leaders (groups), and any other key influential individuals at the community level on the benefits and how to use it before it is rolled out for buy-in.

PA-441 ESTABLISHING AN ENABLING ENVIRONMENT FOR WOMEN'S PARTICIPATION IN HIV PREVENTION TRIALS AMONG HARD-TO-REACH FISHING COMMUNITIES ALONG LAKE VICTORIA UGANDA

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Background Women are disproportionately affected by HIV/AIDS in Sub-Saharan Africa. Women's participation in HIV prevention research is associated with men/spousal influence. The willingness of women to participate in HIV prevention research is challenged by negative influences from the male fraternity as primary decision-makers. The UVRI-IAVI HIV Vaccine Program (UVRI-IAVI) engaged both low and high-risk women in HIV vaccine trials and epidemiological preparedness studies. We document experiences of engaging women in HIV prevention research among fishing communities in Uganda.
Methods From 2002–2022, Good Participatory Practices (GPP) plans provided a framework of activities that aimed at enhancing male support for women's participation in research. Community gate keepers and male targeted platforms of engagement were implemented. Women supported disclosure packages, community based male champions of women's participation, and spousal invitations for HIV risk reduction and appreciation at the research site were conducted. Games and sports activities involving men were organized as advocacy platforms with free treatment extended to spouses and children. Tokens of appreciation benefitting families were offered to female participants at different milestones in studies. Myths and misconceptions surrounding women participation were addressed in communities.
Results Between 2002–2022, improved trends in women enrolment and retention were registered when their spouses were involved. Community based structures for male champions promoting advocacy for women participation in research have been established. General community appreciation for women HIV risk and vulnerability assessment form a basis for their consent to women participation in research with emerging trends in adult advocacy for women's participation in HIV prevention research.
Conclusion Advancing women participation in research greatly contributes to the global HIV research efforts for new HIV prevention options.

PA-443 A DECADE OF TRENDS IN HIV INFECTION AMONG PREGNANT WOMEN IN SOUTHERN MOZAMBIQUE

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Background Monitoring HIV infection rates is needed to guide health interventions and assess their impact, especially in highly vulnerable groups to the infection such as pregnant women. This study describes the trends of HIV infection over 10 years in pregnant women attending antenatal care (ANC) clinics in southern Mozambique.
Methods Data collected as part of three studies undertaken between 2010 and 2021 in HIV-infected pregnant women attending the ANC clinic were analysed. HIV incidence was estimated between prevalence points using two validated methods, one based on mortality rates and the other on survival information after HIV infection. Trends over time were obtained by fitting a second-order orthogonal polynomial regression model.
Results Overall, 10392 pregnant women attending their first ANC visit were included in the analysis. There was a decrease of the HIV prevalence from 33.9% (95% CI: 30.9–36.9%) in 2010 to 21.4% (95% CI: 19.6–23.2%) in 2021, after a peak of 35.3% (95% CI: 30.1–40.8%) in 2016. Regarding maternal age, prevalence of infection was highest in women aged 20–25 in 2010 progressively increasing in older women being the highest in 35–40 year old women in 2021. HIV infection incidence increased from 3.7 per 100 person-years during 2010–2016 to 10.1 per 100 person-years in 2018–2019, decreased to 6.2 per 100 person-years in 2020–2021.
Conclusion In the last decade, there was an initial increase of the prevalence and incidence of HIV followed by a downward trend, in this area of southern Mozambique. This encouraging trend may be attributable to the massive expansion of antiretroviral therapy during 2010–2021 in Mozambique. However, the burden HIV remains unacceptably high in this particularly vulnerable group, calling for a need to strengthen HIV preventive strategies to ending HIV/AIDs in the country.

PA-446 ADVANCED HIV DISEASE PACKAGE IMPLEMENTATION DURING COMMUNITY-BASED ACTIVE TB-CASE FINDING

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Background A package of care reduces mortality from advanced HIV disease (AHD) but is poorly implemented. We are assessing feasibility of its implementation, using point-of-care Omega VISITECT CD4 (VISITECT) to identify CD4>200cells/μL or ≤200cells/μL, within two TB-triage studies in South Africa and Lesotho. During near-facility passive case-finding (TB TRIAGE+ ACCURACY, n=1,392), implementers found AHD package implementation feasible, despite challenges. Here, we report feasibility and outcomes during community-based active case-finding within the ongoing TB TRIAGE+ TRIAL (current n=3,304).
Methods All people living with HIV (PLHIV) are offered VISITECT testing, and if CD4≤200cells/μL a urine Alere Determine tuberculosis lipoarabinomannan (TB-LAM) and Immy cryptococcal antigen (CrAg) test. Same-day community initiation of anti-retrovirals, cotrimoxazole and TB-preventive therapy is provided. We assessed procedural compliance and have