ABSTRACTS OF POSTER PRESENTATIONS

**PO 7139** CONDITIONAL ECONOMIC INCENTIVES AND MOTIVATIONAL INTERVIEWING TO IMPROVE ADOLESCENTS’ RETENTION AND ADHERENCE TO ANTIRETROVIRAL THERAPY IN NIGERIA: ARA TRIAL

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Background Adolescent HIV patients have worse treatment outcomes compared to other age groups given their vulnerability to risk-taking behaviour. Limited evidence exists on the effectiveness of service delivery interventions to support adolescents’ retention in care and adherence to antiretroviral therapy (ART). The ARA trial tackles this challenge by evaluating the impact of conditional economic incentives coupled with motivational interviewing on adolescents’ retention in care and adherence to ART in Anambra State, Nigeria.

Methods The study will be a cluster-randomised, controlled trial conducted in 12 HIV treatment hospitals in Anambra State, Nigeria. Six (6) hospitals each will be randomised to either intervention or control arm. A structured adherence support scheme, termed the Incentive Scheme, will be applied to the intervention hospitals while the control hospitals will receive routine HIV care. Additionally, patients in the intervention arm will receive motivational interviewing at baseline and following initiation of ART, they will receive a gift voucher of Nigerian Naira (NGN) 2000 when viral load (VL) is <20 copies/mL at 12 weeks, gift voucher of NGN 1000 if the VL remains suppressed for the next 3 months, and the next 6 months, and finally gift voucher of NGN 2000 if the VL remains <20 copies/mL at 1 year. All gift vouchers will be conditional not only on VL results but also on attending for motivational interviewing. The primary outcome for the trial will be the difference between groups in the proportion to HIV viral load suppression (<20 copies/mL) by 12 months and then 24 months after withdrawal of the Incentive Scheme.

Results The protocol for ARA trial and planned activities is finalised. Application for approval for the trial is ongoing.

Conclusion The proposed trial will provide evidence on the feasibility of applying the Incentive Scheme to improve retention and adherence to ART of adolescents living with HIV.

**PO 7151** COMPARING TWO BED NET DELIVERY MODELS IN RURAL DISTRICTS OF MOZAMBIQUE

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Background The use of long-lasting insecticidal nets (LLINs) is associated with a reduction in malaria transmission. In 2015, a new delivery strategy (intervention) for universal coverage campaign was tested and compared with standard strategy (control). The objective is to compare two bed net delivery models in rural districts of Mozambique.

Methods Two districts served as intervention, and two as control. The following study design was used: 1) before and after; and 2) cost-effectiveness analysis. Three core implementation strategies were tested: 1) use of coupons during household registration, 2) use of stickers to identify registered households, and 3) a new LLINs allocation criterion. The main endpoints measured were: i) percentage of distributed LLINs; ii) LLINs ownership and use coverage; iii) percentage of households that achieved universal coverage; iv) incremental cost-effectiveness ratio (ICER); v) incremental net benefit (INB).

Results Approximately 88% (302,648) of LLINs were distributed in intervention districts compared to 77% (219,613) in control districts [OR: 2.14 (95% CI: 2.11–2.16)]. Six months after the 2015 campaign, 98.8% of the 760 households surveyed in the intervention districts had at least one LLIN; 89.6% of the 787 households surveyed in the control districts had at least one LLIN [OR: 9.7, (95% CI: 5.25–22.7)]. Near 95% and 87% of respondents who had at least one LLIN, reported having slept under the LLIN the previous night in the intervention and control districts, respectively [OR: 3.2; (95% CI: 2.12–4.69)]; 71% of the households surveyed achieved universal coverage in the intervention districts against 59.6% in the control districts [OR: 1.6; (95% CI: 1.33–2.03)]. ICER per distributed LLIN was US$ 0.68. INB was positive.

Conclusion Intervention districts had greater LLINs availability, greater LLINs ownership and use coverage, and a better progression toward reaching universal coverage targets. The new strategy was more cost-effective than the previous strategy.