

Literature review on ARV price determinants and interviews with BMoH representatives have complemented the analysis.

Results From 1999 to 2003, thanks to local generic production and repeated compulsory licencing threats, total ARV expenditure fell by 56%, despite patient increase of 72%, which led to a 74% decrease in the cost per patient per year. Following the inclusion of third-line ARVs, in 2005, total expenditure peaked at about US\$ 460 million (2011 US\$) for the treatment of nearly 160,000 patients. Although the compulsory licencing of Efavirenz, in 2007, together with assertive price negotiations on patented drugs led to a significant drop in costs, most recently, as the number of patients continues to increase, local production remains highly uncompetitive, and, new-generation patented drugs are further being incorporated, mean annual cost has recovered speed, reaching values 35% higher than 2003.

Conclusion The downward trend in mean ARV costs reached an inflexion point in 2003, after when limited savings from generic production and originator firm discounts were no longer able to compensate for the incorporation of highly expensive second and third-line ARVs. This finding reinforces patent protection being a major barrier to quality and longterm treatment in developing countries. In the case of Brazil, it further calls for higher efficiency on local production capacity.

009.3 A SUCCESSFUL MODEL IN REACHING OUT MOBILE POPULATION TO CONTROL THE SPREAD OF STI/HIV/AIDS: EXPERIENCE FROM LINK WORKER SCHEME IMPLEMENTED IN 200 VILLAGES MOSTLY INHIBITED BY MOBILE POPULATION IN WEST BENGAL, INDIA

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The fact is that over 57% of the 2.9 million HIV positive people in India live in rural areas. India still has a rural base with 69% of its population living in rural areas. Young migrant workers and other highly mobile population essentially come from villages. Due to rural-urban continuum, rural population is also not lagging behind its urban counterpart in adopting high-risk behaviours.

To face the challenge of HIV/AIDS in rural India is even more difficult due to poor literacy rates resulting in poor awareness, mostly engaged in unorganised sector and stigma associated with it.

Link Workers Scheme (LWS) implemented in 100 villages each at Purulia & Murshidabad targeting youth, vulnerable and high risk population for prevention of STI/HIV/AIDS and improve service delivery linkages. Murshidabad & Purulia is a vulnerable district due to high migration, interstate border, trafficking, poverty, illiteracy and poor health care. Link Workers have been accepted as frontline development functionaries and are proving to be successful in reaching out to the target population.

LWS successfully reached out 4861 HRGs and 146079 vulnerable young men and women in last two years. Referral services to ICTC, STI and TB have increased significantly and a total of about 18500 cases referred to health facilities for testing of HIV, 79% cases actually turned up for testing; more than 7800 STI cases identified, 64% reported; 2700 TB cases identified, 52% reported and utilised the services. About 3860 pregnant women identified in the project area and referred for HIV testing.

The link-worker, through a due diligence process, keeps on motivating the person to access HIV/AIDS related services such as HIV testing, treatment of STIs, ART, treatment of opportunistic infections and minimise the gap between beneficiary and service delivery. This need to scaled up to arrest the spread of STI/HIV/AIDS in rural setting.

009.4 MOBILIZATION FOR HIV, SYPHILIS AND HEPATITIS B AND C TESTING DURING BRAZIL'S CARNIVAL

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Introduction Testing campaigns (entitled "Get to know") during high-traffic public events have been conducted in Brazil since July 2008. On these occasions, people are offered information about health and prevention and rapid tests (RTs), as well as condoms and lubricating gels. Initially, only rapid HIV testing was conducted; RTs for syphilis screening was included in 2010 and hepatitis B and C screening in 2012. Twenty-two national mobilizations were organised between 2008 and 2012, with approximately 26,300 RTs performed.

Methodology A large number of people attend the carnival celebrations in the cities of Recife and Salvador and are the focus of Ministry of Health campaigns. In 2013, for the first time, the "Get to Know" campaign in these cities offered RTs for HIV, syphilis, and hepatitis B and C. Testing was conducted in health centres near places where large numbers of people congregated and at temporary centres at the carnival venues. In cases with RT reactive results, patients received the test results and were referred to qualified services for follow-up and healthcare.

Results More than 8,000 tests were performed during the four days of carnival in Recife and Salvador. In Salvador, 5,280 tests were conducted in three locations, and 1,458,984 condoms were distributed by eleven mobile teams. Of those tested, 16 were reactive for HIV, 84 for syphilis, 7 for hepatitis B, and 14 for hepatitis C. In Recife, 5,527 RTs were performed in 3 locations, and 800,000 condoms were distributed. Twenty people were reactive for HIV, 60 for syphilis, 2 for hepatitis B, and 4 for hepatitis C.

Conclusion The "Get to Know" campaign has been proven efficient in scaling up access to early diagnosis and reaching large numbers of people with information about the importance of getting tested and with awareness-raising activities about prevention.

009.5 OPTIMIZING CARE EFFICIENCY AT THE STI CLINIC: USING CHLAMYDIA HOME COLLECTION KITS

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Background To study the efficiency of Chlamydia home collection kits for young people, in order to optimise care at the Amsterdam STI clinic.

Methods Since 2012, young people under the age of 25 with a low risk profile for STIs are only tested for Chlamydia. Tests for other STIs are indicated after testing Chlamydia positive. From September-November 2012, young people using the online intake were offered two different ways of Chlamydia testing: receiving a home collection kit, or coming to the clinic. The collection kit is sent to the client by mail and is used to collect a swab or urine sample. This sample is sent back to the laboratory for testing. The client can retrieve the results online by using the provided login.

Results In the study period, 523 online requests were done. Of these, 388 (74%) opted for the home collection kit and 135 (26%) preferred an appointment at the clinic. Of the requested kits, 86% were sent back. All clients checked their test result online. Chlamydia was diagnosed in 5.5% of the clients receiving a home kit and in 2.9% of those tested at the clinic. Women were more likely to request a home collection kit (77% versus 60% of men, $p < 0.001$) as were young people aged 20–24 years (76% versus 64% aged < 20