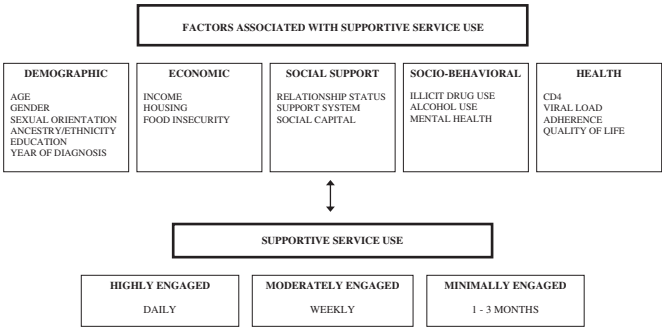
optimal health outcomes. Supportive services (eg, housing, food, counselling, addiction treatment) are increasingly conceptualised as critical components of care. Our study investigates social and clinical correlates of supportive service use across differing levels of engagement. Abstract P5-S6.22 figure 1 presents the conceptual model of the study.

Methods The Longitudinal Investigations into Supportive and Ancillary Health Services (LISA) is a cross-sectional cohort of HIV-positive persons on antiretroviral therapy in British Columbia, Canada. Interviewer-administered surveys collected information regarding sociodemographic factors, substance use, social support networks, and supportive services. Clinical variables were obtained through longitudinal linkages with the Drug Treatment Program at the BC Centre for Excellence in HIV/AIDS. Participants were stratified by level of service engagement (daily, weekly, and 1–3 months). Bivariate analysis and a logistic regression proportional odds model were used to identify variables significantly associated with supportive service use.

Results Among 915 participants, 742 (81%) reported using supportive services, of which 344 were highly engaged, 280 moderately engaged, and 118 minimally engaged. Food programs, medication support, and counselling and social supports groups were services most accessed. Multivariate results demonstrated that those most engaged in supportive services were more likely to report poor social determinants of health such as low income [adjusted OR (AOR)=1.81]; not having completed high school (AOR=1.97); unstable housing (AOR=1.89); and current illicit drug use (AOR=1.60). After adjusting for social determinants, there were no significant differences in clinical measures across different levels of engagement with supportive services.

Conclusion High service use by those demonstrating social and clinical vulnerabilities reaffirms the need for continued expansion of supportive services to facilitate a more equitable distribution of health among persons living with HIV.



Abstract P5-S6.22 Figure 1 Conceptual model for factors associated with supportive service use.

P5-S6.23 BARRIERS TO ACCESSING HEPATITIS C TREATMENT FOR INDIVIDUALS WHO HAVE EXPERIENCE WITH INJECTION DRUG USE

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In Canada, approximately 10 000 people are living with both hepatitis C and HIV; 20% of individuals living with HIV are co-infected with hepatitis C. Many individuals who inject drugs are at a higher risk for contracting both hepatitis C and HIV because they engage in high risk activities that increase their chances of being in contact with infected blood Individuals living with hepatitis C are at risk of contracting HIV. Being co-infected with both diseases complicates both hepatitis C and HIV; it is therefore critical to provide treatment for hepatitis C. Although those living with hepatitis C often report high interested in treatment, uptake remains low. The purpose of this research project is to identify the factors which influence decisions around hepatitis C treatment. A mixed methods approach was used; 60 individuals participated in a cross sectional questionnaire, while 6 engaged in in-depth interviews. All participants were currently accessing methadone maintenance treatment for opioid addiction and had experience with injection drug use. The questionnaires explored characteristics, knowledge, attitude and willingness to access hepatitis C treatment. Interviews delved deeper into the issues uncovered in the questionnaires and explored life experiences and their influence around treatment decisions. Results indicated that 70% of participants were interested in starting hepatitis C treatment within the next 6 months, while 30% were undecided or uninterested. Analysis of the questionnaire results have suggested that it may not be factual knowledge which influences individuals' decisions around treatment, but life conditions (ie, housing, employment) and experiences. The interviews supported this finding though a thematic analysis. The results of this study suggest that efforts to increase interest in treatment should focus on improving life conditions that support accessing treatment (eg, providing supportive housing). Future studies would include a larger sample size and a more refined questionnaire.

P5-S6.24 COMPREHENSIVE, COMPETENT AND COMPASSIONATE CARE FOR PEOPLE LIVING WITH HIV IN COASTAL ANDHRA PRADESH

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Background Districts in coastal Andhra Pradesh, south India have the highest burden of HIV in both rural and urban areas. A comprehensive care program focused on improving clinical care and community outreach, complemented by a computerised management information system (CMIS), was implemented under the USAID supported Samastha project.

Methods Four community care centres covering 19 mandals were chosen as project sites. A mandal covers about 25 villages. Doctors, nurses and other members of the care teams were trained using the adapted "Integrated Management of Adult Illness" package and followed up with clinical mentorship visits every quarter. All on-site staffs were trained on infection prevention procedures. At the community level, people living with HIV (PLHIV) were involved in community outreach focused on treatment adherence, accompanied referrals for management of opportunistic infections and social linkages for livelihood options and basic nutrition. Small support groups of 10–12 individuals were formed at village or cluster level. Minor ailments and illnesses were treated at the local primary healthcare centers. Each community outreach worker maintained individual line-lists and prioritised outreach and follow-up for an average of 125 PLHIV, including children infected or affected by HIV. 6–8 outreach workers were supervised by a counsellor.

Results By the fourth year of implementation, 3257 PLHIV were registered with the project, of whom 1269 (38.9%) were initiated on Government supplied free ART. 2845 (87.3%) received nutrition support through education, supplementation and government schemes. 2085 (64%) were linked to social schemes such as widow pensions, bank loans or alternative livelihood options. Psychosocial support was provided to 2964 (91%) of the individuals registered. Loss to follow-up among those on ART reduced from 17% to <1% and annual death rates among those registered decreased from 21%

to 4%. Success stories document the increased quality of life and ability to cope with stigma and discrimination.
Conclusions People living with HIV can be engaged in effective outreach when they function as spokes from the hub of a community care centre. Community outreach complements facility based clinical care and a comprehensive approach that includes both a bio-medical and social focus can improve quality of life and minimise death.

P5-S6.25 INTEGRATING HIV/AIDS, FAMILY PLANNING, AND REPRODUCTIVE HEALTH SERVICE INTO NIGERIAN COMMUNITIES

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Background In response to the rapid and complex HIV/AIDS epidemic, EPIC/DOD- Nigeria expanded its focus on family planning and reproductive health (FP/RH) to integrate HIV/AIDS prevention and care activities in 2008. Approaches include the establishment of work place programmes. Whereby peer promoters are selected from among the personnel. The peer promoters undergo a 2-week training that enables them to provide FP/RH and HIV/AIDS- related information and services to their co-workers.
Methods The objective of the assessment was to identify the benefits of the workplace Programme as perceived by workplace organisations, peer promoters, and workers. The assessment was designed to obtain qualitative information through focus group discussions and reviews of client registration books.
Results Peer promoters educate workers during tea and lunch breaks. They also provide pills and condoms and refer to nearby clinics for injectables and other services. From 2008 to 2009, they served 2215 new family planning users in two sites mainly in the medical centers of Mogadishu cantonment- Asokoro - Abuja. Uptake of condoms is high-for dual protection against unintended pregnancy and STI/HIV/AIDS. Condoms are also available in workplace restrooms for soldiers and their families, especially at the Defence Health Club (DHC). Peer promoters are more than satisfied to provide this service, and say that since their involvement in the project, they know more about HIV/AIDS and other health issues. The management also acknowledges benefits of the Programme, both financially and in terms of workers health.
Conclusion Many people working in military units and establishments in Nigeria have reproductive health and HIV/AIDS needs. Due to the characteristics and timing of their work, they have limited access to needed FP/RH and HIV/AIDS information and services. Workplace and Programme benefit managers, peer promoters and workers and others they should be expanded in other barracks and defence locations across the nation.

P5-S6.26 PREVENTION WITH POSITIVES IN NIGERIA: WHAT HAVE WE LEARNT?

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Background The introduction of care and treatment at the service delivery points at the community and the clinical settings- hospital facilities for prevention with the positives have giving the HIV/AIDS, STIs, TB management high quality significant improvement in the first 8 months of implementation in Nigeria.
Methods Association of positive youth in Nigeria is a national non-governmental organisation in Nigeria, involved in HIV prevention, care and support. APYIN started implementing HIV prevention strategies in 2009 with a focus on involving HIV—positive people in prevention. The strategies included; counselling on prevention of HIV to positive persons this involved discussion of behavioural intervention in medical and counselling visits. Promoting the use and provision of condoms to sexually active HIV—positive individuals, promoting adherence to antiretroviral drugs, by counselling, use of pills boxes, and medicine companions. Encouraging HIV-positive persons to disclose HIV status to sex partners either by self or counsellor mediated during home visits or at the nearest opportunity. Home base management, HIV counselling and testing targeting partners and children born to all people living with HIV/AIDS.
Results Most of the persons living with HIV realise that they have a role to play in prevention of HIV. There is 8.5% increase in the uptake of condoms by HIV -positive person between the year 2008 and 2009. Antiretroviral therapy adherence levels of 92% of the clients on ART with adherence >95%. In the same period there is an increase of 50% of HIV -positive individuals disclosing HIV status to partners. Community awareness of HIV has increased in the area serviced by the organisation.
Conclusion Increase collaboration between the clinical and community base interventions. Regular monitoring of the community response for improvement. The capacity building of for community staff. HIV-positive persons are very important partners in HIV prevention. Therefore their involvement should be prioritised.

P5-S6.27 NEW AVENUES TO INCREASE QUALITY OF STI-CARE IN GENERAL PRACTICE

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Background The role of primary care in STI-control has long been neglected. Although national STI surveillance often thrives on data of STI-Clinics, recent research in the Netherlands shows that approximately 70% of all STI-related consultations are in General Practice (GP). More attention for sexual health in primary care is warranted.
Methods In 2004 the Dutch College for Family Physicians (NHG) added a guideline about the "STI consultation" to their list of GP certified "standards of care". The guideline describes care for patients with complaints of STI, for patients with questions about STI (test request), and also describes pro-active testing policies for persons visiting the health centre for a not-STI related reason. The guideline is currently being updated. Implementation of the guideline is facilitated by regional "expert" GP, united in the GP-advisory group on STD, HIV and Sexuality (the Expert group Sexual Health (SeksHAG). Such Expert Groups within the GP institutional body are relatively new and also exist, for example, diabetes and Asthma/COPD.
Results Annually approximately 1500 GP receive a continuous education session on STI facilitated by the GP expert in their region. Previous research showed moderate impact on testing habits and case detection. Qualitative interviews describe insight in personal barriers as a positive gain in training sessions. Prescribing habits of GP for Gonococcal infections are legging behind, half of GP prescribing ciprofloxacin, for which resistance is well above 40%.
Discussion A substantial but often hidden proportion of STI consultations take place in general practice. More interventions on STI-care in GP are recommended. An expert group within the national GP body can enhance attention for quality of care. The new