

4.3% in 2009 and the prevalence of HIV in newborns was 23.3% in 2010. To date, no study has been done in the DRC, specifically Kinshasa, to explore the PMTCT national protocol.

Purpose The study aimed at evaluating compliance with the PMTCT national protocol in the selected PMTCT sites of Kinshasa.

Methodology A quantitative approach was employed in this study with a total of 76 health care providers, specifically nurses, and 179 records of HIV+ women in 18 PMTCT sites selected in Kinshasa. A health care provider self-reporting questionnaire and review of the records of HIV+ women were used for compliance assessment. Data collected was analysed using the SPSS package, Version 19.0 and MS Excel 2007.

Results This study found that nurses and HIV+ women were non-compliant (less than 80%) with the PMTCT national protocol. The score of compliance/non-compliance decreased through the continuum of PMTCT care with a peak in labour and delivery for HIV+ women. Some factors were associated with nurses and HIV+ women's compliance or non-compliance with PMTCT national protocol.

Conclusion The non-compliance of nurses and HIV+ women found in this study goes beyond the improvement of compliance with PMTCT national protocol and necessitates full and sustainable integration of PMTCT in maternal, newborn and child health services.

P6.051 COST-EFFECTIVENESS OF THE COMPLEX HIV PROGRAMME AMONG THE INJECTING DRUG USERS (IDU) IN THE CITY OF BARNAUL, ALTAI TERRITORY, RUSSIA

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E Demyanenko, N Vagaitseva. *NGO "AntiAIDS-Siberia", Barnaul, Russian Federation*

Background In 2011 the NGO "AntiAIDS-Siberia" estimated the cost-effectiveness of the complex HIV programme among the IDU in Barnaul.

Tasks:

- to assess the prevalence of HIV, HCV, related risk behaviour among the PP clients and comparison group;
- to assess and compare the cost of PP, ART and HCV treatment.

Methods

- descriptive and analytical method of epidemiological analysis of HIV sickness rate;
- bio-behavioural survey among the IDU in Barnaul, 2011;
- mathematical analysis of HIV treatment costs in compliance with the standards.

Results Different preventive components such as voluntary counselling and testing, social and medical support of the IDU, condom and injecting equipment distribution and safe skills building have been implemented in Barnaul. The average cost of HIV-prevention programme among the IDU in Barnaul is \$35000 per year. At the average 1500 IDU are covered by PP per year, so the average expenditure for PP is \$23 per 1 client. Average annual cost of ART per patient is \$11356, cost of HCV treatment (Pegasy + Ribavirin) - \$19000.

According to the results of bio-behavioural survey 3 out of 150 PP clients are HIV positive (2%), 121 (80.7%) have HCV. In comparison group 31 out of 150 have HIV (20.7%), 130 (86.7%) have HCV. If we extrapolate from the data to all IDU covered by PP in 2011, we can conclude that PP help to prevent 280 IDU from infecting HIV and HCV. It saves \$3000000 per year in the budget, which are needed to provide ART and HC treatment. At an average 1 HIV IDU infects 4 partners during a year. Prevention of 1120 cases saves \$3000000 per year in the budget which is needed to provide ART.

Conclusion Preventive programmes cost the government much lower than HIV and HCV treatment and can be considered rather effective.

P6.052 INTEGRATING FAMILY PLANNING SERVICES INTO HIV COMPREHENSIVE CARE AND TREATMENT CLINICS: A CASE OF THE AIDS SUPPORT ORGANIZATION (TASO) TORORO

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S Okoboi, L Namwanje, R Oceng. *The AIDS Support Organization, Tororo, Uganda*

Issue: More than 1.4 million women in Uganda report wanting to delay pregnancy, space their children, or stop childbearing altogether but that they are not currently using any contraceptive method. In late 2010, TASO integrated family planning services into its routine comprehensive HIV care clinics with aim of making FP services accessible, prevention of unintended pregnancies and reduction of mother to child transmission.

Description The intervention consisted of continuous sensitization meetings with staff and clients to explain the new intervention and ask for support. TASO staff identified the integration of condoms, oral, emergency contraceptive pills, injectable contraceptives and implants as a feasible beginning for on-site FP services. Clients interested in IUD and permanent methods were referred to Tororo Hospital's FP clinic. Developed plans for integration including, how to obtain commodities, and triplicate referrals system

Results Overall, the frequency of modern method use among female clients increased from 6% in 1st quarter to 28% 2nd quarter to 41% 3rd quarter and finally to 49% in 4th quarter of 2011. Condom use increased from 8% to 80%. A 2012 staff evaluation showed that the majority of providers (92%) and clients (97%) felt that adding FP did not affect the quality of providing care and treatment services, and that the level of integration was appropriate and cost-effective, added the benefits of reducing unintended pregnancy, reducing mother-to-child transmission of HIV, improving ease in talking about sex and fertility desires with clients, strengthened staff skills. Follow-up of clients using FP services offered an additional opportunity for adherence counselling.

Next step: Incorporating family planning (FP) into HIV care and treatment services is a promising model for integrating FP and HIV services in clinics with existing strong systems to accommodate added services.

P6.053 EVALUATION OF COST & EFFICIENCY OF ALTERNATIVE SERVICE DELIVERY MODELS FOR PROVIDING STI SERVICES TO HIGH RISK INDIVIDUALS IN INDIA

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¹D L Delhikar, ²F Homan, ¹A Das. *¹FHI 360, New Delhi, India; ²FHI 360, North Carolina, NC, United States*

Background Avahan, a large-scale HIV prevention programme, provides STI services to over 300,000 high risk individuals (HRIs) in six states of India through six different service delivery models varying by provision site (programme operated vs. contract provider) and use of outreach activities. This study aims to determine the cost-efficiency of alternative STI service delivery models.

Methods Data from the period between January to June 2010 was collected retrospectively from a stratified random sample of 30 selected NGO/CBOs, providing STI services to HRIs. Service statistics were obtained from Avahan's Computerized Management Information System, and cost data from the NGO/CBOs financial records. Cost and outcome performance from the NGO/CBOs were annualised and standardised to reflect a high risk group size of 1,000. Analysis was done from a service delivery perspective and did not

include programme management and outreach activity costs. Incremental cost-effectiveness analysis allows us to identify the most cost-effective NGO/CBO model for STI service delivery.

Results Most of the NGO/CBOs served more than 2,000 HRIs. However, when standardised to reflect a population of 1,000 HRIs, the programme operated clinic with outreach model was able to deliver STI control services at a lower cost per STI consultation, than alternative models. Incremental cost-effectiveness analysis of alternative STI service models with regards to coverage of STI screening & syphilis testing, show this model to be the most cost-effective model.

Conclusions For larger NGO/CBOs, use of outreach is critical to obtain operational efficiencies. Program operated clinics with outreach were found to be the most cost-effective model, probably due to increased access to scattered high-risk populations through effective outreach activities and continuity of care.

P6.054 CONDOM AND STI A GAZE WORD - TO PREVENT STIS

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S M Alam. *Save the Children, Dhaka, Bangladesh*

Background Bangladesh is culturally and religiously conservative. Condom use rate among the married couple is poor. Young people's access to condom is restricted. The perception about condom use in Bangladeshi society is a barrier device to "sexual pleasure". This pervasive claim of "reduced pleasure" is a diverse and complex phenomenon explored through men's statements. Bangladesh has a low HIV prevalence rate with less than 0.1% in the general population, as there are no changes of HIV prevalence the surrogate markers of risk for active syphilis (unsafe sex) and antibodies of HCV - are of relevance. Among female sex workers HIV prevalence in different setting is < 1% except in one border town area.

Bangladesh had received 3 grants on HIV/AIDS from the Global Fund to fight AIDS, Tuberculosis and Malaria in Round 2 from 2004–2009, Round 6 from 2007–2012 and Rolling Continuation Channel (RCC) from 2009–2015 on prevention, care, and treatment for the MARP's.

Methods Three surveys conducted Project baseline survey 2005, end line survey 2008 of Prevention of HIV/AIDS among young people in Bangladesh and Mid-Term Survey 2012 on RCC Program Expanding HIV/AIDS Prevention in Bangladesh funded by the Global Fund.

Results Over the period % of young women and men aged 15–24 yrs who correctly identify at least two ways of preventing HIV transmission knowledge increased over the period 22.6% (2005); 43.8% (2008) and 84.8% (2012) however, % of female sex workers reporting the use of a condom with their most recent client (Street, Residence & Hotel) 66.7% (2006–2007) which is increased 95.5% (2012) in the mid-term survey of RCC programme.

Conclusion The strategic intervention of GFATM funded HIV programme in Bangladesh achieved the remarkable success.

P6.055 MONITORING HIV RESISTANCE: FIRST BRAZILIAN EXPERIENCE WITH CLINICAL INDICATORS IN A PUBLIC CARE UNIT AT AMAZON STATE

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¹R S M Oliveira, ¹J Gonçalves, ²K Abtibil. ¹Tropical Medicine Foundation Heitor Vieira Dourado, Manaus, Brazil; ²Federal University of Amazonas, Manaus, Brazil

Background World Health Organization has provided countries with "Early Warning Indicators" to monitor ART sites and minimise the emergence of drug resistance, using routine information from medical and pharmacy records. In Brazil the percentage of multiexperienced people is about 8%, at Brazilian universal free access, which concerns about complications in quality of life related to

therapeutic failure. We evaluated two cohorts at a public health care site at Amazonas state, to propose the indicators validation on this population.

Methods Through electronic local system and following the WHO methodology, patients who started ART treatment twelve months ago, and received care at the unit, were selected for WHO sample size indicated. The research resulted in 315 adults.

Results As results were compared to the original WHO indicators for EWI 1 (percentage of ART prescribing practises with appropriate first-line regimen) at the studied site were 91% and 95%, for 2009 and 2010 respectively, WHO recommends 100% for this indicator. EWI 2 (patients lost of follow-up 12 months after ART initiation): 30% (2009) and 36% (2010) (WHO = less than 20%). EWI 3 (patients on appropriate first-line regimen 12 months after ART initiation): 40% (2009) and 49% (2010); (WHO = up to 70%). About 75% picked up ART drugs on time (EWI 4), instead WHO recommends up to 90%. EWI 8 (patients with viral load suppression after 12 months of ART): 31% for 2009, and 30% (2010), WHO recommends up to 70%.

Conclusions EWI were implemented in other Latin America countries to determine a valid tool compared to viral load. Brazil does not have yet a national monitoring system to monitor sites. This one, located at an HIV late diagnosis area showed deficit in maintenance in care. The managers need to improve monitoring adherence and prevent HIV resistance by therapeutic failure, since there was not any local indicator which achieved WHO recommendations.

P6.056 KNOWLEDGE AND ATTITUDE IN RELATION TO HIV/AIDS AMONG NURSES WORKING AT MATERNITY WARD, BPKIHS, NEPAL

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S Lama, K Vijayalakshmi, N Pokharel. *BP Koirala Institute of Health Sciences, Dharan, Nepal*

Background People with HIV frequently encountered discrimination while seeking and receiving health care services. The knowledge and attitude of health care professionals influence the willingness and ability of people with HIV to access care and the quality of care they receive.

Aims To assess the HIV/AIDS related knowledge and attitude among nurses working at maternity ward of BPKIHS.

Methods and Materials: A descriptive cross sectional study was conducted in maternity ward of B.P. Koirala Institute of Health Sciences. Purposive sampling technique was used for selection of samples. Data was collected from 56 nurses using pre designed, pre tested and self developed Performa. Data was analysed using descriptive statistics (frequency, percentage and mean) and inferential statistics (Spearman rho correlation test)

Results Regarding the overall knowledge, majority of the respondents (76.78%) had good knowledge; 23.21% had average knowledge and none of them had poor knowledge on HIV/AIDS. Total median score was 27, 25\32 in knowledge and attitude respectively. There was no correlation between knowledge and attitude ($p > 0.05$)

Conclusion It is essential for organising continuous in service education to get informed the nurses so as to create awareness especially on PMTCT concepts and refer, guide and intervene the women living with HIV/AIDS to avail the PMTCT services and influence the nurses to develop positive attitude the people living with HIV/AIDS.

P6.057 DECREASING THE PROPORTION OF PATIENTS LOST TO FOLLOW-UP AT AN OUT-PATIENT HIV CLINIC IN EASTERN UGANDA

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