

international workshop about multiple topics (e.g. different organs, STIs, sexual health, conception or pregnancy). Local implementation is driven by various projects of the participants.

Since 2009 an Austrian Group is working within "HIV and Your Body" using simultaneously different communication strategies.

The presented work aims to evaluate the impact of the chosen multidimensional communication strategies on health awareness and behavioural changes in PLHIV in Vienna/Austria, providing recommendations for optimising such informational programmes in regard of true-to-life needs of PLHIV.

**Results** Until now the Austrian group provided intensive seminars, peer-to-peer support and individual counselling within „HIV and Your Body“. Simultaneously information was spread by information events and publications (e.g. brochures, magazine, newsletter and broadcast). The amount of reached persons was directly associated with individual or public setting, with a broad range up to 34.000 (detailed numbers will be presented).

Contact numbers achieved in Austria underline importance of the topics and present needs of PLHIV for information and support concerning individual health.

Previous feedback has been promising that the chosen combination of information channels enhances the aim of informational programmes.

An ongoing survey aims to evaluate the effect of combined communication approaches as well as further communication requirements. Evaluation data will be presented.

**Conclusion** Based on evaluation results future projects within "HIV and Your Body" in Austria can be optimised.

General recommendations for communication strategies promoting individual health awareness and supporting healthy lifestyles of PLHIV will be discussed.

**P4.099 DEVELOPMENT OF TRAINING MODULES TO ADDRESS HEALTH WORKER STIGMA AND DISCRIMINATION AGAINST MSMS AND TRANSGENDERS IN MALAYSIA, INDONESIA, PHILIPPINES AND TIMOR LESTE- THE ISEAN-HIVOS PROGRAM APPROACH**

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**Background** The ISEAN-Hivos Program is a Regional Global Fund Program that focuses on reducing the vulnerability and risks of MSM and TG to HIV infection in Insular Southeast Asia. The Program also intends to address critical gaps in supporting and scaling up activities that reduce HIV/AIDS among MSMS and TGs. One of the key strategies of the Program is the development and implementation of training modules that address stigma and discrimination among health workers when they provide clinical and related services to MSMS and TGs, particularly in Indonesia, Malaysia, the Philippines and Timor Leste. This study describes the strategy used by the ISEAN-Hivos Program towards achieving this goal.

**Methods** Based on strategy evaluations, it was deemed that the modules need to include clinical skills training for the health workers, as a springboard towards changing their negative attitudes about their MSM and TG clients.

**Results** Key initial findings while preparing the modules include the following:

1. There is a need to engage country-recognised "experts" that can provide the trainings.
2. There is a need to engage the Ministries of health in the four countries to enable the module to be used as well by health care workers in public settings.
3. The modules must be flexible enough to be able to be tailored in terms of content, length of training and level of skills or knowledge required, depending on the needs of the targeted health care workers' contexts.

**Conclusion** The findings from the initial strategic evaluation of the approach used in the development of training modules that address healthcare workers' stigma and discrimination against MSM and TGs who seek STI-HIV-related services support a multi-agency approach working at a regional level. The modules will then be translated into local languages for ease of use among the target training participants.

**P4.100 MEASURING ADHERENCE TO ANTIRETROVIRAL THERAPY IN NORTHERN TANZANIA: FEASIBILITY AND ACCEPTABILITY OF THE MEDICATION EVENT MONITORING SYSTEM**

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**Background** An often-used tool to measure adherence to antiretroviral therapy (ART) is the Medication Event Monitoring System (MEMS), an electronic pill-cap that registers date and time of pill-bottle openings. Despite its strengths, MEMS-data can be compromised by inaccurate use and acceptability problems due to its design. These barriers remain, however, to be investigated in resource-limited settings. We evaluated the feasibility and acceptability of using MEMS-caps to monitor adherence among HIV-infected patients attending a rural clinic in Tanzania's Kilimanjaro Region

**Methods** Eligible patients were approached and asked to use the MEMS-caps for three consecutive months. Thereafter, qualitative, in-depth interviews about the use of MEMS were conducted with the patients. MEMS-data were used to corroborate the interview results.

**Results** Twenty-three of the 24 patients approached agreed to participate. Apart from MEMS-use on travel occasions, patients reported no barriers regarding MEMS-use. Unexpectedly, the MEMS-bottle design reduced the patients' fear for HIV-status disclosure. Patients indicated that having their behaviour monitored motivated them to adhere better. MEMS-data showed that most patients had high levels of adherence and there were no bottle-openings that could not be accounted for by medication intake. Non-adherence in the days prior to clinic visits was common and due to the clinic dispensing too few pills.

**Conclusion** MEMS-bottle use was readily accepted by patients. Although the MEMS-bottle was used accurately by most patients, patients need to be more explicitly instructed to continue MEMS-use when travelling. Even HIV-clinics with sufficient staff and free medication may impose structural adherence barriers by supplying an insufficient amount of pills.

**P4.101 WITHDRAWN BY AUTHOR**

**P4.102 PILOTING CONTINGENCY MANAGEMENT INTERVENTION AMONG NEEDLE EXCHANGE PROGRAM USERS IN TIRANA, ALBANIA**

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**Background** Although Needle Exchange Programs (NEP) are a great tool in fighting HIV/AIDS and yielding a significant cost savings for intravenous drug users (IDU) the challenge of the programme remains the irregular uptake of services from the clients and attracting new clients. Contingency Management (CM) is widely known as an intervention that addresses behaviours concerns. It provides tangible rewards for clients to increase or decrease the frequency of concrete target behaviours. The programme hypothesised that using the reward system via CM might help