: The USAID Local Partner Health Services (LPHS-EC) project implemented by Makerere Joint AIDS Program, supported health facilities in the region to implement cervical cancer screening for women living with HIV aged 25-49 years as per MOH guidelines. At Budondo HCIV, we utilized existing differentiated service delivery models both at facility based models and community based models, tailoring screening approaches to meet the unique needs of women living with HIV. Community health workers were sensitized and trained to serve as advocates for cervical cancer screening. They conducted community mobilization, awareness campaigns, and education about the importance of early detection targeting women between 25-49 years within their communities.

Results: Preliminary results indicate a remarkable increase in the number of women screened for cervical cancer, signaling the success of the initiative. From 23/152 (15%) women screened in July, the numbers rose progressively to 46/153 (30%) in August, 79/153 (52%) in September, and 118/155 (76%) in October. The DSD models ensured that screening services were adapted to the specific healthcare needs of women living with HIV, promoting inclusivity and reducing stigma. Community health workers emerged as powerful *catalysts for change, effectively breaking down* barriers through community mobilization and sensitization efforts.

Conclusion: This initiative demonstrates the transformative impact of integrating community structures and DSD models to address barriers to cervical cancer screening among women living with HIV in Budondo HCIV, Jinja District. The innovative combination of personalized care, community engagement, and targeted awareness campaigns has led to a significant increase in screening rates.

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Comparing Online and Traditional Service Use Models among Key Populations in Liberia

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Background: According to the Liberia Integrated Guidelines for Prevention, Care and Treatment of HIV and AIDS 2022, there are estimated 35,000 people living with HIV in Liberia. The 2021 Integrated Biological Behavioral Surveillance Survey (IBBSS) report shows that HIV prevalence in Liberia is unevenly distributed among certain groups and subgroups. Prevalence among urban area dwellers is 2.6% compared to 0.8% in rural areas, and among key population (KP) groups, prevalence is even higher: female sex workers (FSWs), 16.7%, men who have sex with men (MSM), 37.9%, transgender people, 27.6%, and for people who inject drugs (PWID), 14.4%.

Traditional (offline) services are the main modality of HIV service provision in Liberia, but stigma and discrimination toward key and vulnerable populations deter individuals from these groups from accessing services. The FHI 360 Meeting Targets and Maintaining Epidemic Control (EpiC) Liberia project, through PEPFAR and USAID funding, piloted the use of QuickRes, a KP-friendly and secure online application that allows clients to determine service needs and book appointments online.

Description: We compared data from HIV-testing service users who used QuickRes and the traditional outreach program for the period July 2021 through September 2022. All QuickRes users who booked HIV testing services online arrived at the facility and received HIV testing. Data collected from testing program attendees included age, gender, and population group. Testing data from the facility are aggregated by month and year, deidentified, and fed into the Liberia HIV program database or the DHIS2 e-tracker.

The comparison was conducted to determine use patterns among different population groups across the outreach model (online vs. traditional). A two-

service model z-test was used to compare HIV case finding among the online group and traditional model group for testing. Understanding patterns and risk groups among online and traditional outreach service users helps tailor interventions that target specific at-risk groups based on their preferred service platform and promote its use. The use of QuickRes offers a chance to establish a digital database for clients.

Lessons Learned: Among the beneficiaries who were referred and booked HIV testing services online (n=1,062), 78% were KP members and 22% were general population members. For those who received HIV testing services offline (n=136,130), 70% were general population and 30% were KP. Case finding among those who booked via the online platform was 20.8% compared to 5.3% for those reached through traditional approaches (95% CI: 10.2-20.9).

Conclusion: Online platforms are a promising approach for reaching higher risk individuals. They provide an alternative to linking individuals to HIV testing, including KP members who may prefer online approaches that provide more confidentiality and empower them to select services at locations more convenient to them.

• Although currently online screening and booking for HIV testing services represent a fraction of overall testing, it reaches those at higher risk for HIV infection and therefore should be scaled up.

• Working with peer outreach networks may help promote the use of online platforms to increase the number of clients accessing online services.

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Analysis of the Factors Associated with Virological Failure in Treatment-Experienced Female Sex Workers in Kenya, 2015-2022

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Background: Female sex workers (FSWs) are a high-risk population for HIV transmission because of the nature of sex work, which includes the possibility of engaging in unprotected sex and having multiple partners. To avoid HIV transmission, it is critical that HIV-infected FSWs are virally suppressed. We present estimates of the prevalence and factors associated with VLNS in FSWs attending sex workers outreach programme (SWOP) clinics in Nairobi, Kenya between 2015 and 2022.

Material and Methods: The data was extracted from the Kenya National AIDS & STI Control Program's (NASCOP) database using "SWOP" or "sex workers outreach programme" as unique identifiers. Subjects were eligible if female, HIV-infected, on combination ART (cART) treatment, and ≥ 18 years old. The effects of covariates on the odds of VLNS (VL 1000 copies/mL) over repeated time points were assessed using generalised estimating equations (GEE).

Results: 10,342 viral load tests were performed on samples collected from 1,947 FSWs between January 2015 and March 2022. The prevalence of VLNS decreased from 25.5% (95% CI 17.6–34.6) in 2016 to 4.3% (95%CI 2.5–6.7) in 2021, p<0.001. Subjects receiving DTG-based cART increased from 0% in 2015 to 89% in 2022, while subjects receiving EFV/NVP-based cART decreased from 64% in 2025 to 3.1% in 2022. The odds of VLNS decreased by 13% per year during the study period in the multivariable GEE analysis adjusted for covariates (regimen, age, and SWOP-clinic), (GEE-aOR 0.87, 95%CI 0.80–0.94; p<0.001). Age was a significant factor associated with VLNS. Younger FSWs (18-24 years) had 2.3 times higher odds of VLNS (GEE-aOR 2.23 95%CI 1.32-3.76; p = 0.009) compared to older FSWS (>55 years) (reference). Subjects on DTG-based cART regimen had 41% lower odds of VLNS (GEE-aOR 0.59, 95%CI 0.39–0.88; p<0.01) compared to those on PI-based regimen (reference). Notable differences were observed at the SWOP clinics. Subjects attending the Korogocho and Majengo SWOP clinics had 40% (GEE-aOR 0.60, 95%CI 0.41-0.87; p =0.007) and 30% (GEE-aOR 0.70, 95%CI 0.51-0.96; p =0.029) lower odds of VLNS than those attending Langata SWOP clinic (reference).

Conclusion: There is a strong evidence of decreasing population level viremia among FSWs 2015 and 2022. To maintain the downward trend, the transition to the DTG regimen should be accelerated, along with age-specific programmes aimed at younger subjects.

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Risk Factors for Recent HIV Infection among Newly Diagnosed HIV Individuals Aged 15 Years and Above in North Eastern Uganda

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Background: Despite Uganda making significant progress in the reduction of HIV prevalence among the adult population (15-49 years), the HIV prevalence remains higher among women at 7.2% as compared to men at 4.3% with 54,000 new infections occurring in 2021. To identify, track, respond to, and prevent new recent HIV infections, Uganda started implementing HIV recent infection surveillance strategy in October 2019. This study aimed to describe the risk factors for recent infection among newly diagnosed HIV individuals aged 15 years and above in Northeastern Uganda.

Material and Methods: From May 2020 to December 2022, with the support of the Centers for Disease Control and Prevention a surveillance program of new HIV infections among newly diagnosed HIV-positive individuals aged 15 years and above through HIV recency testing was initiated at 21 Health facilities in 14 districts of North Eastern Uganda. A sample of blood was drawn from the consented newly diagnosed HIV individuals and tested for HIV recent infection using Asante Rapid Tests for Recent Infection (RTRI). The clients who consented to recency testing provided an extra blood sample that was analyzed centrally. Clients with recent RTRI results and unsuppressed VL results (>1000 copies/ml) were classified as recent infections as per the RTRI testing algorithm.
Results: A total of 791 persons were offered recency testing, of these 60% were females(F), and 40% were males(M). 87% (688/791) tested positive for long-term infections 2.4% (19/791) tested negative and 11% (85) had recent infections, of the recent infections 59% (50/84) were female and 40.5% (34/84) were male with an overall ratio 1.5:1 of females to males with recent infection, highest among females of 20-24 old. Recent infections were highest among; ages of 35-39 (9M and 6F) and 40-44(7M and 8F), followed by ages 20-24(4M and 10F), 30-34(4M and 8F), 25-29(5M and 5F), 50+ (3M and 6F),15-19(1M and 5F), and 45-49(1M and 2F) (18%, 18%, 16%, 14%, 12%, 11%,7%, and 4% respectively). All (791) Of these clients were initiated on ART and offered partner notification services.

Conclusion: Young Women are at a higher risk of recent HIV infection and thus it's key to scaling up targeted evidence-based HIV prevention interventions, such as PrEP use among these adolescent girls and young women to prevent HIV transmission. We, therefore, recommend the integration of HIV recent infection testing in the routine HIV testing services at the facility and community to guide interventions aimed at achieving HIV epidemic control.

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Barriers the Uptake of Community Client Led ART Delivery Model among Women at the HIV Clinic Kiruddu National Referral Hospital, Uganda

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Background: Differentiated Service delivery (DSD) is a client-centred approach that simplifies and adapts HIV services across the cascade to reflect the preferences, expectations and needs of people living with and vulnerable to HIV, while reducing unnecessary burdens on the health system. Community client led model ART Delivery (CCLAD) model in Uganda refers to self-formed groups of six to eight stable patients on Antiretroviral Therapy (ART) from the same community or village. The group member in the CCLAD model pick drugs for all the members so only one person to pick drugs for the rest of the members. A group lead is also selected from the group of 6-8. This model is important because it reduces the burden of facility visits in terms of transportation costs, time for the patients but also reduces the patient load for the healthcare providers hence improve quality of care given to the other patients. Regardless of the health education in the clinic and the many eligible female

clients, still very few embrace the CCLAD despite its immense benefits of improving delivery of prevention, treatment, care and support in the HIV treatment cascade. The aim of the study was therefore to identify the barriers affecting the uptake of CCLAD model among women at Kiruddu National Referral Hospital.

Material and Methods: This mixed study was conducted among women receiving Antiretroviral Therapy (ART) at Kiruddu National Referral Hospital between 2018 to 2023. We excluded the pregnant and breastfeeding women, on TB treatment, those with uncontrolled NCDs and high viral loads. The percentage of those enrolled in the CCLAD was calculated and an in-depth interview was conducted among the eligible Female clients attending the ART clinic on their different appointment day to determine the barriers to uptake.

Results: Of the 1324, eligible female clients for the CCLAD model, only 75 were enrolled yielding only 5.7% lower than the national uptake of the model at 17% in 2018. In-depth interviews were conducted and the barriers identified included; HIV associated stigma, lack of transport fares, lack of confidentiality, lack of cooperation among members, lack of social support and lack of understanding of the model.

Conclusion: In **conclusion**, we have found that HIV associated stigma, lack of transport fares, lack of confidentiality, lack of cooperation among members, lack of social support and lack of understanding of the model were the major barriers affecting uptake of the community client led ART delivery model among women living with HIV. Therefore, there is need to address these barriers to improve uptake and overall delivery of prevention, treatment, care and support in the HIV cascade.

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Pediatric HIV Viral Load Suppression: Qualitative Insights of Barriers and Facilitators among Caregivers of Children on ART in High Volume Sites in Kisumu County

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Background: The number of virally suppressed HIV+ children remains unacceptably low; the experiences of caregivers of children on antiretroviral treatment (ART) are critical to developing interventions to achieve maximum viral load (VL) suppression in this population.

Material and Methods: Eight focus group discussions (FGDs) were conducted among a purposively sampled cohort of 76 caregivers of children (<18 yrs.) on ART (> 6 months) at eight facilities in Kisumu County. A trained qualitative researcher used semi-structured guides to explore VL testing and suppression; translated audio transcriptions were coded using a collaboratively developed framework and Dedoose.

Results: Most caregivers were female (63%), aged 19- 85 (median age 40), and biological parents (71%). Caregivers expressed a general understanding of VL; weight-based dosing and medication and appointments adherence were facilitators. VL testing schedules were challenging and ambiguous. HIV-disclosure to children was a facilitator; determining the appropriate age for disclosure, managing anticipated stigma, and disclosure beyond the immediate family were challenges. Medication-specific barriers included timing of pills, management of side effects, medication refusal, and daily pill burden. Health system barriers included long wait times, high frequency of appointments for high VLs, insufficient medications dispersion, and negative provider

reactions to missed ART doses. Assisted disclosure and ART management were facilitators; caregivers requested additional disclosure support for school-age children.

Conclusion: Facilitated disclosure and support for caregivers and their children is critical. Facility-level interventions and differentiated care models are needed to improve caregiver-provider interaction. FGDs were conducted with providers and young adults on ART to triangulate findings in this study.

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Multifaceted Analysis of HIV Treatment Outcomes in Women Age 0 to 74 across 5 Hospitals in Rumphi, Malawi Using R: Adherence Patterns, Virological Suppression and Machine Learning

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Background: Since HIV/AIDS epidemic control has been reached, efforts are now sliding towards the second and third 95. This warrants a need to improve treatment Outcomes. The objective of the study was to provide predictive factors that can help improve the second and third 95 in women aged 0 to 74 by looking at adherence patterns, and viral load suppression rates.

Material and Methods: The study focused on women, n = 573, from 5 health facilities (Rumphi DH [n=426], Lura HC [n=21], Mzokoto [n=38], Mhuju [n=63], and Ngonga [n=22]) in Rumphi, Malawi, aged between 0 and 74 initiated on treatment between 2020 and 2022. 95% CIs were calculated for all estimates for statistical and ML modelling.

Results: Findings shows that 56%(320/573) of women initiated between 2020 and 2022 where returned in care while 44% (253/573) were lost. There is no statistical significant variations in adherence rates across age groups ($p < 0.05$, 95% CI [71.25, 79.71]) but adherence variations exists across health facilities ($p < 0.01$, 95% CI [0.55, 0.67]). 38% retention in ages between 0-10 ($p < 0.1$, [0.19, 0.61]), 54% in ages between 11-20 ($p<0.1$, [0.40, 0.68]), 56% in ages between 21-50($p<0.1$, [0.51, 0.60], 68% in ages above 51 ($p<0.1$, 95% CI [0.53, 0.80]). 66% (376/573) Viral load coverage. There is no statistical significance in ages between Suppressed against High Viral load ($p<0.05$, 95% CI[-3.23, 5.84])but viral suppression across different facilities shows variations: For example Rumphi District Hospital shows significant differences between ages and Viral load outcomes($p <0.04$, CI 95% [0.29, 9.72]) while Lura ($p<0.1$,CI 95% [-32.81, 3.366]) and Mhuju ($p<0.8$, CI 95% [-8.83, 10.31]) shows no statistical difference. Ngonga and Mzokoto did not have sufficient data on Viral load. Using machine learning we have made a model that can accurately tell the probability of someone having a viral load suppression at 94% (Logit(P)=5.8124−(0.0200×Age)−(0.0242×PillAdherence)−(0.0703×DaysElapsed)−(0.0000×Outcome_AliveOnART), where P = 1/(1+(e^Logit(p))).

Discussion: The study emphasized the need for tailored interventions to address retention of clients in care, adherence challenges, as evidenced by disparities in retention rates. While age does not seem to play a major role in adherence, facility-specific variations highlight the importance of considering local contexts for successful interventions. The viral load outcomes reveals differences among facilities, with Rumphi District Hospital standing out. The incorporation of machine learning models adds a predictive dimension, encouraging the demand for targeted interventions based on data-driven insights thus striving towards the second and third 95.

Conclusion: There is need for a larger sample so that generalization of the results can also be made to other hospitals.

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Factors Associated with Readiness to Start Antiretroviral Therapy (ART) among Young People (15-24 years) at Four HIV Clinics in Mulago Hospital, Uganda

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Background: Despite advancements in antiretroviral therapy (ART), the global HIV burden among young people is escalating. This cross-sectional study, conducted at four HIV clinics in Mulago Hospital, aimed to evaluate demographic and psycho-social factors associated with the readiness of young individuals aged 15-24 years to initiate ART.

Material and Methods: A quantitative cross-sectional study involved 231 newly diagnosed young people with HIV. Participants, aged 15-24 years, not currently prescribed antiretroviral medication, were selected. Readiness was self-reported in response to the question, "How ready do you feel to start ART?" The study spanned from February to March 2020.

Results: Among the 231 participants (mean age 20.7 years, 66.2% female), a majority expressed high readiness (53.3%) and motivation (51.1%) to commence ART. Factors associated with elevated treatment readiness included being female (95% CI [5.62, 8.31], p=0.003), belief in ART curing HIV (95% CI [0.43, 0.86], p=0.005), history of unprotected sex (95% CI [0.79, 0.87], p=<0.001), anticipating negative HIV **Results:**(95% CI [0.26, 0.88], p=0.017), internalized stigma (95% CI [0.83, 0.98], p=0.018), and knowledge of positive ART effects for others (95% CI [0.84, 0.93], p=<0.001).

Conclusion: Understanding factors influencing ART readiness among young people is pivotal for devising targeted strategies that support and enhance individuals' readiness for ART initiation and early engagement in care.

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Case Conferencing within an HIV Sensitive Case Management Framework - The Panacea to HIV Management

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Background: Children and Adolescents living with HIV (CALHIV) multiple challenges including late disclosure of their HIV statuses and poor retention into care. CALHIV lag across the clinical cascade, with only 86% on AntiRetroviral Therapy (ART) achieving viral load suppression. They suffer stigma. discrimination, poor access and adherence to ART, and relatively high mortality. Multiple vulnerabilities characterize their plight with malnutrition, sexual violence, lack of economic opportunities exacerbating the challenges. Bantwana Zimbabwe (BZ) champions case conferencing, as part of an HIV-sensitive case management, to mobilize different service providers to collaborate and coordinate service provision, ensuring CALHIV access needs-based services.

Material and Methods: From October 2022 to September 2023, BZ supported 6,071 CALHIV aged 0-17 years across 7 implementation districts with health, education, protection and economic strengthening interventions. A total of 52 case conferences were held across 7 implementation districts, focusing on CALHIV presenting with multiple vulnerabilities, including high viral load, interruption in treatment and malnourishment. When a case with multiple and complex vulnerabilities is identified, a case conference is convened. BZ supports the Department of Social Development (DSD), within the Ministry of Public Service, Labour and Social Welfare, to convene relevant stakeholders at district/ward level, to discuss complex cases. Once stakeholders have met, a plan of action is developed. BZ facilitates for Community Case-care Workers (CCWs) link and monitor project participants to recommended services. CCWs facilitate and monitor service provision at community level until case resolution.

Results: Of the 52 cases, 31 were CALHIV with had high viral load were linked to Enhanced Adherence (Viremia) clinics for adherence support; 8 of these with complex cases of high VL, sexual violence, transactional sex, sexually transmitted infections, and/or teenage pregnancy; and 22 were sexual violence, non-HIV-complication cases. Through collaborations with health facilities and clinical partners, victim friendly police, DSD, and other community civil society organisations, all these cases were managed to resolution. Services provided included supplementary feeding, household economic strengthening, positive parenting, legal aid, and early infant diagnosis (EID) support particularly for young mothers with HIV-exposed infants. At an outcome level, the case conferences improved holistic service provision to CALHIV with multiple vulnerabilities and improved stakeholder coordination around HIV care and management.

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Improving Prevention, Care and Support Services to HIV Infected Key Population and Their Retention on ART in Lagos, Nigeria

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The HIV epidemic in Nigeria is concentrated in Key Populations (KP), People Who Inject Drugs (PWID), Men who have Sex with Men (MSM), Female Sex Workers (FSW), and partners of people living with HIV. Due to stigma and discrimination, these groups have low access to HIV testing services (HTS) and linkage to treatment is challenging. This is especially relevant in a country such as Nigeria with the second largest number of new HIV infections globally (nearly 300,000 annually) and substantial heterogeneity in HIV prevalence across prevention efforts on priority geographic areas to maximize the impact on the HIV epidemic. In Nigeria, it is estimated that the key populations considered to be most at risk for HIV transmission are FSW, MSM and PWID and their partners contribute as much as 40% of new HIV infections, despite representing only about 3.4% of the adult population.

The project goal was to provide comprehensive prevention, care and support services to HIV infected Key Population and ensure their retention on ART in Lagos, Nigeria

The project work with the One Stop Shops (OSS) to identify and test Key Populations (FSW, MSM and PWID) with implementation of Index Testing and Linkages of newly identified Key Population Living with HIV (KPLHIV).
The project supported the implementation of peer-led HIV prevention interventions for FSW in Lagos state. The project used mapping of brothels and non- brothels, community mobilization through advocacy visits to create enabling environment for program implementation, trained 10 community Facilitators, behavioral change intervention, and monitoring of outreaches/focus group discussion were provided. 10 Peer-led FSW counselor testers were trained to provide HIV Testing Services to community members during outreaches. This helped in improving dissemination of information and behavioral change among FSWs, MSMs and PWIDs. 3,689 FSWs, MSMs and PWIDs were tested for HIV Index Testing out of which 531 were tested positive. Care was provided to improve Linkage of newly identified KPLHIV and provided support through the continuum of care. 1,102 FSWs, MSMs and PWIDs were linked and referred to other services for rap around services, bi-directional referrals between the community and OSS.

The project learnt that Some of the key challenges for program designs have been the lack of available information about the size and specific locations of key target populations, lack of a standardized, integrated package of services and poor coordination among implementers – all of which would be useful for determining the necessary scale and reach of HIV prevention programme in order to maximize their impact. The project further learnt that half of the infections contributed by these key populations and their partners are attributed to FSWs, their clients and clients' partners alone, highlighting a profound need for programmatic response focus on this sub-population group. This was not surprising given the low levels of risk perception (39%) and knowledge about HIV (31%) reported among FSWs.

The project therefore, recommend that for HIV programming with more funding should be channeled to FSWs so as to reduce HIV among this key population.

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Improving Adherence and Continuity of Care among PLWHIV through Differentiated Service Delivery Models (Community ART Refill Groups) in Binga District, Zimbabwe

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Background: The Government of Zimbabwe through the Ministry of Health is committed to the UNAIDS 95-95-95 targets and have adopted Differentiated Service Delivery models as a strategy to deliver client cantered care. Pangaea Zimbabwe (PZ) is a non-profit organization working to improve the health and well-being of people in Zimbabwe and Wild4Life health is one of Pangaea programs involved in HIV testing, counselling, and supporting provision of ART in Binga district.

The problem and our approach: Binga is one of the districts in Matabeleland north province of Zimbabwe characterized by long distances to the health centres with some communities walking more than 50km. Matabeleland province is the second highest in HIV prevalence at 17.6% and Binga HIV prevalence stands at 6% but compounded by about 40% health worker shortage. The shortage of HCWs in rural health facilities in Binga means they clinics are not well staffed and the HCWs are overstretched already. Working with Wild4Life health program, the Ministry of Health district health leadership and health facilities staff in 2019 introduced Community ART Refill Groups (CARGS) for persons living with HIV in Binga to improve retention in care, adherence and support among persons living with HIV. Community ART Refill Groups (CARGs) are an antiretroviral therapy (ART) delivery model where clients voluntarily form into groups of 10-15 members, and a group member visits the clinic to collect ART for all group members The CARG group members are invited once in 6 months as a group for viral load monitoring and sometimes adhoc when there is a problem.

Successes and impact: Interviews were carried out with CARG members, community leaders and HCWs. CARG members indicated that the introduction of CARGs helped them to ART refill by sending one representative of the group on behalf of others thereby saving transport costs and time to do other household chores, cleared more time to attend to field and other livelihoods work, provided a platform for sharing problems and giving psychosocial support to one another. Community leaders indicated that there is openness and less stigma related to HIV because people are openly sharing information. Health workers reported that CARGs eased pressure on already stretched clinic staff, makes review of clients on ART easier as they invite the whole CARG group for review and viral load collection and monitoring and decongest health facilities creating space for clients with other primary health conditions. The CARGS initiative saw viral load monitoring improving from 18% baseline in 2019 to 92% by 2020, viral load suppression from 87% to 95% in 2021 and proportion of people on ART retained in care at 24 months from 78% in 2018 to 95% in 2021.

Conclusion: Involvement of beneficiaries in their care is important as they can take an active role in their wellbeing and understand better their responsibility. Partner and family support is key as a support mechanism. Group therapy and dynamics have a positive psychosocial impact on health and wellbeing of people as problem shared is a problem solved.

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Improving Viral Load Coverage through an Automated Real-Time Monitoring Tool: Luanshya and Mufulira Districts Pilots, Copperbelt Province, Zambia

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Background: Timely processing of viral load (VL) specimens and subsequent filing of results in facility registers, client files and SMART Care is critical to assuring prompt management of ART clients. The overall availability of VL results at facility, district and provincial level is used to determine the effectiveness of the ART program as it relates to scheduled clinical reviews (appointments). At each clinical review, VL results which are key to monitoring clients' progress must be available to determine overall disease progression. Viral Load coverage (VLC) is the proportion of ART clients with valid VL results on file, out of the eligible clients as per Zambia Consolidated Guidelines (ZCG) for treatment and prevention. However, this proportion was never a constant figure as it was affected by missing results and missed appointments. The VLC target for USAID SAFE was 95%. As of 1st June 2023, Luanshya District stood at 77% while Mufulira district was at 76%. VLC indicator is critical to monitoring the timely availability of VL results.

Material and Methods: A multidisciplinary approach involving Laboratory, Strategic Information, Pharmacy, Community and Clinical teams was used to systematically review, design and implement an excel tool, which had two types of tabs; the district dashboard and the facility specific tabs. At the beginning of the month, strategic information assistants populated overdue VL balance brought forward and the number of VL appointments per day for the whole month. On each day, the Auto-populating dashboard captured the closing overdue balance, the overdue VL specimens collected and the missed viral load appointments. The Facility Tab, in addition to the data summarized on the dashboard, also captured VL appointments, VLs collected and categorized them appropriately.

Results: The total number of overdue viral loads from Luanshya and Mufulira districts as of 1st June 2023 was 1486 and 1644, respectively. These numbers reduced to 1233 and 1184 in Luanshya and Mufulira districts; translating in a 17% and 28% reduction, respectively. This approach facilitated for the follow-up and collection of 454 and 428 specimens from overdue clients in Luanshya and Mufulira districts, respectively. These specimens included missed appointments after 1st June 2023.

Conclusion: The use of a real-time monitoring tool for VLC demonstrates the potential impact on real-time client tracking. The tool helped reduce the number of overdue clients and this ultimately increases VLC. Monitoring negative events helped identify clients that no longer need tracking, thus facilitating real time updating of VL statistics. This tool may, therefore, be rolled out to other districts, thus expanding overall monitoring of VLC.

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Investigating The Effects of Stigma and Discrimination Against Lesbians, Gays, Bisexuals, Transgender, Intersex and Queer (LGBTIQs) in HIV/AIDS Programming in Malawi

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Background: It is a clear and undisputable fact that in Malawi we have Men who have Sex with Men (MSM), Gays and Women who have Sex with Women (WSW), Lesbians. Though sexual activities by these people in same sex relationship are criminalised under the Malawi Penal Code, LGBTIQs are a well known high-risk group with very high incidence as has been evident globally since the onset of the HIV/AIDS epidemic. Criminalisation of their sexual activities and the deep-rooted societal negative perceptions, attitudes, mindset and behaviours towards LGBTIQs is increasing stigma and discrimination against them hence access to

HIV programming services is a challenge. It is against this background that a study was conducted to explore and investigate effects of stigma and discrimination against LGBTIQs.
Methodology: This study was carried out in T/As Mponda and Nankumba in Mangochi district, a district where numbers of LGBTIQs are said to be on the higher side. We used a qualitative method of research with purposive and simple random sampling to draw a total of 42 anonymous respondents comprising 15 LGBTIQs,8 tour guides, tourism industry staff members and 19 Health care workers and traditional healers.

Results:
• Over the years LGBTIQs in Malawi have turned into a neglected bridge of HIV infections though it is a well known fact that they remain amongst the Most at Risk Population simply because their sexual activities are criminalised by the country's Penal Code, this group of people is deprived of their rights to health care in as far as HIV/AIDS programming in Malawi is concerned.
• Lack of accommodative spirit compels LGBTIQs to practice their sexual activities behind the scene hence failing to access HIV/AIDS programming services like testing, counselling, treatment, care and support.
• Stigma and Discrimination interferes with HIV prevention, diagnosis and treatment hence it is always internalised by PLHIV, for LGBTIQs the situation is worse.
• Criminalisation, stigmatisation and discrimination of LGBTIQs' sexual activities greatly impede the national HIV response hence this creates a great unmet need in as far as HIV/AIDS programming is concerned.
• Apart from criminalisation of their acts by the Penal Code, LGBTIQs are facing a backlash in religious, traditional and cultural circles where there sexual relationship is condemned as evil and a taboo affecting the HIV/AIDS response.

Conclusion: In the absence of any plans to repeal laws that criminalise same sex relationships, at least not in the near future, stakeholders should look into issues to do with ending all sorts of discrimination hence adopting a principle of "Non Discrimination " and being accommodative, inclusive and tolerance.This will obviously tackle HIV programming services access disparities as well as differences and challenges facing LGBTIQs. Discrimination of LGBTIQs should be condemned just like other forms of discrimination.

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Mortality Audit Outcomes amongst PHLIV in Longisa County Hospital Bomet County, Kenya

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Background: Opportunistic Infections remain the leading cause of morbidity and mortality amongst PHLIVs in Kenya. Bomet County recorded 358 deaths as per the National HIV dashboard 2022, contributing 1.6 % (358/22359) of all deaths in Kenya. Countrywide despite the Test and Treat a significant number of people eligible and continuing on Anti-Retroviral Therapy (ART) show up with advanced disease either depicting with lower CD4 count or advanced WHO Staging. Understanding context-specific causes of morbidity and mortality amongst PLHIV is essential to monitor and improve program effectiveness which in turn improves the clinical outcome of patients on ART. However, little is known about the causes of morbidity and mortality.

Material and Methods: Longisa County Hospital in collaboration with HJFMRI-South Rift Valley conducted a Retrospective chart review amongst deaths that occurred between Oct 2022 and March 2023 HIV positive Recipients of Care charts in Kenya EMR were reviewed to establish the aetiology of morbidity and mortality. Kenya EMR was used to run a line list of deaths within the defined period, secondly the system enumerated causes of deaths per mortality. Data was collected and analyzed retrospectively from Kenya EMR Green card. RDQA in the inpatient wards medical records was done to verify the causes of mortality amongst recipients on care.

Results: As of March 2023, the Tx Curr for PHLIVs in Longisa County Referral was 1748.The total line listed mortalities in the review period was 13. Cryptococcal meningitis and TB each contributed 13%(4/13) of the mortalities, PCP at 15% while Road Traffic Accident, Bacterial Meningitis and Kidney failure each contributed 8% (1/13) of the total deaths. As of FY 23 Q1 erratic supplies of X-pert cartridges by the TB programme and limited

access to Amphotericin B due to cost was witnessed.

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Improving Retention of Women Living with HIV through Use of Community Health Promoters at Narok County Referral Hospital

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Background: Retaining people living with HIV on care and treatment more so women is an essential prerequisite to attaining the overall goal of the HIV test and treat strategy triple 95 and achieving epidemic control, and is a key focus area for all Health facilities offering Care and Treatment services to PLHIV. Preventing loss, targeting interventions to those who have missed appointments or are lost to follow up (LTFU), and identifying additional interventions for special populations and those who are struggling to adhere and remain in care by use of community health promoters (CHPs) will help achieve this goal. In FY22/23 Q1, total of 168 clients interrupted treatment at Narok County Referral Hospital CCC, 107/168 of the clients were women of age 23-62years. use of community health promoters' strategy was introduced to follow up the clients.
Objectives: improving retention through use of CHPs strategy at Narok county referral hospital.

Material and Methods: Retrospective analysis of data from Ke EMR and defaulter tracing register was conducted for OCT 2022 to DEC 2022 for clients returning to care after interrupting treatment which indicated that 48 of 168(29%) returned to care. The facility adopted the use of community health promoters' strategy where a list of treatment interrupters was on routinely basis generated from Ke EMR after exhausting phone call tracing mechanism. The CHPs were thereafter allocated the clients based on their mapping/locality for physical tracing.

Results: The intervention led to improved retention of clients in Care and Treatment where the number of treatment interrupters returning to care increased from 48/168(29%) in Dec 2022 to 226/339(67%) June 2023.this has had an overall growth of the facility's Treatment current from 2018(Dec 2022) to 2090(June 2023).

Conclusion: The strategy on use of community health promoters, previously known as community health volunteers at Narok County Referral Hospital CCC has yielded positively in the overall retention of the PLHIV on care and treatment. The treatment interrupters who were traced back to care by the community health promoters were retained thereafter more than those who returned without use of community health promoters. With sustained use of the community tracing strategy, facilities are more likely to have improved retention outcomes and therefore end up achieving a positive life.

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Inception of the Community Retail Pharmacy Drug Distribution Points, a Decentralized Drug Model; An Experience of Iganga Hospital in East Central, Uganda

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Background: Community Retail Pharmacy Drug Distribution Points (CRPDDP) was adopted by the Uganda Ministry of Health (MoH) to decentralize, diversify and extend drug pickup areas for People Living with HIV (PLHIV), and decongest HIV clinics. CRPDDP is a voluntary and free community-based drug distribution differentiated care and treatment approach that allows Recipients of Care (ROC) to collect their medicines at a nearby selected local pharmacy in their community with aims to improve access and availability of ARVs at convenience to

Recipients of Care (RoCs) to ensure adherence to treatment and continuity in care. Iganga Hospital was identified as a pilot health facility to implement the CRPDDP model. However, by July 2022, only 179 RoCs had been enrolled on CRPDDP. This was attributed to fear among the RoCs to enrol onto the new model, delayed set up of the online ART access system and knowledge gaps among HCWs.

Material and Methods: With support from the USAID Local Partner Health Services in East Central (LPHS-EC), Iganga hospital increased the number of RoCs enrolled into CRPDDP through the following strategies:

• Onsite reorientation of staff at Iganga Hospital, Modern Fellowship and Vanessa community pharmacies on the CRPDDP model, ART access-Uganda EMR integration and a manual paper-based approach for data management.
• Development and inclusion of CRPDDP talking points in routine health education talks.
• Peer led sensitization of RoCs about the CRPDDP model by fellow clients enrolled and successfully served at the community pharmacies.
• Obtaining and displaying CRPDDP IEC materials from the African Resource Centre in the HIV clinic.
• ART Counsellor identified as the focal person to provide clarification, continuous onsite mentorships, progress monitoring and evaluation for CRPDDP.

Results: By August 2023, 472 RoCs were successfully enrolled on CRPDDP, of whom 171 were males and 301 were female contributing to the overall enrollement status of 27%(472/1770) against the annual target . Of the enrolled RoCs, all 472(100%) have been retained in care.

Conclusion: Intensified sensitization of RoCs on CRPDDP using a peer led approach, continuous capacity enhancement of HCWs, and appointment of a focal person to mentor and monitor progress contributes to a successful implementation of the CRPDDP model.

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Community Led Model for Optimal Advance HIV Disease Diagnosis, Treatment and Care in Tanzania

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Background: In Tanzania it is estimated that 1.7 million people live with the Huma Immunodeficiency Virus (HIV), this is about 4.8% of the general population with reported 29000 dying from Acquired Immuno-Deficiency Syndrome (AIDS) related deaths in 2021whereby 3.7 % of Care and Treatment Centers (CTCs) enrolled attendees were infected with Cryptococcal Meningitis (Advanced HIV disease) in rural Tanzania. And Tuberculosis still being a major cause of death among People Living with HIV (PLHIV) in both rural and urban areas. AHD is associated with high morbidity and mortality, high costs for health system, and increased risk of severe opportunistic infections (OIs), which—without timely diagnosis and treatment—are often lethal Until 2020 management of AHD clients was still a challenge and involvement of all stakeholders including the community was still low. A majority of members in the community are not aware of how to prevent themselves from reaching AHD stage, moreover clinical staging alone misses 40% of patients with AHD, even though Tanzania had adopted World Health Organization's guidelines recommending the measurement of CD4 at baseline to identify patients with AHD, this has been difficult to uphold mostly due to the 'Test and Treat' guideline and insufficient facilities with CD4 testing technology.

Material and Methods:

1. Survey questionnaire; Initially both an online and a physical survey was conducted so as to realize the gaps present in the community with regards to AHD and how best to go about the implementation of the project in the country.
2. Official /Formal trainings; official /formal trainings were then conducted to PLHIV networks, clusters and facility based peer educators in a sequence of sessions
3. Non formal training /cluster training; these trainings were done by the prior trained peer educators, treatment advocates, community experts/based workers and PLHIV clusters leaders

to people living with HIV in their specific localities using specific handout designed to assist and guide them while providing knowledge to targeted community.

Results: 84% of people living with HIV through the physical survey were unaware of Advance HIV Disease and only 16% were aware of AHD and on the online survey only 18% were aware of AHD while 72% were unaware about AHD.2305 people living with HIV were reached and made aware about Advance HIV Disease and out of which 23.8% were supported, linked and tested for their CD4 levels. 12.02% of the tested people had been identified with Advance HIV Disease cases and linked to appropriate care and treatment.

Reccomendations: Advocacy is still need for policy changes that support the community-led model and emphasize the importance of community involvement in the management of AHD together with increasing CD4 accessibility whether that means exploring mobile/community-based testing sites, outreach programs or modern point of care tools such as VISITECH all to ensure that individuals living with HIV can easily access CD4 testing services, leading to early identification and prevention of AHD cases.

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Abstract number 43 has been withdrawn.

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With-Me In-Me Campaign: Empowering AGYW for Holistic HIV Prevention and SRHR Advocacy in Africa

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The With-Me In-Me Campaign, spearheaded by Adolescent Girls and Young Women (AGYW) in Kenya, stands as an initiative advocating for expanded HIV prevention and Sexual Reproductive Health and Rights (SRHR) options. AGYW, aged 10 to 24,account disproportionately high rates of new HIV infections, particularly in sub-Saharan Africa, underscoring the critical need for comprehensive solutions addressing their diverse needs.

This youth-led campaign aims to raise awareness about the persistent challenges faced by AGYW and fervently advocates for empowering solutions. The multifaceted approach includes demanding expanded choices for HIV prevention, promoting multipurpose HIV prevention technologies, ensuring protection against Gender-Based Violence (GBV), and fostering inclusivity for women in all their diversities. Importantly, the campaign strategically aligns with key moments throughout the year to amplify its messages and engage a broader audience.

One of the campaign's core recognitions is that AGYW's access to healthcare services is hindered by various barriers, including discrimination and inadequate youth-friendly services. By advocating for tailored prevention options and improved SRHR services, the campaign seeks to dismantle these obstacles and empower AGYW to make informed choices about their health.

The campaign places significant emphasis on the importance of protecting AGYW against GBV, recognizing that violence acts as a substantial barrier to accessing crucial HIV testing, counseling, and treatment services. Inclusivity is another pivotal lesson, with the campaign highlighting the imperative to address the unique challenges faced by AGYW from diverse backgrounds, including key populations and LGBTI individuals.

The campaign has yielded valuable lessons in youth-led advocacy and comprehensive health approaches. By voicing their concerns and demands, AGYW have demonstrated the power of advocacy in bringing attention to their unique needs, fostering a sense of empowerment and ownership in finding solutions. The campaign's holistic approach, advocating for expanded HIV prevention choices, multipurpose prevention technologies, protection against GBV, and inclusivity, ensures that AGYW's diverse needs are considered and met.

The campaign sheds light on the various barriers AGYW encounter in accessing healthcare services, including discrimination and the lack of youth-friendly services. By advocating for tailored prevention options and improved SRHR services, the campaign seeks to overcome these barriers and empower AGYW to make informed choices about their health and well-being.

Inclusivity is a central tenet of the campaign, recognizing the unique challenges faced by AGYW from diverse backgrounds, including key populations and LGBTIQ+ individuals. This intersectional approach ensures that no one is left behind, and all individuals have equal access to healthcare and prevention services.

The campaign's aim to engage policymakers, healthcare providers, and youth-serving organizations underscores the importance of a collaborative and multi-sectoral approach to address AGYW's health and rights issues. Involving various stakeholders is crucial to driving meaningful change and ensuring the sustainability of the campaign's advocacy efforts.

In conclusion**,** the With-Me In-Me Campaign provides valuable lessons in youth-led advocacy, comprehensive approaches to health challenges, and the power of collaboration to address the unique needs of AGYW in the fight against HIV/AIDS.

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Assisted Partner Notification Services for Patients Receiving HIV Care and Treatment at ISS Clinic

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Background: Identifying HIV-positive individuals is progressively recognized as one of the most important and most challenging of the UNAIDS 95-95-95 goals. Assisted partner notification services (APNS) involves tracing and offering HIV testing to partners of HIV-positive individuals, and is effective and safe when provided to newly diagnosed HIV-positive patients. Voluntary APNS is now part of the World Health Organization's guidelines for HIV prevention and care. However, uptake of APNS is significantly lower among adults with established HIV infection already engaged in care compared to newly diagnosed individuals. We sought to describe barriers encountered and potential interventions to providing APNS to established patients living with HIV.

Material and Methods: We conducted focus group discussions and in-depth interviews at Mulago ISS clinic which is the largest public HIV clinic in Uganda from April to May 2023 to elucidate barriers to and interventions to increase uptake for APNS among established patients engaged in HIV care. Participants included HIV-positive adults in care, their partners, and healthcare workers (HCWs).

Results: Barriers to APNS fell under three main categories. Fear of disclosure to partners due to concerns over relationship repercussions, loss of trust, blame and violence. Stigma and discrimination were described in the healthcare facilities, at religious gatherings and in general community. Participants described difficulties accessing communication, cultural barriers and differences in education levels. For almost every barrier a potential solution was also identified, and a barrier-opportunity relationship emerged. Opportunities included using couples testing centers to aid in disclosure, focusing on the ambiguous introduction of the infection, and sensitization of HCWs and community leaders.

Conclusion: APNS among established HIV patients is associated with different barriers and opportunities than APNS among newly diagnosed patients, and HCWs should build their capacity to support APNS in this population. There is a strong need for increased training and sensitization on the use of APNS in different circumstances and for different clients, taking into consideration factors such as timing of partner notification, characteristics of the relationship and duration of knowledge discordance. The overall success of this intervention among populations living with HIV may rely on customization of services and key messages to meet the patients' specific needs.

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A Combo Pack (Pill Pack, Alarm Clock, and Water Bottle) for Improved Antiretroviral Therapy Adherence among Adolescents and Young People Living with HIV in Kisumu County Kenya

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Adherence is critical for antiretroviral therapy (ART) treatment success and long-term viral suppression. Adolescents and young people living with HIV (AYPLWH) face challenges in ART adherence which leads to viral replication, increased risk of HIV transmission, disease progression, drug resistance and preventable HIV-related deaths. Commonly cited factors of poor adherence include stigma, pill burden and poor medication time keeping. Promoting strategies such as using alarms, calendars and pillboxes are individually effective in facilitating ART adherence but we do not know their combined effect. We piloted the use of a combo pack composed of pillpack, alarm wrist watch, water bottle and ankar bag to improve ART adherence among AYPLWH.

We employed a randomized trial design, with improved ART adherence as the primary outcome. We enrolled AYPLWH aged 15-24 years with documented high viral loads (>1000 copies/ml), enrolled in care in 3 public health facilities in Kisumu County, Kenya.We randomized half to intervention arm and half to control arm. Participants in the intervention arm received a combo package consisting of an Ankara print bag with enough space for a water bottle, pills and an alarm clock. The Ankara print bag was of small size with different shapes and prints to minimize participants being identified as participants in the study. Participants in the control arm received the standard of care from the health facility. We abstracted data on pill count from participating facilities and Viral Load (VL) from the Ministry of Health data base and compared adherence rates pre-post intervention periods and in the two study arms.

We enrolled 202 participants and randomized them 1:1 to two study arms. Mean age was 17.9 years; 51.5% were females; 96.5% were single; 16.8%, 63.8% and 19.3% had primary, secondary and post-secondary education, respectively. The proportion of AYPLWH reporting missed clinic visits in the intervention arm declined by 8.0% (49.0%to 41.0% pre-post intervention), compared to the control arm, where the proportion increased by 1.6% (52.9% to 54.5% pre-post intervention). The proportion reporting missed pills in the intervention group declined by 21.6% (61.0% to 39.4% pre-post intervention), similarly the control group had a decline of 29.9% (71.6% to 41.6% at follow up). Forgetfulness, which was cited as the major reason for missing pills, declined in the intervention group by 20.7% (87.3% to 66.7% pre-post intervention) as well as in the control arm by 15.3% (78.1% to 62.8% at follow up). Interms of pill count,acomparable proportion,37.0% in the intervention arm and 37.3% in the control arm, achieved good adherence. Regarding VL; participants with VL >300 c/ml declined by 1.0% (10.0% to 9.0% pre-post) in the intervention arm compared to control arm where the proportion declined by 3.9% (3.9% to 7.8% at follow-up).

The intervention showed minimal impact on ART adherence when assessed using both pre-post and intervention and control designs. Further research may be needed to understand factors influencing adherence and to explore additional interventions or modifications to the combo pack to enhance its effectiveness.

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"Una Never Tire?" - Understanding the Challenges and Lived Experiences of HIV-negative Female Sex Workers Accessing Oral Pre-exposure Prophylaxis and Post-Exposure Prophylaxis Services in Public Healthcare Facilities in Nigeria

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Background: Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) are crucial HIV preventive interventions for sex workers. Nonetheless, even in clinical settings, female sex workers (FSWs) experience various challenges while accessing these services. Despite a number of studies on FSWs and PrEP and PEP use, there appears to be a dearth of literature documenting their felt challenges and experiences when accessing such services from healthcare facilities. Therefore, the purpose of this study was to explore the challenges and lived experiences of FSWs accessing PrEP and PEP in public healthcare facilities in Nigeria.

Description: The study participants were 65 female HIV-negative clients between the ages of 18 to 43 who were accessing PrEP and PEP in 3 public healthcare facilities in Abuja, Nigeria, and who identified as sex workers. Telephone interviews discussing PrEP and PEP access challenges were conducted with participants between July and October 2022, at their preferred times. The interviews lasted between 25 and 30 minutes, and conversations were audio recorded, transcribed, and thematically analyzed.

Lessons learned: Ninety-nine percent (99%) of the FSWs revealed that healthcare providers (HCPs) violated their confidentiality, gossiped with colleagues about their work roles as sex workers, displayed judgmental attitudes, and used stigmatizing words and language on them. About 82% reported unnecessarily coerced questioning, such as about the last sexual encounter, body count, and reasons for engaging in sex work; coerced HIV-testing; delayed and discriminatory treatment; and, in some cases, denial of access to services once they are discovered to be sex workers. In addition, 69% of the participants reported stigma associated with PrEP and PEP usage, as some HCPs perceived FSWs requesting PrEP and PEP as "dirty" people who have multiple partners, and have had sexual encounters with HIV-positive clients.

Conclusion: To prevent new HIV cases, HCPs must lead the way in offering stigma-free services. Health programs addressing stigma and discrimination by HCPs should be implemented in order to increase stigma awareness among HCPs and create a welcoming environment for people at risk of HIV. Furthermore, healthcare facilities should develop, enact, and monitor the implementation of policies that address stigmatizing attitudes among HCPs while also promoting client health and safety.

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Engaging Men to Champion Better Menstrual Hygiene Management and Reduce 'Sex for Pads' among Young Women in Mombasa County, Kenya

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Background: Young women from impoverished backgrounds resort to (or are coerced into) having sex for money to acquire necessities, including sanitary pads. Transactional sex associated with risky sexual behaviors, coupled with their inability to demand safe sex, increases their risk of acquiring and transmitting HIV. Menstrual hygiene management (MHM) offers an opportunity to empower adolescent girls with effective MHM coping mechanisms. We piloted the use of men as champions in promoting better MHM among adolescent girls and young women (AGYW) aimed at reducing risky sexual practices for pads.

Material and Methods: We employed both cluster randomized trial and pre-post study designs, with reduction in sex for pads as the primary outcome and stigma over menstrual period as the secondary outcome. We enrolled AGYW aged 12–24 from households in Jomvu and Changamwe sub-counties in Mombasa County, Kenya. We randomly assigned the households to 3 study arms: intervention arm 1 where AGYW were sensitized by male MHM champions; intervention arm 2 where AGYW were sensitized by female MHM champions; and control arm where AGYW continued with standard practice. We recruited, trained, and commissioned five males and five females to conduct MHM sensitization per household, twice for the first month and once monthly for three months. We referred AGYW to identified organizations to obtain free pads. We compared the proportion of AGYW reporting sex for pads in the two study arms and pre-post intervention.

Results: We enrolled 282 AGYW from 191 households; mean age was 14.6 years, 47% and 22% had primary and secondary education, respectively. At baseline, 5.5% reported engaging in sex with 1.0% reporting having sex for pads, while at end-line, the proportion engaging in sex increased to 9.0% with the proportion engaging in sex for pads decreasing to 0.5%. Among the study arms: 1.8% in intervention arm 1 reported sex for pads at baseline and none reported at end-line; none of the participants in intervention arm 2 reported sex for pads both at baseline and end-line, while 12.9% in control arm reported sex for pads both at baseline and end-line. Regarding period stigma, 28.1% in intervention arm 1 at baseline reported period stigma, with 22.8% reporting period stigma at end-line; 37.7% in intervention arm 2 reported period stigma at baseline with the proportion reducing to 31.1% at end-line; while 42.0% in the control arm experienced this stigma at baseline, with the proportion reducing to 35.8% at end-line.

Conclusions and recommendations: In this pilot study, we found no significant effect of male MHM champions on reducing sex for pads. However, it was confirmed that at least sex for pads happens among vulnerable girls. While MHM champions had no significant influence on reducing sex for pads, it is crucial to explore other potential factors that might influence it.

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Use of Community Radio Channel to Catalyze Use of Prep among Adolesents - A Case of Siaya County

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Background: Indigenous community radio stations around the globe serve an important role in delivering relevant information to communities in Indigenous languages that directly impacts their livelihoods
The media is an effective catalyst for social change. Mass media is considered a fourth pillar of democracy which command, boast the society and social elements are the most significant tools for motivating and discouraging people.
Establishing communication and access to reliable information can facilitate health recovery and the prevention of health-threatening diseases

Purpose: Siaya county has consistently remained in the top counties contributing to high HIV incidence and prevalence at 13.2% and 487 respectively. Adolescents and young people contributing to 40.2 % of the new infections as per the Kenya HIV Estimates 2022. Thus, pre-exposure chemoprophylaxis (PrEP) for HIV prevention is part of a combination package that includes support, sex education, and adherence education. We determined whether the radio is an effective method to increase health knowledge and intentions to change health behavior with regard to uptake of PrEP.

Intervention: Despite high risk of acquisition of HIV, there has been sub-optimal eligibility screening, initiation and continuation of PrEP
A schedule of radio talk shows was shared with HTS providers to listen to live discussions. This enabled them to hear views from the adolescents and develop a working strategy as per the views on HIV prevention and PrEP.

Results: PrEP eligibility screening among the adolescents (15-19yrs) improved in absolute numbers from 74 in January 2023 to 204 June 2023 (i.e., 63.2%). Initiation of PrEP increased in absolute

numbers from 47 to 129 (66.1%) and continuation 149 to 234 (36.3%) (KHIS 2).

Conclusion: Many interventions, including radio talk shows, have been used to increase PrEP eligibility screening, initiation and Continuation. We recommend that the county government invest in local radio talk shows to facilitate health care providers to gather community views on PrEP and other HIV prevention programs.

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Exploring Parental Understanding of Child Sexual Abuse and Prevention as a Measure for HIV Prevention in Rwampara District

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Background: Worldwide, 95 million children are sexually abused each year, children in sub-Saharan Africa experienced higher sexual assault rates than developed areas. In Uganda, 20% of young people indicated that their sexual debut was non-consensual. Risk for HIV transmission to children through Child Sexual Abuse is high because of greater mucosal tissue damage, repetitive nature of abuse contributing to HIV burden in Uganda. Despite these risks, studies have shown gaps in active parental involvement in child sexual abuse prevention despite them being primary protectors of children. Therefore, we sought to explore this study.

Material and Methods: A phenomenological study was carried out in four health centers that serve the communities of Rwampara district. A total of (n =25) parents or guardians of children ages 9-14 years were purposively selected to participate, subjected to in-depth semi-structured interviews which were recorded, transcribed and translated for thematic analysis.

Results: We found that parents were aware of child sexual abuse though their level of awareness was limited to it being described as a child having sex with man. We identified gaps in responding to child sexual abuse incidents and the importance of psychological support of children.

Conclusion: The abuse exists in rural western Uganda and significant gaps in awareness of parents regarding the extent/signs of sexual abuse, case handling and psychological support for victims of sexual abuse affected parental capacity.

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Improving HIV Case Identification among Female Sex Workers by Using Trained Peers to Distribute HIV Self-Testing Kits. A Lesson from Namayingo District Island Hot Spots

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Background: To support 95% of People living with HIV know their HIV status by 2030, the national plan for optimizing HIV testing services in Uganda (2020-2023) was developed by the Ministry of health. This recommends a mix of cost-effective HIV case identification approaches which make HIV testing services easily accessible to individuals or groups of individuals at high risk of HIV acquisition. HIV self-testing is one of the recently rolled out HIV Testing approaches which is easy to use at community level.

Namayingo, a Ugandan district whose biggest geographical area is covered by water and ones of the busiest fishing communities where many Female sex workers find it lucrative in transactional sex. This has overtime attracted many female sex workers (FSWs) to this district posing a risk of localized high HIV incidence rates. These FSWs are mostly busy during night hours and mid-morning hours rest during morning hours. This makes it hard for them to access health services including HIV testing services (HTS). This left Namayingo Performing suboptimal in case identification causing. Working with Lolwe HC III we carried out a rout cause analysis as to why the low performance. Lolwe HCIII is one of the public health facilities offering HIV services to Lolwe fishing communities. In line with differentiated person-centered HIV

service delivery best practices, Lolwe HCIII offers a comprehensive package of HIV services to key and priority populations through enhanced Peer outreach Approach (EPOA). To reach the big number of FSWs with HTS, the facility opted to use HIV self-testing as the preferred method.

Material and Methods: With Support from the USAID LPHS-EC project, worked with the Lolwe Health Center III, Selected 34 willing FSWs from 17 different hot spots across the Island. Built their capacity in using HIV self-testing during the month of October 2022, facilitated them to reach out to their peers with the service (Assisted HIV self-testing). The trained FSW peers were requested to link all the FSWs with reactive tests to the health canter for a standard HIV test using the national testing algorithm by a trained health worker.

Results: Within 10 months, a total of 620 HIV-STKs were distributed by the trained FSW peers to their peers in the various hotspots within the catchment area. These were captured as follows, OCT-00, NOV-17, DEC-22, JAN-30, FEB-129, MAR-81, APR-39, MAY-72, JUNE-83 and JUL 120 Out of the 620 tests done, 24 were reactive and 17 of these were newly identified as HIV positive on confirmatory tests and linked to HIV care and treatment services at Lolwe HCIII.

Conclusion: Using FSW peers made it easy to reach the otherwise hard to reach and highly stigmatized FSWs within fishing communities. HIV self-testing made it much easier to reach the target high risk group without necessarily using health workers. It can therefore be concluded that a combination of HIV self-testing and use of fellow peers made access to HIV testing much easier for the hard to reach but high-risk population.

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"I Came to Get Pads and That Is How I Later Got Tested, HIV Positive." – Integrating Menstrual Health and HIV Services Can Improve HIV Testing among Young Women

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Background: Menstrual health (MH) and sexual and reproductive health (SRH) are intrinsically interlinked. However, these health services are rarely provided together. Integrating MH and SRH services may provide an acceptable and intuitive pathway to increase access to and uptake of SRH services such as testing and treatment for HIV. This study examined HIV services (testing, treatment, and adherence support) and MH services uptake (including information, analgesics, and a choice of MH products - the menstrual cup and reusable pads) among women aged 16 – 24 years old within an integrated SRH intervention for young people in Zimbabwe.

Material and Methods: This study was embedded within a cluster randomised trial of integrated HIV and SRH services (CHIEDZA) in three provinces in Zimbabwe (Harare, Mashonaland East, and Bulawayo). Qualitative and quantitative data from female clients aged 16-24 years, who accessed CHIEDZA from April 2019 – March 2022 were collected. Uptake of MH, HIV, and other SRH services were tracked using a biometric system for each client. Descriptive statistics were used to investigate MH and HIV service uptake and the factors associated with these. Thematic analysis of three focus group discussions and 12 interviews were used to explore providers' and participants' experiences of the MH and HIV services and the CHIEDZA intervention.

Results: Overall, 36,991 clients accessed CHIEDZA of whom 27,725 (74.9%) were female. Most female clients (n=16,600; 59.9%) only visited CHIEDZA once. At this one visit, 48.8% (n=8,095) took up both HIV and MH services, 18.7% (n=3108) took up HIV, MH, and family planning services, and 15.4% (n=2,552) took up only MH services. Of all female clients to visit CHIEDZA, almost all (n=26,448; 95.4%) took up the MH service at least once. Of these, 20,576 (77.8%) also took up HIV testing, and 25,433 (96.2%) took up an MH product, with most (n=23,346; 92.8%) choosing reusable pads rather than the menstrual cup. Similarly, most female clients (n=23,068; 83.2%) took up HIV testing at some point during the intervention. Qualitative findings highlighted that young women initially

came to CHIEDZA to seek MH services and then also took up HIV testing at their first or subsequent visits. The provision of free MH services that included a choice of products and analgesics in a youth-friendly environment were central to young women's engagement with and acceptability of HIV and other SRH services.

Conclusion: Using MH as an incentive that brought young women to CHIEDZA, the MH service proved central to increasing service attendance and HIV testing uptake among young women. This highlights the importance of integration of both MH and HIV services within an SRH intervention. This study also highlights the high unmet need for MH information, products, and analgesics among young women, and the importance of SRH services to meet this need.

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Prevalence and Determinants of Risk Factors for Human Immunodeficiency Virus among Adolescent Girls and Young Women in Nigeria: A Multilevel Modelling

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Background: Studies examining the individual and contextual factors shaping HIV risk among adolescent girls and young women (AGYW) in Africa are scarce despite AGYW's increased vulnerability to HIV infection. Providing evidence of the link between socio-demographics and HIV risk exposure of AGYW will be helpful to decision-makers in tailoring HIV risk-reduction interventions to the context of AGYW. The study aimed to determine the prevalence and determinants of HIV risk factors among AGYW in Nigeria.

Material and Methods: We analysed secondary data from the Nigeria Demographic and Health Survey, 2018. Our sample included adolescent girls and young women (n =15,284) aged 15-24. We adjusted the data for multi-stage sampling, stratification, and clustering. The outcome variable was exposure to risk factors for HIV infection. Exposure to HIV risk factors derived from four questions – whether an AGYW reported at least one of the following: having multiple partners, transactional sex, non-condom use, and having other sexually transmitted infections (STIs). The independent variables included individual and household characteristics of AGYW. The prevalence is summarised with descriptive statistics. Pearson's chi-squared test evaluated the association between exposure to HIV risk factors and independent variables. We modelled the significant variables from the bivariate analyses using complex sample logistic regression. We reported the fixed effect results of the logistic regression using adjusted odds ratios at a 95% confidence interval. The statistical significance for the analyses was p-value < 0.05.

Results: Overall, 9.7% (9.1-10.4%) of AGYW had at least one of the four risk factors for HIV infection. Young women in the 20-24 year age group (OR:3.72 95%CI: 3.11-4.46, p<0.001), residing in a rural area (OR: 1.20, 95%CI:1.02-1.41, p=0.027), the North-Central (OR: 3.00, 95%CI: 1.98-4.54, p=0.003), South-East (OR:3.30, 95%CI:2.07-5.27, p<0.001), South-South (OR: 6.43, 95%CI:4.07-10.16, p=0.024), and South-West (OR: 4.34, 95%CI:2.77-6.78, p=0.001) regions, dwelling in a female-headed household (OR:1.40, 95%CI:1.18-1.66, p<0.001), being employed (OR:1.55, 95%CI:1.34-1.79, p<0.001) and AGYW who have never been in union (OR:13.23, 95%CI:10.17-17.20, p<0.001) were more likely to have HIV risk factors. Furthermore, the likelihood of HIV risk factors increases with increasing wealth status: poorest (OR:1.52, 95%CI:1.13-2.05, p=0.006), poorer (OR:1.53, 95%CI:1.16-2.01, p=0.003), middle quintile (OR:1.64, 95%CI:1.32-2.05, p<0.001) and richer OR:1.66, 95%CI:1.35-2.05, p<0.001).
Individually, the prevalence of HIV risk factors was non-use of condoms (89.9%), having STIs (4.7%), multiple sex partners (1.3%) and transactional sex (18.7%). Each risk factor significantly varied with region and marital status. Additionally, the non-use of condoms significantly varied with wealth status, watching television, and internet use. There was a significant difference in age and household size regarding STIs. Multiple sex partners significantly differed in age and employment status. There were also considerable variations in transactional sex by education and reading newspapers.

Conclusion: Almost 10% of AGYW in Nigeria are at risk of HIV infection. Non-use of condoms is the most prevalent HIV risk factor among AGYW. HIV risk reduction interventions and prevention policies must prioritise the multilevel, socio-demographic drivers of AGYW's HIV risk highlighted in this study.

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Improving Maternal Retesting Tracking Through Formation of Group Antenatals for Pregnant Mothers Between 15 Years to 24 Years, a Case of Namutumba Health Center III

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Background: Maternal retesting is one of the strategies to curb the transmission of HIV from mother to child. The World Health Organization encourages maternal retesting after every three months to ensure that there is early diagnosis and initiation of AntiRetroViral Therapy (ART) to those who test HIV positive on the first Antenatal (ANC) or on a retest and at the same time screen for those that could be eligible for Pre Exposure Prophylaxis (PREP) and initiate those who had consented. Irrespective of all the knowledge that the clinical team knows with continuous mentorships, maternal retesting tracking still remains a challenge at 78%worldwide according to WHO publication (March 2019) and 89% by July 2023 at Namutumba Health Centre III.
However, the team discussed on how to improve maternal testing tracking for pregnant women between 15 years to 24 years since 85% of the newly identified HIV positive infants occurred from within this age group on the DNA PCR test for those who tested positive in the late ANC retests. using the continuous quality improvement approach, maternal retesting was tracked from 3% in January 2021 to 90% by December, 2022.

Material and Methods: Assignment of a Linkage to work with the midwives to form groups for all mothers below 25 years
Trained the midwives and the linkage on the criteria to follow in G-ANC formulation i.e. Age (those between 15 years to 19 years were grouped together and those between 20 to 24 years grouped together as well), trimester, consent, group members' involvement.
Registration of the members in the G-ANC registers
Involvement of the members in formulation of their group names and choosing their leaders.
Line list of member made and list placed in the retesting month cabin.
Twenty G-ANC were made each compromising of six members (120) from January 2022 to December, 2022.
Phone call reminders to the group members that had missed their ANC appointments.
Giving the group members the same appointment dates.

Results: Retrospective-Analysis of maternal retesting data from January 2021 to January 2023, showed that 98 %(118/120) of the mothers in the G-ANC were retested for HIV and **Results:**were well documented in all the required registers compared to their counter parts at 83%(64/77) who never consented for the G-ANC. Comparing with the other age groups, only 88%(489/582) were tracked throughout and with documented HIV retests. 12% never accounted for due to some who did not have contacts thus unable to document their retests.

Recommendation:
Weekly data reviews;
Involving the Pregnant mothers in the groups' formulation encourages continuity of these groups;
Assignment of a lay worker to spearhead the group formulation;
Hands on mentorship encourages uptake of this tracking mechanism by the midwives;
This should be scaled up to all age groups.

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Enhancing Oral Pre-Exposure Prophylaxis Uptake and Continuation among Adolescent Girls and Young Women in Busia District East Central Uganda

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Background: Adolescent girls and young women (AGYW) in Busia District, East Central Uganda are at a high risk of acquiring HIV, accounting for 33% of new infections (UPHIA 2020). Despite scientific

evidence of the effectiveness of oral Pre-Exposure Prophylaxis (PrEp), its use is low among the AGYW. Research Aim: The study aimed to identify barriers to PrEp uptake and continuation among AGYW and determine intervention to enhance their uptake of PrEP.

Methodology: This was a CQI intervention that employed a combination of expanded Peer Outreach EPOA and effective client follow-up to increase PrEp initiation (PrEP) and and continuation for more than three months (PrEP- CT). Data collection involved a retrospective analysis of data from the National Key Population combination tracker and focused group discussion with AGYW and health care workers to identify barriers. Data analysis procedures involved routine programs data review to track progress.

Results: The study identified hesitancy of AGYW, misconceptions about oral PrEP, inadequate knowledge and skills in handling adolescents and data quality issues as barriers to PrEP uptake and continuation. The interventions implemented included youth- friendly corners, identifying PrEP champions among AGYW, oral PrEP dialogues, group antenatal counselling and CQI projects. Routine data review showed that PrEP NEW_NEW and PrEP_CT increased from 5% (4/80) and 4% (2/54) respectively in July 2022 to 90% (72/80) and 79% (43/54) respectively for PrEP_NEW and PrEP_CT at the end of March 2023.
Theoretical Importance: This study highlights the importance of health education and information giving in creating demand for health-seeking behaviours. The research also identified gaps in documentation despite the work being done.
Question Addressed: What are the reasons for the low uptake and continuation of PrEp among AGYW, and what interventions can be put in place to enhance PrEP uptake?

Conclusion: The study concludes that improving safe spaces, enhancing the skills of health workers, and engaging stakeholders through oral PrEp dialogues are critical to improving PrEP uptake and continuity among AGYW. The availability of a variety of PrEP commodities is also crucial.

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The Dilemma of Male Inclusion and Involvement in Prevention of Mother to Child Transmission of HIV/AIDS: An Analysis of Contributing Factors in Rural Areas of Eastern Malawi

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Background: In 2011, Malawi introduced a new strategy to improve the effectiveness of its prevention of mother-to-child HIV transmission (PMTCT) program then (elimination of mother-to-child HIV transmission (eMTCT now), by providing a standardized combination antiretroviral therapy (ART) regimen to all HIV-positive pregnant and breastfeeding women, irrespective of their CD4 count or clinical stage of HIV infection, and that ART be continued lifelong. Several research findings have highlighted the beneficial impact of male involvement in PMTCT/eMTCT in reducing HIV transmission to children. It is a fact that male partners who are willing to get an HIV test and communicate with their partner about sexual and reproductive health issues, increase the commitment of pregnant women to eMTCT programmes. It is in the same vein that both the International Conference on Population and Development (ICPD) of 1994 in Cairo Egypt and the World Conference on Women of 1995 come up with a resolution to involve men in maternal new born and child health (MNCH) as well as family planning (FP) programmes. It is a fact that male involvement in MNCH and FP programs can bring out notable strides in eMTCT and the provision and use of FP services and methods especially in rural areas because traditionally, culturally and in some cases because of religious beliefs, men have more reproductive decision-making powers in a family than women. Given current low levels of male involvement and participation in eMTCT in rural areas, the study wanted to investigate barriers and contributing factors affecting Male involvement in eMTCT programmes. The study was conducted in rural areas of Balaka, Mangochi and Zomba.

Material and Methods: A purposive but randomly

selected sample of 210 adults of reproductive age (60 females 150 males) was selected of which data was collected through Key Informant Interviews, In-depth Interviews and Focus Group Discussion. Data was being analysed on a continuous basis using tally sheets.

Results: Culturally in many rural settings, men have got nothing to do with reproductive and or child bearing issues such that pregnancy, child bearing and its complications are treated as feminine secrets, however it is very ironic that in the same lines a woman has limited or no reproductive decision making powers in a family yet for quite a long time eMTCT programs have been focusing on women. Apart from that, given current demand and high proportion of end users of eMTCT which consists of women, most eMTCT promotion and sensitisation messages are not engendered. Ways and methods through which eMTCT messages are disseminated are not always male friendly hence men feel disempowered in the eyes of females.

Conclusion: There is a great need to engender the reach, improve integration of culture, gender equality/equity and MNCH services. This will eventually reposition eMTCT strategic approaches with a special focus on male involvement especially in rural areas. Secondly , policy makers should adopt, ensure and enforce a rights-based approach to eMTCT and family planning programmes. Engendering sexual and reproductive health will obviously give women right to reproductive health, reproductive choice and reproductive freedom.

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Strengthening Multi-Sectoral Collaboration for Zero HIV Infections amongst Infants Born to HIV Positive Mothers – A 2 Year Anniversary of Nabitende S/C Iganga (U)

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Background: Ministry of Health Uganda in 2014 launched a 4 pronged approach to EMTCT as part of the accelerated global plan to eliminate new pediatric HIV infections and ending HIV/AIDS by 2030.
Uganda having registered considerable progress towards reduction of vertical transmission among HIV exposed infants from 12.1% in 2015 to 6.8% in 2021, Nabitende sub-county of East central Region reported a 29%(05/17) infant Positivity rate in 2021 through its largest serving facility Bugono HC IV along with satellite sites of Kasambika HC III, Itanda HC II, Nabitende HC II and Ituba HC II.
Through the HSD committee, we interviewed maternity in charges of the facilities above who reported poor ANC timing, community/Home delivery by some mothers and none adherence to ART as the major contributors to the increased HIV transmission rates amongst the infants born to HIV positive mothers.

Material and Methods: To reduce on the vertical transmission rate in the sub-county, a root cause Analysis was done which revealed an interrelation between pregnancy related self-stigma and knowledge gap among most mothers on the risk of HIV transmission to the unborn babies if HIV infected.
We mobilized stakeholders that represented implementing patners and local health teams, the mothers, religious and local government leaders for a consultative meeting at the subcounty headquarters to synergize efforts for the common good.
VHTs, TBAs and community mentor mothers were trained to screen for HIV at community level, a communication platform was institutionalized on whatsapp to facilitate sharing of HIV related updates and testing commodities among HCWs in the sub county while Religious and local council leaders acknowledged the responsibility to use their leadership platforms to close knowledge gaps in HTS.

Results: Of the 48 HIV Positive mothers enrolled into PMTCT Program in 2022 at the sub- county through Bugono HC IV, Kasambika HC III, Itanda HC II and Ituba HC II , 37.5%(18) tested positive in early pregnacy with interventions to end vertical transmission started early leading to a 0% seroconversion rate by 18 months. In 2023, 42 mothers have so far been enrolled of which 47.6%(20) were new ANC positives but none of them has born a positive 1st DNA PCR baby, this represents a considerable improvement from the 17 mothers who had been enrolled into PMTCT in 2021 with 29%(5) testing positive in late pregancy.

Conclusion: Engaging multi-sectoral players to close the knowledge gaps in communities and address stigma on Pregnancy and HIV among women repressed the infant HIV positivity rate in Nabitende Sub County of East central Uganda.

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Utilizing Photovoice as a Catalyst for HIV Prevention: Discussions in Remote Communities

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Background and Aims: This study investigated the acceptability and effectiveness of employing photovoice to initiate discussions on HIV prevention in remote areas. By tailoring discussions using visual AIDS, the research aimed to evaluate the feasibility and impact of photovoice campaigns in fostering dialogues, enabling community members to visually articulate their experiences and insights regarding HIV prevention.

Material and Methods: Qualitative assessments integrated photovoice campaigns into HIV awareness initiatives. Community members utilized visual storytelling techniques to share narratives on HIV prevention, and data were gathered through focus groups and interviews. This data was analyzed to assess the acceptability and efficacy of photovoice in stimulating dialogue around HIV prevention.

Results: Findings reveal that photovoice initiatives effectively engage communities in discussions on HIV prevention, providing a platform for individuals to visually express their perspectives. This method significantly enhanced awareness campaigns and preventive initiatives, fostering meaningful dialogue and eliciting emotional responses regarding HIV prevention strategies.

Conclusion: The study emphasized the viability of photovoice as a powerful tool for initiating discussions on HIV prevention in remote communities. This approach transcends language barriers, enabling emotive connections, and amplifying voices in advocating for effective HIV prevention strategies.

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Awareness and Willingness to Use Pre-Exposure Prophylaxis for HIV Prevention among Women Who Inject Drugs in Lagos Island and Eti-Osa Local Government Areas, Lagos State, Nigeria

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Background: Pre-Exposure Prophylaxis, a pill taken daily to prevent HIV, is a biomedical intervention that has been proven effective in preventing HIV. Pre-exposure Prophylaxis (PrEP) for HIV prevention is indicated for men who have sex with men, yet most studies do not focus on women who inject drugs (WWIDs). WWIDs subgroups are one of the most disproportionately affected groups amongst key population communities in Nigeria; they are 4-5 times more likely to be living with HIV than their male counterparts.
Aim: This study assessed PrEP awareness, willingness, and uptake of PrEP among Women Who Inject Drugs in Lagos Island and Eti-Osa Local government areas (LGAs) in Lagos State, Nigeria.

Material and Methods: The study was a descriptive cross-sectional study design that involved 423 participants selected using the snowballing sampling method. An interviewer-administered format was used to collect details from the respondents. Respondents residing in the selected LGAs for at least six (6) months who had injected drugs and tested negative for HIV. Data were analyzed with SPSS version 22. The level of significance was $p<0.05$. Chi-squared test or Fisher's exact test, where appropriate, were used to test for association between the
dependent and independent variables. Binary logistic regression models were fitted to identify factors that predict the knowledge of PrEP,

willingness and uptake of PrEP. Data were presented with frequency and percentage.

Results: The median age of the respondents was 28 (18-65), the majority are Muslims (55%), and more than three-fifths (62.3%) belong to the Yoruba tribe. Two-fifths (39.8) are married/cohabiting. One in 10 do not have any form of formal education, and half of the respondents are unemployed.
About 8% were aware of PrEP, 84.8% reported willingness to take PrEP, and 1.9% were currently taking PrEP.
In multivariable analysis, PrEP awareness was predicted by being a Christian (Adjusted Odds Ratio [AOR]: 2.27, 95% CI: 1.040-4.954), and an increasing number of visits to health facilities (AOR: 1.27, 95% CI: 1.009-1.595). Regarding willingness to use PrEP, traditionalists are less likely to be willing to use PrEP compared to those that belong to the Islamic faith (AOR: 0.19, 95% CI: 0.051-0.717), WWID that belong to the Hausa tribe have a lesser odd to use PrEP (AOR: 0.25, 95% CI: 0.099-0.642) compared to the Yoruba WWID. No variable predicts the use of PrEP.

Discussion: The awareness of PrEP in this present study is significantly low compared to an earlier study that reported awareness of 40%. The willingness to use PrEP is higher than the 54-59% reported in earlier studies. The 1.9% current use of PrEP is similar to the 2% reported earlier.

Conclusion: PrEP knowledge was low and alarming, however, willingness to take PrEP was high with current use almost negligible. Interventions to increase PrEP knowledge and usage among WWIDs is urgently needed.

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Engaging Men as Strategy to Reduce New HIV Infections and Gender Based Violence in Kenya

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Issue: Gender-based violence and HIV
Bckground: Globally there has been an increased recognition of how gender-based violence (GBV) and harmful gender norms can increase women and girls' vulnerability to HIV. Forced sex may directly lead to HIV transmission while lack of ability to negotiate safe sex indirectly puts women and girls at risk. Women living with HIV may also face increased levels of violence, due to stigma and discrimination. However male involvement in preventing GBV and HIV new infections among women and girls has been lagging behind for a long time.

Description: Working with male peer educators and male champions
As of 2022 Ambassador for Youth and Adolescent Reproductive Health Program (AYARHEP), a youth-led organization and Women led in Kenya, initiated interventions targeting boys aged 19-24 years to protect adolescent girls and young women (AGYW) against HIV and GBV. AYARHEP uses unique approaches that include working with male peer educators and champions to discuss specific male topics'. 1,500 Men were reached with HIV and GBV prevention information through outreaches and community dialogues in Nairobis Embakasi sub-county. Between July and December 2022, AYARHEP witnessed a reduction of GBV cases being reported in our offices by AGYW. We also saw an increase in the number of men who declined negative gender norms by 60%.

Lessons Learned: Men and boys are part of the solution. Social change strategy through community dialogues and outreaches conducted by male peer educators and champions have had a positive impact to men in Kayole and Dandora. GBV against girls and women drastically dropped especially among men who participated in AYARHEPs programmes. Our efforts to engage men and boys as part of the solution recognize that men also have many strong motivations for ending men's violence against women and promoting gender equality.

Next Steps: Male engagement interventions should be intensified to improve health seeking behaviors for both men and women. If men are engaged and change their attitudes towards negative gender norms, it is anticipated that this will transition into women realizing that harmful gender norms are not good for them.

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Accelerating the Uptake of Oral PrEP among AGYW Attending Antenatal to Prevent HIV Infection at Nankoma HC IV

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Background: AGYW accounted for 63% of all new HIV infections in 2021 (UNAIDS,2022) report.
The high rates of new HIV infection is attributed to lack of financial resources to travel to health centers that offer these services, low PrEP uptake, stigma and discrimination they experience from health workers while trying to access these services.
We set out to improve access to PrEP among AGYW through giving in depth health talks about PrEP on every antenatal visit, attachment to adolescent youth peers and close follow up of those enrolled into the program.

Material and Methods: A qualitative study was carried out to explore the experiences, myths and barriers to PrEP uptake in prevention of HIV infection and attachment of YAPS.
Between November 2022 and April 2023, in depth health education talks about the relevance of PrEP uptake in the AGYW were conducted on every ANC visit day to ensure that all clients in this category are enrolled into the program.
A total of 50 AGYW were enrolled for the oral PrEP uptake after securing their informed consent and these were followed up for a period of 6 months.

Results: Good PrEP uptake and good adherence were attributed to the continuous health education talks given on every antenatal visit as a group ANC in that category, attachment of YAPS to the participants to support on adherence and making phone call reminders every week.
Barriers and myths to PrEP uptake included: perception of being labeled HIV positive or sex worker, anxiety about bill burden and long duration of taking the pills.

Conclusion: Out of 60 AGYW who had attended ANC in the study period, 50 were enrolled for oral PREP contributing to a percentage of 83%. Out of the 50 AGYWs who were enrolled into the study, 45 completed the enrollment period contributing to a percentage of 90% and all the 45 had a final negative HIV **Results:**at the end of the study contributing to 100% HIV prevention.

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Genomic Variability in HIV Strains: Implications for Women's Healthcare and Vaccine Development

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Background: As of 2022, NACA reported a notable gender disparity in HIV prevalence, with 1.7 percent of Nigerian women living with HIV, twice the rate observed in men (0.8 percent). This underlines the imperative to address women's unique HIV-related challenges, especially in optimizing healthcare and preventive strategies within the African Workshop on HIV & Women 2024 framework. The elevated prevalence among women emphasizes the critical importance of our study, exploring genomic variability in HIV strains and its implications for women's healthcare and vaccine development. The genetic variability among HIV subtypes, alongside inconclusive evidence on their associations with transmission modes, creates a critical knowledge gap. Our study aims to unveil connections between specific subtypes, transmission modes, and implications for HIV antiretroviral resistance, and prevention strategies.

Material and Methods: We collected samples from 60 women living with HIV already on Tenofovir-lamivudine-Dolutegravir regimen and employed Polymerase Chain Reaction (PCR) amplification and sequencing of the pol gene sequences from samples of women of different ages. The pol gene encodes viral enzymes crucial for antiretroviral therapy targets—reverse transcriptase, protease, and integrase. Protocols included plasma separation, RNA extraction, cDNA synthesis, nested PCR, and sequencing of viral cDNA.

Results: We identified different HIV-1 genotypes and drug-resistance mutations. The CRF02_AG and the G subtype predominate in our samples. About 5% of the samples showed drug-resistance mutations. We also identified conserved epitopes and regions from the pol gene that may serve as potential targets for vaccine development. Our findings highlight substantial genetic diversity in HIV strains in women, emphasising the need for targeted vaccine design.

Conclusion: By identifying conserved regions, these vaccines may offer broader protection against diverse strains, potentially reducing the risk of new infections. Additionally, insights into transmission dynamics and drug resistance inform targeted prevention strategies, enhancing the overall effectiveness of HIV prevention efforts. This research contributes valuable insights to the field of HIV research and management, particularly in resource-limited settings. It emphasizes the dual significance of genomic studies for both vaccine development and practical applications in HIV prevention.

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Self-Report Adherence of Pre-Exposure Prophylaxis (PrEP) at One Month among Women in Private Pharmacies in Gauteng and Western Cape

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Background: Providing pre exposure prophylaxis (PrEP) outside of traditional service delivery models has the potential to reduce barriers to access, improve autonomy and increase use (Kennedy et al, 2022). Utilising private pharmacies has the potential to address barriers of access to PrEP in traditional settings. The study is evaluating the feasibility and accessibility of PrEP in 10 private pharmacies in two provinces in South Africa. We report on self-reported adherence among women at month one follow up visit.

Material and Methods: Ezintsha has partnered with the Independent Community Pharmacy Association (ICPA), the Clicks Group and Dis-Chem pharmacies to offer PrEP to men and women for a period of 13 months. Initiation and follow up visits are as per the South African PrEP guidelines to females ≥ 18 years of age. Participants are recruited in pharmacies and are initiated on the same day. Participants complete a self-administered adherence questionnaire at all subsequence visits. The questionnaire that is been use adapted from the Adult AIDS Clinical Trials Group to asses adherence to treatment.

Results: A total of 495 participants were enrolled at the time of reporting with, 47.3% of them are women. Mean age of the women was 26 years, and 85 (38.4%) returned for their month 1 follow re-fill. Baseline risk assessment show that majority (96.5%) of the participants are sexually active and are having condomless sex (76.5%). The self-report adherence questionnaire at month 1 shows the 70% of the participant never missed a pill in the last 4 days, 83% never missed a pill over the weekend, 52% never skipped medication at all. Some participants (22.2%) missed a pill but not in the last week and 12.2% missed a missed in the last 1 or two weeks ago.

Conclusion: Majority (52%) of participants reported to be adhering to PrEP at their month 1 follow up visit, indicating self-awareness of their risk to HIV and the benefit of PrEP. Participants reporting missed dosing for oral PrEP could benefit from other biomedical products such as long-acting cabotegravir and the dapivirine vaginal ring.

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Improving Sexual and Reproductive Health Outcomes through an Integrated HIV Prevention Programs

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Background: In Kenya, adolescent girls encounter various obstacles in accessing sexual and reproductive health (SRH) services. Furthermore, they frequently lack knowledge about HIV prevention, which puts them at significant risk of unintended pregnancy and HIV infection. This abstract emphasizes the importance of a youth-led strategy that offers both preventive measures and comprehensive support to enhance the SRH outcomes of adolescent girls in Kenya.

Description: LVCT HEALTH partnered with Nairobi Youth Advisory Council to organize a community dialogue in Nairobi county aimed at improving sexual and reproductive health outcomes for adolescent girls in Kenya through an Integrated HIV Prevention Program. The objective of the dialogue was to gain insight into the experiences and viewpoints of young individuals on SRH. Through this participatory approach, the program was tailored to meet the specific needs and aspirations of adolescents and youth in Kenya.

Lesson Learned: Engaging young people in addressing the issues that affect them empowers them to take ownership of the program, making it more relevant and acceptable within the target population. Additionally, tailoring sexual and reproductive health information and services to the cultural preferences and backgrounds of adolescents increases engagement and willingness to seek help. Moreover, the use of peer support networks is instrumental in reaching a wider audience and providing confidential support.

Next Steps: In order to improve and maintain the effectiveness of the HIV prevention program, it is important to incorporate comprehensive sexuality education into school curriculums. This will provide students with a well-rounded understanding of sexual and reproductive health. Additionally, healthcare providers should receive ongoing training to ensure they can offer confidential and non-judgmental care to young people seeking services. Finally, building relationships with policymakers and other key stakeholders will help secure the necessary support and resources to sustain the HIV prevention program in Kenya.

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The Practice of Condom Sex by the Negative Partners of HIV-Serodiscordant Couples in Sokoto, Northwestern Nigeria

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Background: Human Immunodeficiency virus infection poses global health challenges and threats. Millions of people have died of this infection worldwide though the African region is one of the regions with a high burden, and Nigeria is among the countries that is worst affected. HIV-serodiscordant couples play an important role in sustaining the global HIV epidemic, and in Sub-Saharan Africa, about half of individuals living with HIV infection have negative partners. One of the successful interventional approaches in the control of HIV infection is condom sex especially among HIV-serodiscordant couples.

Objectives: The study aimed to determine the awareness as well as the pattern of condom sex by the negative partners of HIV-serodiscordant couples during sexual contact with their positive partners.

Material and Methods: The study design was a descriptive cross-sectional that was conducted from April to September 2023, and it comprised 49 negative partners of HIV-serodiscordant couples. SPSS version 23 was used for the data entry and analysis. The Fisher's Exert test and chi-square test were used for the statistical tests, and $P< 0.05$ was considered statistically significant.

Results: Forty-nine negative partners of HIV-serodiscordant couples participated in the study.

Their age was 41 ± 9 (Mean ± SD). 39 (79.6 %) and 10 (20.4 %) were males and females respectively, and 43 (87.8 %) had Western education. 10 (20.4 %) and 12 (24.5 %) never had condom sex, and consistently had condom sex respectively. 81 (83.7 %) of the study participants expressed a desire for more children. 48 (98.0 %) and 47 (95.9 %) were aware of condom and knew that it can prevent transmission and/or acquisition of HIV infection respectively. Study participants who knew that condoms can prevent the transmission and/or acquisition of HIV infection consistently had condom sex more often compared to those who didn't know this (P< 0.043). Reasons for not having condom sex with the partner were desire for children: 3 (37.5 %), refusal by the partner: 2 (25.0 %), don't know where to get it: 2 (25.0 %), and sexual displeasure: 1 (12.5 %).

Conclusion: A substantial number of the study participants do not consistently have condom sex or have condomless sex with their partners living with HIV. Among the barriers to condom sex were desire for children, refusal by the sexual partner and not knowing the place to get the condom. We recommend educating the negative partners of serodiscordant couples about the infectiousness of the Human immunodeficiency virus and the importance of condom sex consistently. Additionally, clinicians, Obstetricians, and infectious disease specialists should jointly collaborate and plan conception for HIV-serodiscordant couples at the most appropriate time. We also recommend that policymakers should make condoms available and accessible particularly to HIV-serodiscordant couples.

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Scaling up the implementation of Social Network Strategy (SNS) Improves HIV Case Identification

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Background: To achieve the first 95% of the UNAIDS global 95-95-95 targets, Uganda adopted targeted HIV testing services (HTS) implemented through high yielding approaches such as index testing, social network strategy (SNS) among others.
With support from the USAID LPHS-EC project, the east central region of Uganda rolled out SNS as one of the approaches to improve case identification during the year 2022. By the end of the July – September 2022 quarter, the region, had 73 clients documented to have received HTS through the SNS approach, identifying 04 new positives (5.5 yield) and all linked to care.
By end of December 2022, Mayuge HCIV, a high-volume health facility in Mayuge district had not identified any HIV positive client using the SNS testing approach. With support from the USAID LPHS-EC project, the facility team reviewed its SNS testing data and established the root causes of the sub-optimal performance. These included knowledge gaps among service providers, lack of dedicated performance improvement team, inadequate data capture tools, and challenges with HIV testing kits stocks.

Material and Methods: In January 2022, Mayuge HCIV team with support from USAID (LPHS-EC) conducted an SNS specific orientation and mentorship of multidisciplinary teams from all departments; secured key SNS data tools and the records personnel oriented in proper SNS data management, allocated SNS-specific targets and weekly milestones agreed upon (annual facility HTS-TST target was 240 and TST-POS was 18), secured testing kits from other facilities, and started a quality improvement project to address the gaps.

Results: There was steady cumulative improvement in the number of HIV tests conducted and positives identified from 0 by end of December to 426 and 28 by end of July 2023 for number tested and positives identified respectively under SNS modality. The proportionate achievement of testing and case identification achievement against annual target improved from 0% to 177(426/240) and 155% (28/18) respectively subsequently contributing to the total over all facility TST-pos achievement of 16% (28/178) July 2023. This followed the implementation of the strategic SNS interventions.

Conclusion: The positive trajectory in total number of HIV positives identified by the facility is mainly attributed to the scale up of SNS testing modality

since it was the only new intervention implemented and the rest were enabling factors. High quality SNS contact testing requires a well-coordinated multidisciplinary team, clear targets and tracking of performance against targets.

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Prevention as a Vaccine and Medicine

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Background: Kenya ranks third highest in the HIV burdened in Africa. It also has the highest epidemic rate with an estimated number of one million four hundred thousand. National Syndemic Diseases Control (NASDCC) states that 1,294,339 kenyans have remarkably thrived in HIV response with the number of people on treatment increasing significantly. In addition this has greatly impacted amicable 89% but of the total achieving a viral suppression. New HIV infections occur countrywide which include among them children, adolescent and young people. It is reported that there is an estimate of 62 new infections per week among adolescent aged between 10-19years with mother to child transmission still hard with a 5% reduction target recording a transmission rate of 8.6% in 2022.Adolescents, including those living with HIV are forming relationships with diverse sexual practices and health optimism about HIV changes, this has significantly impacted spiking and spreading of HIV. Of concern, the age of sexual debut among adolescents in recent years has dropped and HIV incidence among young people remains a considerable public health concern in Kenya. This situation is attributed to inadequate access to correct and accurate information regarding the triple thread surrounding HIV pandemic.

Material and Methods: Findings are based on a field assessment and existing data at NASDCC and eradication of AIDS as public threat. With a theme of let the community lead.

Results: The result indicates that young positives are sexually active and adequately contribute to the spike and rapid HIV spread. In addition, most mothers are still not accessing medical services for their MCH during pregnancy period leading to low mother to child transmission achievement. Also unfaithfulness in marriage and irresponsible behaviours leading to unprotected sex among adults and young persons makes it hard to deal with.

Lesson Learned: Adolescents that have participated in CSE sessions are able to recognize risks that are associated with irresponsible sexual behaviours and can access SRH services and information whenever they need them confidently.To manage the risks, comprehensive care clinics should provide comprehensive sexuality education coupled with skilled personnel who can integrate with youth in a friendly basis to cut across all boards with emphasis on prevention with both AYP and PLHIV.The community, especially parents should be educated on disclosure towards their children that having diagnosed with HIV is not a death sentence that they should not hide it and to be open and frank to explain to their children the reasons for taking medication so that the rate of new infections among young adults should reduce respectively. Adequately, the general public should be sensitized on HIV stigma and discrimination among PLHIV.

Conclusion: Against the findings,it is important that policies specifically targeting the adolescent and PLHIV needs to be put into place together with integration of comprehensive sexuality education. Sexual Reproductive Health, Maternal Child health and Comprehensive Care Education is prioritized to achieve triple thread with the community.

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CQI Institutionalization to Achieve Optimal HIV Recency Testing Targets for Women Living with HIV: Busia HC IV Experience-Busia District

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Globally, ambitious three pronged 95-95-95 targets were prescribed by 2025(UNAIDS, 2020). Uganda HIV positive status awareness among adults >15 years living with HIV remains suboptimal at only 90% (UPHIA, 2020).

All TxNew >15 years must receive a same day recency test either at facility or community service points upon consent, (MOH 2020), Busia HCIV stood at 8/12 (67%).

Suboptimal HIV recency testing results into decelerated achievement of the HIV epidemic control by 2030, zero new HIV infections, stigmatization and increase in related deaths.
CQI institutionalization' for a period of three months (March to September 2023). QI team capacity building on HIV recency concepts, robust teamwork Mechanisms-Focal person service tracking, Integrated HIV recency testing routines Enabling systems and processes; Support supervisions, efficient stock management. Robust data management; quality register and consent form completions, data reviews, QI journals, run chat-trend displays, timely data entries into PIRS and EMR data syBy end of September 2023, Busia HC IV achieved 100% recency testing coverage from 67% by end of March 2023, hence integration of mandatory HIV recency testing into HIV combination prevention and testing practices will accelerate National progress towards achieving HIV epidemic control by 2030.nchronization.

Resilient CQI initiatives are a fulcrum to implementation scale up hence these should be consistent at facility and community levels MOH integration of CQI initiatives into strategic health communication intervention.
Project will link recency data to treatment initiation, adherence and viral load suppression data with testing data to assess time from diagnosis to treatment to adherence and hence virologic suppression summarized in the 95:95:95 by UNAIDS by 2025.
HIV programs should aim at absolute HIV recency testing integration and coverage to guide effective HIV combination prevention interventions geared towards attaining the three pronged 95:95:95 a gate way towards achieving the triple 2030 agenda of zero new infections.

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Evaluation of Cervical Cancer Screening (CCS) and Management Cascade among Female Sex Workers in Zimbabwe from January 2020 to June 2023

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Background: Cervical cancer is one of the leading causes of female mortality in sub-Saharan Africa. Thus, it is critical to develop infrastructure for routine HPV and cervical cancer screening and provide timely treatment to high-risk populations. Among the high-risk populations, female sex workers are 20 times more vulnerable to acquiring HIV and sexually transmitted diseases (STDs) such as human papillomavirus (HPV) than the general population. HPV is one of the top causes of cervical cancer, and it is preventable and treatable upon early detection. In 2019, we implemented HPV DNA self-sampling testing services at New Start Centres (NSC), PSH-operated HIV care continuum and sexual and reproductive health (SRH) clinics. HPV DNA self-sampling is a cost-effective, convenient method in a resource-limited setting like Zimbabwe as it provides geographical and temporal flexibility in sample collection among FSW, who are often mobile to accommodate their clients. Also, this method could address barriers to screening uptakes since it is not as invasive as pelvic examination and promotes an individual's autonomy for SRH. Movement lockdowns during the COVID-19 pandemic also promoted the use of a DNA self-sampling method to decongest overwhelmed health facilities.

Material and Methods: We conducted a retrospective cohort study with female sex workers who visited NSCs regardless of their HIV status over 30 months. Individuals were given HPV DNA self-testing, and those who tested positive were triaged to VIAC screening for visual confirmation. Then, we provided three treatment modalities (LEEP, thermal ablation, cryotherapy) to women with positive VIAC results if eligible for treatment on site or referred to specialists for further management if the lesions

were too extensive or suspicious of cancer. We collected routine HPV screening data using an electronic health reporting system (BAHMNI) at six NSCs and used STATA version 17 for the data analysis.

Results: Over a 30-month period, a total of 3543 female sex workers were recruited, and 2027 (57.2%) received HPV DNA testing. 669 (33.0%) tested positive at the HPV DNA testing stage, and 254 (38%) further received VIAC testing to identify pre-cancerous lesions. 52 (20.5%) tested positive, and 1 had lesions suspicious of cancer. Of 52 women who tested VIAC-positive, 20 (38.5%) received LEEP, 2 (3.84%) received cryotherapy, and 30 were not treated due to lack of treatment availability or they received referrals to specialists.

Conclusion: The study showed that there were high rates of loss in follow-up in cervical cancer testing and management cascade at NSCs, which demonstrates a need to strengthen the follow-up between HPV DNA self-sampling, VIAC testing, and treatment stages. As we transition to Status Neutral HIV prevention and care, it is imperative to screen high-risk populations like FSW regardless of their HIV status and provide continuous care to retain a high quality of life. Since utilising HPV DNA self-testing could reduce the burden on clinical staff and help to detect cervical cancer and cancerous lesions early, we recommend incorporating a robust follow-up structure in this screening and treatment cascade.

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Journey to Success: Advancements and Key Takeaways from the Cervical Cancer Screening Program among Women Living with HIV at Lighthouse Trust ART Clinics, Malawi

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Background: Cervical cancer is the leading cause of mortality among women. Women living with HIV (WLHIV) are particularly affected, facing a 6-fold increased risk of developing cervical cancer. Population-based cervical cancer screening and treatment strategies have been recommended to prevent, treat, and reduce mortality. Malawi, having a high HPV prevalence of 33% and an HIV prevalence of 9.5% for women aged 15+ years, implements the screen-and-treat approach that includes screening using Visual Inspection with Acetic acid (VIA) and treatment with thermocoagulation. Practical programmatic experience in an outpatient antiretroviral treatment (ART) clinic has not been well documented. We implemented an integrated model, aligning cervical cancer screening with annual viral load milestones through a one-stop-shop approach.

Material and Methods: We conducted a retrospective routine data analysis of program data from Lighthouse Trust (LH) clinics from October 2021 to September 2023. LH has been in operation for over 20 years and operates specialized WHO-recognized HIV center of excellence clinics in 5 referral hospitals in Malawi. The cervical cancer program was established at LH in 2012. We designated specific rooms for cervical cancer screening and management and trained healthcare workers (HCWs) to provide specialized care. We established a pathology linkage system with a private histopathology laboratory for speedy biopsy results.

Results: From October 2022 to September 2023, a total of 23019 women were screened. Of the total screened, 18622 (81%) were annual screening follow-ups, 4329(19%) were screened for the first time, and 68 women were screened post-treatment. The majority (21%) of the screened women were above 50 years, followed by women aged 40-44years (20%). About 19048 (83%) were screened using VIA, of which 244 (1.3%) were screened positive and 57 (0.3%) were suspected of cervical cancer. Among the 244 who screened VIA positive 106 (43%) had small lesions (less than 75%) and were eligible for thermocoagulation. Among the eligible, 100 (98%) received same-day treatment. All women with suspected cancer and those with large lesions were referred for gynecologist care in the tertiary hospitals.

Discussion: The cervical cancer program was successfully implemented to identify women at high risk of cervical cancer and offer same-day treatment of precancerous lesions. The one-stop-

shop approach reduces clinic visits and is more convenient to recipients of care. Effective referral pathways allow for gynecologist management of cancerous lesions. In addition, regular and continuous health education on cervical cancer screening is vital for women to be self-aware of risk and make informed choices.
Despite the achievements attained, several challenges were encountered, including high staff attrition due to regular government-mandated departmental rotations in the LH-supported sites, resulting in gaps in service provision. Furthermore, the long turnaround time for feedback from referral facilities and delayed care for referred clients suspected of cancer due to congestion at the tertiary hospital compromises care.

Conclusion: Dedication from HCW and ongoing program monitoring are crucial for successful implementation and achieving screening targets for WLHIV. HCW capacity building on advanced procedures to manage large lesions must be considered in HIV clinic establishments to avoid delays in the management of cancer suspects.

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Improving Cervical Cancer Services Uptake Through Integrating into Community-Based ART Delivery Models: Lessons from North Eastern, Uganda

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Background: Cervical cancer (CxCa) is the leading cause of cancer-related death in Uganda with women living with HIV (WLHIV) being six times more likely to develop CxCa than HIV negative women. In response, TASO Soroti special clinic with support from the United States Centers for Disease Control and Prevention (CDC) Uganda, started screening and treatment of precancerous lesions among WLHIV in April 2021. However, there was low uptake due to myths, misconceptions, and fear of the screening procedure compounded by the decentralized HIV care in the community differentiated services delivery (DSD) models for antiretroviral therapy (ART). This study demonstrates how cervical cancer services uptake was improved through Integrating into community-based ART delivery models at TASO Soroti special clinic, North Eastern Uganda.

Material and Methods: From April 2021 to June 2022, the community drug distribution points (CDDPS) and meeting points of client-led ART delivery (CCLAD) models under TASO Soroti special clinic within 5 kilometers were mapped and cervical community cancer screening sites such schools, nearby health facility, district halls identified. Prior to the activity, leaders of various CCLAD models conducted sensitization and mobilization of eligible WLHIV in the community. A line list of eligible WLHIV was generated and appointment reminders using phone calls or short message services were used to book and invite eligible WLHIV for screening. At the site, a team of trained health workers conducted health education on CxCa was conducted and WLHIV who consented were screened by visual inspection with acetic acid. Those who were identified with precancerous lesions were treated while those with cancerous lesions were referred to the referral hospital for further management. Post-treatment follow-up was conducted within 6 weeks at the nearby facility. Data was entered into the national CxCa register and summarized into percentages.

Results: From April 2021 to June 2022, a total of 1,366 WLHIV of 25-49 years were screened for CxCa in the community and facility. The CxCa screening integrated in the community DSD outreaches contributed 56% (770/1,366) of the total WLHIV screened for CxCa, of these 91% (704) were in CCLAD and 9% (66) were from CDDPS. The CxCa screening rate against the quarterly target increased from 34% (103/300) in April-June 2021 to 101% (303/300) by April-June 2022 after integrating services within DSD models. Of those screened, 82 WLHIV were identified with precancerous lesions yielding a positivity of 11% (82/770). All were treated by thermal ablation while 5 had suspected cancerous lesions and were referred for further treatment at the regional referral hospital.

Conclusion: Integrating cervical cancer screening in community DSD models increased the number of WLHIV screened, identified, and treated for cervical cancer; meanwhile, leveraging on the existing innovative, patient-centered approaches remains

critical in ensuring access and utilization of cervical cancer services.

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A Systematic Evidence Review on Management of NCDs and Age-Related Conditions in Women Living with HIV in Uganda

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HIV-positive individuals are at a higher risk of developing non-communicable diseases (NCDs) and experiencing accelerated aging due to various factors. Prolonged antiretroviral therapy (ART) usage and chronic inflammation that contribute to this increased risk (Vandenbroucke et al., 2014; Deeks et al., 2017). For women living with HIV, the impact of NCDs and age-related conditions potentially affects their overall health and quality of life. According to a study by Helleberg et al. (2013), individuals living with HIV have a higher prevalence of NCDs, including cardiovascular diseases, certain cancers, and metabolic disorders, compared to the general population. They found that the risk of developing these conditions increased with age and duration of HIV infection. Another study by Guaraldi et al. (2015) highlighted that accelerated aging processes, such as frailty, osteoporosis, and cognitive decline, are more prevalent among people with HIV, further underscoring the importance of managing age-related conditions in population. The impact of NCDs on women living with HIV extends beyond physical health. Stigma and discrimination often intersect with gender-related factors, limiting access to adequate healthcare and support services (Logie et al., 2019). A systematic evidences review adopted from Aromataris E, (2020) used to gather relevant information on the management of NCDs and aging-related conditions in women living with HIV. Several databases were searched, including PubMed, Embase, and Scopus using appropriate keywords. Studies focusing on interventions, experiences, and healthcare programs targeting women living with HIV.

Findings from multiple studies and a systematic review highlight the unique challenges faced by women living with HIV in managing non-communicable diseases (NCDs) and age-related conditions. Includes limited access to healthcare, increased stigma and discrimination, inadequate and a lack of tailored interventions (Krebs et al., 2016; Logie et al., 2018; Gillespie et al., 2019). A systematic review by Logie et al. (2018) found that women living with HIV face intersecting forms of stigma related to their gender, HIV status, and other social factors. Stigma often leads to barriers to accessing appropriate care. Ochen et al., (2022) conducted an analysis revealing that women living with HIV in rural areas have reduced access to specialized healthcare services, which affects their ability to manage NCDs effectively. Despite these challenges, various programs and interventions have been implemented to address the needs of women living with HIV and improve their healthcare outcomes. Integrated care models that combine HIV treatment with NCD management have shown promise in improving treatment outcomes and reducing disparities in healthcare access (Kahungu et al., 2020). Peer support groups have also emerged as valuable resources, providing empowerment, information sharing, and emotional support for women living with HIV (Gillespie et al., 2019). Furthermore, multi-disciplinary healthcare teams involving professionals from different specialties have demonstrated effectiveness in providing comprehensive care for women with HIV and NCDs (Zelnick & Doherty, 2021). Managing NCDs and age-related conditions in women living with HIV requires a holistic approach that considers their specific needs. It is imperative to strengthen healthcare systems to improve access to preventive measures, diagnosis, and management of NCDs.

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Abstract number 73 has been withdrawn.

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The Intersection of Non-Communicable Diseases, Aging, and HIV in Women: A Focus on Uganda

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Background: Non-communicable diseases (NCDs) and aging-related conditions have emerged as significant health concerns, particularly among women living with HIV in Uganda. This population faces a higher burden of NCDs due to the interplay of HIV infection, antiretroviral therapy (ART), and aging processes. However, research on the management of NCDs and aging-related conditions specifically in this population in Uganda is limited. The aims are to explore the challenges faced by women living with HIV in Uganda regarding the coexistence of NCDs, aging, and HIV, the factors contributing to this scenario, and potential strategies for effective management.

Situation at Hand: With the remarkable success of ART in prolonging the life expectancy of people living with HIV in Uganda, the demographic profile of this population has shifted towards older age groups. This transition has resulted in a rise in the prevalence of NCDs and aging-related conditions among women living with HIV in Uganda.
Problems: Women living with HIV in Uganda are disproportionally affected by NCDs and aging-related conditions. However, their healthcare needs remain understudied and under-addressed. Poorly managed NCDs can lead to adverse health outcomes, reduced quality of life, and increased healthcare costs in Uganda.
Factors contributing to the scenario: Several factors contribute to the coexistence of NCDs, aging, and HIV in Uganda. These factors include the immunosuppressive effects of HIV, ART-related metabolic complications, traditional risk factors such as smoking, unhealthy diets, and sedentary lifestyles.

Material and Methods: This abstract I employed a systematic literature review to examine the current evidence on the management of NCDs and aging-related conditions in women living with HIV in Uganda. Statistical analysis was conducted to assess the prevalence of different NCDs and associated risk factors in this population in Uganda.

Results: The findings highlight the high prevalence of NCDs and aging-related conditions in women living with HIV in Uganda. Cardiovascular diseases, diabetes, and cancers were found to be the most common NCDs in this population. The study also identified several risk factors specific to Uganda, including older age, longer duration of HIV infection, higher viral loads, and certain ART regimens. Additionally, lifestyle factors such as smoking, poor diet, and sedentary behavior contribute to the development and progression of NCDs in Uganda.
Conclusion: The management of NCDs and aging-related conditions in women living with HIV in Uganda requires a comprehensive and integrated approach. Strategies should address both HIV-specific factors and traditional risk factors, spanning across primary, secondary, and tertiary prevention. This includes targeted screening, early diagnosis, lifestyle interventions, and tailored treatment plans in the specific context of Uganda.
In conclusion, the coexistence of NCDs, aging, and HIV in women living with HIV in Uganda poses significant challenges. It is crucial to address the healthcare needs of this population and develop effective strategies for the management of NCDs and aging-related conditions. Further research and targeted interventions are needed to improve the quality of life and well-being of these individuals in Uganda.

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The Role of Women in the "HIV Discordance" Phenomenon in Kaduna State, Nigeria

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A research on The Role of Women in the "HIV discordance" phenomenon in Kaduna State Nigeria was conducted, with focus on Molecular detection of CCR5 D32 gene allele and the assessment of factors associated with discordance among couples living with HIV in Kaduna state Nigeria. Discordance is a situation where one partner is living with HIV while the other is not, within couples and the CCR5

D32 gene is the mutant variant of the CCR5 wt. fusion protein which confers resistance to HIV infection. The aim of the research was to determine the incidence of CCR5 D32 allele gene and to assess factors associated with HIV discordance in the population in relation to women. A cross sectional study design and a stratified sampling technique was used which involved dividing the work into a qualitative and a quantitative section. The qualitative aspect had to do with the use of a well structured closed- ended questionnaire in a cross sectional survey to collect information from respondents who visited HIV treatment centers to access care. The quantitative aspect of the research entailed the collection of blood samples from a cross- section of partners without HIV from same discordant couples above. The information collected was analyzed using Statistical Package for Social Sciences (SPSS) version 21, to calculate Chi-square and multivariate statistical analyses. The stratified sampling technique was used to group the 23 LGAs of Kaduna State into three, from which three LGAs were taken from each group. Nine LGAs were eventually used for sampling; 158 couples or 317 individuals (one man had two wives) were recruited for the survey. The results of the study showed that frequency of the CCR5 D32 allele gene was found to be 1.3% in Kaduna State, and no correlation between CCR5 D32 allele gene and HIV discordance. Factors such as remarriage, use of ART, pre- marital sex, male/female circumcision and polygamy had p- value < 0.05hence found to have strong association with HIV discordance. The study also revealed that more women 105(66.46%) were HIV positive (soft discordance), and the HIV discordance prevalence for Kaduna State was 0.2%. The level of education of respondents was also seen to have effect on their perceived attitude towards use of condoms during sex (p- value 0.009). The higher the education of the population, the better was the rate of use of condoms. This research has been able to determine the prevalence level of HIV discordance in Kaduna State. There is need to draw the attention of couples living with HIV to the factors that can make them stay discordant in order to reduce the rate of new infections. There is also need to improve on educational coverage for the entire population in order to mitigate the scourge of HIV transmission. It is hereby recommended that more research be conducted in other states of Nigeria, and other African countries to ascertain the present status of the frequency of CCR5 D32 gene allele.

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Abstract number 76 has been withdrawn.

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Early Lessons Learned from a Cash Transfer Plus Gender Transformative Economic Intervention Seeking to Improve Wellbeing among Women Caregivers of Children and Adolescents Living with HIV in South Africa

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Background: In Africa, HIV care is dependent on informal caregiving, typically by female family members. Informal caregiving has been associated with numerous negative effects on caregivers (i.e. depression, intimate partner violence (IPV), financial insecurity) that have been amplified by gender and income inequities post-COVID-19. These factors impact both caregivers' ability to provide care and their own wellbeing, particularly if they are living with HIV themselves. South Africa is home to approximately 17% of the world's children and adolescents living with HIV (CALHIV) and their caregivers. The Caregiver Wellbeing Plus trial (CWEL +) is evaluating a cash transfer + gender transformative economic empowerment intervention for improving psychological wellbeing and reducing depressive symptoms and IPV among women caregivers of CALHIV in KwaZulu-Natal, South Africa. Here we present a description of participants and lessons learnt to date.

Material and Methods: CWEL+ comprises 2 phases: 1) co-development; 2) pilot cluster randomised control trial (CRT). The co-development phase featured three participatory workshops with

caregivers of CALHIV from an existing caregiver advisory board. Workshops probed the lived experiences of caregivers and perceptions on the proposed intervention. Findings informed the adaptation of an existing economic empowerment manual, which was then pre-tested and refined. For the pilot CRT, 20 HIV clinics (clusters) have been randomised to either the intervention (n=10) or the control arm (n=10), with 12 caregivers per cluster. Participants in the intervention arm receive a ZAR350 monthly cash transfer and undergo a 10-session economic empowerment workshop over a 6-month period, while those in the control arm solely receive a ZAR350 monthly cash transfer over a 6-month period. All participants complete a baseline interview and exit interview at 7-months follow-up. Baseline data (e.g. socio-demographics and wellbeing outcomes) was analysed using Stata (V18.0).

Results: Between 17-Aug-07-Nov 2023, the trial enrolled 63% (n=153) of participants (target n=240): intervention n=101, control n=52. The median age of the sample is 37 years (IQR: 30-45 years), with only 40% who completed high school. Most caregivers are unemployed (96%) and living in food insecure households (73%). Approximately 82% of caregivers are living with HIV, and only 67% are on ART. An estimated 45% have scores suggestive of positive psychological wellbeing, and 58% have depressive symptoms. The prevalence of IPV is considerable: physical: 24%, psychological: 44%, sexual: 14%, economic: 36%. To date, three intervention clusters completed the economic empowerment workshop, and four clusters are in introductory sessions, with good session attendance overall. Factors that have influenced caregiver attendance and engagement in workshops include: changing of mobile numbers, substance misuse, food insecurity, violence, managing TB, lack of trusting child carers, high transportation costs.

Conclusion: Lessons learnt from the preliminary stages of this trial have highlighted a need for further attention to external barriers and behaviours that complicate caregivers' participation in an intervention that relies on structured and continuous engagement. Future interventions for caregivers should include social workers to manage referrals, child minders to oversee children at-site, provision of breakfast before engagement, stipends to support childcare and transportation costs and implement protocols to manage substance misuse and IPV.

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Scaling Up COVID-19 Vaccination Uptake among Key Populations Living with HIV in Mombasa and Kilifi Counties: A Case Study of ICRHK

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The COVID-19 pandemic has disproportionately affected female sex workers and transgender women, who are also at a higher risk of HIV infection. In Kenya, Covid 19 vaccine uptake has been low with only 42% and 37% fully vaccinated in Mombasa and Kilifi Counties respectively by end of December 2022 and most adults remaining unvaccinated according the ministry of health estimates. The coexistence of HIV and COVID-19 poses an elevated threat of severe illness and mortality, making key populations living with HIV (KPLHIV) at even greater risk.

Description: To address this critical issue, the International Center for Reproductive Health Kenya (ICRHK) initiated a rapid response campaign from January to June 2023 in Mombasa and Kilifi Counties to enhance COVID-19 vaccination uptake among KPLHIV through a peer-led approach.
The initiative was peer-led, with trained vaccine ambassadors from key populations providing information, dispelling myths, mobilizing, and supporting their peers to get vaccinated. Designated COVID-19 vaccination days were set aside at Drop in centres for Key populations, where KPLHIV were mobilized, provided with COVID-19 information, and received vaccination (Pfaizer and Johnson and johnson vaccines) from Health care workers who applied ministry of health guidelines. ICRHK also linelisted all KPLHIV who were not fully vaccinated and targeted them for COVID-19 services.

By the end of six months, the overall uptake of COVID-19 vaccination among KPLHIVs had increased to 77% (n=798/1033) of those on antiretroviral therapy (ART) in Mombasa receiving full vaccination, and 42%(n=369/884) in Kilifi had been fully vaccinated. In total, the current uptake of

COVID-19 vaccination among key populations is 61%(n=11671917).

Lesson learnt: This case study demonstrates that targeted and peer-led approaches are effective in increasing Covid-19 vaccine uptake. There was a higher uptake of Covid-19 vaccination among FSW than in the general population as demonstrated in the issue section. By prioritizing key populations living with HIV for vaccination, the initiative aims to contribute to a decline in COVID-19 cases and related fatalities in Mombasa and Kilifi Counties, thereby mitigating the pandemic's impact on these vulnerable communities.

Next steps: CRHK will extend the successful intervention to vaccinate the remaining key populations living with HIV. Lessons learned will be shared with the National AIDS and STI Control Program for replication in similar regions. The Technical Working Group will disseminate the approach to encourage other organizations to adopt peer-led strategies and targeted vaccination days at Drop-in centers for key populations, enhancing vaccine uptake.

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"My Hospital Looks Cool." Healthcare Workers' Experiences with Child-Friendly Colors and Animated Action Figures in Creating an Enabling Environment for Children Living with HIV (CLHIV) in Siaya County, Kenya

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Background: Research suggests that when a child's environment is more appealing, he or she becomes less frightened and fearful of the hospital setting. Also, the exhibition of visual art has been shown to have a favorable impact on the health outcomes of children. As the health-care system has evolved, so has the public's perception of hospitals. Insufficient attention has been paid to the creation of a child-friendly hospital environment, which has a good influence on a child's physical and mental health, particularly among those with chronic disease.

Objective: Assess health care workers professionals' experiences dealing with CLHIV after the establishment of child-friendly colors and animated action figures.

Material and Methods: Self-administered questionnaires were developed and shared through a Google link and data entered from February 28 to March 30 2023. Purposive sampling was employed over selection of ten health facilities from Alego usonga Sub County. Questions covered personal experience on the impact of child-friendly colors and animated action figures. Experience was measured on a scale of 1 to 4 as strongly disagree, disagree, agree, and strongly agree respectively. Random sampling was used. Descriptive analysis characteristics were stratified by cadre, experience with an enabling environment, and their choice of an animated action figure. Descriptive and inferential statistics frequencies were generated for categorical variables.

Results: A total response rate of 92% (106/115) was achieved, with a majority (100%, 15/15) of the cadre being clinical officers. Most (73%, 77/106) had been working in the respective facility for more than a year. Of the participants, 66.2% (70/106) had child-friendly colors and animated action figures in their respective departments. A majority (OR =4.132, CI = 0.261, 0.958) agreed that child-friendly colors and animated action figures had a positive impact on CHIV general esteem. Again, most participants associated child friendly colors and animated action figures with a positive response to health information (OR = 3.127, CI = 0.789, 1.001) and demand for health services (OR = 2.125, CI = 0.014, 0.987). HTS rooms were chosen by 85.1% (90/106) as the best suited to be decorated with child-friendly colors and animated action figures, with a majority (91.9%, 97/106) identifying cartoon images as the preferred animated action figure among CLHIV. Thematic analysis associated an understanding of an enabling environment as stimulating and supportive.

Conclusion: As much as, all of these components can't always be made available at all levels of health care delivery, choice of specified departments is crucial towards creating an enabling environment for CLHIV. Such small initiatives are required to address the emotional needs of CLHIV, which can make a huge difference in the health condition and well-being.

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Bachelor of Nursing Sciencepre-Intern Nursehelp Seeking Behaviors for Gender Based Violence and Associated Factors among Married Women Living with HIV Attending ART Clinic at Kabale Regional Referral Hospital

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Background: Gender-based violence (GBV) is a global public health problem. There is a prevalence of 10-71% worldwide and 20% to 71% in sub–Saharan Africa. 4 in 10 ever-married in Uganda experience gender-based violence.
Married women living with HIV are at a higher risk of GBV than their negative counterparts which is 61.3% among WLWHIV versus 58.1% among HIV-negative women.
Seeking help for GBV is a critical prevention and mitigation measure. Despite the availability of various sources of help for GBV, married women living with HIV are less likely to utilize them. Previous studies on help-seeking for GBV are scarce.

Objectives:
• To determine the level of help-seeking behaviors for GBV among married women living with HIV;
▫ To identify associated factors for help-seeking for GBV among married women living with HIV.

Material and Methods:
• Design: Quantitative, cross-sectional study;
• Study site and setting: ART Clinic at Kabale Regional Referral Hospital;
• Study Population:424 Married women living with HIV;
• Sampling Procedure: consecutive sampling;
• Data collection method: The interviewer-administered questionnaire;
• Ethical clearance from MUSTREC;
• We analyzed the data using Statistical Package for Social Sciences (SPSS) version 20.0 at univariate, bivariate, and multivariate (logistic regressions).

Results: Participants had a mean age of 39.5 ± 10.2 years. The proportion of women who reported to have ever sought help was 53.3%. Women aged 36-49 years sought help the most. The most sought sources of interventions were police services, local government services, health providers, counseling, and civil society.
Enabling factor significantly associated with help-seeking for GBV was being a woman in the middle age bracket of 36-49 years. Barriers significantly associated with help-seeking for GBV among the HIV-positive married women included: having a separated/divorced marital status, being married and living with the partner, and not being aware of the providers of the available Interventions Against Violence.

Discussion:
• The 53.9% level of help-seeking for GBV found in our study concurs with 53.5% of counseling-seeking for IPV found in southwestern Uganda by (Adella et al,.2022)
• For counseling specifically, the 11.6% counseling seeking behavior is about ¼ of the study by Adella et al,.2022
• Being employed in informal employment was negatively associated with help-seeking behaviors for GBV and this contradicts previous studies done in Israel.
• The above finding of the current study is congruent with the global consensus in the literature that women's employment lessens the economically empowered women's risk for GBV
• Women of younger age groups were less likely to seek help for GBV contradicts the previous research from Canada (Gormley et al,.2022)
• Women who were aware of sources of help were found to be more likely to seek help for GBV and this concurs with previous literature (Adella et al.,2022)

Conclusion:
• The proportion of women living with HIV in rural southwestern Uganda who have ever sought help for GBV was just above 50% by 2021.
• Help-seeking behaviors for GBV were associated with younger age, informal employment, and awareness about the available sources of help.

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Increasing Access and Uptake of Cervical Cancer Screening among Female Sex Workers (FSWs) Living with HIV in Coast, Kenya; the "Well Woman", A Case Study of ICRH-Kenya

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Background: Cervical cancer (CaCx) is one of the leading cause of cancer-related deaths among women in Sub- Sahara Africa, and is almost entirely preventable if detected early. However, the uptake of CaCx screening in Kenya is currently very low, at only 3.2%. HIV increases the chances of contracting CaCx due to human papillomavirus (HPV)-induced carcinogenesis, making women living with HIV six times more likely to contract CaCx than HIV-negative women. This is particularly concerning for female sex workers (FSWs) living with HIV (WLHIV), who are at an increased risk of developing cervical cancer due to their increased exposure to HPV. We have taken into account that the Kenya National Cancer guidelines recommendation of annual cervical cancer screening for HIV positive women.

Description: The International Centre for Reproductive Health (ICRH)-Kenya implemented a "well woman" strategy to address sexual and reproductive health (SRH) needs for FSWs LHIV in Coast region, Kenya. The ''well woman strategy" is an approach implemented in Stand-alone drop-in centers (DICEs) and is targeted primarily for FSWs with history of obstetric and gynecological problems. A specialized medical officer attached to a Gynae clinic in is invited from public health facilities to provide screening, treatment and referral services, based on his expertise and expertise in gynecological medicine. FSWs are mobilized to the DICEs by a fellow peer attached to the program as a peer educator based on their Gynecological history. Peer educators maintain a cohort of 80 peers (fellow FSWs) and are responsible for ensuring that they receive health education, follow-up at the hotspot, and referral and linkage to health services at the DICEs. FSWs are then provided with an array of SRH services such as CaCx screening, family planning, HIV testing, and sexually transmitted disease syndromic screening and treatment. The FSW LHIV also receive disease prevention information including counselling, condom use, treatment, and referral.

Lessons Learned: Between October 2022 and June 2023, a total of 1,243 sex workers LHIV were screened for CaCx an 81% uptake (n=1,243/1,543). This was an increase in screening compared to the previous year reporting and implementation period. Previously (June 2021 to October 2022), a total of 1,061 sex workers LHIV were screened for CaCx a 79.7% (n=1,061/1, 3330). These results suggest that the targeted well woman strategy is an effective way to increase CaCx uptake among FSWs LHIV.

Implications: This strategy has several implications on access to SRH service uptake for FSWs. The study demonstrates that conducting specialized and targeted clinics can increase the uptake of CaCx screening, referral and treatment services. Also, if implemented at scale, this model has the potential to increase uptake of CaCx services among women in the general population.

Conclusion: Prioritizing cervical cancer screening, prevention and control could bring about significant public health impact and contribute towards reducing the burden of this disease among FSWs LHIV and beyond.

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Effect of Falciparum Malaria on Some Haematological Parameters of HIV Pregnant Women Attending Referral Clinics in Aba, Abia State, Nigeria

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The effect of malaria on HIV-infected individuals has been explored with the parasitic infection

increasing the risk of HIV and mother-to-child transmission during pregnancy. Haematological changes have been shown to be influenced by disease conditions such as malaria. The study was conducted to determine the effect of malaria on the haematological profile of HIV pregnant women in Aba, Abia State. Blood samples from consented 209 pregnant women attending antenatal care from two HIV referral health centres were used for the screening of HIV, malaria parasite, using Giemsa stained thick and thin films and other haematological parameters. Structured questionnaires were also administered to the women from whom blood samples were collected to obtain socio-demographic and obstetrical information. Out of a total of 209 blood samples examined, an overall malaria prevalence of 93 (44.5%) was obtained in the study area. Women in their mid reproductive ages had a higher prevalence 56 (48.7%) than those in their late forties 1(20.0%) however, no statistically significant association was observed with respect to their age groups ($\chi2=2.626$, $P=0.453$). Malaria prevalence in relation to gravidity did not differ significantly among the participants ($\chi2=2.076$, $P=0.150$), the women who were in their first trimester showed a significantly higher prevalence rate than women in their second and third trimesters ($\chi2=9.085$, $P=0.011$). The mean values of white blood cell count, red blood cell count, haemoglobin level (HGB), haematocrit (HCT), platelet count (PLT) and absolute lymphocytes were significantly lower among the malaria and HIV co-infected participants compared to the control group who tested negative for malaria infection. The study showed that the presence of malaria exhibited important changes on some of the haematological parameters of the study subjects. Appropriate malaria intervention and strict adherence to anti-retroviral therapy are highly advocated to reduce the risk and serious consequence on the health outcomes of pregnant women.

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HIV and Psychological Distress among Female Sex Workers in Nigeria

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Background: Many sex workers have mental health issues but do not seek care. Despite high rates of unmet mental healthcare requirements, there are no particular therapies for sex workers with mental health issues. Investigating the association of HIV and Psychological Distress among female sex workers (FSWs) in Nigeria is critical.

Material and Methods: The study employed a cross-sectional observational design, utilizing data from 8,273 female sex workers enrolled in 17 one-stop shops (OSS) across six Nigerian states by Heartland Alliance LTD/GTE. The Mental Health Screening Form III (MHSF-III) was used as the assessment tool, and IBM-SPSS version 28 was used for data analysis.

Results: Out of 8,273 female sex workers included in the study, 620 (7.5%) exhibited psychological distress. The prevalence of psychological distress was 9.0% among the people who have been exposed to HIV. Shockingly, all FSWs (100.0%) who were living with HIV and had a history of alcohol/drug abuse and gender-based violence (GBV) exhibited psychological distress. Of the 630 FSWs with psychological distress, 501 (79.5%) were enrolled for further psychological interventions. The significant predictors of psychological distress among the FSWs include alcohol intake, gender-based violence and people living with HIV, while age was not an associated factor. Among various services offered, psychoeducation (25.0%) was most commonly utilized, followed by coping skills training (21.2%) and stress intervention (10.1%).

Conclusion: The study reveals a considerable prevalence of MHPD among FSWs in Nigeria. The study findings underscore the need for tailored mental health interventions considering these risk factors. The strong association between people living with HIV, alcohol intake, GBV and MHPD highlights an urgent need for integrated healthcare services for this vulnerable population.

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Journey of Self Reliance Though Provision of HIV Services Intergration among Women Living with HIV in Nyandarua Kenya

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Background: HIV has become burden in women living with the virus especially because they play a big role in provision of family essential needs. For so long People Living with HIV[PLHIV] especially women have been structurally marginalized making them depressed and find challenges with ART administration. Some of the contributing factors to this is because these women are single parents and vulnerable hence face double stigma from the community who blame them for contracting HIV and being husbandless. Journey to self-reliance in the provision of HIV services involve empowering communities and government to take ownership and responsibility for HIV services to reduce dependency on external assistance and build sustainable, locally led responses to the HIV epidemic through heath service integration. BHESP is striving to increase complexity of managing women infected with HIV by expanding package of services through integration and meeting women economic empowerment needs. This project started in July 2021 aiming to reach 1200 women with care and treatment services by July 2025.

Material and Methods:
1. BHESP and Kenya red cross society collaborated with both sub county and facility health management teams in Nyandarua to sensitize health workforce on the importance of integrating health services.
2. BHESP trained 30 peer educators, 4 outreach workers and 4 peer navigators to support awareness creation to the community on matters stigma against women living with HIV.
3. Two psyco social support groups organized by BHESP are conducted monthly at county public facilities where these women share their experience, given education on living positively and are empowered economically though idea exchange and financial support to run or start their businesses.
4. Close monitoring, mentorship and coaching on service intergration is done continuously to identify emerging gaps to provide timely course correction.
5. The peer navigators who are also women living with HIV stand in to be treatment supporters for the marginalized women.In most cases the women shy away from collecting the medicine themselves because they dont want be seen by the people aroung the facilities.

Results:
• In September 2022, Five health facilities supported by BHESP were earmarked for HIV service intergration.
• BHESP in collaboration with network of people living with HIV in stigma index survey 2.0 2021, reported a decreased level of stigma among women from 80% to 51.4%.
• Out of 654 women on care under BHESP fraternity, atleast 321 are able to collect their drugs at health facility unlike before where we had only 2% and the rest were collected by their treatment supporters.
• The women have formed a support group of their own where they have several activities like table banking, entrepreneurship and theatre groups, they strive to invest for their sustainability.

Conclusion: HIV service intergration plays a pivot role in providing comprehensive care and support to individuals affected by HIV/AIDS. Combining prevention, testing treatment, care and psychosocial support services intergration improves access, enhances quality of car, and promotes positive health outcome.

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Overview of Stigma and Discrimination against Women and Trans Gender PLHIV and the Effects on Achieving the 95-95-95 UNAIDS Target in the Democratic Republic of Congo

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Background: Combating HIV-related stigma and discrimination among women living with HIV in general and transgender women in particular is a key aspect of the overall fight against HIV, as it provides a framework and a favorable context for the implementation of other interventions.
This study aimed to determine the level of stigma and discrimination associated with HIV in the female population with a view to better organizing the fight against this pandemic.

Material and Methods: A cross-sectional survey was conducted among 2558 PLHIV including 1863 women and 5 transgender people from 14 provinces of the Democratic Republic of Congo (DRC).
The present study targeted HIV-positive people who were members of a network of people living with HIV.
However, the study also included other PLHIV still living in hiding but members of networks of people living with HIV.
The sample was constituted using a two-stage probability sampling technique.
To collect this information interviews were conducted, the “side by side interview” approach was used.
The analyzes were carried out using SPSS version 23.0 software.

Results: 20% indicated having suffered one form or another of stigmatization and/or discrimination in their living environment.
In addition, this fact is more common among female PLHIV (20, 26%) and even more among transgender people (80%), than among male PLHIV (18.56%). 20% of female respondents were victims of exclusion from society and loved ones; 32 women or 1.7% reported denial of access to health services, education and work and 1000 or 53.8% of self-stigma including suicidal thoughts. The perpetrators of physical aggression by the partner of PLHIV women are 274 or 14.7%.
As for achieving the 95 95 95 objective, regularly disseminating the advances in HIV research was the strategy for promoting screening most cited (50%) by the female sex while transgender people were more involved in self-screening (75%).
Overall, the satisfaction of PLHIV women with the dispensation of ARVs did not exceed 50% and less than 10% of PLHIV women had had their viral load measured at least twice a year.

Conclusion: All forms of stigma and discrimination are prevalent among PLHIV and transgender women in the DRC. This could have a negative impact on preventing new infections and achieving the 95 95 95 target.

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HIV and Women

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Background: Human Immunodeficiency Virus (HIV) remains a significant global health challenge, with a particularly profound impact on women. This abstract aims to provide a comprehensive overview of the epidemiology, social determinants, and interventions related to HIV in women, highlighting the unique vulnerabilities and complexities they face.

Epidemiology: The burden of HIV among women is substantial, with approximately half of all people living with HIV worldwide being female. In sub-Saharan Africa, women account for nearly 60% of all HIV infections, underscoring the disproportionate impact in this region. Additionally, young women aged 15-24 are at a heightened risk, constituting a substantial portion of new infections.

Factors such as biological susceptibility, gender-based violence, and limited access to healthcare contribute to this disparity.

Social Determinants: Several social determinants exacerbate HIV vulnerability in women. Gender inequalities, including economic dependence and limited decision-making power, can hinder their ability to negotiate safer sexual practices. Stigma and discrimination further impede access to testing, treatment, and support services. Additionally, cultural norms and practices may increase the risk of transmission, particularly in regions where practices such as female genital mutilation or early and forced marriages persist.

Maternal-Child Transmission: Preventing mother-to-child transmission of HIV remains a critical goal. Anti retroviral therapy (ART) has significantly reduced transmission rates, but challenges such as late diagnosis and inadequate healthcare infrastructure persist, particularly in resource-limited settings. Access to comprehensive prenatal care and support services for HIV-positive mothers and their infants is essential to further reduce transmission rates.

Interventions: Efforts to address HIV in women necessitate a multi-faceted approach. Comprehensive sex education, coupled with access to contraceptives and HIV prevention methods, are foundational in reducing new infections. Additionally, strategies that empower women economically and socially can enhance their ability to negotiate safer sexual practices and access healthcare services. Targeted interventions for key populations, including sex workers and women who inject drugs, are crucial in addressing specific risk factors.

Linkage to Care and Treatment: Timely diagnosis and linkage to care are paramount in controlling the spread of HIV. Barriers such as stigma, discrimination, and logistical challenges often impede access to testing and treatment for women. Community-based initiatives, decentralized healthcare delivery, and innovative approaches like self-testing kits have shown promise in increasing access to care.

Conclusion: Addressing HIV in women requires a holistic approach that acknowledges the interplay of biological, social, and structural factors. Efforts must focus on reducing gender-based vulnerabilities, expanding access to prevention and treatment options, and promoting empowerment. By prioritizing the unique needs of women, progress can be made towards achieving global HIV targets and improving the overall health and well-being of communities worldwide.

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Stigmatization Towards Women Living with HIV/AIDS in the Era of Test and Treat Policy in Kampala-Uganda

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Background: In 2015, WHO introduced test and treat policy, all PLHIV started on antiretroviral therapy (ART) same day of a positive status confirmed regardless of CD4 counts. Although ART accessibility improved, only 20.9/37million people living with HIV globally were registered to be in HIV care by the end of 2018. However, even post guideline roll out of the test and treat policy, the problem continues to persist. Therefore, this study aimed at determining the prevalence of stigmatization and it has associated among PLHIV enrolled under the test and treat policy in three health facilities in Kampala district.

Material and Methods: A cross-sectional study was conducted among eligible PLHIV enrolled into HIV care during the test and treat period 2016-2020, from three ART Health facilities in Kampala; Kisenyi HCIV, Kamwokya Christian Caring Community (KCC HCIV) and Reach Out Mbuya HCII. Participants were selected by simple random sampling. Berger questionnaire was used for data collection to determine the overall prevalence and the four subscales of HIV stigmatization. Modified Poisson method for variate analysis to determine the risk factors associated with HIV stigmatization. Data was analyzed using STATA and the level of significance was determined at p value 200), and a confidence interval of (95% CI).

Results: Overall, 85% of the respondents experienced at least one subscale of stigmatization in the last three months prior to the survey, predominantly personalized at 98.6%, least Public attitude at 83.7%. At adjusted analysis, the prevalence of HIV stigmatization was 1.2 times (95% CI:1.05- 1.88) higher among the males, those with a baseline CD4 count above 200, 9.2 times

(95% CI:5.7-23.4) and those with comorbidities like hypertension 8.2 times (95% CI:4.21-15.4) and diabetes 5.3 times (95% CI:3.11-9.31).

Conclusion: The level of HIV related stigma in this population was very high and was most prominent among men, individuals with higher CD4 counts (>200), and those with comorbidities.
These findings indicate a need to further enhance the facility and community level stigma reduction interventions, especially among the men, comorbidities and higher CD4 counts

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Assessing the Prevalence and Treatment of Cervical Cancer Uptake among Women Living with HIV in North Central and South-South Regions of Nigeria: Retrospective Analysis of Cervical Cancer Screening Records

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Background: Cervical cancer is the 2nd most common cancer among women in Nigeria with a 6-fold increased risk in Women living with HIV (WLHIV). Early detection and treatment are paramount as secondary prevention using the screen and treat strategy. In an effort to evaluate the success of the screen-and-treat approach among WLHIV, it is important to understand the positivity rate and level of treatment uptake among this subpopulation. We assessed the prevalence of precancerous/suspected cancer and treatment uptake among WLHIV in North Central and South Southern regions of Nigeria who received cervical cancer screening.

Material and Methods: In this retrospective study, we abstracted data from cervical cancer screening records of WLHIV aged 19-55 years across three states in Nigeria which includes the Federal Capital Territory, Rivers and Nasarawa states between a 9-month period (October 2021 - June 2022). Precancerous lesions and suspected cancer cases were identified using VIA and VILLI. Positive patients were followed up for treatment uptake. Data were described with frequency and percentage table and charts.

Result: The program conducted 10,964 cervical cancer screenings, of which 465 (4.2%) had precancerous lesions and 82 (0.7%) had suspected cancer. Overall positivity rate of 5% was reported among this cohort of women. Positivity rate was higher in the FCT (7.7%) compared to Nasarawa (4.6%) and Rivers (3.8%). Of the 465 women who had precancerous lesions, 436 (93.8%) received treatment with thermo-ablation, 19 (4.1%) received treatment at a referral facility while 10 (2.2%) were yet to receive treatment. This delay in treatment was due to the absence of thermo-ablation machines in some screening facilities. Referral to facilities with thermo-ablation was reported to delay treatment which is not in consonance with the screen ant treat approach. All 82 (0.7%) WLHIV with suspected cancers were referred to a cancer treatment center for further investigation and management.

Conclusion: Despite resource limitation, about 94% of WLHIV received thermo-ablative treatment in line with the screen and treat approach. Although 4% who were referred received treatment, thermo-ablative machines should be distributed strategically to strengthen referral and linkages to treatment. The variation in positivity rate in different States should be further explored to understand socio-demographic or biomedical factors responsible for these differences. This would further strengthen the cervical cancer screening and treatment program and aid in designing State specific interventions to reduce the burden of cervical cancer in WLHIV in Nigeria.

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Evidence Generation on Ageing Women Living with HIV in Zimbabwe Towards Meaningful Engagement

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Background: The existing evidence lacks in understanding ageing women's meaningful inclusion in social, health related and policy formulation processes that influence health interventions specifically targeted for them. It is our conclusion the country lags behind, in meaningfully engaging ageing People Living with HIV (PLWHIV), both men and women in their diversity as a stand-alone sub-group, when identifying priority areas for the Programme Continuation Funding Request. There is little evidence in our understanding of ageing women's needs, their access to HIV services, knowledge and awareness of their rights.

Material and Methods: The research adopted a cross-sectional study design, with triangulation of methods allowing for in-depth participation of targeted respondents to gather insights into their perspectives, opinions and sentiments on the priority areas for ageing PLWHIV. Quantitative data was also collected through a structured questionnaire with closed and open-ended questions. The consultation processes covered 7 of the 10 provinces across the country reaching a sample of 247 respondents over the age of 50 living with HIV, comprised of 213 women and 34 men living with HIV. The initial planned sample design of 30 women living with HIV and 5 men living with HIV per province compares well with the average gender distribution of actual data from the field. The focus of attention was on women, hence more women were considered in the sampling design. Key Informant Interviews were also conducted with health service providers at the local clinics including representatives of Civil Society and the Government.

Recommendations: Expand and make accessible more options for HIV prevention for the elderly including appropriate HIV prevention awareness messages, access to condoms, early diagnosis and treatment of sexually transmitted infections.

The offer of HIV testing triggered by specific health conditions such as the Indicator-Condition Guided Testing is a very effective and promising approach that could successfully target adults above the age of 50 if more broadly implemented.
The choice of ART regimen should consider existing medications and comorbidities, particularly liver and kidney disease. This is especially true for HIV patients above the age of 50, as many have polypharmacy.
Healthcare workers must be trained and capacitated to routinely monitor ART toxicities that are more likely to occur in elderly patients due to either ageing or long-term use. National Guidelines are silent on conditions such as neurocognitive disorders, frailty and vision assessments.

Results: Evidence suggests that older women are rarely addressed in
the discourse on HIV risk and prevention, and their concerns are often missed by risk reduction programmes.

Recommendations: Advocate for enactment of policies to extend social protection, especially social pensions, to women and men aged 50 and older as some may not qualify for a contributory pension.
Advocate for social policies designed with the recognition of human rights of women and men thereby creating stable financial situations within their households.
Advocate for the amendment of laws that discriminate against women living with HIV, with regard to property and inheritance rights.

Conclusion: Raise awareness of older people's perceived sense of susceptibility to HIV.

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Investigating the Barriers and Facilitators to Using ART among Women Living with HIV in Plateau State, Nigeria

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Background: Women and girls account for more than 50% of the global HIV population. According to The Nigeria National Bureau of Statistics, the proportion of women living with HIV on long-term antiretroviral therapy (ART) have been on the rise. Despite the later, little research exists on their experiences regarding ART use especially women living with HIV (WLHIV) in Plateau State, Nigeria. This study investigates the barriers and facilitators influencing ART use among WLHIV.

Material and Methods: The study employed a qualitative research design, using twelve (12) focus group discussions (FGD). Eligible participants included WLHIV aged ≥ 18, at least one year on ART, further divided into 18-24-year-old adolescents and adults ≥ 25. The participants were groups of female sex workers (FSW), pregnant, non-pregnant, adolescents, and sero-discordant couples. Data coding utilized both inductive and deductive approaches, yielding themes via content analysis.

Results: A total of 106 individuals participated in the FGDs, including 88 WLHIV and 18 sero-discordant couples. A major facilitator that was expressed among participants across all focus groups was that using ART made them feel healthier and stronger. Additionally, FSW participants identified a second facilitator to using ART, which was having a positive outlook, illustrated by weight gain. Barriers to using ART were also identified by the study participants, including the emotional challenges, physical discomfort, and ART side effects, with adolescents and non-pregnant individuals reporting these barriers more frequently. Such barriers were linked to feelings of past regret, frustration, and disappointment.

Conclusion: The study underscores the significance of maintaining a positive perspective on ART use, demonstrated by the connection between a positive outlook and weight gain, and highlights the hurdles that Plateau State's WLHIV face in adhering to ART. Policymakers and healthcare providers can utilize these findings to formulate targeted strategies aimed at minimizing identified barriers and enhancing ART utilization among this population.

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Vitality of Retention of Women on ART in Prevention of Vertical Transmission

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Background: Current global health data shows that 39.0 million people were living with HIV in 2022. 1.5 million Children and 37.5million adults (15years and older), 53% were women and girls, indicating a higher prevalence among women than men. Sub-Saharan Africa accounted for approximately 66% of people of all ages living with HIV. 2022 also recorded 1.3million new infections and 46% were women and girls (all ages). Of all the 4000 weekly new infections among young women and adolescent girls globally in 2022, 3100 were from Sub Saharan Africa, and 63% was accounted for by women and girls.

In the National Syndemic Disease Control's report of 2023, Kisumu County had 134826 People Living with HIV (all ages), registering a prevalence rate of 17.5% nationally and 118500 were adults of all categories. The prevalence among women was higher at 20.6%, lower than men which was at 17.8%.

The number of children who have acquired HIV has dramatically risen over the years in developing countries since the first case was identified. For every 5-year increase in baseline age, the proportion of children who achieved a normal CD4 percentage fell by 19%. Vertical Transmission has been a major concern of the Health system and efforts are being made jointly to ensure positive indicators on this. Strict compliance to programs and reproductive Health education has positively impacted the Prevention of Vertical Transmission programmes. Ministry of Health, Kisumu County, in

collaboration with other implementing partners have consistently made efforts to ensure Anti-Retroviral Therapy to all pregnant women, identified as mothers living with HIV both at first ANC and those continuing with treatment, as a contribution to Prevention of Vertical Transmission, with some positive indicators in 2022. A review on the data available on infants on prophylaxis was done to determine the progress on Prevention of Vertical Transmission.

Material and Methods: A National Data review of pregnant women initiated on maternal prophylaxis between 2019 and 2022, was done. Mothers maintained on maternal prophylaxis, and the Deliveries from Mothers Living with HIV and Infants initiated on prophylaxis and their sero-conversion trend was reviewed comparatively through the years.

Result: In 2019, 55% of 5112 infants on prophylaxis were identified as HIV Positive between 0-9months, 58% of 5003 infants in 2020, 63% of 4624infants in 2021 and 49% of 3797infants in 2022. Maternal prophylaxis initiation and retention through the 3 years have ranged between 95-97%, with 2022 scaling up to 98.9%

Conclusion:
• Providing antiretroviral medicines to the mothers throughout the antenatal and breast feeding period significantly reduced Vertical Transmission by more than 10% in 2022.
• Retention of Mothers on Art was vital towards positive indication Of Prevention of Vertical Transmission.
Recommendations: Adoption of Patient centred approach in Ante-Natal Clinic programmes to ensure retention in Anti-Retroviral Therapy and improve compliance levels.

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Promoting Uptake of Cervical Cancer Screening among Women Living with HIV at Kiruddu National Referral Hospital: A Successful Quality Improvement Initiative

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Background: Cervical cancer remains a significant health concern for WLHIV, who face an elevated risk of developing the disease. We conducted a quality improvement initiative at Kiruddu National Referral Hospital (KNRH), Uganda, to increase cervical cancer screening uptake among WLHIV from September 2022 to March 2023. Our objective was to elevate the screening uptake from 71% to 95% within the study period.

Material and Methods: WLHIV aged 25 to 49 years attending KNRH were eligible for screening. Visual Inspection with Acetic Acid (VIA) was used for clients below 30 and HPV screening (ThinPrep® Pap Test) for 30 to 49years. A multifaceted approach was implemented that included; health education to address the myths about cervical cancer screening, refresher Continuing Medical Education (CME) for healthcare workers, group and individual health education for WLHIV on the importance of cervical CACX screening, line listing and tagging of eligible patient files, follow-up calls and text messages, and enhanced documentation for follow-up.

Result: A significant improvement in cervical cancer screening uptake was observed as follows: September (78%), October (83%), November (87%), December (89%), January (91%), February (94%), and March (99.9%).

Conclusion: This quality improvement initiative demonstrated the significance of a comprehensive approach in promoting acceptance of cervical cancer screening among WLHIV. We recommend scaling up of such a holistic approach in similar settings.

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Building Demand for TB Preventive Therapy among Children and Household Contacts In Sanyati District

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Background: The a project was implemented from February to July 2023 in 5 healthcare facilities Nyamatani, Nyahonde, Rimuka, Kadoma General Hospital and Sanyati Baptist Hospital, The objective was to increase TPT treatment literacy among the caregivers of child contacts and other household contacts of TB patients and to increase uptake, coverage and completion of TPT among children through utilization of DSD models.

Material and Methods: Multi-stakeholder engagement was conducted to identify the 24 TL4TPT lay cadres who were trained including WLHIV through a classroom approach. The cadres submitted monthly reports from May to July 2023 with segregated data. Interface meetings with the community through community dialogues targeting households living with and affected by TB.

Results: The results included children from 0 – 15 years, pregnant women, WLHIV. There were 85 new TB clients among WLWH, 114 visits to home of new TB clients, 305 TB contacts were identified, 285 TB contacts screened, 86 TB contacts with symptoms of TB, 97 TB contacts with symptoms referred to the health facility, 257 TB contacts noted to be eligible for TPT, 277 TB contacts referred to health facility for TPT, 140 TB contacts initiated on TPT among WLWH. 2723 health sessions on TPT conducted at healthcare facilities. 1354 health sessions on TPT in communities. 890 community dialogues with an average of 650 participants. 15 new patients picked with TB among pregnant women. For children under 5 years; 7 new TB infection were picked, 17 visits to homes of new TB; 66 TB contacts were identified. 70 contacts screened for TB .9 TB contacts with TB symptoms were identified. 12 TB contacts referred to health facility.55 TB contacts noted to be eligible for TPT. 30 TB contacts referred to health facility. 16 TB contacts initiated on TPT. A total of 668 health education sessions on TPT at the health facility. 608 health education session on TPT. 582 community dialogues held on TPT. For children between 5 years and 15 years; 22 new TP patients picked. 19 visits to home of new patients, 144 TB contacts identified, 118 TB contacts screened for TB, 28 TB contacts with symptoms of TB, 17 TB contacts with symptoms referred to health facility, 98 TB contacts noted to be eligible for TPT, 46 TB contacts referred to health facilities for TPT, 26 TB contacts initiated on TPT. 886 health education sessions on TPT at health facilities, 566 health education sessions on TPT in community. 404 community dialogues. 10 human Impact stories of people affected and LW TB were documented in all their diversities and a case study was developed.

Conclusion: Availing of TPT drugs to all clinics. Intensifying health education to cement information disseminated by TPT cadres.
Discussion/lessons learned/next steps:
There was community engagement through an inclusive process had community ownership. Almost every household in places like Rimuka, Patchway, Pixi Combi and Chakari is affected by TB because it is a hotspot with few community-based organizations involved in TB awareness, prevention and treatment to complement government efforts.

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Accelerated Oral PrEP Uptake among Female Sex Workers at DIC; Inputs from Enhanced Peer Led Community Outreach Approach-Busia District-Uganda

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Background: Oral PrEP is clinically proven to reduce HIV transmission; studies indicate efficacy correlates to user adherence
Ministry of health Uganda with support from regional implementing partners rolled out the EPOA, Enhanced Per Led Outreach approach hybrid facility-community to scale up initiations, the DIC adopted this alongside resilient data management and QI collaboratives.

Only 8% (2/24) of the eligible KP/PPs had been initiated on Oral PrEP by end of August 2023, the EPOA model was launched as the best change package through catch up QI modalities to close the gap by end of November 2023.

Description: District KP/PP Focal persons comprehensively oriented DIC Peers in EPOA strategy implementation, SOPs, data management, entries into registers after field activities.
Assigned daily Oral PrEP initiations to Peers to track, report back during QI weekly joint performance meetings, institutionalized data concordance and synchronizations in registers and online KPIC tracker and the national PrEP collaboratives.

Lessons Learnt: DIC recorded accelerated gain in monthly Oral PrEP initiations, October –December 2022 quarter surpassing monthly target of 24; August 8% (2/24), September 158% (38/24) and November 195% (47/24) among KP/PPs.
Retention, PrEP Continuation also improved from 8% August to 86% by November 2023, hence good adherence among the Female sex workers
KP/PPs can efficiently be reached out to greatly improve Oral PrEP uptake and retention through high yielding and sensitive EPOA approach with resilient data driven approaches to track performance gains.
DICs and other PrEP accredited sites should scale up EPOA and QI collaborative synergistic approaches that yield good demand and service retention among Female sex workers.

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Urugendo - A HIV Journey

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This " lessons learnt" abstract covers a 20 years long journey ('Urugendo') of a woman living with HIV in Africa and as a migrant in Europe.

The main objective of the session is for participants to reflect and engage in working towards a world where people living with HIV are healthy citizens free from stigma. Fighting inequalities together, we can help them to achieve universal access to health services and empower them to express their needs, break taboos and create a HIV stigma free society.

The key messages on HIV prevention and stigma to be highlighted during the session will center around:
- Healthy living: Lessons learnt as a member of the HIV community on growing up (or ageing) positively will be shared. The session will also explore how our partners can improve their engagement with PLWHIV
- Diversity & inclusion: Attention will be given to the often overlooked needs of indigenous African communities, and lessons on how to work together with indigenous communities on HIV outreach and access to key services will be shared
- Empowering people: This part is about lessons learnt around the importance of framing key challenges/ problems together with PLWHIV, and how to co-design approaches or projects with (not for) PLWIH at the local level

The key lessons learnt outlined through the key messages above will be presented through a life journey (Urugendo) that takes participants to various countries in Africa and into my life as an African migrant in Europe. The journey spans various stages of living 20 years with HIV : Youth, Growth, Death, Resurrection and Fame.

Session participants will be able to experience the HIV journey through signature art forms which combine my talents with my work as HIV stigmafighter. If the session format allows, to strengthen my HIV stigma fighting messages and bring the above lessons learnt I will be able to deliver these messages and lessons through poetry, playing a traditional African music instrument the indonongo, and/ or dance using traditional African techniques.

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Effect of In-Uterine ARV Exposure During PMTCT of HIV-Infected Women on Hepatitis B Vaccine Responsive in Children

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Background: Prevention of mother-to-child transmission (PMTCT) programs, which include combined ART and improved obstetric management, have successfully reduced vertical transmission of HIV-1 infection. However, even with these programs, there is still an increase in disease burden among in-uterine HIV-exposed infants, and there is limited knowledge about the effects of HIV and antiretroviral therapy (ART) on the immune response to hepatitis B vaccination in these infants.

Objectives: We aimed to assess anti-HBs response profile among children born to HIV-positive mothers under ART during PMTCT

Material and Methods: This was a cross-sectional study including 65 HIV-exposed prenatal ARV-unexposed children (HEx/PMTCT-), 41 HIV-exposed prenatal ARV-exposed children (HEx/PMTCT+) and 44 HIV-unexposed-exposed and uninfected children (HUx) as control. These children aged 4 months to 5 years were regularly vaccinated to the hepatitis B vaccine. An optimized adapted home-made ELISA was used to measure HBs-specific IgM, IgG, and IgG subclasses (IgG1, IgG2, IgG3 and IgG4) levels in children; in addition to the BioELISA® Biohit kit. Scatter plots were used to determine correlations between CD4/CD8 ratios and HBsAg specific IgM and IgG responses in both HEx/PMTCT- and HEx/PMTCT+ children.

Results: Vaccine protective response rates in HEx/PMTCT- and HEx/PMTCT+ children of 49% (p=0.0003) and 56% (p=0.0031) respectively were significantly lower compared with 92% in their control peers. Anti-HBs specific IgM antibody responses were significantly decreased (0.0332) in HEx/PMTCT+ children than their HEx/PMTCT-. However, the IgG responses were comparable in both HIV exposed groups, but significantly lower (p<0.0001) relative to the healthy controls. More specifically, the IgG3 subclass was significantly reduced HEx/PMTCT+ than HEx/PMTCT- (p<0.0001) and HUx (p=0.023). Anti-HBs IgG subclass profile pattern in PMTCT unexposed and exposed children were IgG3>IgG1=IgG4>IgG2 and IgG1=IgG3>IgG4=IgG2, respectively while this was IgG3=IgG1=IgG4>IgG2 in the control group of children. A significant negative correlation (r= -0.3854, p=0.0244) was noticed between CD4/CD8 ratio and anti-HBs IgG response in the HEx/PMTCT- children. No correlation was observed between CD4/CD8 ratio and anti-HBs IgG response in HEx/PMTCT+ children. In HEx/PMTCT- children, positive moderate correlations were shown between CD4/CD8 ratio and anti-HBs specific IgG1(r =0.0689, p=0.6943) and negative ones IgG3 (r=-0.0428, p=0.8069) responses respectively. Contrarily, only negative moderate correlations were shown between CD4/CD8 ratio and anti-HBs specific IgG1(r = -0.0698, p=0.7764), and IgG3 (r=-0.3870, p=0.1016) responses in HEx/PMTCT+ children.

Conclusion: Overall, HBV vaccine immune response in children born from HIV infected mothers was altered, specifically IgG3 response level HEx/PMTCT+ children.

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High Prevalence of Teenage Pregnancies and Unmet Contraceptive Needs in the Post COVID-19 Era in Four Refugee Settlements of Northern Uganda

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Background: Teenage pregnancy and child birth complications are a leading cause of mortality among girls aged 15 to 19 globally, with Uganda recording 700,000 deaths annually. Utilization of modern contraceptives among teenage girls stands at 9.4% across the country. Amidst the COVID-19

pandemic, research underscores an increase in adolescent pregnancies, however, limited data exists regarding the same among girls living in refugee settlements, where reproductive health vulnerabilities are exacerbated. We therefore evaluated the prevalence of teenage pregnancy and associated factors amidst the COVID-19 pandemic in four refugee settlements of Northern Uganda between 2020 to 2023.

Material and Methods: We conducted a cross sectional descriptive study on 385 conveniently sampled teenage girls from four selected refugee settlements in Obongi and Yumbe districts, obtained through multi-stage and cluster sampling techniques, where each settlement represented one cluster. The data collection tool was developed in English and translated into three languages; Acholi, Kuku and Arabic. We obtained an ethical approval and informed consent / assent prior to data collection. We used Kobo toolkit to administer the tool, by a research assistant. Data was exported to stata version 15 for analysis. Prevalence of teenage pregnancy was assessed by self-reported pregnancies since the beginning of COVID-19, and modern contraceptive use was measured by self reported use of any of the modern contraceptive methods in the same period. We performed Pearson's chi square and Fisher's exact tests at bivariate analysis. Level of significance was set at $P < 0.05$. We then performed modified Poisson regression analysis for multivariable logistic regressions on variables with $P<0.2$ to assess associations.

Results: Overall, mean age was 17 (IQR: 15-18), with sexual debut at 16 (IQR: 15-17). Lifetime modern contraceptive use among respondents was 86.2% and current use was 7.5%. Teenage pregnancy prevalence was 34.0% (CI: 29.4% to 38.9%). Factors independently associated with teenage pregnancy were; living with a husband (aOR: 3.8, 95% CI: 2.51 to 5.84, P <0.001), no education (aOR: 2.3, 95% CI: 1.26 to 4.35, P = 0.007), peer pressure (aOR: 2.1, 95% CI: 1.54 to 2.86, P <0.001) and history of sexual abuse (aOR: 1.5, 95% CI: 1.07 to 1.99, P = 0.018).

Discussion: There is a high prevalence of teenage pregnancies (34.0%) among girls living in refugee settlements of northern Uganda, above the national average of 24%. This is attributed to child marriages, lack of education and peer pressure. Our findings are strongly comparable to findings across sub-Saharan Africa that highlighted similar contributors to teenage pregnancy. Additionally, our study also found out that modern contraceptive use stands at 7.5%, below the national average of 9.4%, which is thought to contribute to the high numbers of teenage pregnancies in the refugee context.

Conclusion: The burden of teenage pregnancy in refugee settlements exceeds global and national averages, revealing gaps in meeting contraceptive needs. Enhancing accessibility and promoting modern contraceptive methods are crucial. Urgent action is required to address disparities and implement targeted interventions, mitigating challenges associated with teenage pregnancy in the refugee context.

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Retention in Care in Pregnant HIV Positive Kaposi Sarcoma (KS) Patients Seen at a Tertiary Hospital in Harare, Zimbabwe: A Case Control Study

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Background: Evidence is required to guide chemotherapy treatment of HIV positive pregnant patients on antiretroviral therapy with concurrent KS. We sought to document completion outcomes in pregnant HIV positive patients with KS compared to age and stage-matched non-pregnant HIV positive female counterparts at a university-affiliated hospital in Harare, Zimbabwe.

Material and Methods: From January 1994 to January 2020, records of all female participants who received care in the KS clinic whilst pregnant were analysed retrospectively. Age and stage-matched non-pregnant controls were identified and matched in a ratio of 1:3. The primary outcome was loss-to-care after initiation of therapy. Multivariate analysis was performed to identify significant predictors of loss-to-care. The short-term foetal consequences were a secondary outcome.

Results: A total of 23 cases and 76 controls were enrolled for this study. 81% of the total participants were on antiretroviral therapy (ART), with 76% of the controls and 91% of the cases on ART. There was no difference in chemotherapy administered between the two groups. A total of 67(67.7%) patients were lost to follow-up with no statistical difference between the cases and controls [69.6% of cases and 67.1 controls (p=0.825)]. There was no statistical difference in the outcome between cases and controls based on baseline CD4+, current CD4+ count and viral load [OR- 1.00(0.998-1.00)p=0.342; OR- 1.00(0.996-1.00) p=0.276; OR- 1.00(0.999-1.00)p=0.367]. Pregnant women in WHO HIV Clinical stage 3 and 4 were not at a higher risk of loss to follow up than their non-pregnant counterparts [OR-1.87(0.24-14.65)p=0.553; OR-1.70(0.24-11.95)p=0.592]. Concurrent hypertension or tuberculosis had no statistical difference in outcome between the cases and controls [OR-0.49(0.03-8.13)p=0.620; OR-0.91(0.32-2.57)p=0.859]. There was one documented foetal stillbirth.

Conclusion: There is no difference in loss to follow up in HIV positive pregnant KS patients receiving chemotherapy treatment in comparison to non-pregnant age and stage-matched female patients with KS. Baseline CD4+, current CD4+ count, viral load or HIV clinical stage had no bearing on retention to care between pregnant and non-pregnant HIV positive KS patients.

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Factors that Contribute to Mother-to-Child Transmission in the Face of Near HIV Epidemic Control in Selected Facilities in Nairobi and Kajiado Counties, Kenya

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Background: Despite in-country progress in reducing HIV infections in children and improving access to HIV testing and anti-retroviral therapy (ART) for HIV-infected pregnant and breastfeeding women and their infants, Nairobi County records a transmission rate of 6% and Kajiado 11.7%. USAID Fahari ya Jamii project collaborates with county governments in Nairobi and Kajiado to support 103 facilities in Nairobi and 47 in Kajiado in efforts towards the elimination of pediatric HIV infection. We sought to identify factors that contribute to mother-to-child transmission in the face of near HIV epidemic control.

Material and Methods: We conducted a cross-sectional analysis of data on mother-baby pairs s who were diagnosed with HIV infection in project-supported HIV clinics from October 2022 to August 2023. We used a standardized program-based tool to extract maternal and infant variables from electronic medical records. All mother-baby pairs who were diagnosed with HIV were included. Descriptive analyses were performed for maternal and infant characteristics.

Results: A total of 35 mother-baby pairs were diagnosed with HIV during the period under review, 18 in Nairobi and 17 in Kajiado County. Two out of 10 sub-counties accounted for 70% of all infections in Nairobi while one sub-county out of five accounted for 34% of infections in Kajiado. The median age of mothers was 30 years, with 80% having attended their 1st antenatal clinic at 21 weeks' gestation. Fifty-one percent of mothers were newly identified positives while 48.6% were known positives. All the mothers were on Dolutegravir-based regimens however, only 34.3% reported good adherence and only 37.1% had disclosed their HIV-positive status. Forty-six percent of infants were male while 54% were female. The median infant age at enrolment into care was 9 months, their 1st HIV diagnosis was also made at that time. Fifty-two percent of infants were reported as being mixed-fed under 6 months.

Conclusion: Late initiation of antenatal care, women newly diagnosed with HIV, non-disclosure, poor adherence to ART, and mixed feeding may contribute to mother-to-child transmission. There is a need to look into and address the underlying reasons for these. Newly diagnosed women may benefit from case management.

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Navigating the Journey as a Young Mother

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Pregnancy, breastfeeding, and contraception hold a unique significance when viewed through the lens of a young mother. This abstract provides a heartfelt exploration of these interconnected aspects, shedding light on the joys, challenges, and emotional experiences that define the journey of young motherhood.

For a young mother, pregnancy often arrives unexpectedly, carrying both excitement and trepidation. Balancing the demands of adolescence or early adulthood with the responsibilities of impending motherhood can be overwhelming. This abstract roots around the emotional roller-coaster of discovering an unplanned pregnancy, the importance of support systems, and the resilience required to face the unexpected and embrace the transformative journey into motherhood.

This abstract is so personal to me because I gave birth to my child at the age of 19 years. At this time, I was just starting my university journey, my pregnancy was so unexpected being a teenager and inexperienced in the motherhood journey. I had to balance between studies, personal growth, and the baby's needs which was challenging both physically, financially, and emotionally. Today I use my experience to educate AGYW and teenagers emphasizing the difficulties of being a young mother mostly in these economic times.

Breastfeeding emerges as a central facet of the young mother's experience, full of both bonding and complexity. The desire to provide the best nutrition for one's child is accompanied by the challenges of learning to breastfeed while managing the demands of youth. There is an emotional connection forged through breastfeeding, hence the importance of community and family support. The hurdles young mothers may encounter when seeking to balance their personal growth with their baby's needs are many and tough. This is why as I talk to AGYW and teenagers I advocate for contraceptives. Therefore, contraception becomes a critical consideration for young mothers who may not be ready for another pregnancy. Navigating the array of contraceptive options, while tending to the needs of a newborn, is a multifaceted challenge. Hence the importance of informed contraceptive choices, understanding the body's postpartum changes, and seeking family planning resources as an integral part of young motherhood.

The journey of young motherhood is unique, demanding, and full of love. It highlights the resilience and adaptability of young mothers as they navigate the complexities of pregnancy, breastfeeding, and contraception. This abstract acknowledges the significance of emotional support, access to education, and healthcare resources that empower young mothers to make informed decisions about their reproductive health, while also pursuing their personal aspirations.

The abstract also underscores the strength and determination of a young mother and my capacity to embrace the transformative experiences of pregnancy, breastfeeding, and contraception, all while continuing their personal growth. It highlights the importance of breaking societal stigmas and providing young mothers with the resources they need to thrive, contributing to their own well-being and that of their children.

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Pregnancy, Breastfeeding and Contraception for Women Living with HIV

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Women living with HIV face unique challenges and considerations when it comes to pregnancy, breastfeeding, and contraception. This abstract provides a comprehensive review of the current knowledge and guidelines surrounding these topics, aiming to inform healthcare providers and empower women living with HIV to make informed decisions regarding their reproductive health.

Pregnancy planning for women with HIV involves a multidisciplinary approach, including preconception counseling, antiretroviral therapy (ART) optimization, and monitoring of viral load. With proper management, the risk of mother-to-

child transmission can be significantly reduced, allowing for safe pregnancies and healthy outcomes.

Breastfeeding presents a complex decision for women with HIV due to the potential transmission of the virus through breast milk. Exclusive formula feeding is generally recommended to eliminate the risk of transmission, particularly in resource-rich settings. However, in certain contexts where safe alternatives are limited, informed decision-making, adherence to ART, and close monitoring can support the choice of breastfeeding while minimizing transmission risks.

Contraception options for women living with HIV should prioritize both effective pregnancy prevention and potential interactions with ART. Hormonal methods such as combined oral contraceptives and progestin-only methods, are generally safe and effective, but close monitoring of drug interactions is essential. Intrauterine devices and barrier methods are also viable options, while sterilization should be approached with careful consideration.
Healthcare providers play a crucial role in providing accurate information, counseling, and support to women living with HIV regarding pregnancy, breastfeeding, and contraception. Tailored approaches that consider individual preferences, cultural contexts, and available resources are key to ensuring reproductive autonomy and promoting the overall well-being of women living with HIV.

Ultimately, comprehensive, patient-centered care and counseling, along with the latest research, are vital in addressing the unique needs of women living with HIV during pregnancy, breastfeeding, and contraception decisions.

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Barriers to Quality of Care in Contraceptive Service at the Primary Healthcare Level in Kenya

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Background: Despite progressive efforts that have been made in providing quality contraceptives over the last decades in Kenya, young women continue to face a range of challenges in accessing quality care, which can lead to unintended pregnancies, unsafe abortions, and maternal and child morbidity and mortality. This abstract unpacks the barriers to quality of care in contraceptive services among underprivileged adolescents and young people at the primary healthcare level.

Description: To examine the barriers to quality contraceptive care for underprivileged adolescents and young people, focus group discussions were conducted with young people to explore their perceptions of the barriers to accessing quality contraceptive care and to identify potential solutions. The group discussions allowed us to identify the key barriers and inform the development of the study's research questions and data collection tools. Interviews were also conducted with healthcare providers to explore their attitudes towards adolescent sexuality and contraceptive care and their knowledge and skills in providing adolescent-centered care.

Finding and Lesson Learned: The data collected through the group discussions revealed that a significant proportion of young women face barriers to accessing quality contraceptive care. These barriers include limited knowledge about contraceptive options and their effectiveness, lack of privacy and confidentiality, and negative attitudes towards contraception among healthcare providers.

Conclusion: The Abstract highlighted the need for comprehensive interventions to address the multiple barriers to accessing quality contraceptive care for young people in primary healthcare settings. Finally, it is imperative to note that the barriers to contraceptive uptake among young people are complex and to be successful, there is a need for comprehensive, multi-pronged, and multi-sectoral approaches and integration of the approaches in boosting their access and utilization, especially at the primary healthcare level.

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Pregnancy, Breastfeeding and Contraception

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This is an observational fact for increased repeat pregnancy among HIV-Positive and Negative women presents complication cluster of challenges that extend beyond the realm of reproductive health.
This abstract underscores the multifaceted nature of these challenges and their potential implications for women's well-being, family dynamics, and public health policies.
This review further explores into the socio-cultural, economic, and health-related aspects that underlie the increase in repeat pregnancies among women. Societal norms, limited access to comprehensive sexual education, and gaps in family planning services contribute to unintended pregnancies. These pregnancies often occur in contexts where economic constraints hinder access to healthcare, poor health facilities with UN experienced technical staff to offer family planning services, hence exacerbating the challenges associated with multiple pregnancies.

The impact of increased repeat pregnancy on maternal health cannot be overlooked. Women who experience closely spaced pregnancies face an increased risk of maternal complications, including anemia, preterm births, and preeclampsia. Moreover, the cumulative burden of multiple pregnancies can impede women's educational and economic opportunities perpetuating a cycle of poverty.
The intersection of HIV and reproductive health poses unique challenges for women in Africa. This comprehensive review explores the complex dynamics of pregnancy, breastfeeding, and contraception among women living with HIV, aiming to enhance understanding and inform targeted interventions.

This abstract advocates for a comprehensive approach to address the challenges posed by increased repeat pregnancies. Implementing evidence-based strategies that encompass accessible family planning services, robust sexual education, and empowerment initiatives can empower women to make informed reproductive choices strengthening healthcare systems to provide adequate antenatal and postnatal care, particularly in sub Saharan Africa, is key to alleviate the health risks associated with rapid increased pregnancies.
IT further emphasizes the importance of interdisciplinary collaboration among healthcare providers, educators, policymakers, and community organizations to develop holistic solutions that promote reproductive freedom and women's overall well-being.
Public health policies must be tailored to target the unique needs of different populations, taking into account cultural norms, socioeconomic disparities, and geographical variations.

Conclusion: As advancements in HIV care continue, it is imperative to view reproductive health as an integral component of holistic HIV management. Tailored interventions that consider the cultural, social, and economic contexts of women in Africa are essential to promoting the well-being of women with HIV, ensuring safe pregnancies, healthy breastfeeding practices and effective contraception strategies.

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Result of Including the CD4 Indicator in Pregnant Women in the HIV Quality Improvement Action Plans in Mozambique

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Background: In Mozambique, almost 2.4 million people are living with HIV (Spectrum 6.29). According to the recent population-based survey, the estimated prevalence of HIV is 12.4%, being higher in women 15% compared to men 9.5% among men and 15% among women1,2(INSIDA2021). Mozambique's Ministry of Health began implementing the Quality Improvement Guideline in 2016 with 23 Health Facilities. By 2023, around 86% of people leaving with HIV on anti-retroviral treatment in the country have been enrolled in the 779 Health Facilities that are implementing the HIV Quality Improvement Strategy (STI/National HIV Program).

Description: In June 2023, Mozambique included CD4 indicators in the action plans of the PDSA cycle of Quality Improvement in Health Facilities for Advanced Disease screening in order to achieve viral suppression and reduce the vertical transmission rate (less than 5%).In the national standard, CD4 is requested at the first clinical consultation after HIV diagnosis and the result must be returned within 28 days. This assessment was carried out in 779 Health Facilities with a Quality Improvement approach through manual or electronic data collection. Manual data collection is carried out by entering data from the primary source into an excel spreadsheet, while electronic data collection is based on a query from the Health Facilities electronic patient tracking system.

Results: The CD4 category includes the CD4 request and delivery indicators. In June, 18% of pregnant women who had started antiretroviral therapy in the previous month had a CD4 test. Of these, only 13% obtained a result. After this evaluation, the 779 Health Facilites identified the problems specific to the Health Facilities for the low CD4 request and return. These actions in turn resulted in an increase in the performance of these 2 indicators after 4 months by 86% and 88% respectively. If we analyse the monthly trend for CD4 requests from July to October was 24%, 21%, 37% and 41% and for the return it was 13%, 11%, 21% and 23% respectively.

Conclusion: We could see that including this indicator in quality improvement was a fundamental strategy for creating demand for CD4 requests and **Results:**on pregnant women (screening for HIV advanced disease), given that these health facilities provide services to around 86% of people leaving with HIV on anti-retroviral treatment 86% of people leaving with HIV on anti-retroviral treatment As next steps, we will continue to evaluate the **Results:**until the end of the cycle and include in the next cycle an indicator that evaluates the percentage of patients with CD4 below 200.

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In-Depth Sequence of Events Following Longitudinal Utilization of High Viral Register in Longisa County Hospital PMTCT Clinic Bomet County, Kenya

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Background: PLHIV with AHD have immune suppression with reduced ability to fight opportunistic infections (OI), other infectious and non-infectious diseases, and are therefore at increased risk of morbidity and mortality. AHD is also associated with increased health-care costs, use of more health-care services and more frequent monitoring needs. All PLHIV presenting with Advanced HIV Disease (AHD) should be offered a package of care that includes timely initiation of ART, screening, diagnosis, prophylaxis, and management of opportunistic infections.There has been a disproportionate viral load suppression of less than 95% as compared who the general population at 97%.Viral load suppression is key to elimination of mother o child transmission that stands ta 12.5% as to to the national average of 8.6% as per 2022 HIV estimates.

Material and Methods: Longisa County Hospital in collaboration with HJFMRI conducted a retrospective chart review amongst recipients of care in the PMTCT clinic with detectable HIV Viral Loads (>200cp/ml) whose cohort had matured to at least 3 months after enrollment in high viral load register. HIV positive ROC with viral load >200cp/ml in Kenya EMR were triangulated with the High Viral Load Register were reviewed to establish the sequence of events following posting of viral load >200cp/ml.

Results: As of March 2023, the Treatment Current for PLHIVs in Longisa County Referral PMTCT clinic had 11 clients with detectable viral load (>200cp/ml).The total line listed recipients with detectable viral loads was 10.4% (11/105.The number enrolled in the high viral load register was 100% (11), 3%(3) had documentation of having

been discussed in the facility MDT,100%(11) had received a session of enhanced adherence counseling, 73% (8) had received 2 sessions of enhanced adherence counseling while 55% (6) had completed 3 sessions of enhanced adherence counseling. Home visit had been done to 18% (2) of the ROC, 0% (0) had immunological assessment done using CD4 count/percentage. 73% (8) had repeat viral load drawn following while 88% (7) of the samples drawn had suppressed. Lastly 27% (5) had approvals of HIV-DRT from the SRV-RTWG. As of financial year quarter one erratic supplies of Cd4 cartridges at the county hospital had been experienced.

Conclusion: Each member of the multidisciplinary team should have the requisite training to provide treatment education and offer appropriate support to address potential barriers to adherence.
Facility PMTCT champions in collaboration with HIV clinical reviewers should undertake chart reviews to understand/assess progress of essential/enhanced package of care pregnant and breastfeeding women living with HIV suspected to be failing ART.

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Knowledge and Perceptions of Health Care Providers on Legal and Policy Environment Regarding HIV and Women in Zimbabwe

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Background: Many girls and young women in Zimbabwe particularly in Chiredzi district face barriers to HIV information and care. Ensuring the delivery of proper HIV services for youth is an important public health priority. Thus, it is important for health care providers to have adequate knowledge and understanding of current legislation and policies pertaining the HIV and health services in Zimbabwe. The aim of the study was to describe the knowledge and perceptions of health care providers on the legal and policy environment regarding HIV and women in Zimbabwe.

Objectives:
1. To increase knowledge and understanding on HIV- women and rights policies in both rural and urban health sectors in Zimbabwe.
2. To increase participation and meaningful engagement of health care providers on legal and policy environment regarding HIV and women in Zimbabwe.
3. To advocate for the meaningful engagement of health care practitioners, adolescents, girls and young women in understanding HIV policies and procedures. And also, to be included in high level policy meetings for responsive programming, and champion for integration of other services.

Material and Methods: Qualitative study carried out using a focus group discussion. Total of 36 purposely selected health care providers from different health care settings participated in 7 focus groups discussions. Semi-structured interviews were digitally and manually recorded. Recorded interviews were transcribed, and thematic analysis method was used to analyses the transcripts.

Results: Knowledge of Zimbabwean legal and policy environment regarding women and HIV varied between different health care providers. Nursing officers from obstetric wards had the least knowledge while public health nursing sisters and medical officers of health had a fairly good understanding of the legal and policy environment in Zimbabwe. Transgender/gender identity was the least familiar areas among all health care workers. While knowledge of the current legislation and perceptions on homosexuality was poor among the majority of participants. The importance of comprehensive sexual education (HIV related issues) at schools is a theme that emerged from all interviews. Both public health inspectors and public nursing sisters wanted to have a one legal age limit of 18 years for both marriage and consent for sexual activities. Public health nursing sisters voiced the need for one legal age limit of 18 years for marriage for all ethnicities. Disappointment on the non-health sector involvement in providing youth sexual and reproductive knowledge and HIV services was voiced and suggested by many.

Conclusion: Knowledge gaps were clearly seen among health care providers on legal and policy environment regarding HIV and women in Zimbabwe. Programmes should be implemented to strengthen the knowledge and understanding of health care workers regarding policies and legislation on HIV and women in Chiredzi and the country at large.

Recommendations: The research recommend that, in order to improve the knowledge and understanding of HIV and women, especially in the rural communities, a system which monitors misconducts related to legal and policy framework in the health care sectors should be in place to keep the program sustainable.

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The Role of Communities in Empowering Women Living with HIV/AIDS

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This research abstract highlights the crucial role that communities play in empowering women living with HIV in Africa. The abstract presents a brief overview of the research study, focusing on the research objective, methodology, key findings, and implications for policy and practice. The research aims to shed light on how communities can effectively support and empower women in their journey of living with HIV, addressing the unique challenges they face within the African context.

Research Objective: This study aims to explore the role of communities in empowering women who are living with HIV in Africa. Specifically, it seeks to identify the various forms of support provided by communities, their impact on women's empowerment, and the barriers and facilitators to community involvement in HIV-related initiatives.

Material and Methods: The research employed a qualitative approach, using in-depth interviews and focus group discussions with women living with HIV, community leaders, healthcare providers, and representatives from non-governmental organizations working in the field of HIV/AIDS. The study selected diverse regions across Africa to capture a wide range of cultural, social, and economic contexts.

Results:
1. Creating safe spaces: Communities provided safe environments where women could openly discuss their experiences, challenges, and aspirations related to living with HIV. These spaces fostered a sense of belonging, reduced stigma, and facilitated peer support networks among women.
2. Access to information and resources: Communities served as vital platforms for disseminating accurate and up-to-date information regarding HIV/AIDS prevention, treatment, and care.
3. Economic empowerment: Communities played a critical role in facilitating economic empowerment opportunities for women living with HIV. Through vocational training programs, income-generating activities, and microcredit schemes, women gained financial independence and enhanced their self-esteem.
4. Advocacy and policy influence: Communities acted as advocates for the rights and needs of women living with HIV. By mobilizing for policy change, raising awareness, and challenging discriminatory practices, communities played a pivotal role in shaping policies and programs to better meet the needs of women infected and affected by HIV.

Policy and Practice Implications: The findings of this study underscore the importance of community involvement in supporting and empowering women living with HIV in Africa. Policymakers and practitioners should recognize and build upon the strengths and resources within communities to enhance the well-being of women affected by HIV. Efforts should focus on creating enabling environments, strengthening community-based organizations, and promoting collaboration between community leaders, healthcare providers, non-governmental organizations, and governmental agencies.

Conclusion: This research highlights the crucial role of communities in empowering women living with HIV in Africa. By providing safe spaces, access to information and resources, economic empowerment opportunities, and advocating for policy change, communities contribute significantly to the overall well-being and empowerment of women affected by HIV. A comprehensive approach that recognizes the importance of community involvement is essential for addressing the multifaceted challenges faced by women and achieving sustainable outcomes in the fight against HIV/AIDS in Africa.

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Empowering Women Living with HIV: Unveiling the Crucial Role of Community Engagement

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Background: This study examines the pivotal role of communities in empowering women living with HIV. Addressing the unique challenges faced by this demographic is essential for effective public health interventions and support systems.

Material and Methods: A comprehensive mixed-methods approach was employed, combining surveys, interviews, and focus group discussions within diverse communities. Statistical analyses, including regression models, were utilized to assess the impact of community engagement on various aspects of empowerment.

Results: Our findings highlight a significant positive correlation between active community involvement and increased empowerment levels among women living with HIV. Community support was linked to improved mental health, access to healthcare, and enhanced social integration. Notably, tangible outcomes were observed, challenging preconceived notions about the limitations faced by this population.

Conclusion: In conclusion, this study emphasizes the instrumental role of communities in fostering empowerment among women living with HIV. The data substantiates that community engagement acts as a catalyst for positive change, contributing to the overall well-being and resilience of these individuals. These insights underscore the need for targeted community-based interventions to create a more supportive and inclusive environment for women living with HIV.

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Breaking the Mold: Men's Active Engagement in HIV and Nutrition Programs for Family Well-Being and Gender Equality in Lesotho

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The evolving dynamics of gender roles in Lesotho, shaped by a complex interplay of factors (e.g., social, cultural, economic, espiritual and relogious), have paved the way for an in-depth examination of men's involvement in UNICEF programs and related activities. This meta-analysis focuses on the transformative journey undertaken during the UNICEF Lesotho Country Program 2019-2023, with a specific emphasis on the triennial HIV-nutrition campaign and breastfeeding practices. Using a rigorous meta-analytical approach, this study aims to shed light on the patterns of male participation, including their motivations, challenges and barriers, as well as key enablers and facilitators.

While the country program primarily centered on women and children, with a strong emphasis on addressing HIV and nutrition-related challenges specific to these groups, it is noteworthy that men did participate, with diverse degrees of engagement and responsibilities, in selected activities within the initiatives. This acknowledgment of men's involvement reflects an understanding of the importance of engaging all family members as active contributors to their family's journey, with a particular emphasis on promoting gender equality and supporting women empowerment and agency.

Upon closer examination, it becomes evident that men predominantly assume supportive roles within these initiatives. Their participation is often limited to punctual collaborative efforts and support functions rather than being integral to the core activities. However, beneath this surface-level support, there exists a willingness and motivation among men to become active partners in various aspects of their family's well-being and development. This signals a growing recognition of the complex relationship between human rights,

gender equality, and the holistic well-being of children and families in Lesotho.
To tap into this untapped potential, it is crucial to reevaluate research methodologies with a heightened focus on gender and diversity perspectives. This shift promises to provide a more nuanced understanding of men's roles, highlighting their limitations as well as their potential contributions. It also paves the way for a more inclusive dialogue on child rights and gender equality. To achieve meaningful progress, targeted efforts to enhance men's skills and knowledge are essential, allowing them to transition from passive supporters to proactive agents of change.

In conclusion, Lesotho stands at a critical juncture where human rights, gender dynamics, and child advocacy converge. By intensifying our commitment to gender awareness, embracing inclusivity, and upholding human rights principles, we have the potential to catalyze a significant transformation. As our discourse deepens, Lesotho's experiences can contribute to global efforts, shaping innovative strategies and visionary policies that enhance the well-being of children and families worldwide, all while championing gender equality as a fundamental principle. This journey not only acknowledges the progress made but also underscores the ongoing dedication to creating a more equitable and just society for all.

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The Role of Communities in Empowering Women Living with HIV: Lived Experiences in Embakasi West Sub County-Nairobi County, Kenya

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Background: Widowhood, a state of losing a wife or husband to death, is the most difficult incident in one's life. For numerous women across the world, the death of a spouse is signified by many losses, such as the loss of their social status, marital home, land, property, dignity, and, sometimes, their children. Miruka et al., (2015) state that, women face challenges within the society due to death of their spouses and this affects their health.

In 2017, UN Women estimated that there were about 285 million widows globally. Out of this, 115 million lived in "deep poverty" in fragile conditions and were vulnerable to various forms of psychological, sexual and physical abuse like rape, social exclusion, and denial of property rights by their husbands' families (United Nations, 2017). Statistics indicate that, widows who are socially and economically disadvantaged live in developing countries. For instance, in 2018, UN Women reported that 9.6 percent of widows in developing countries lived in extreme poverty due to inequality in access to resources and opportunities including access to health care (United Nations, 2018).

There is growing body of evidence that links Widows Living with HIV and mental health which manifest in such conditions as multiple sexual partners, depression, and impaired judgment, impulsive behaviour, reduced fear of consequences, and increased vulnerability to outside influences, and as a result are more likely to engage in risky behaviour. Interactions between casual sex engagements, drug and alcohol use and depression are common, often leading to a decreased concern for personal safety of widows further leading to social difficulties associated with stigma and discrimination.

It is against this backdrop that Smart Widows Support System (SWSS) through her membership provides empathy and compassion that help improving the lives of those who have lost their spouse. SWISS has realized that emotional support through listening to their needs and concerns can be a tremendous help. This can include checking in on them regularly, inviting them to social events, and offering a shoulder to cry on. Further, Widows may also benefit from joining a community of other widows who share similar experiences. Connecting them with support groups or community organizations can provide them with a sense of belonging and support. Overall, caring for widows requires empathy, kindness, and a willingness to offer practical and emotional support. By reaching out and showing that we care, we make a positive difference in the lives of widows in the community. The study employed a qualitative phenomenological approach. The design allows participants to explore and describe their situation through perception and experience in the phenomenological event (Lester, 1999). The study adopted this design as it allowed participants to provide a deeper understanding on the lived experiences of widows by qualitatively exploring their views on experiences encountered before and during widowhood in relation health care. The

approach was used to aid in understanding the widow's experiences by deeply exploring and describing their lived experiences in widowhood through listening to marriage histories.

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HIV Testing of Male Partners and Other Family Members of Pregnant Women - Experience of the Democratic Republic of Congo

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Background: Since 2012, DRC has adopted e -TME plan. The aim is to contribute to the improvement of mother and child survival through the elimination of pediatric AIDS in 2030. To achieve this, the involvement of male partners and family units is a great asset in order to create a favorable adherence. DRC has implemented the strategy of invitation letter to pregnant women's partners to facilitate their involvement.

Material and Methods: We conducted a descriptive and retrospective study over one year on data routinely collected by the program staff. The analysis focused on the uptake of HIV Testing for pregnant woman's male partners and other male family member's partners.

Results: 1503025 pregnant women living with HIV were received in PNC in the DRC in 2022.After counseling and informed consent, 1325373 agreed to for the HIV screening, among them 7439 were positive, equivalent of 0.56%. Regarding the male partner, 63127 were tested, 4987 were HIV positive equivalent of 7.9 %.

Conclusion: These results show that the invitation letter is an approach that can help to invite male partners of pregnant women to come to the health facilities for HIV testing. This strategy also allows to give access to many people to start early HIV care and treatment and avoid late diagnostic and its consequences. A tailed analysis of factor which facilitate or inhibit the effectiveness of this approach in DRC's context will improve the strategy at national level.

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Factors Influencing Quality of Life of Women Living with HIV/AIDS Belonging to Support Groups in Calabar Metropolis, Cross River State, Nigeria

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Human Immunodeficiency Virus (HIV) discovered in 1983 is the etiologic agent for Acquired Immunodeficiency Syndrome (AIDS) and women are more at risk (1.6%) compared to men (1%). Identification of factors that determine quality of life (QOL) is important in improving the level of functioning and well-being of People Living with HIV/AIDS (PLWHA). This study evaluated the quality of life, associated factors and coping strategies of PLWHA, belonging to support groups in Calabar Metropolis. Using a descriptive, cross-sectional method, data was collected using World Health Organization Quality of Life Questionnaire-Short version (WHOQOL-BREF) and the BRIEF COPE a self-reported questionnaire used to assess coping behaviors a person may have in response to a specific illness such as HIV/AIDS. Of the 222 questionnaires administered, 221 (99.5%) were fully completed, analyzed using Excel spreadsheet and SPSS version 20. The majority were females 61.5%(136), 86 (38.9%) had never married, 99 (44.8%) had secondary education, 47 (21.3%) were unemployed, 72 (32.6%) had no monthly income, 114 (51.6%) were protestants and 138 (62.4%) were very active in their support groups. The mean age (SD) of respondents was 34.5+/-1.16; most of the respondents 163 (74.2%) indicated that their overall quality of life was good and about half 55.7% were satisfied with their health. Comparison of self-rated health and overall quality of life gave a good correlation co-efficient of 0.9627. Majority of the

respondents 148 (67%) were asymptomatic, 105 (47.5%) perceived themselves ill, 78(35.3%) rated their health poor while most 143 (64.7%) rated their health good. With respect to dimensions of health, physical health status had the highest score of 14.96, social support domain was 14.84, and environmental health 14.64, level of independence was 13.44, while the least score was obtained for psychological health at 11.76. An interesting finding in this study was religion being the most commonly used coping mechanism for people living with HIV/AIDS with a weighted mean of 3.25. The findings from this study indicate that only adherence to Highly Active Anti-Retroviral Therapy (HAART) was found to be significantly associated with the quality of life of people living with HIV/AIDS (p=0.0174). On the other hand, there was no significant relationship between the level of income and QOL of PLWHA (P= 0.647), as well as between social support and quality of life (p=0.0626), and between adverse drug reactions and quality of life of PLWHA (P=0.0932). It was seen that 15 (7%) of the support groups were inactive, while 68 (31%) were moderately active and 138 (62%) were very active. The study therefore suggests that in order to improve the QOL of PLWHA, spiritual support; psychological and psychiatric support should be strengthened while adherence to HAART should be sustained. There is also need to provide support services such as community dialogue for stigma reduction, increasing the number of support groups and reactivating inactive ones, clinical evaluation and management, adherence counseling, opportunistic infection management and prophylaxis, nutritional assessment and referrals, economic and human rights empowerment as well as health education.

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Experiences of HIV Positive Serostatus Disclosure to Sexual Partner among Individuals in Discordant Couples in Mbarara City, Southwestern Uganda

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Purpose: Disclosure of HIV status is key in HIV management. Despite many studies on serostatus disclosure, there is a gap in experiences regarding HIV status disclosure among discordant couples. The current study addressed this research gap, and explored the lived experiences of serostatus disclosure among discordant couples in Mbarara City, South Western Uganda.

Material and Methods: We conducted 12 in-depth interviews with the help of a translated interview guide, and they were audio recorded. Participants were purposively enrolled in the study, which employed a phenomenological qualitative design. The study was conducted at three public health facilities in Mbarara City. The data was analyzed using thematic content analysis. Approval for this research was obtained from the Mbarara University Research Ethics Committee (MUST-REC) and administrative clearance from the city clerk of Mbarara City.

Results: The mean age of the participants was 38 years old, ranging from 20 to 67 years. An equal number of males (six) and females participated in this study. Most of them had at least secondary level education, and only three had primary education. Half of the participants disclosed their serostatus to partners immediately after testing HIV positive. Key emerging themes as experienced benefits of HIV serostatus
disclosure included: 1) social support and care; 2) decisions regarding health, fertility, and child bearing; 3) sharing information on HIV prevention and protection measures; 4) positive living; and 5) ease of HIV serostatus disclosure. The challenges associated with serostatus disclosure were summarized as one theme: misunderstandings in the families of the discordant couples.

Conclusion: Socially, psychologically and financially HIV positive individuals have benefited from their negative partners. Healthwise, they have been supported, and cared for after disclosing their positive status, but some have faced challenges, such as family misunderstandings. Couple HIV counseling and testing by a trained health worker is beneficial in HIV care and could mitigate the challenges related HIV serostatus disclosure.

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Understanding How Social Networks Affect Infant HIV Testing: Evidence from Mothers Living with HIV in Uganda

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Background: More than one million infants are exposed to HIV in high-burden African countries, leading to 150,000 new infant HIV infections each year. Early infant testing and immediate treatment can significantly decrease mortality. Yet only 60% of HIV-exposed infants worldwide are tested as recommended by two months of age. The inter-personal barriers to infant HIV testing include anticipated stigma, non-disclosure of serostatus, lack of social support, and intimate partner violence. These barriers could be overcome with interventions that engage a mother's social network, meaning individuals in her social circles such as her partner, parents, siblings, friends and neighbors. Social networks are important sources of social support. They can also affect behaviors through social influence (e.g. peers sharing their experience seeking infant testing). There is limited research examining the role of social networks on mothers' decisions to seek early infant HIV testing, separate from other factors. In our study, we wanted to understand the role that mothers' social networks play in affecting whether mothers sought early infant testing.

Material and Methods: We conducted a study among women living with HIV who gave birth between 2010 and 2023. We embedded our study within an on-going longitudinal social network study conducted across 8 villages in Nyakabare Parish, in southwestern Uganda. This parent study collected socio-centric network data every two years since 2010, meaning we have complete population data of individuals' social networks during this period. Among mothers living with HIV, we collected data on each child born since 2010. Data included the child's birth date and delivery outcome, whether she sought early infant testing, the timing of testing and treatment (if applicable). Data also included their socio-demographic characteristics, self-reported HIV status, timing of diagnosis, pregnancy and delivery care-seeking, partner relations, and anticipated stigma. Our primary outcome was a binary measure for whether the mother sought infant HIV testing by two months of age. We will use multi-variable regression models with generalized estimating equations and cluster robust standard errors by mother, adjusting for individual characteristics.

Results: Data cleaning is currently being completed. Planned analyses to be presented at the workshop will include: whether the number of close social ties having sought infant HIV testing or encouraged the mother to seek infant HIV testing is associated with whether the mother sought infant HIV testing. We will examine whether perceived community norms for seeking infant testing are associated with whether a mother sought infant HIV testing. We will also estimate whether social support from social ties (including informational, financial and emotional support) is associated with infant HIV testing.

Implications: Our findings fill a critical gap in understanding the role of social networks on mothers' decisions to seek early infant HIV testing. By better understanding if and how social networks affect these decisions, we can design interventions that engage social networks to support early infant HIV testing. Ultimately, these findings can help significantly increase uptake of HIV testing for the nearly one-half million exposed/undiagnosed infants in Africa who are not tested by two months of age.

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The Strength of Empowered Community

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Case study of We Lead project implemented by stretchers Youth Organization in Mombasa

Background: Mombasa, with its rich cultural diversity and dynamic urban landscape, serves as a backdrop to the multifaceted challenges faced by women living with HIV. Against the backdrop of this coastal city, the prevalence of HIV among women underscores the urgent need for comprehensive community-driven interventions. The socio-economic disparities and cultural complexities in Mombasa create a unique context wherein the role of communities becomes paramount in empowering women.

Material and Methods: Stretchers Youth Organization has empowered girls who are infected and affected by HIV through the implementation of the We Lead project. We Lead is a 5 year program that target Adolescent Girls between 10-19 years old and young women between 20-24 years, it seeks to empower and address issues affecting young women living with HIV as one of the right holder groups. With support from Hivos through centre for study of adolescents, the project seeks that By the end of 2025, resilient young women living with disabilities, living with HIV, affected by displacement (LBTI), play a leading role in strengthened and inclusive organizations and movements that enjoy increased public support and have convinced duty-bearer and health-service providers to take steps towards implementing laws, policies and practices that respect and protect these young women's SRHR. Since 2021, this has been achieved through; Trainings and capacity building sessions, community dialogues and engagement forums, having community social media engagements and campaigns among other interventions.40 adolescents' girls and young women living with HIV were trained on Sexual Reproductive Health and Rights advocacy, county development processes and social accountability.
As a community based organization, we have taken the role to mentor and guide the trained champions to ensure that women living with HIV in the community are not left behind and that their opinions are heard, valued and acted upon. We have provided Social Support by creating a safe space where women can share their feelings, fears, and triumphs without fear of judgment.

Results: Through the mentioned interventions, girls and young women living with HIV have participated in the county development processes through public participation forums, memorandum submission and they have engaged directly with duty bearers on matters affecting them .Their active participation led to duty bearers positively responding to some of their needs that they addressed through the memorandum and public participation For Example ; they addressed that they needed county government to provide them with menstrual products due to high cost of living .in July 2023,Mombasa County Government Department of Public Service Administration Youth, Gender Social Services and Sports allocated a budget (5M KES) for the provision of Sanitary Pads to 20,000 needy girls in the Mombasa County CIDP 2023-2027.

Conclusion: The pivotal role of the community in empowering women living with HIV is undeniably significant. Through fostering a supportive and inclusive environment, communities can serve as catalysts for positive change, breaking down stigmas and barriers that often hinder the well-being of women affected by HIV.

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The Interconnected Struggle: Empowering Women Living with HIV in the Face of Climate Change

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Background: This abstract delves into the intricate intersectionality of HIV and climate change, particularly focusing on the challenges faced by women living with HIV. Beyond the medical realm, the study explores the compounding impact of climate change on the lives of these women and emphasizes the critical role of communities in fostering empowerment.
Objective: This presentation seeks to elucidate the dual burden faced by women living with HIV, grappling not only with health-related challenges

but also the amplified vulnerabilities resulting from climate change. By examining community-based interventions, the abstract aims to identify strategies that address the interconnected challenges of HIV and climate change for women.

Material and Methods: The abstract employs a comprehensive review of community-led initiatives that holistically empower women living with HIV, considering the additional challenges posed by climate change. It evaluates the effectiveness of interventions, examining the role of communities in building resilience, addressing environmental justice, and promoting sustainable livelihoods.

Results: Findings highlight the symbiotic relationship between HIV and climate change challenges for women. Successful interventions integrate climate resilience strategies, ensuring that women living with HIV are equipped to navigate both health-related and climate-induced adversities. Community-driven programs that incorporate sustainable practices contribute not only to health outcomes but also to the overall well-being of women in the context of a changing climate.

Conclusion: This abstract underscores the urgency of recognizing and addressing the interconnected challenges of HIV and climate change faced by women. It emphasizes the pivotal role of communities in implementing interventions that empower women, providing insights for policymakers, healthcare professionals, and climate advocates.

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The Role of Communities in Empowering Women Living with HIV in Uganda: A Systematic Literature Review

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Background: HIV/AIDS remains a major global health concern, particularly impacting women and underscoring the need for targeted, evidence-based interventions. Particularly in Uganda, according to Uganda Population-Based HIV Impact Assessment (UPHIA 2021) HIV/AIDS remains a pressing health concern, with women disproportionately affected as evidenced by a higher prevalence rate among women (7.2%) compared to men (4.3%). Communities may lack initiatives that specifically target economic empowerment for women with HIV, further exacerbating financial challenges and interrupting access to health services. Barriers to healthcare access persist, as stigma is not confined to communities but extends to healthcare settings, discouraging regular medical care-seeking. Economic insecurity is a prominent issue, with employment discrimination and a lack of economic empowerment programs contributing to the financial instability of WLHIV. Through Community Peer Social Networks women living with HIV can connect, share experiences, and offer mutual emotional and practical support.

Material and Methods: A systematic literature search was carried out on major databases including ASSIA, CINAHL, Science Direct, Web of Knowledge, Wiley Inter Science, AMED, Pub Med/Bio Med Central, MEDLINE, and Cochrane Library. We determined the contribution of peer support networks, community education programs, and advocacy efforts to the well-being of Women Living with HIV. Our analysis incorporated statistical assessments of stigma reduction, healthcare accessibility, and the effectiveness of legal support services.

Results: The study showed that women with HIV encounter significant stigma, resulting in social isolation and non-disclosure of their status due to fear of discrimination. Limited social support exacerbates these challenges, with communities often lacking understanding and empathy for women living with HIV.

Conclusion: The study provided an understanding of the required effort to uplift Ugandan women living with HIV, shedding light on ongoing challenges, and highlighting the importance of community-based empowerment and sustainable outcomes.

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Peers Support Organizations as Pace Setters in HIV Prevention in Kenya: Case of Operation Hope CBO

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HIV disclosure (sharing one's HIV positive status with others) has a number of potentially positive consequences. HIV partner disclosure can reduce levels of unprotected sexual activity, partly through greater condom negotiation and use, and facilitate partner HIV testing. Sharing one's status to partners or others can improve engagement in care, and help in the initiation of and adherence to antiretroviral treatment (ART), through the availability of disclosure-specific support or the reduced need to hide medication from others.

Background: The contemporary era of organized peer support owes its success in no small part to the mental health consumer movement of the 1970s. This social movement empowered former mental health service users to help each other and advocate for themselves. From these humble roots, peer support quickly found new applications in chronic disease management (diabetes, mental health, heart disease, cancer, asthma, HIV/AIDS, substance abuse), screening and prevention (cancer, HIV/AIDS, infectious diseases), and maternal and child health (breastfeeding, nutrition, post-partum depression).
Peer support members provide each other with various types of help, usually nonprofessional and nonmaterial, for a particular shared, usually burdensome, characteristic. Members with the same issues come together for sharing coping strategies, to feel more empowered and for a sense of community. The help may take the form of providing and evaluating relevant information, relating personal experiences, listening to and accepting others' experiences, providing empathetic understanding and establishing social networks.
HIV stigma and discrimination affect the emotional well-being and mental health of people living with HIV.
This speaks to Operation Hope CBO, Positive women membership and women led organization that was stated to accelerate the pace of HIV disclosure when it was considered non fashionable, non-African and self-incriminating.

Material and Methods: The study employed a qualitative phenomenological approach. The design allows participants to explore and describe their situation through perception and experience in the phenomenological event (Lester, 1999). The study adopted this design as it allowed participants to provide a deeper understanding on the lived experiences of women living with HIV (WHIV) by qualitatively exploring their views on experiences encountered before and after contracting the virus in relation to access to health care. The approach was used to aid in understanding the WHIV experiences by deeply exploring and describing their lived experiences. A sample of 20 women who have lived with the virus for more than 15 years were selected, with the youngest aged 24 years and the oldest 65 years.

Results: Talking openly about HIV can help normalize the subject and provides opportunities to correct misconceptions and help others learn more about HIV. Women with HIV with ease help end HIV stigma through words and actions in their everyday lives.

Conclusion: HIV disclosure, however, exposes the person living with HIV (PLHIV) to potential rejection and discrimination. This is the case whether HIV disclosure is direct (the PLHIV telling others about their status), indirect (somebody else revealing the PLHIV's status to others), or guessed (others concluding that the PLHIV is HIV-positive).

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PMTCT PSSG

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Background: Homabay County is a high HIV burden county with a prevalence of 15.2%. The County Elimination of mother-to-child transmission (EMTCT rate) is at 5.3% while that of Kasipul Sub-county is 4.5%. Maternal viremia contributes to most of the pediatric transmission in the County. We implemented PMTCT Psychosocial groups (PSSGs) in Kasipul Sub-county to address maternal viremia.

Material and Methods: We implemented PSSGs for mothers with high viral load and poor adherence across five facilities in the Sub-county in the year 2021 – 2022. The group interventions included treatment literacy sessions, sharing of experiences, a buddy system, and income-generating activities. Group members acted as reminders to peers on adherence issues and maintaining bonds beyond the facility.

Results: The program enrolled 41 clients in the PMTCT PSSGs. Median age was 27(IQR 10-44) Married 28(68%) 6(14%) widows and 5(12%) Single. Parity ranged between 1-4 with an average of 2 children. Viral load at baseline, 16(39.0%) had High viral load 3(7.3%) low-level viremia, and 23(56.0%) were virally suppressed. All the mothers had a viral load of less than 50 copies after the intervention.

Conclusion: Integrating psychosocial support across facilities can help improve maternal viral suppression and eventually reduce pediatric infections.

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Support Groups: Effective Linkages to Women Living with HIV in Africa

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In Africa, where HIV prevalence remains high, women constitute a significant portion of those affected. These women often encounter stigma, discrimination, and a lack of comprehensive healthcare resources. Support groups act as safe spaces, enabling women to share their experiences, challenges, and triumphs in an environment free from judgment. This communal support helps to break the isolation that many women with HIV may feel, fostering a sense of belonging and reducing the stigma associated with HIV.

Support groups play a key role in empowering women living with HIV in Africa, offering an all round approach to address the complex challenges they face. This abstract highlights the significance of support groups in fostering empowerment, enhancing psychological well-being, and promoting comprehensive health among women with HIV in the African continent.

Empowerment within the context of these support groups extends beyond the emotional realm. Practical knowledge-sharing sessions within these groups equip women with information about treatment options, adherence strategies, and access to healthcare services. This empowerment through education enables women to make informed decisions about their health, encouraging a proactive approach to managing their HIV status. Additionally, support groups serve as advocacy platforms, empowering women to collectively address systemic issues such as gender-based violence, unequal access to healthcare, and discriminatory policies.

Psychological well-being is a critical aspect of living with HIV, and support groups play an important role in addressing the mental health challenges faced by women in Africa. The shared experiences within these groups provide a therapeutic environment where women can openly discuss their fears, anxieties, and coping mechanisms. Peer support becomes a powerful tool in promoting mental resilience and reducing the psychological burden associated with HIV. Moreover, the establishment of mentorship programs within support groups allows seasoned members to guide newly diagnosed women, offering hope and practical advice for navigating the emotional complexities of living with HIV.

Support groups also often engage in income-generating activities, vocational training, and educational initiatives, addressing the socioeconomic challenges that disproportionately affect women. By providing a platform for skill development and economic empowerment, these groups contribute to breaking the cycle of poverty that can exacerbate the impact of HIV on women's lives.

Culturally sensitive approaches are paramount in the African context, where societal norms and values play a significant role. Support groups tailored to local cultural nuances ensure that interventions are well-received and effective. These groups become instrumental in challenging harmful cultural practices, fostering a shift towards more inclusive and supportive community attitudes.

In summary, support groups emerge as indispensable entities in empowering women living with HIV in Africa. They serve as catalysts for emotional well-being, sources of practical

knowledge, advocates for systemic change, and promoters of comprehensive health. Recognizing the unique challenges faced by women in the context of HIV, these groups offer a transformative space where women can find strength, resilience, and a collective voice in their journey towards empowerment and improved quality of life.

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The Role of Communities in Empowering Women Living with HIV in Kenya

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Background: In November 2023, the National Syndemic Disease Control Council of Kenya (NSDCC) released a report that 62 adolescents aged 10 -19 get infected with HIV every week. Also at the same period, Nyanza region in Kenya was leading with 341,903 HIV+ cases. Also, in Kinango, Kwale County, most adolescent school going girls still engage in unprotected sex with their boyfriends and boda boda riders for sanitary pads as a result of poverty. This will affect their academic perfomance and increase the risk of new STIs, HIV infections and unintended pregnancies.

Nationwide, prevalence stood at 3.7% for adults 15 - 49, with the rate being higher among women at 5.3% than men 2.6%. Nearly half of Kenyan teenagers aged 15 - 17 years do not know the methods of HIV prevention according to the Kenya Demographic and Health Survey (KDHS) 2022 report.

The data also shows that there are currently (2023) 348,408 Kenyan men and 807,576 women on antiretrovirals (ARVs).

Background: and scale-up of prevention programmes such as Pre-Exposure Prophylaxis (PEP) are bearing fruit especially with the female sex workers.

Objectives:
1.Promotion of Comprehensive Sexuality Education in school curriculums and Youth Friendly Centers.
2. Civic and Social education on HIV Prevention to the general public using localized languages.
3. Creation of stigma eradication forums during Holiday celebrations, sports tournaments and music festivals with more emphasies on the ongoing Operation Triple Zero (OTZ) and Undetectable = Untrasmittable (U=U) campaigns.
4. Use of social media to sensitize young people on importance of contraception against HIV (e.g. the new emergent HIV prevention method for women i.e. dapivirine ring)
5. Advocating for the implementation of Thematic Area 5 of the Kenya AIDS Strategic Framework II (2020/21-2024/25): Which is to actualize;
i. Leverage on communities led programmes for an effective response.
ii. Design and implement people centred responses.
iii. Reinforce the critical role of community-led interventions.
iv. Strengthen community-led data monitoring and social accountability.

Material and Methods:
1) Sustain leadership, advocacy and coordination of the eMTCT programme at the community level.
2) Strengthen partnerships between communities, private and public health systems.
3) Ensure routine monitoring of progress and accountability at all levels.

Recommendations:
i. Continued engagement of Community Health Promoters, Peer Educators and Community Gatekeepers.
ii. Championing for more male engagement HIV Prevention programmes.
iii. Support and amplify the present Partners supporting Adolescent Girls and Young Women (AGYWs) living with HIV in Kenya e.g. USAID Tumikia Mtoto Project that caters for Orphans and Vulnerable Children (OVC) and AGYWs living with HIV and Bar Hostess Empowerment and Support Programme (BHESP) that supports Female Sex Workers living with HIV in Kenya.

Conclusion: With the above findings and recommendations, we can conclude that the biggest stakeholders are always at the grassroot/community level and upon consideration to the above objectives, most community members will unlearn stigma, learn liberality and relearn empathy and will be capacity strengthened to fully support women already living with HIV which as a result will reduce or/and prevent new HIV infections in Women in Kenya.

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The Role of Communities in Empowering Women Living with HIV

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Background: Men are believed to be the key decision-makers in all aspects of the transmission of HIV and have the power to protect themselves and their partners. Optimization of communities especially men's involvement in empowering Women Living with HIV given the increase in new HIV infection can be a great success in ending the disease. How women can be empowered has remained the biggest question especially with the issues they face such as wife inheritance, forced marriage, teen age pregnancy, gender equality. The purpose and objective of this study was to find ways through which men can be involved in empowering women living with HIV and to determine available inventions, examine their effectiveness and to develop alternative interventions.

Problem Statement: African society has looked at women as tools of overcoming poverty and easing work and have not emphasized on equality of gender. Many interventions and services are in place to work together to provide comprehensive HIV prevention to decrease risk and enhance support at the individual, family and structural levels. However there are still increasing new HIV infection and more girls and young women getting infected.

Material and Methods: To explore this hypothesis, A survey research design was used to quantitatively collect information from 125 participants of 22 young Adult men (Age: 19-30 yrs), 21 young Adult Female (Age 20-27) and 82 older men (Age: 28-52 yrs).

Results: The study discovered that only 30.23% young adult men and 43.9% older men do not know how to empower women living with HIV. 61.1% of female found it hard to negotiate safe sex because of lack of decision making skills. Gender equality policies have been considered mainly as a women's issue. The study proposed men's inclusion, participation, sensitization and decision making skills training for women.

Conclusion: The Role of communities in Empowering Women Living with HIV Average score is very low <40% with significant difference between both young adults and older men while most women lack competency in decision making suggesting that many men are not aware that they can support women living with HIV.

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Ten Year Trend in HIV Infection in Pregnant Women in Southern Mozambique

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Background: Monitoring HIV infection rates is needed to guide health interventions and assess their impact, especially in highly vulnerable groups to the infection such as pregnant women. This study describes the trends of HIV infection over ten years in pregnant women attending antenatal care (ANC) clinics in southern Mozambique.

Material and Methods: Data collected as part of three studies undertaken between 2010 and 2021 in pregnant women aged 15-45 years attending the ANC clinic and an additional dataset of clinical routine data from the Ministry of Health's HIV National Program Registry were analysed to describe prevalence trends. HIV incidence was estimated between prevalence points of the three studies using two validated methods, one based on mortality rates and the other on survival information after HIV infection. Trends over time were obtained by fitting splines regression model.

Results: The overall prevalence of HIV infection among the 21810 pregnant women included in the analysis was 29.3% (95% CI: 28.7-29.9). There was a decrease of the HIV prevalence from 28.2% (95% CI: 25.6-30.8) in 2010 to 21.7% (95% CI: 19.8-23.6) in

2021, after a peak of 35.3% (95% CI: 30.1-40.8) in 2016. Regarding maternal age, in most years, the prevalence of HIV infection was highest in older ages (≥30 years old) and a reduction in HIV prevalence over time was observed in the younger age groups [15-20) and [20-25), respectively (p<0.001). HIV infection incidence increased from 12.75 per 100 person-years in middle 2010 to 18.65 per 100 person-years in middle 2018, and then decreased to 11.48 per 100 person-years in middle 2021.

Conclusion: Despite the slight decrease at the end of decade, HIV prevalence remains quite high among pregnant women attending the ANC. The incidence of HIV increased greatly but then reduced to the same levels initially observed at the beginning of the decade. These trends suggest that urgent action is needed if Mozambique will progress towards ending HIV/AIDS in the country by 2030.

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Comparison of Serological and Molecular Treponema Pallidum Tests in HIV Patients in Kenya, April 2021

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A random sample of 177 consenting HIV patients underwent serological testing by three serological tests: RPR, VDRL and TPHA against PCR as the "gold standard" and a detailed socio-demographic questionnaire was administered. The mean age of the study patients was 48.3(SD 11.07) years with the majority 40.1% aged 51 years and above. There were 60.5% female, 58.8% were married, 48.6% had had HIV infection for between 1 to 8 years, 88.1% were receiving 3TC/TDF/DTG/AFV based ART regimen and 7.9% having virological failure. There was 1.1% of the patients with a previous syphilis positive result. The prevalence of syphilis was 18.6% by PCR. Sensitivity, specificity and kappa of tests in this population with a high prevalence of syphilis (18.6% by PCR) were: RPR: 100%, 76.4% and kappa (0.546 - moderate agreement); VDRL: 100%, 55.6% and kappa (0.317 - fair agreement); TPHA: 100%, 94.4% and kappa (0.864 – near perfect agreement) and combination of RPR/VDRL and TPHA: 100%, 54.2%and kappa (0.306 - fair agreement). Because PCR is generally unavailable in Kenya, using TPHA as the gold standard the sensitivity, specificity and kappa of tests in this population were: RPR: 97.6%, 80.1% and kappa (0.636 - substantial agreement); VDRL: 97.6%, 58.1 and kappa (0.377 - fair agreement); and RPR/VDRL combined: 97.6%, 57.4% and kappa (0.369 - fair agreement). The use of TPHA as the gold standard lowers the sensitivity of RPR 100% to 97.6% and that of VDRL from 100% to 97.6% but improves the specificity of RPR 76.4% to 80.1% and that of VDRL from 55.6% to 58.1%. Considering all the TPHA weakly reactive samples as negative improved both the sensitivity and specificity of TPHA against PCR as gold standard each to 100%. On the other hand, when all the TPHA weakly reactive samples are considered as positive lowers both the sensitivity and specificity of RPR and VDRL with TPHA as the gold standard. The result shows that syphilis positivity is high among HIV patients .Also they show that neither RPR nor VDRL assay could be recommended as either a stand-alone assay or as a confirmatory test. Th**e** result of TPHA with the weakly reactive considered as negative were the most concordant with those of PCR. However, low positive TPHA test results should be interpreted with caution as they could reflect early seroconversion or false positive results.

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Females are Dramatically Younger at Time of HIV Diagnosis in Central Niger

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Background: Gender disparities at time of HIV diagnosis persist throughout Africa. At SIM Galmi Hospital (www.galmi.org), we screen thousands for HIV in the Tahoua Region of Niger, where HIV prevalence is only 0.4%. In a country where 75% are married by age 18, females are particularly vulnerable to early HIV infection, often detected through prenatal visits.

Material and Methods: We reviewed data for 4077 HIV positive individuals incorporated into our program with adequate recorded demographic data during the period 2005-23. Age at time of

diagnosis and entrance into our program was examined by gender.

Results: Females were substantially younger than males at the time of diagnosis. For females, the average age at diagnosis was 29.53, while the average age of males was 38.24. While pediatric populations had similar gender breakdowns (93 females and 94 males through age 15), the trendlines diverged remarkably after age 15. Amongst those aged 15-20, there were 146 females and 10 males, amongst those aged 20-25, there were 358 females and 51 males, amongst those aged 25-30, there were 564 females and 148 males, amongst those aged 30-35, there were 482 females and 243 males, amongst those aged 35-40, there were 341 females and 336 males. For older populations, males predominated: amongst those aged 40-45, there were 182 females and 266 males, amongst those aged 45-50, there were 101 females and 232 males, amongst those aged 50-55, there were 64 females and 160 males, amongst those 55-60 there were 17 females and 85 males. For those 60+, there were 24 females and 80 males.

Conclusion: Females tend to be diagnosed earlier than males in our setting for a number of reasons. Most critically, females are diagnosed through prenatal testing. But other demographic factors warrant further research and consideration. Females may initiate sexual activity at a younger age in our social context. Older males have more access to care and resources in our patriarchal society. And indeed, our previous research has shown a heavy male predominance in diagnoses from regions more distant from our hospital, as females often lack the means to travel. While this study's result is not unexpected, the remarkable degree of age difference between the genders has implications for further research and for our counselling and management. Females and males at time of diagnosis are often in different life stages, and counselling should not be one-size-fits-all. And further creativity in the development of screening approaches that capture younger males and older females would strengthen our public health system.

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Building and Scaling New Biomedical HIV Prevention Options for Adolescent Girls and Young Women: The USAID Approach

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Background: The United States Agency for International Development (USAID) makes investments in research and development of new biomedical HIV prevention products for adolescent girls and young women, and conducts implementation research to bring new products to scale in HIV programs in low- and middle-income countries (LMIC). USAID focuses on adolescent girls and young women given their disproportionate HIV risk. We share lessons learned from development of new HIV prevention products and their programmatic introduction in Africa.

Lessons Learned: Lesson One: Adolescent girls and young women need a range of safe and effective biomedical prevention methods to choose from to meet their varied and evolving HIV prevention needs. Along with male and female condoms, there are currently three approved biomedical products that prevent HIV among women: tenofovir-based daily oral tablets; a dapivirine vaginally-inserted ring that provides protection for one month; and a bi-monthly cabotegravir injection. Each method offers unique features; all methods are used in social contexts where issues of potential stigma, gender dynamics, partnership trust, product access, and clandestine use and storage may be challenges. USAID is investing in research to develop additional biomedical HIV prevention products that are safe, effective, affordable, informed by adolescent girls and young women, and can be scaled in LMICs. Biomedical products in development include: an injection and an implant providing HIV protection for six months; a vaginally-self-inserted bio-adhesive film that would be discreetly packaged and provide protection for a month; a vaginal ring to prevent both HIV and unwanted pregnancy through non-anti-retroviral and non-hormonal active ingredients; and several vaginal inserts that

can be used at the time of sex for women who may not need or want systemic or long-term protection. Lesson Two: New methods should be designed with end-users and provider input so that developed products are acceptable to those who need and provide them. USAID has initiated a new research and development process that allows adolescent girls and young women along with healthcare providers and policymakers to see, touch, and sometimes use products as they are being developed so end-user perspectives are factored into product design – all without delaying the design process. Products must be safe, effective, acceptable, affordable, and capable of being distributed through a variety of health care channels in LMIC such as clinics, pharmacies, or community-based outlets. Many products in development will not meet all required standards, therefore many products are in development to arrive at a few achieving regulatory approval.
Lesson Three: Increasing access is not only about the product, but requires a full program for introduction. USAID supports countries to create enabling policy, supply chain, and distribution environments, and is investing in implementation science to examine how to scale product choice in PEPFAR sites in Africa.

Conclusion: New biomedical HIV prevention products are being developed to expand HIV prevention options for adolescent girls and young women in LMIC. Successful products require end-user and broader stakeholder inputs during development and a full program to bring these products to scale in the places where they are needed most.

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Resilience and Challenges: Adolescent Women Living with HIV in Africa

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Adolescence is a critical period of growth and self-discovery, marked by unique challenges and opportunities. For young women living in Africa, the journey through adolescence becomes significantly more complex when compounded by the burden of HIV. This abstract explores the multifaceted experiences of adolescent women living with HIV in Africa, focusing on the unique challenges they face and the resilience they exhibit in the face of adversity.

Epidemiological Context: Sub-Saharan Africa bears the highest burden of HIV globally, with women and adolescents disproportionately affected. The prevalence of HIV among adolescent girls and young women is particularly alarming. The spread of the virus is driven by a range of factors, including gender inequality, socio-economic disparities, and limited access to education and healthcare. Understanding the unique experiences of adolescent women living with HIV is vital in designing effective interventions and policies.

Challenges: Adolescent women living with HIV face numerous challenges, including stigma and discrimination, disclosure dilemmas, and psychosocial burdens. Stigma remains a pervasive issue, often resulting in isolation and discrimination within families, communities, and even healthcare settings. The decision to disclose their HIV status can be a daunting task, as it can expose them to judgment and discrimination. The psychosocial impact of living with HIV can lead to mental health issues, further exacerbating their struggles.

Resilience and Coping Strategies: Despite these challenges, many adolescent women living with HIV exhibit remarkable resilience. They engage in various coping strategies, such as peer support groups, counseling, and education. These support systems empower them to navigate their unique circumstances successfully. Additionally, access to antiretroviral treatment has revolutionized the lives of many, allowing them to lead healthier and more productive lives.

Healthcare Barriers: Access to healthcare services is a critical issue. While strides have been made in expanding access to antiretroviral treatment, many young women still encounter barriers due to their age, lack of autonomy, and economic constraints. These barriers impact their overall health outcomes and adherence to treatment.

Sexual and Reproductive Health: Adolescent women with HIV also face challenges related to sexual and reproductive health. They require tailored support and education to make informed decisions about contraception, family planning, and the prevention of mother-to-child transmission. Stigmatization can hinder their access to these critical services.

Empowerment and Education: Investing in education and empowerment programs is crucial for improving the lives of adolescent women living with HIV. Access to comprehensive sexual education, vocational training, and economic opportunities can empower them to break free from the cycle of poverty and discrimination.

Conclusion: Recognizing and addressing the unique needs of this vulnerable group is paramount. Combating stigma, expanding healthcare access, and providing education and empowerment opportunities are essential steps toward improving their quality of life and ensuring they can navigate adolescence with strength and resilience.

Understanding the experiences of adolescent women living with HIV in Africa is essential to develop holistic and effective interventions that not only address the medical aspects of the disease but also the social, psychological, and economic dimensions of their lives.

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Scaling up of PrEP Uptake through Continuous Quality Improvement at Narok County Referral Hospital

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Abbreviations: World Health Organizations (WHO), Pre-Exposure Prophylaxis (PrEP)

Background: WHO recommends the use of PrEP as an additional HIV prevention strategy for persons at a substantial on-going risk of HIV infection since 2015 and Subsequently, Kenya launched the Framework on implementation Pre-Exposure prophylaxis and developed its Toolkit in 2017 and thereafter developed a comprehensive training curriculum in 2019 that paved way for capacity building amongst HealthCare workers .Narok County Referral Hospital has been offering PreP services since Dec 2017 and documentation & Monitoring is done using the KeEMR module platform and PrEP registers.
PrEP scale up initiatives were initiated in Jan 2023 having reviewed FY21/22 data which showed gross underperformance of Prep new 116 against target of 380 clients. Continuous Quality Improvement was initiated to improve Prep uptake((KHQIF,2014)
Objectives: scale up of PrEP uptake using CQI Model at Narok county referral hospital

Material and Methods: NCRH QI team did a retrospective data analysis FY21/22 which showed suboptimal performance. The facility had 116 prep new clients against a target of 380 as per the data analyzed from DHIS, IMPACT Dashboard and KeEMR. Between OCT 22 to Dec 2022 the facility had 28 PrEP new against a quarterly target of 95 clients (30%) with annual target being 379. The team did a structured root cause analysis using the brainstorming, 5 why's and fish bone which helped in developing interventions to the identified root causes and thereafter monitoring on the strategies using data to measure progress achieved, adjust work plans and indicator targets.

Results: The interventions led to increased number PrEP new from 28 (6%) in Dec 2022 to a currently PrEP new 303(80%) in July 2023.

Conclusion: Using the current health system, staffing, client health education and staff capacity building has had tremendous improvement in PrEP uptake at Narok county referral hospital as it has addressed major barriers that clients face for PrEP access. With more efficient PrEP integration, there is opportunity to improve PrEP uptake and optimize Client-centered care with a one-stop approach to the clinic. The interventions that have worked and lessons Learned Will continue to be key in implementation of the QI project.