

Abstract Preview - Step 3/4

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Abstract category: C52 Measuring and enhancing retention and adherence in HIV prevention programs

Title: **Sports Betting Centres And Mobile Health Engagement: How To Find, Link, And Retain Men For HIV Prevention Or Treatment.**Authors: J. Bwanika¹, A. Kiragga², D. Musinguzi¹, W. Lubega¹, L.H. Kamulegeya¹, Y. Manabe³Institution(s): ¹The Medical Concierge Group Limited, Kampala, Uganda, ²The Infectious Diseases Institute Limited, Kampala, Uganda, ³Johns Hopkins University, Baltimore, United States**Background:** Finding men at high risk for Human Immunodeficiency Virus (HIV) infection is a top priority in sub-Saharan Africa. Mobile phone use offers new avenues for health information dissemination, long term engagement and mobile money reimbursements. We assessed the feasibility of using mobile platforms for HIV prevention messaging, participant reimbursement using mobile money and preliminary pilot assessment of impact on linkage to treatment.**Methods:** Men at five sports betting and gaming centers in Uganda were consented for on-site HIV and syphilis tests between May and September 2017. Information on condom use, number of sexual partners, commercial sex and alcohol intake was collected using a structured questionnaire on the REDCap platform. Men were also consented to join a two-year mobile phone follow-up cohort using Short Message Service (SMS). Reimbursement for research participation was done using mobile money payment within seven days of their sign-up.**Text: Results:** We enrolled 516 men into the study; the median age was 28 years (Interquartile range: 24, 34), 52.6% were married, and 89.3% were employed with an average monthly income of USD 120. A majority (96%) owned at least one mobile phone and everyone consented to mobile money reimbursement and two-year mobile health engagement. During the first sixty days of the study, 2,919 SMS messages were sent out with either service linkage information for those who were HIV/syphilis positive or prevention content for those with a negative test result. Although the number of patients that tested positive for HIV (4) and syphilis (18) was small, 25% of those that tested positive for HIV and 26% of those with syphilis sought treatment at a health facility within seven days. This increased to 50% at end of twenty eight days, with the rest promising to do so within the second month.**Conclusions:** Mobile health engagement coupled with mobile money reimbursement is a feasible way to maintain contact with men for HIV prevention messaging and/or linkage to treatment. Additional qualitative work is needed to improve the impact on linkage to HIV care and behavioral messaging for HIV prevention practices.

Country of research: Uganda

Key Population: Men, Young men and boys (15-24)

Related to children: No

Ethical research declaration: Yes

TB 2018: No

STI 2018: Yes

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