

could be used only by women, and the services list was extended with special services for the women that were selected according to the results of a focus group. The additional services were informational classes with a psychologist, lawyer, social worker, individual consultations with a therapist, infectious disease specialist, gynaecologist, etc., an opportunity to participate in the Creative studio, manicure and haircut, a self-aid group, food and hygienic kits for women and children. The services were provided by female specialists only, including the use of the "Equal to Equal" method. At the meetings, information regarding to the women's health and rights was brought to the clients so that they were able to feel more confident and based their choices on better informed decisions.

From May to October of 2012, more than 300 female drug consumers were involved in the project's services. Among them, a volunteer group (9 women) was prepared for the future prophylactic work with women. The project's activity demonstrated its actuality and the need for it to be continued. During the project implementation the participation of female drug consumers reached 32%.

### P3.396 ARE THE WORLD AIDS CONFERENCES GUILTY OF GENDER BIAS? EVIDENCE FROM TRENDS IN THE MONITORING OF WAC SCIENTIFIC DISCOURSE FROM 1989 TO 2012

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**Background** The issue of gender is acknowledged as a key issue for the AIDS epidemic. World AIDS Conferences (WAC) have constituted a major discursive space for the epidemic. We sought to establish the balance regarding gender in the AIDS scientific discourse by following its development in the published proceedings of WAC. Fifteen successive WAC 1989–2012 served to establish a "barometer" of scientific interest in heterosexual and homo/bisexual men and women throughout the epidemic. It was hypothesised that, as in other domains of Sexual and Reproductive Health, heterosexual men would be "forgotten" partners.

**Method** Abstracts from each conference were entered in electronic form into an Access database. Queries were created to generate five categories of interest and to monitor their annual frequency. All abstract titles including the term "men" or "women" were identified. Collections of synonyms were systematically and iteratively developed in order to classify further abstracts according to whether they included terms referring to "homo/bisexual" or "heterosexual". Reference to "Mother to Child Transmission" (MTCT) was also flagged.

**Results** The category including "men", but without additional reference to "homo-bisexual" (i.e. referring to men in general and/or to heterosexual men) consistently appears four times less often than the equivalent category for women. Excluding abstracts on women and MTCT has little impact on this difference. Abstracts including reference to both "men" and "homo-bisexual" emerge as the second-most frequent category; presence of the equivalent category for women is minimal.

**Conclusion** The hypothesised absence of heterosexual men in the AIDS discourse was confirmed. Although the relative presence of homo-bisexual men and women as a focal subject may be explained by epidemiological data, this is not so in the case of heterosexual men and women. This imbalance has consequences for HIV prevention.

### P3.397 PREVENTION SERVICES, HEALTH-SEEKING BEHAVIOURS, AND STI PREVALENCE AMONG FEMALE ENTERTAINMENT WORKERS IN CAMBODIA

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**Background** Cambodia's brothel-based prevention programmes successfully promoted condom use among female sex workers since 1994. HIV and sexually transmitted infection (STI) prevalence decreased precipitously from 1998 to 2006. In 2008 brothels became illegal, and entertainment venues (karaoke bars, beer gardens and massage parlours) increased rapidly. Many female entertainment workers (FEWs) at these venues provide transactional sex. We explored receipt of prevention services and associated knowledge, health-seeking behaviour, and prevalence of STIs and HIV among Cambodian FEWs.

**Methods** In 2011, a stratified multi-stage cluster survey was conducted among 2,564 FEWs in selected provinces of Cambodia. Voluntary, anonymous interviews collected information on receipt of prevention services and sexual behaviours. Biological testing was conducted for HIV, syphilis, gonorrhoea, and chlamydia. Analyses were weighted and controlled for the design of the survey. Logistic regression models were used to examine associations between interventions, health-seeking behaviours, and STIs.

**Results** Prevalence of any STI and HIV was 20.8% and 2.6%, respectively. Among FEWs, 86.9% reported receiving HIV/STI education, most commonly from an outreach worker (47.7%) or television (46.1%). Receipt of a prevention message was associated with getting an HIV test (odds ratio [OR] = 2.6, 95% confidence interval [CI]: 1.8–3.6) and sexual health check-up (OR = 2.6, 95% CI: 1.7–3.9) in the last 12 months, and higher HIV knowledge (OR = 1.7, 95% CI: 1.1–2.8). Condom provision was also associated with health-seeking behaviours. Receipt of prevention interventions was not associated with reported recent condom usage or STIs, although further analyses are ongoing in order to adjust for potential confounders.

**Conclusion** The rapid expansion of non-brothel-based entertainment work challenges prevention efforts among Cambodian FEW, who have high STI prevalence and risk behaviours. Prevention education and condom provision are associated with increased knowledge and health seeking behaviours, but not self-reported condom use or reduced STI prevalence in this cross-sectional snapshot.

### P3.398 SENTINEL SURVEILLANCE AND PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS AMONG FEMALE SEX WORKERS IN GUATEMALA: FIRST FINDINGS FROM VICITS

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**Background** In Guatemala, female sex workers (FSWs) have historically demonstrated a high HIV prevalence and are considered a key group in heterosexual HIV transmission. A system for sentinel surveillance of HIV-STI infection, risk behaviours and STI control targeting FSW, incorporating prevention components (VICITS) was rolled at public health centres in four Guatemalan cities, beginning in 2007, 2008, 2010 and 2011, respectively. We present the first assessment of scale-up, retention and HIV-STI infection trends among VICITS users.

**Methods** The number of FSW accessing VICITS each year in 2007–2011 was estimated by health centre based on a unique, person-level identifier. Retention was estimated as the percent of new users accessing VICITS in a given year who returned for at least one control visit. Percent of users infected was estimated from regular,

quarterly exams, taking into account exams realised during each period for syphilis, gonorrhoea and Chlamydia, and up to and including each period for HIV.

**Results** Overall, the number of FSW accessing VICITS annually increased from 555 to 2557 (361%) during the period. At the longest running sites (1 and 2), a plateau or decline of up to 13% annually was observed after year 3 (2010 and 2011, respectively). In parallel, retention rates declined from 51% to 41% at site 1 (2007–2011), from 72% to 41% at site 2 (2008–2011), and increased from 14% to 35% at site 3 (2010–2011). HIV prevalence varied from 0.6% to 4.8% and prevalence of Chlamydia, the most common STI, from 1.9% to 8.5%, with differences across sites but not over time.

**Conclusions** VICITS achieved rapid scale-up and has identified local differences in relatively stable infection prevalence that can help to prioritise prevention programming among FSW. However, a better understanding of the causes of low follow-up by new users is needed to improve interpretation of surveillance findings.

### P3.399 WHO ARE REGULAR SEX PARTNERS OF FEMALE SEX WORKERS IN BOBO-DIOULASSO, BURKINA FASO?

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**Background** In Burkina Faso, female sex workers (fsw) remain a core group for HIV transmission. Unfortunately fsw use condoms less consistently with their regular sex partners (RSP). Yet these RSP are not taken into account in interventions. Knowledge of their characteristics will help develop strategies to involve them in the fight against HIV. This study aimed to describe the sociodemographic and behavioural characteristics of RSP of fsw in Bobo-Dioulasso.

**Methods** The study included baseline data of the Yèrèlôn cohort (fsw cohort) formed between December 2003 and March 2011. A standardised questionnaire was administered face to face to fsw to gather information on their RSP. Data were entered into Access and analysed with stata11.

**Results** We included 918 women (seaters, roamers, bar waitresses, sellers, cabarets and others). The median number of RSP per fsw was 2 (range 0–5). These RSP were considered by the fsw as “boy-friends” (52.9%) and the relationship lasted less than a year (39.2%). They were of unknown age (62.5%), single (52.7%), national of Burkina Faso (94.9%), residing in Bobo (89.3%), travelling often (33.0%), using condoms consistently (28.4%). RSP of fsw had secondary or higher level of education (55.2%), and another regular sex partners (68.2%).

**Conclusion** In relation to these characteristics, we are all concerned. The RSP approach will be difficult. Due to their position as “bridge group” between fsw and the general population, a qualitative investigation is necessary with fsw to develop a targeted strategic approach.

### P3.400 COMPARING THE UTILITY OF CONDOM AND HIV PRE-EXPOSURE PROPHYLAXIS (PREP) USE AMONG FSWs

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**Background** In many settings, HIV transmission is thought to be driven by high-risk groups, thus interventions targeting these groups could have a significant effect on the dynamics of the disease. As efforts to integrate PreP into the package of HIV prevention strategies continues, its impact in reducing HIV prevalence among female

sex workers (FSWs) has rarely been assessed, and no studies have factored in the importance of ‘pimps’ (other men involved in sex industry that have sex with FSWs but use condoms infrequently). It is crucial to understand how the protection provided by PreP compares with condom use - a prevention strategy that has been shown to be effective in reducing HIV transmission amongst FSWs.

**Methods** A simple dynamic HIV transmission model which consists of FSWs, their clients and pimps was developed and parameterised using data from heterosexual settings. Analytical and numerical tools were used to explore the protection provided by condom use amongst FSWs, clients and/or pimps and PreP use among FSWs.

**Results** By deriving coverage levels at which PreP provides the same reduction in endemic HIV prevalence as different consistencies of condom use, we noted that the relative effectiveness of PreP is generally less than condoms (10% increase in condom consistency is equivalent to ~20% increase in PreP coverage for a FSW population with 40% HIV prevalence), but increases with baseline FSW HIV prevalence and once the effect of pimps are incorporated.

**Conclusion** Our results suggest that in most scenarios it may be better to scale up activities to increase condom use amongst FSWs than introduce PreP. However, the benefits of PreP become more favourable in settings with high FSW HIV prevalence, where condom use is already high and where other men are involved in sex work, but use condoms infrequently and contribute considerably to HIV transmission.

### P3.401 IMPLEMENTING FOR RESULTS: PROGRAM ANALYSIS OF THE HIV/STI INTERVENTIONS FOR SEX WORKERS IN BENIN

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**Background** Benin is among the pioneering countries that prioritised HIV prevention for female sex workers (FSWs) early on. Interventions were scaled-up, but since 2008, indicators of coverage are far from satisfactory.

**Objective** To better understand implementation and how to render service delivery for FSWs efficient and effective.

**Methods** Quantitative and qualitative methods were utilised to collect data for 2010–2011 in nine regions of Benin. A conceptual framework based on an evaluative approach was used to analyse the technical efficiency of the implementation of ongoing interventions. The Avahan (in India) and SIDA-3 (in West Africa) projects served as benchmark comparison for the programme design and implementation modalities. A top-down approach cost analysis reviewed costs in four categories: NGO activities, clinical, monitoring, and management. The output is the number of FSWs seeking STI care at user-friendly STI Clinics (SCs).

**Results** Allocation of funds was not proportionate to FSW needs across regions. Only 5 of 41 SCs were fully functional. Free condom distribution covers only 10% of needs. Funding gaps resulted in extended interruptions of services. The NGO cost per FSW seeking STI care varied from US\$7 to more than US\$2435 from one SC to the other, with an overall of US\$61 per FSW visit. In high-volume SCs, the overall NGO cost per FSW visit was US\$28.5 (range: US\$7–US\$103). This was significantly lower than in low-volume clinics ( $p = 0.039$ ), where the overall NGO cost per FSW visit was US\$481.7 (range: US\$113–US\$2435). The average total cost (NGO, clinical, surveillance and management) per FSW visit to two high-volume SCs were between US\$28.6 and US\$46.9, similar to the unit costs of the Avahan project.

**Conclusion** The study revealed deficiencies in programme design and implementation. A national framework defining an appropriate mix of interventions, management structure and operational standards is required to guide rigorous implementation.