

novations to address healthcare disparities in marginalized communities. Future efforts should emphasize scale-up, continuous improvement in programming through implementation science, and dialogue with stakeholders to ensure long-standing impact in the fight against the HIV epidemic.

## TUPEE512

### PrEP telematic services from community-based services

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**Background:** Kimirina, in coordination with the Ministry of Public Health, initiated the PrEP program in Ecuador in August 2019. Initially, in-person medical services were offered, which were obviously suspended during the lockdown in Covid-19 pandemic. During this period, a telematic scheduling and PrEP service system was developed, allowing users to access the service through a computer or a mobile phone. Between August 2019 and July 2023, a total of 1,338 individuals, including MSM, transfeminine, sex workers, and serodiscordant, have accessed PrEP.

#### Description:

Kimirina's telematic system employs three types of tools:

1. A social network through which scheduling is established, and the user opens their file;
2. Interactive telemedicine through video calls using a web platform;
3. Digital health records developed in compliance with standard care requirements, incorporating the specificity of PrEP care. These records are stored to ensure the confidentiality and integrity of information;
4. The use of a widely used social network for receiving examination requests and prescriptions.

The telematic system is supported by Kimirina's network of community centers.

**Lessons learned:** During the analysis period, there is a clear upward trend in the number of individuals accessing the PrEP program each year. In 2019, 93 individuals were served, which increased to 555 in 2021 and 819 until July 2023 through the telematic system. It is worth noting that Kimirina provides in-person services, but these are rarely requested by PrEP users. Through the telematic system, users from 22 out of 24 provinces in Ecuador have been attended to.

**Conclusions/Next steps:** The potential to utilize technological systems enables greater access to combined prevention mechanisms and contributes to achieving the goal of ending the AIDS epidemic by 2030. Kimirina's telematic system is well-received by users as it reduces waiting times and facilitates access to complementary services, such as in-person HIV screening and laboratory testing.

## TUPEE513

### Provider preferences on injectable PrEP Scale-up in Malawi: a qualitative study

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**Background:** Injectable PrEP has the potential to substantially impact HIV incidence in Malawi, however, its rapid and efficient scale-up is dependent on identifying issues that may facilitate or hinder effective service delivery and demand creation.

This paper examines and describes health care worker preferences, perceived challenges, and enablers in delivering and scaling up injectable PrEP in Malawi.

**Methods:** From May-December 2023, we conducted 20 in-depth interviews with healthcare workers providing oral PrEP as part of a pre-implementation mixed methods study to assess preferences for injectable PrEP delivery.

The interview guide included questions to explore providers' experiences with oral PrEP and how that can be used to facilitate scale-up of injectable PrEP, as well as any anticipated barriers and facilitators.

Interviews were translated and transcribed into English, followed by a rapid analysis of interview summaries. Data were then coded and analysed using NVivo 1.7.

**Results:** Respondents felt that injectable PrEP had a relative advantage compared to oral PrEP, including reducing pill burden, promoting adherence, ensuring privacy, and reducing stigma toward users.

All but one provider was willing to recommend injectable PrEP to clients, suggesting high acceptability of injectable PrEP.

Respondents believed that injectable PrEP could be easily introduced and built from the experience of oral PrEP integration with other services, including family planning, ante/postnatal care, STI clinics and drop-in centres.

Respondents did not recommend integration with ART and OPD services due to concerns that these channels may promote stigma.

Despite indicating high feasibility, providers also noted potential barriers to injectable PrEP delivery and scale-up, including increased workload, overcrowding at clinics, and expressed the need for additional training and client education.



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**Methods:** A survey was conducted in a rural tribal community in Minnesota during Fall 2022. Surveys were administered via ACASI in diverse locations throughout the reservation, including during a Powwow, at a casino, and in public spaces. Eligibility criteria included being 18 years old and having ever used drugs. Measures included demographics, sociostructural factors, HIV-related behaviors, and PrEP awareness and interest.

The analytic sample consisted of surveys from 224 individuals who self-identified as American Indian and did not report current PrEP use or HIV diagnosis. Univariate and bivariate analyses were conducted to examine differences in PrEP awareness and interest.

**Results:** Participants were primarily female (58.9%), heterosexual (89.3%), single (52.9%), and had graduated from high school (88.1%). Reported engagement in HIV-related behaviors included having 2 or more sexual partners in past 6 months (13.4%), past year STI testing (32.6%), past year HIV testing (23.2%), and recent drug use (21.9%).

Approximately one in four (27.7%) reported PrEP awareness prior to taking the survey and 17.0% indicated they were interested in taking PrEP. Recent HIV testing was significantly ( $p < .05$ ) associated with increased PrEP awareness (42.3% vs. 23.3%).

Indigenous Peoples reporting 2 or more sexual partners (30.0% vs. 15.0%), past year STI testing (31.5% vs. 10.0%), past year HIV testing (30.8% vs. 12.9%), and past 6-month drug use (31.3% vs. 13.1%) were significantly more likely to indicate interest in taking PrEP.

**Conclusions:** Although PrEP awareness was low, Indigenous Peoples who reported HIV risk behaviors were significantly more interested in taking PrEP than their peers. Steps should be taken to increase PrEP access in Indigenous communities through culturally appropriate collaborative efforts.

## WEPED438

### Client-perpetrated violence and psychosocial well-being among cis men and trans women offering online transactional sex

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**Background:** Sex workers experience high rates of violence linked to criminalisation and insufficient legal protection. Online transactional sex (OTS; trading sex for money/goods online) seems a safer option, particularly for cis men (CM) and trans women (TW), although data on violence experienced by them is scarce.

This study aimed to identify profiles of client-perpetrated violence and psychosocial well-being among CM and TW offering OTS in 8 countries, and factors associated with class membership.

**Methods:** ANRS-SEXTRA is a community-based cross-sectional study among CM and TW offering OTS in Bolivia, Canada, Ecuador, France, Morocco, Mauritius, Portugal and Romania. Data were collected via an online questionnaire (June 2021-May 2022) including four types of client-perpetrated violence (never-sometimes/frequently) and five psychosocial well-being scores (0-10) (Table 1).

A latent class analysis identified 4 profiles. Factors associated with profiles' membership were estimated using multinomial logistic probit regression, controlling for country fixed-effects. Only comparison between class 1 vs. 4, the most different ones, is presented here.

**Results:** Among 1610 participants (median[IQR] age 29[24;36], 75.4% CM, 19.2% TW, 5.4% non-binary), 56.5% experienced at least one form of client-perpetrated violence. Four profiles emerged (Table 1): class 1 (8.5%), was labeled "High violence, low well-being"; and class 4 (32.5%), "Low violence, high well-being".



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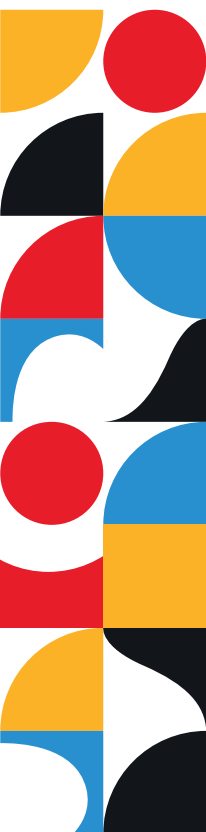


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Factors independently associated with "High violence, low well-being" (class 1 vs. 4), were: precarious finances (coef.: 4.69,  $p < 0.001$ ), declaring OTS as not-by-choice (coef.: 3.24,  $p = 0.001$ ), and trading sex for drugs/alcohol (aOR: 2.18,  $p = 0.030$ ) or shelter (coef.: 3.80,  $p < 0.001$ ). Conversely, conducting OTS mainly at home (coef.: -2.86,  $p = 0.004$ ), doing it as not a source of income (coef.: -2.82,  $p = 0.005$ ), and being HIV-negative (coef.: -2.22,  $p = 0.027$ ) were associated with "Low violence, high well-being".

	Class 1: high violence, low well-being (8.5%, n=139)	Class 2: moderate violence and well-being (34.3%, n=561)	Class 3: high violence, high well- being (24.7%, n=404)	Class 4: low violence, high well- being (32.6%, n=532)
	M (SE)	M (SE)	M (SE)	M (SE)
Client perpetrated violence (%)				
Physical violence	0.60 (0.04)	0.35 (0.02)	0.59 (0.03)	0.01 (0.006)
Verbal violence	0.76 (0.05)	0.61 (0.02)	0.95 (0.02)	0.16 (0.02)
Psychological violence	0.69 (0.05)	0.55 (0.03)	0.89 (0.02)	0.10 (0.02)
Sexual violence	0.66 (0.05)	0.45 (0.03)	0.73 (0.03)	0.06 (0.01)
Psychosocial well-being scores [0-10]				
Self pride	3.13 (0.20)	5.84 (0.09)	8.35 (0.10)	8.41 (0.08)
Confidence	2.90 (0.19)	5.89 (0.09)	8.53 (0.09)	8.52 (0.08)
Integration in society	4.46 (0.19)	6.90 (0.09)	8.70 (0.09)	8.97 (0.08)
Health	2.95 (0.19)	5.91 (0.10)	8.11 (0.10)	8.59 (0.08)
Strength	3.13 (0.18)	5.70 (0.10)	8.40 (0.10)	8.66 (0.08)

Table 1: Latent class analysis results for client-perpetrated violence and psychosocial well-being scores among CM and TW offering OTS (n=1610).

**Conclusions:** These results reveal diverse violence and psychosocial well-being experiences among CM and TW in OTS, highlighting the need to prevent violence against sex workers while recognizing nuanced challenges and multiple vulnerabilities faced by this population. Further analysis will explore how these experiences may influence HIV/STI exposure among this group.

## WEPED439

### Depression among trans women and men who have sex with men from Brazil, Mexico, and Peru: who has the highest odds?

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**Background:** Depression is frequent among trans women (TW) and gay, bisexual, and other men who have sex with men (GBMSM), as compared to cisgender/heterosexual populations, and may be associated with their HIV status, specific sexual experiences, and indicators of social inequality.

We aimed to identify factors associated with depression among TW/GBMSM from Latin America.

**Methods:** We conducted a cross-sectional web-based survey among adult (age  $\geq 18$  years) TW/GBMSM living in Brazil, Mexico, and Peru in 2021. We collected sociodemographic, behavioral, and substance use data. Mental health well-being was assessed with the mental health module of the Short Form Health Survey.

We defined depression according to the Patient Health Questionnaire (score  $\geq 3$ ) and used this as an outcome for logistic regression analyses. In the final multivariable model, we kept all significant variables ( $p \leq 0.05$ ).

**Results:** The study included 18,397 participants (60.7% Brazil, 28.9% Mexico, and 10.4% Peru) with mean age of 33.5 (SD=9.4) years; 96% were GBMSM, 4% TW, 32.6% had secondary education, and 15.3% reported they were living with HIV. Over half of the participants (60.8%) reported none/low individual income.

Participants with depression were 23.1% (25.4% Brazil, 22.8% Peru, and 18.4% Mexico), and the mean score of mental health well-being was 20.3 (SD=8.2) (20.8 [SD=5.0] Mexico, 20.1 [SD=5.2] Brazil, and 19.9 [SD=4.9] Peru). Brazilians, young individuals, people living with HIV, having none/low individual income, and not having a partner were all associated with higher odds of depression (Table). Those with higher mental health well-being score had lower odds of depression.



**Results:** Failing to meet the 95-95-95 AIDS targets entails substantial human and economic consequences. The human cost represents 34.9 million new infections and 17.7 AIDS-related deaths between 2021 and 2050. The economic cost of inaction represents US\$ 8,291 [5,821-13,680] per person among all low- and middle-income countries by 2050, with an average cost of inaction per capita of US\$ 670.

Country-specific analysis supports the relevance of considering both the RoI and the CoI in the economic analysis of the AIDS response. For example, South Africa has the CoI, whereas countries like Kenya and Haiti have a higher RoI.

**Conclusions:** The cost-benefit analysis of the AIDS response using a full-income approach enables measuring the return on investment and the cost of inaction of meeting or failing to meet the 95-95-95 AIDS Targets. Failing to meet these targets bears a tremendous human and economic cost. The idle position is not an option.

## WEPEE580

PrEP combined with other prevention measures is saving money within 5 years according to different HIV incidence rates scenarios: a budgetary impact analysis in Ecuador

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**Background:** In Ecuador, the HIV epidemic is concentrated in men who have sex with men (MSM) and trans women (TW), being the province of Pichincha the one with the highest prevalence: 18.32% and 28.05% respectively. These populations are more likely to benefit from pre-exposure prophylaxis (PrEP), a highly effective HIV prevention strategy for key populations. To this extent, we analyzed the budgetary impact of adding PrEP to other prevention measures (condoms, lubricant, and health education) according to different HIV incidence rates scenarios within 5 years.

**Methods:** The PrEP needs and cost were estimated with the Pan American Health Organization (PAHO) tool. A budgetary impact analysis (BIA) was developed from the third payer perspective with a 5 years' time horizon. The modeled scenarios were based on the epidemiological characteristics of the population joining the program, intention to use prevention measures including PrEP and availability of resources. The eligible population was 4043 for year 1 and would reach 4291 in year 5. Each scenario was analyzed with an three different annual incidences. Due to the lack of information in Ecuador, regional data was used: 2.6%, 4.3% and 7.35%. The BIA was estimated by imputing the total target population, for each year by the individual costs, in each scenario.

**Results:** Under the lower incidence limit of 2.6% no savings were made within 5 years. A scenario with an incidence of 4.3% generates savings in year 4 (-3% of annual budget) and year 5 (-10%). In the upper limit model of a 7.35% incidence, savings were made from year 2 (-4%) and reached 31% in year 5. The trend of increase budget in the PrEP scenario is 6% between for year 1 and 5, while in the current -without PrEP- scenario it is 59% in the same period.

**Conclusions:** PrEP combined with other prevention measures is saving money within 5 years according to different HIV incidence rates scenarios, different populations groups. It is expected that combined prevention programs for MSM and TW might generate savings for the health system in the medium term.

## Health systems, health systems strengthening and partnerships

### WEPEE581

Early registration of HIV-exposed infants: a strategy to increase uptake of early infant diagnosis in Tanzania from 2022 to 2023

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**Background:** Prior to 2022 in Tanzania, a substantial number of HIV-exposed infants (HEI) remained unidentified and untracked. Most HEI starting at aged 6 weeks were registered on paper-based tools, which was a barrier to accelerating early infant diagnosis (EID) of HIV within 2 months of birth, early access to HIV treatment services, and improved health outcomes. The national 2-month EID coverage was below 80%.

**Description:** We assessed the process flow of pregnant women living with HIV from the first antenatal visit to 18 months post-delivery. The assessment revealed missed



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