among FSWs derived from independent data sources, was more consistent with observed HIV trends, and if these trends could have occurred without post-Avahan increases in CCU (two null hypotheses were assumed—one being more (H0b) and less conservative (H0a)). The most likely CCU hypothesis was used to predict the intervention impact on HIV prevalence/incidence and HIV infections prevented.

Results Using the most likely CCU hypothesis for each district (H1), results so far suggest that the increase in condom use post-Avahan may have resulted in between 21 and 45% of new HIV infections being averted among FSWs in Mysore, Bellagam and Ballary respectively from 2004 to 2007. Similar results were obtained for clients but the absolute number averted was 2–8 fold more. Model projections (Abstract S7.3 figure 1) suggest that this has resulted in the large decrease in HIV prevalence observed in these districts, and that this would not have occurred in the absence of Avahan. The syphilis treatment component alone prevented <5 and 13% of new HIV infections over 1 and 10 years. Impact projections for the general population and additional districts will be presented.

Conclusions These Bayesian modelling results, combined with observed HIV prevalence trends and evidence of successful implementation and scale-up of Avahan, provides plausible evidence that Avahan has reduced HIV transmission to a large extent among high-risk groups.

S7.4 COST-EFFECTIVENESS OF TARGETED HIV PREVENTIONS FOR FEMALE SEX WORKERS: AN ECONOMIC EVALUATION OF THE AVAHAN PROGRAMME IN SOUTHERN INDIA

doi:10.1136/sextrans-2011-050102.30

S8.1 LESSONS LEARNT FROM GLOBAL HIV DRUG RESISTANCE INITIATIVE: IMPLICATIONS FOR MDR-GC

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The WHO, in collaboration with the Bill and Melinda Gates Foundation and the International AIDS Society developed the Global HIV Drug Resistance Network. It is comprised of a network of countries and accredited laboratories. The Network serves as an advisory and evaluation function to the WHO HIV drug resistance team and countries implementing the strategy. Surveillance of HIV drug resistance is critical because it helps to detect the circulation of resistance strains and directs measures to preserve programme effectiveness.

This presentation will explore how lessons learnt from the HIV drug resistance initiative could be applied to slow the spread of MDR-GC.

S8.2 SYNERGY: PUBLIC HEALTH, CLINICIANS, LABORATORIES AND MANAGEMENT GUIDELINES

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There is growing concern that the increasing prevalence of AMR in N gonorrhoeae will compromise effective treatment and disease control efforts. Early warning systems and the creation of, public health, clinical and laboratory networks are critical to detect the emergence of resistance and treatment failures.

Using specific examples to illustrate best practises, this presentation will focus on mechanisms to: Enable adequate, timely AMR surveillance to inform treatment guidelines; Establish a strategy to rapidly detect patients with gonococcal infections who experience a clinical and/or microbiological treatment failure especially with recommended cephalosporin or azithromycin therapy; and Promote effective public health and clinical management of patients and their sexual partners.

S8.3 RESEARCH AND TRAINING NEEDS

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Establishing treatment guidelines, improving capacity to monitor antimicrobial susceptibility, and adequate supply of quality medications are key strategies to slow the spread of resistant gonorrhoea. Advances in the public health and clinical management of