

the GIFT device would be best used to screen for inflammation prior to etiological diagnosis. Round-two survey results showed that WHO-recommended syndromic management pathways 3 and 4 (where molecular assays and point-of-care tests are not available) are ideal integration points for the GIFT device in STI management.

Conclusion The GIFT device promises to be a valuable point-of-care screening tool for detecting genital inflammation in asymptomatic women and may be useful to inform the management of women with symptoms. The device would be of greatest value in resource-constrained settings where molecular assays and other rapid diagnostics are lacking. Stakeholder consultations will facilitate its roll-out and use within health-care systems.

PA-748 PLATFORM FOR EFFICIENT HEALTH EMERGENCY RESPONSE OF COMMUNITY DIAGNOSTIC AND SURVEILLANCE LABORATORIES

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Background Early detection of pathogens is of utmost importance for managing epidemic outbreaks. Primary health-care laboratories in low-and middle-income countries often lack comprehensive diagnostic and surveillance capacities due to limited resources and infrastructures. The Gates Foundation supported the International Centre for Genetic Engineering and Biotechnology (ICGEB) in establishing a platform for the sustainable transfer of diagnostic and surveillance technologies to community laboratories in Africa. The technology transfer is facilitated through an initial testing at ICGEB followed by a multicentric clinical trial in recipient countries, while support for regulatory approval is also provided. This workflow was successfully applied to an isothermal amplification colorimetric molecular assay (RT-LAMP) for RNA viral detection.

Methods The testing of RT-LAMP for SARS-CoV-2 developed by New England Biolabs was based on a multicentric observational and cross-sectional clinical study on 1657 prospective swabs collected in four African countries and Italy. The sample size included 25% negative, 50% positive and 25% weakly positive samples, while extracted RNA was tested in parallel with the diagnostic standard RT PCR. The test was rolled out to six additional African countries and a further optimized version allowing to skip RNA extraction was tested in four countries, such that the current field trial tested 2419 swabs and 589 saliva samples.

Results RT-LAMP from swabs resulted highly specific (98%), with positive predictive value 99%, and 87% sensitive with negative predictive value 70% compared to standard RT PCR. Stratification of RT-PCR data showed superior sensitivity achieved with a cycle threshold (Ct) below 35 (97%), which decreased to 60% above 35. Similar values were obtained with saliva direct testing. The test was approved in Kenya and Nigeria.

Conclusion RT-LAMP performance is comparable to RT-PCR, particularly with medium-high viral loads, hence it can be deployed in resource-limited settings for timely management and prevention of COVID-19 and other diseases.

PA-749 GENDER POWER DYNAMICS IN HEALTHCARE DECISION-MAKING: A CROSS-SECTION STUDY IN SOUTHERN MALAWI

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Background Gender is a social determinant of health. Gender power dynamics can impact women's and children's health outcomes. The Demographic and Health Survey (2015) showed that 68% of women participated in decisions about their own healthcare in Malawi, but there is a lack of information on the socio-determinants and gender attitudes associated with primary health decision-making. This study aims to examine these factors during the male clinic days (health education activities) in four healthcare facilities in Southern Malawi.

Methods We included men who participated in the male clinic days between August and November 2022. The main outcome of interest was the extent of women's participation in their own healthcare. We designed a questionnaire that included the Gender-equitable Men Scale (GEM), which measures attitudes toward gender equality on a scale of 0 to 1. In addition, we collected socio-demographic, relationship, and family-related variables. Univariable and multivariable analyses revealed the association between the main and the other variables.

Results 422 men were included in this study. The average GEM score was 0.53 (0.37–0.67; 95% CI: 0.004). Among the participants, 64.2% (271/422) reported that their female partners did not have the final say in healthcare decisions. When female partners assumed primary decision-making roles (35.8%, 151/422), men reported higher levels of gender-equitable attitudes compared to cases where men were the primary decision-makers (0.57 vs 0.47, $p=0.004$). Factors such as higher education level, location, formal employment, and male village chiefs emerged as the main socio-determinants associated with women's decision-making role in health.

Conclusion This study emphasizes the significance of socio-economic factors and gender-equitable attitudes in healthcare decision-making. This suggests the need for targeted interventions involving both men and women in discussions about healthcare decisions.

PA-753 COVID-19 IN CHILDREN: IMMUNE RESPONSE TO SARS-COV-2 INFECTION IN CHILDREN UNDER 5, GUINEA-BISSAU

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Background Children under the age of five are generally more susceptible to respiratory viral infections, but during the pandemic there have been many reports that children have a low risk of severe SARS-CoV-2 infection. It has been questioned to what extent children have been infected with