Methods As part of 'The eTEST Project', an integrative information technology package was developed containing an electronic risk assessment, clinician prompts to offer testing, SMS testing recalls, and electronic auditing functions. The software was introduced progressively starting in November 2011 with meeting and field notes gathered during clinic visits before, during and after implementation. Using these data, a thematic analysis was undertaken with a focus on identifying the challenges of introducing new technology in a clinical context.
Results Three dominant themes were identified in the meeting and field note data. The first of these, 'time management', describes the perceived risks to time-efficient consults that doctors and staff feared employing a new tool and collecting additional information could pose. Second, 'administrative limitations', a theme most common among practise managers, raises issues of increased demand on already burdened administrative supports. The final theme, 'technological requirements', is characterised by doctor's concerns over the additional burden of learning and using new software and troubleshooting technical issues.
Conclusions The results highlight common concerns and fears among clinical staff around the use of new technologies in general practise. Not only does this provide an opportunity for comparisons with the traditional hurdles to clinical health interventions but it is also the first step towards overcoming such obstacles. More broadly, these findings can inform future technology interventions of a similar nature in general practise.

P6.018 PARTICIPATORY ACTION RESEARCH, EVIDENCE-BASED PUBLIC HEALTH, AND COOPERATIVE AGREEMENTS: ADVERSE EFFECTS

doi:10.1136/sextrans-2013-051184.1172

W W Darrow. *Florida International University, Miami, FL, United States*

Background Racial and Ethnic Approaches to Community Health (REACH) 2010 was an ambitious multi-sector, multilevel, multicenter, and multi-phased community demonstration project designed to reduce health disparities in the United States. Requirements for a cooperative agreement with the Centers for Disease Control and Prevention were enumerated in Program Announcement 99064. Applicants had to represent coalitions of predominantly minority community members that would propose community action plans (CAPs) to address one or more serious health problems affecting one or more minority populations. The Broward Coalition to Eliminate Disparities in HIV Disease was one of 32 (out of 206) eligible applicants to receive a competitive award in Fiscal Year 2000 to develop a CAP. The CAP was one of 24 to be approved by CDC for implementation in Fiscal Year 2001. The primary goal was to eliminate disparities in new HIV infections reported among Black and Hispanic residents of Broward County by 2010.
Methods A case study to illustrate how competing models of disease prevention can inhibit successful outcomes in public health.
Results The participatory action research (PAR) programme designed, developed, and implemented by the Broward Coalition contained four interventions chosen by members after systematically working through the PRECEDE Health Promotion Planning Model. From 1999 through 2006, rates of new HIV infections among non-Hispanic Black residents of Broward declined from 193/100,000 to 81/100,000. On April 5, 2005, CDC site visitors informed the Coalition that funding for Broward would be cut in half in Fiscal Year 2006. They urged that only interventions recommended by CDC experts as "high impact" be continued. Subsequently, educational outreach efforts considered essential by local community members were curtailed and rates of new HIV infections among Blacks in Broward began to rise.
Conclusion Project shortcomings were linked to the decrement of resources and reinterpretation of PAR interventions by evidence-based criteria.

P6.019 PREVENTING MOTHER TO CHILD TRANSMISSION OF HIV: CHALLENGES TO IMPLEMENTING WHO GUIDELINES

doi:10.1136/sextrans-2013-051184.1173

[1]**E du Plessis**, [1]S Y Shaw, [2]M Gichuhi, [3]J Kimani, [1]L Gelman, [1]R Lester, [1]L S Avery. *[1]University of Manitoba, Winnipeg, MB, Canada; [2]University of Nairobi, Kenya, Kenya; [3]University of Nairobi, Nairobi, Kenya*

Background In 2009 the WHO provided updated guidelines for prevention of mother to child transmission (PMTCT) of HIV. Although the guidelines are based on the best available evidence and have the potential to reduce transmission, challenges remain in implementation. Data from Kenya illustrated that other factors may complicate the implementation of these guidelines.
Methods HIV-positive, pregnant women were recruited from two maternity hospitals in Nairobi, Kenya. Information was collected from participants (505 women to date) with surveys at baseline as well as 48 hour follow up as part of a study on the use of mobile technology in PMTCT programmes. Questions included socioeconomic characteristics, history of current/previous pregnancies, knowledge of PMTCT and Nevirapine use.
Results At presentation the majority of women were between 21 and 28 weeks pregnant (51.7%) with only 11.7% under 20 weeks gestational age. Although 60.5% of the women reported disclosing their status to their partners immediately, a quarter had not disclosed or refrained from answering. At 48 hour follow up, more than half the women (56.7%) reported attending four or more antenatal visits. Of the women, 71% reported receiving Nevirapine during labour while 91.9% of infants reportedly received Nevirapine. No significant difference was found between hospitals.
Conclusion In our sample, a higher number of women had disclosed to their partners than previously suggested, but there were still a significant number of women who had not disclosed, reducing the chance of male involvement in counselling. Although over 70% of women reported receiving Nevirapine during labour, the high percentage of women who present for their first visit after 14 weeks suggests that the use of AZT, as stated in the guidelines, is not feasible. Almost half the women did not attend four antenatal visits, suggesting that other factors may need to be considered for effective PMTCT.

P6.020 THE LOCAL FINANCE EVALUATORS (LFES) AS A REAL-TIME STRATEGY TO IMPROVE FINANCIAL MANAGEMENT AT THE SR-LEVEL IN THE CONTEXT OF IMPLEMENTING A REGIONAL GLOBAL FUND PROGRAM ON HIV-AIDS

doi:10.1136/sextrans-2013-051184.1174

L P Norella. *ISEAN Hivos Program, Jakarta, Indonesia*

Background The ISEAN-Hivos Program is a Global Fund HIV Program focusing on MSMs and Transgenders in Indonesia, Malaysia, Philippines and Timor Leste. To create an internal system within the Program which can cross-check the financial data generated by the Sub-Recipients (SRs), a team of Local Finance Evaluators were engaged. The LFEs represent an added layer of financial accountability developed by Program as a financial management diligence initiative. It also has an additional advantage of providing real time regular feedback and mentoring to the SRs.
Methods The data for this presentation was based on a review of the SR documents submitted by the LFEs to Hivos, as Principal Recipient. Additional feedback was also gathered from the LFEs themselves, as well as other programme staff.

Results Findings from the review indicate that the LFEs performed reviews and signed-out monthly and quarterly reports of the SRs to the PR as well as providing feedback and recommendations on these reports. The initiative has also led to immediate adjustments in financial management activities, which addresses current concerns related to accountability. The LFEs intervention has lead to improved country audit performance.

Conclusion The LFEs, under the ISEAN-Hivos Program, show strong potential to be a good practise in implementing a regional HIV grant. To enhance overall capacity building, an LFE Finance Management Manual was also developed for their reference. This manual introduces to other HIV-focused programme implementers a new concept of "embedding" LFEs among Sub-Recipients under Global Fund projects especially at a multi-country level.

P6.021 CHARACTERISTICS OF HIGH RISK MSM INTO A REPEAT SELF-SAMPLING HIV-1 ANTIBODY TESTING FEASIBILITY AND ACCEPTABILITY PILOT

doi:10.1136/sextrans-2013-051184.1175

R Elmahdi, S Fidler. *Imperial College London, London, UK*

Background There continues to be an increase in new HIV diagnoses amongst MSM in the UK, which contributes disproportionately to onwards transmission. In an attempt to reduce the undiagnosed fraction and encourage repeat testing amongst high risk MSM we assessed the feasibility and acceptability of enrolment into a repeat self-sampling HIV-1 antibody testing strategy between May and December 2012. In order to assess representativeness, we compared the characteristics of individuals consenting to take part in the study with those attending the clinical service.

Methods Baseline characteristics at enrolment of 50 eligible MSM attending a specialist HIV young MSM clinic were compared with a previous audit of demographics, sexual risk behaviour and HIV testing frequency of 256 clinic attendees in the year preceding study enrolment.

Results Basic demographic characteristics between the study and clinic population were comparable. There was no significant difference in the median number of reported sexual partners in the last 12 months between groups, which was 2, $p = 0.74$, or the proportion of those with an STI diagnosis in the last year, which was 22% amongst the study population compared to 20% in the clinic population, $p = 0.74$. There was no statistically significant difference in the median number of HIV tests taken in the last year, which was 1 in both groups, $p = 0.9$.

Conclusion Individuals consenting to enrol into a feasibility study of self sampling for HIV testing are comparable to the general clinic attendees and should be representative of this key risk group in later assessment of comparable frequency of HIV testing.

P6.022 RESULTS OF THE GLOBAL FUND PROGRAMMES IMPLEMENTATION ON STI DIAGNOSTICS AND TREATMENT WITHIN MOST-AT-RISK POPULATIONS IN UKRAINE

doi:10.1136/sextrans-2013-051184.1176

O Savenko, S Filippovych, Z Islam. *International HIV/AIDS in Ukraine, Kiev, Ukraine*

Problem: Ukraine has the fastest HIV spread pace in Europe (221 806 people as of November 2012).

Sexual HIV transmission mode has been dominant in Ukraine since 2008 (51%–sexual, 28%–parenteral).

HIV/STI epidemic in Ukraine is concentrated in MARPs and threatens to generalise.

Activity description:

STI diagnostics and treatment programmes for MARPs commenced in Ukraine since 2008, supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, in an unfavourable situation due to the lack of understanding between medical services, adverse attitude to case management principles and integrated care. Several models of dermatovenerologic assistance to MARPs and stage-by-stage implementation thereof were developed.

Results

In 2008 62 HCFs and 82 NGOs joined the programme.

In 2012 STI diagnostics and treatment are provided in 108 HCFs of Ukraine (50 skin and venereal dispensaries, 25 AIDS centres, 33 general facilities).

As of 31.012.2012 674 362 screening tests and counselling for STI and viral hepatitis and 38 872 STI treatment courses were provided for MARPs.

193 247 MARPs representatives (as of 31.07.2012) referred to 15 mobile clinics which provide HIV/STI counselling and testing.

16 trainings were held for NGOs representatives and medical facilities.

In 2012 22 multidisciplinary teams were created to provide STI diagnostics and treatment services for MARPs in HCFs.

The MoH of Ukraine working group on amending National STI Protocols was created.

Conclusions

1. Program should be implemented simultaneously under several models considering national and regional specifics.
2. STI diagnostic and treatment programmes should become an integral part of HIV prevention services package for MARPs.
3. MDTs are the most successful model.
4. National STI Protocols amendment and case management implementation are necessary.

P6.023 CROSS - BORDER HIV & AIDS INTERVENTION PROGRAMME IN SEVEN EAST AFRICAN COUNTRIES (2008 – 2012)

doi:10.1136/sextrans-2013-051184.1177

[1]**A K Woldemichael**, [2]F Alwan, [1]A Hassen, [1]F Kazibwe, [1]A Fadel. *[1]IRAPP, Kampala, Uganda, [2]IGAD, Djibouti, Djibouti*

Background The IGAD Regional HIV & AIDS Partnership Program reflects the common objective of NACs of IGAD States and partners to work in a mutually supportive way to address the sub-regional CBMPs aspects of the HIV/AIDS challenge. The Member countries are Djibouti, Kenya, Uganda, Ethiopia, Sudan, South Sudan and Somalia. The objective of this study was to show the progress made from 2008 until 2012.

Methodology The project was conducted in all IGAD States. The implementation at hot spots started since 2009 up to end of 2012. Joint Review Meetings conducted quarterly during the implementation phases.

Result A total of 38 sites supported by the project, of which 9 refugee camps and 29 hot spots. All sites have been enrolled following baseline assessment. Currently there are 69VCT, 63STI, 35PMTCT, and 29ART sites with community HIV/AIDS programmes. HIV tested clients reached to 292,253. A total of 1913 pregnant women found to have HIV; of these 89.6% of them have been received ARVD prophylaxis. The numbers of STI patients treated were 49133. PLHIV on chronic care reached at 15,649; while PLHIV on currently ART were 8429 and the number of patients enrolled in HBC, 408. Since the onset of the programme, a total of 2868 HCPs, 2924 peer educators, 856 youth and 6945 PLHIV, CSWs and community members have been trained. A cumulative of 6,081320 male and 98553 female condoms distributed across all IRAPP supported sites. A total of 35 PLHIV associations established in IRAPP supported sites.

Conclusion The pilot project introduced in the 7 IGAD Member States showed a good forum for continuum HIV prevention, care, treatment and support programmes for the CBMPs. The experience