

**P6.027 FACTORS ASSOCIATED WITH USE OF WATER-BASED LUBRICANTS BY MEN WHO HAVE SEX WITH MEN: FINDINGS FROM A BIO-BEHAVIOURAL STUDY IN THREE INDIAN STATES**

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**Background** Unprotected anal sex among men who have sex with men (MSM) has a high probability of transmission of HIV, but using water-based lubricants along with condoms can significantly reduce HIV risk. We examined the prevalence and type of rectal lubricants use, and factors associated with exclusive use of water-based lubricants among MSM using data from a large-scale cross-sectional survey conducted in 2009–2010 in three Indian states.

**Methods** Using time-location cluster sampling, 3,880 MSM were recruited from cruising sites such as parks and local train stations. Behavioral data were collected using a structured questionnaire, and blood and urine samples were tested for HIV and STIs. We used binary logistic regression to assess the association between type of lubricants used and socio-demographic and programmatic indicators.

**Results** Of the total, a majority reported using lubricants (64%) and more than half (53%) exclusively used water-based lubricants. Less than one-tenth (7.6%) reported exclusive use of oil-based lubricants and nearly 40% of the MSM were mixed users (using both water and oil-based lubricants). Characteristics associated with increased odds for exclusive use of water-based lubricants taking non-users as reference were: exposure to HIV prevention interventions (AOR: 6.18, 95% CI 4.82–7.92), self-identity as kothis (AOR: 2.56, 95% CI 2.12–3.10), and consumption of alcohol (AOR: 1.28, 95% CI 1.07–1.53). When adjusted for socio-demographic and other contextual factors such as exposure and consumption of alcohol, HIV and STI prevalence did not have a statistically significant association.

**Conclusion** Targeted HIV interventions among MSM need to promote and distribute condom-compatible lubricants during anal sex and educate them not to use oil-based lubricants with condoms. Reaching and promoting condom-compatible lubricant use among all subgroups of MSM, irrespective of their presumed or stated sexual role in anal sex, will help in increasing the use of lubricants during anal sex and decreasing HIV transmission.

**P6.028 MULTI-SECTORAL RESPONSE TO PREVENT HIV/AIDS AND STI AMONG SEX WORKERS: AN EXPERIENCE FROM BANGLADESH**

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**Background** To create a supportive environment and ensure smooth implementation of HIV/AIDS and STI prevention programme among hotel based sex worker's in Chittagong, Bangladesh a Project Facilitation Team (PFT) was formed in 2005.

**Methods** The members of the Project Facilitation Team was selected as representatives from hotel management, the department of police, public prosecutors, department of health, media professionals, department of women affairs, social leaders, Muslim religious leader and members from other NGO working in the city.

**Results** The PFT has been seating quarterly basis to review programme progress. They are cooperating to reduce barriers of service delivery and mobilising social support for project activities take place. They have been facilitating regular contact with key

stakeholders, including sex workers, member of law enforcement agencies and hotel management. As a result police is not harassing our Peer Educator and they are allowing them to conduct Behavior Change Communication (BCC) session at hotel and the hotel owner/hotel management has been giving the free access to work with the sex worker in their hotel. The Muslim religious leader has been giving speech on HIV/AIDS during the weekly prayer. Media has been publishing positive news/article on HIV/AIDS issue on regular basis. Public Prosecutors have been working with police in handling case related to the sex worker in the court. As a result, the programme has been implementing smoothly in the city and the targeted participants have been receiving comprehensive service i.e. BCC information, STI management service, condom and lubricant, VCT, general and psycho sexual counselling from the project.

**Conclusion** The members of PFT can support the project's implementation with their local knowledge and influence. So, it can be a best model for other countries.

**P6.029 ANTIRETROVIRAL THERAPY (ART) PROGRAMME IN BANGLADESH: INCREASING NATIONAL OWNERSHIP**

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**Background** The first HIV positive case was detected back in 1989. From then 2,871 cases have been reported till December 2012. However, the estimated number of PLHIV in Bangladesh is 7,500. Most of the HIV programme for last decades has been focused on HIV prevention. In 2005, ART programme was started in NGO settings in a small scale. Under the Global Fund Round 6 project, Ministry of Health and Family Welfare (MOHFW)/National AIDS/STD Programme (NASP) as Principal Recipient (PR) and Save the children as Management Agency (MA) initiated ART programme for PLHIV (People living with HIV/AIDS).

**Methods** Enormous efforts of Save the Children, as PR, through active formal and informal co-ordination and advocacy with NASP, UNAIDS, UNICEF, and other relevant stakeholders, ARV drug distribution process has been taken over by the government in December 2012.

**Results** Before 2008, 100% of ART was managed by INGOs and their implementing partners in the country. Central Medical Stores Depot of MOHFW has started ARV procurement in 2012. Before that, Save the Children has provided ART to 911 PLHIV in past 4 years with grants from the Global Fund. Beginning of 2013, 88.28% of PLHIV were provided ARV through Public-Private Partnerships (PPP). To provide direction to the national ART programme, MOHFW developed ART guidelines (2006, updated in 2011), Management of Opportunistic Infection (2009) and also developed Standard Operating Procedures (SOP) for Services to PLHIV in 2009. Simultaneously NASP installed CD+4 counters and additional laboratory equipment in eight tertiary government health institutes for HIV management.

**Conclusion** Nevertheless challenges remain. Government health system is yet to be sensitised and ready to start full-scale ART. An effort is ongoing to establish an efficient ARV drug procurement, supply chain system and PLHIV-friendly distribution mechanism in government-managed health facilities.

**P6.030 PHYSICAL EXERCISES FOR PEOPLE LIVING WITH HIV AND AIDS (PLHIV): BRAZILIAN POLICY FOR POSITIVE PREVENTION IN THE PUBLIC HEALTH SYSTEM**

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**Background** Physical exercise strategies were included in Brazilian AIDS Program actions on positive prevention for PLHIV in 2010, to prevent side effects and improve adherence. A multiprofessional

working group elaborated recommendations, specially addressed to physical educators, physiotherapists and other health workers. In 2012, the MOH published the "Guidelines on physical exercises for PLHIV" and ran out a pilot training project in two state capitals, Recife and Belo Horizonte, for training physical educators from public health gyms, named Health Academies Program. In Recife there are 27 gyms and in Belo Horizonte, 52.

**Methods** The pilot training project was based on four workshops with two parts of 8 hours each. The first module included general AIDS information on transmission, stigma, prejudice and diversity. The second one approached AIDS clinical evolution, treatment and side effects aiming on specific indications for exercise practises for PLHIV in the prevention of cardiovascular diseases, osteoporosis, and diabetes, lipodystrophy, based on the "Guidelines for physical exercises for PLHIV".

**Results** The pilot project qualified 106 professionals in Recife and 160 in Belo Horizonte, who run 79 gyms from Health Academies Program. This study showed a low level of knowledge in relation to different aspects of HIV/AIDS and that the information provided was extremely useful to improve their daily work at the gyms with PLHIV. Patients are also being stimulated by Aids Services to exercise at those gyms. In Recife, around 5.000 PLHIV can benefit of this free of charge facilities. In Belo Horizonte is over 6.500 persons.

**Conclusion** The training project for health professionals on physical exercise for PLHIV showed very positive results towards the increment of knowledge on technical and subjective aspects, which encourage the Brazilian AIDS Program to expand the workshops to other six capitals where Health Academies Program is well established in public health facilities.

# **P6.031 IMPLEMENTATION OF A PROGRAMME OF EXTERNAL QUALITY CONTROL EVALUATION FOR RAPID HIV TESTING IN BRAZIL**

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**Introduction** A quality control system is crucial for ensuring the reliability of tests used to diagnose communicable diseases. Since 2005, Brazil has used rapid tests (RTs) for diagnosing HIV, which are regulated by a ministerial directive. RTs present challenging features because assays are often conducted by people without laboratory training, there may be no samples for repeating the test, and there is little availability of proficiency testing.

**Methodology** In 2012, Brazil began implementing a methodology for external quality control evaluation called DTS (dried tube specimen) due to its low cost, ease of execution in places lacking laboratory infrastructure, and ability to transport in ambient temperature by post, facilitating access to services that conduct RTs in a tropical country of vast geographic area. The DTS methodology is based on drying those serum or plasma samples with known reactivity to HIV, shipping them to institutions for rehydration, conducting of the tests, and interpretation of the results. Implementation began with production and validation of AEQ-DTS panels: fractionating, identification, and preparation of the panels with four samples each.

**Results** The selected service centres are part of the Counseling and Testing Centers Network, which provides assistance to vulnerable populations and comprises 518 centres of which 319 offer RTs for HIV. In 2012, 299 panels were shipped to these centres, 230 of which had received training in DTS methodology: 207 reported results in the Quali-TR computerised system. Of these, 190 sent the data correctly. The index of agreement of results with the characterization of the samples of the AEQ-DTS panel was 100% for these 190 institutions.

**Conclusion** The results obtained and ease of shipping demonstrate that DTS methodology is appropriate for external quality control assessments, and it will be expanded to include other centres that use RTs for diagnosing HIV.

# **P6.032 DESIGN OF A COMPLEX INTERVENTION: COMMUNITY-BASED MOBILE PHONE TEXT MESSAGING FOR SEXUAL AND REPRODUCTIVE HEALTH REFERRAL IN TANZANIA**

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**Introduction** In many countries there are private stores known as drug shops that sell medicines for treatment of various illnesses. These shops are licenced to sell non-prescription, pre-packaged medicines only. In Tanzania, evidence shows they sell 'prescription-only' drugs including antibiotics and antimalarials. An intervention with objective to increase uptake of reproductive health (RH) services in formal health facilities was designed to facilitate patients' and drug shops' access to prescriptions from formal health facilities.

**Methods** Nested in a cluster-randomised trial, the intervention is implemented in 9 intervention communities against 9 comparison communities in Mwanza region Tanzania. Using a web-based mobile phone application, an electronic referral platform was designed to host a text messaging referral system. The platform was configured with the telephone numbers of drug shop attendants, dispensary and health centre clinical officers and a toll-free number. Drug shop attendants and clinical officers were trained and given a texting guideline cue card.

**Results** Forty-four drug shop attendants, 14 dispensaries, and 3 health centres have enrolled onto the intervention. These facilities use the technology to treat patients with RH needs ranging from family planning to STI and HIV treatment. On average 14 patients pass through the system per week. We expect data on at least 700 patients by the end of a 12-month implementation period. This data will be analysed to report on family planning and contraception, pregnancy and antenatal care, STI and HIV/AIDS outcomes.

**Conclusions** The system has proved to work effectively. Participation of stakeholders in the design was optimal. Given the automatic data collection facility of this system, data for research, monitoring and reporting is readily accessible to researchers, district health authorities and the ministry of health through authorised logins. The contribution of this system to RH service uptake and health system strengthening will be verified after an impact evaluation.

# **P6.033 PLANNING, IMPLEMENTING AND MANAGING KEY ASPECTS OF AN AUSTRALIAN STATE SEXUALLY TRANSMITTED INFECTIONS PROGRAMME**

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**Background** New South Wales (NSW), Australia developed its first STI Strategy in 2006. Strategic goals were to reduce the transmission and morbidity of STIs; increase use of condoms with casual sexual partners; and increase STI testing. The Strategy development and implementation was guided by a Health Minister's HIV and STI Strategy Advisory Committee, including clinicians, public health professionals, researchers, community organisations and health administrators. The NSW STI Programs Unit (STIPU) was established to focus on publically funded sexual health service (PFSHS) reorientation to priority populations; improved capacity of general practise (GP) and STI social marketing.