

diagnosed with urinary schistosomiasis. Bed nets, chlorine, hand soap, and helminth treatment could prevent most of these AEs. Contraception (FP) was provided and there were no pregnancies. In the TasP trial, the majority of participants will have a spouse. Voluntary HIV Testing and Counseling (VTC) is a trial procedure and Couples' VCT (CVCT) should also be, as recommended by WHO. The protocol refers to 'family testing' but this is not a prevention strategy. CVCT is associated with a reduction in new HIV infections and should be explicitly included in protocols and procedures. HIA for TasP should be compared with HIA CVCT, MC, and FP.

Conclusions: Both trials and participants would benefit from low-cost screening and treatment services for endemic diseases such as bed nets, routine deworming, soap and chlorine as well as provision of contraceptives. TasP trials should analyze costs and have a rationale for testing interventions with HIA > PPP. Excluding locally affordable HIV prevention services including CVCT from trial SOC is unethical.

P08.02

The Continuum of HIV Care in Peru - Where Are We Now? Key Lessons from an Estimation in the Context of Very Limited Data

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Background: The role of universal access to treatment in combination HIV prevention has been established. Estimation of coverage across steps in a continuum of care cascade (CCC), a key approach to monitor progress and identify barriers, is novel in Peru and most of Latin America. We aimed to build an estimation of the CCC for Peru, identify potential barriers defining losses across the process, and establish data gaps.

Methods: We drew from data from both peer-reviewed publications and official estimates (i.e. Global Fund Evaluation Reports, Government and UNAIDS bulletins) to estimate coverage for the CCC steps in Peru. We assessed whether a single CCC was appropriate, as opposed to specific CCC by sub-populations. Then we used the most plausible parameters to generate estimates of the cascade steps. We provide recommendations for initial policy changes and further research.

Results: Of 75,000 adults estimated to be living with HIV in Peru in 2013, 22,000 were women. Tested primarily in connection with reproductive health services, they generally showed a better CCC profile than men, with earlier access to and higher retention in care, and more frequent viral suppression after 6 months. Among men, data are available primarily for MSM and male-to-female transwomen (TW). Key barriers across the CCC include: low HIV testing rates (only 27% of HIV+ know their status) and late registration in care (as reflected in CD4 counts around 100 at ARVT initiation). Only 18% were virally suppressed.

Conclusions: The CCC for women in Peru shows progress towards universal access, reflecting success of programs to prevent

mother to child transmission, and possibly better health seeking. For MSM/TW, active promotion and facilitation of biannual HIV testing is needed to improve serostatus awareness, linked with easier access to care, with strategies to avoid losses to follow-up prior to ARVT initiation. Data for other men are extremely limited. An integrated, reliable information system to monitor progress is urgently needed.

P08.03

HIV Care Continuum among MSM in Latin America Using Online Sexual Networking: Is Engagement in Care Related to Sexual Risk-taking?

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Background: The HIV/AIDS epidemic in Latin America is concentrated among men who have sex with men (MSM). Yet, it has been difficult to characterize the HIV care continuum in this population, as many may not self-identify as MSM. Further, given recent evidence of reduced likelihood of sexual HIV transmission in the context of viral suppression, examining whether HIV-infected individuals not in care are engaging in HIV transmission risk behavior is important for secondary prevention.

Methods: The current study recruited via an online sexual networking website to reach men who may not self-identify as MSM but are seeking male sex partners online—a population at high risk for HIV acquisition and transmission. Primary aims were to examine 1) the HIV care continuum in this sample; and 2) whether HIV-positive individuals not in care had higher rates of unprotected anal intercourse (UAI) than those in care at each step of the care continuum. Surveyed 29,787 active members of an MSM sexual networking site in Latin America on HIV testing and HIV diagnosis, receipt of medical care and ART for HIV treatment, ART adherence, and UAI in the past three months. Percentages were calculated and logistic regressions were performed.

Results: Overall, 74.1% reported ever being tested for HIV and 9.0% reported HIV diagnosis. Of the HIV-positive individuals, 20.0% reported not being in medical care, 29.1% not receiving ART, and 55.3% reported suboptimal adherence to ART. HIV-positive individuals not in care reported greater UAI compared to those in care (OR = 1.40; 95%CI = 1.10-1.78). Those not ART adherent reported greater UAI than those who were adherent (OR = 2.02; 95%CI = 1.60-2.56).

Conclusions: Findings estimate the HIV care continuum among a large sample of MSM in Latin America using the internet to meet sex partners. A key limitation of this study was not having a measure of viral load. Despite this, findings still suggest that secondary prevention for HIV-positive MSM in Latin America not in care or ART adherent are warranted.