

Abstract Supplement

4th HIV Research for Prevention
conference (HIVR4P // Virtual)
27 & 28 January | 3 & 4 February 2021



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integration models, and then explored their feasibility with 24 PWID during four FGDs. All IDs and FGDs were audio-recorded, transcribed, and analyzed using applied thematic analysis.

Results: The three PrEP-SSP integration models were: 1) a PrEP counseling/navigation model, where SSP staff offer PrEP information, incorporate HIV risk reduction counseling into existing harm reduction counseling, screen for PrEP eligibility, and refer, schedule appointments, and accompany interested PWID to PWID-trusted PrEP clinics; 2) a visiting PrEP provider model, where a PrEP provider visits the SSP once a week to provide comprehensive PrEP services, including all testing, counseling, and prescriptions; and 3) a mobile outreach model, where SSP staff visit areas frequented by PWID, offer PrEP information, provide HIV testing—and if accompanied by a PrEP provider, offer additional services, including PrEP prescriptions and distribution of refills. Key informants and FGD participants were extremely supportive of integrating PrEP services into SSPs, and FGD participants described benefits and challenges of each PrEP-SSP integration model. Overall, FGD participants expressed most enthusiasm for the visiting PrEP provider model, explaining that the approach is similar to PWID treatment outreach programs and that SSPs are viewed as a trusted source for health information.

Conclusions: Key informants' and PWIDs' perspectives provided guidance on potential strategies for integrating PrEP services into SSPs. Demonstration projects are needed to identify effective models of linking PWID to PrEP services via SSPs.

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The CFIR application on PrEP implementation: facilitators and recommendations by HIV-care clinic administrators in Colombia

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Background: Research on PrEP often neglects to address the perceptions of health service administrators. This study uses the Consolidated Framework for Implementation Research (CFIR) to examine facilitators of implementation and issue recommendations on the adoption of PrEP in Colombia.

Methods: This is a qualitative study with semi-structured interviews of twenty health care administrators from eight HIV care organizations in Colombia. We used the CFIR to guide the data collection and analysis and the Atlas.ti to conduct the content analysis which encompassed four of the five CFIR domains.

Results: In terms of the *characteristics of the intervention*, the managers recognize that PrEP is an innovative intervention with proven effectiveness, needed in the Colombian setting to promote HIV prevention. They recommend that PrEP be implemented as a national program guided by the Ministry of Health rules and regulations which should include the centralized purchase of PrEP medications and adjustments to diverse regional contexts. They also recommend articulate PrEP to preventive sexual health programs led by capable interdisciplinary teams. Regarding the *outer setting*, they recommended to reinforce collaboration with local health units, Profamilia, and the LGTBI community, modify the contractual conditions of health management organizations, cover PrEP for partners of HIV-positive persons, and fund PrEP for people who cannot afford it. Regarding the *inner setting*, they perceived the structural characteristics, culture, climate, and availability of implementation were all favorable for PrEP adoption. They also felt that PrEP training needs to reach all health care workers to reduce organizational tensions brought by change.

For the *implementation process*, they recommend the design of national, local, and institutional plans including engaging key internal and external leaders.

Conclusions: The health providers interviewed perceive a favorable environment for the adoption of PrEP in Colombia. The CFIR is useful to identify facilitators and recommendations to guide key implementation strategies.

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Role of online educational video intervention to improve perceived access to HIV testing among international students studying in language schools in Japan: a longitudinal study

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Background: Japan has been recognized for its excellent universal health coverage system. However, the migrant population faces many barriers in accessing healthcare. Japan hosts around 260,000 international students, mostly from developing countries. Among them, language school students have tripled from 2011 to 2017, against the backdrop of labor force shortage in Japan. Most of these students are also engaged as cheap labors and are high risk population with poor access to healthcare. Several socio-economic and behavioral factors may increase their vulnerability to HIV and also prevent them to access HIV testing in Japan. Globally evidence is scarce on effective interventions to improve access to HIV testing among international migrants. We examined the role of online educational video intervention on perceived access to HIV testing among international students studying in language schools in Japan.

Methods: We conducted a longitudinal study among 183 Chinese, Vietnamese and Nepalese students studying in Japanese language school in Japan. Out of them, 85 students watched the online educational video about HIV testing services in Japan and 98 students watched the control video about TB diagnosis. To measure perceived access to HIV testing, we asked the students if they know about i) place to go for HIV testing and ii) free and anonymous HIV testing in Japan. During Nov. 2018-Feb. 2019, we collected data at the baseline and the follow up after 7 days. We used Generalized Estimating Equations to analyze the data.

Results: At baseline, the intervention and control groups had similar characteristics for age (mean 22.4 vs. 23.3, $p = 0.108$) and being male (66% vs. 64%, $p = 0.821$). The intervention significantly improved the students' knowledge on i) place to go for HIV testing (AOR = 4.37, 95% CI 1.92 to 9.95) and ii) free and anonymous HIV testing (AOR = 5.12, 95% CI 2.12 to 12.35) in Japan among the intervention group compared to control group.

Conclusions: The online educational video on HIV testing services is effective to increase the perceived access to HIV testing among international students in Japanese language schools in Japan. The findings can help to design interventions for improving access to HIV testing among international migrants in Japan.

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Barriers to condom use among female sex workers in the city of Colombo, Sri Lanka

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Background: Transmission dynamics amongst key population groups can affect HIV epidemic patterns within a country. Along with