when to screen women < 25 years are needed. Such measures will help detect precancerous lesions and avert cervical cancer.

P6.011 SURE START IN PUNE, INDIA: THE CONVERGENCE MODEL OF MATERNAL AND NEWBORN HEALTH AND HIV

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Background The Sure Start project is a seven year initiative implemented by PATH to improve maternal and newborn health and save lives in India. In Pune, Maharashtra, Sure Start focused on reducing maternal and newborn mortality rates and HIV among pregnant women, including the additional health care needs of HIV positive pregnant women. The objective was to raise awareness of HIV among pregnant women and motivate them to undergo HIV testing and to test the feasibility of convergence of HIV/AIDS and MNH for synergy in impact. Monitoring of Maternal and Newborn Status (MOMS) committees were involved for regular monitoring and follow-up in the community.
Methods A quasi-experimental study was conducted with pre- and post-intervention surveys, without a comparison group. Quantitative methods were used to capture changes associated with implementation of a Common Minimum Package and qualitative methods to assess model specific changes.
Results Percent of women who received three or more antenatal checkups increased from 83% to 97% from baseline to end-line, the percent of women initiating breastfeeding within one hour increased from 47% to 52% during the same period. Percent of women having institutional deliveries increased from 84% to 95%. Percent of mothers who visited a health facility for a checkup during the postnatal period increased from 49% to 73%. 92% of women had heard about HIV/AIDS, among these women 69% knew about medication available to reduce the risk of transmission to a baby. Of 94% of those who knew about HIV/AIDS, 83% had undergone testing. Of the women advised to go for HIV testing 51% reported that flash cards used by Sure Start provided information about HIV.
Conclusion The model demonstrated the importance of MOMS committees in creating awareness and expanding knowledge. A convergence model helps in mainstreaming HIV positive women to avail of quality MNH care.

P6.012 STI SCREENING AT HIV TREATMENT CENTRES FOR MEN WHO HAVE SEX WITH MEN CAN BE COST-EFFECTIVE

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Background For HIV-infected men who have sex with men (MSM), implementation of routine STI screening into care at HIV treatment centres can substantially reduce STI incidence and possibly HIV incidence in the MSM population. Some countries already combine STI and HIV care, but its cost-effectiveness has not been explored. This study was designed to estimate the cost-effectiveness of providing routine anorectal chlamydia screening to MSM in care at HIV treatment centres in the Netherlands, where STI and HIV care are not currently combined.
Method Outcomes of a transmission model describing the sexual transmission of HIV and chlamydia in MSM over a 20-year period were used as input for an economic model. Inclusion of multiple STIs were not allowed due to the complexity of the transmission model. The incremental cost-effectiveness ratio (ICER) was calculated for four scenarios: once- and twice-yearly routine chlamydia screening at HIV treatment centres among MSM who do/do not seek screening elsewhere.
Results Costs will be saved by routine chlamydia screening of MSM in care at HIV treatment centres if these patients seek little or no screening elsewhere. Opportunistic screening is considerably more expensive than routine screening offered within a scheduled visit. Adding once-yearly chlamydia screening for MSM in care at HIV treatment centres is cost-saving when 30% or fewer of those men seek once-yearly screening elsewhere. Twice-yearly routine screening at HIV treatment centres is cost-effective only when no opportunistic screening takes place.
Conclusion Adding annual chlamydia screening to the HIV consultation will be cost-saving as long as only a limited proportion of men are opportunistically screened. The ICER was most sensitive to the percentage of MSM that continue to be screened elsewhere.

P6.013 RAPID HIV DIAGNOSTIC TESTING IN BRAZIL AND ITS CONTRIBUTION TOWARD REDUCING VERTICAL TRANSMISSION OF HIV AND SYPHILIS

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Background In 2012, Brazil's Ministry of Health (MoH), via its Department of STDs, AIDS and Viral Hepatitis, increased the availability of rapid testing for HIV diagnosis and syphilis screening by means of a government programme called *Rede Cegonha* (the Stork Network), allowing for the strengthening of actions to promote, prevent, and assist STD/AIDS patients in the primary care network by servicing pregnant women during their prenatal visits, with the aim of reducing vertical transmission of HIV and syphilis.
Methods The MoH purchases and distributes rapid tests (RTs) produced domestically. The process was initiated by sensitising local managers to the need for implementing RTs in primary care units. Healthcare professionals were selected and trained to conduct RTs and to provide counselling. The RTs were delivered and introduced into the service routine in order to assist pregnant women and their sexual partners.
Results 27 states adhered to the programme, with 2,500 municipalities adopting the methodology and a total of 1,031 professionals being trained. In 2012, 3.7 million RTs for HIV and 1.1 million RTs for syphilis were distributed.
Conclusion The government's directive expedited the implementation process and the involvement of sanitary authorities. Rapid tests were found to be an agile and complementary tool in expanding access to diagnosis and speeding up the care needed to prevent and reduce vertical transmission of HIV and syphilis. This was an opportunity to update professionals and improve their approach, making it possible to provide integral care to pregnant women, their partners, and newborns.

P6.014 KENYA'S PROGRESS TOWARDS ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION (EMTCT) OF HIV

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Background According to Kenya's Demographic Health Survey (KDHS) 2009, 6.2% of 39 million residents are HIV-infected. Of 1.5 million annual pregnancies, 93,000 are HIV-infected. Without interventions, 35–40% of their infants would be infected. We describe Kenya's progress towards eMTCT.

Methods Kenya has Prevention of MTCT Technical Working Group with members from Ministry of Health, PEPFAR agencies, UN family, implementing partners focusing on guideline and policy development. From single dose nevirapine in 2005 to Option A in 2010, Kenya is rolling out new guidelines with Option B+, elimination framework, mentor mother programmes, health systems strengthening activities, community strategies, private partnerships, and maternal/child health integration of anti-retroviral (ARV) therapy. Appointment diaries, mobile telephones, home visits are retention strategies. Longitudinal antenatal registers, mother-baby booklet, HIV-Exposed Infant (HEI) registers for easy identification and tracking of mothers and infants used. HEI are identified and tested at 6–8 weeks through PCR. Capacity building, infrastructure, supportive supervision, commodity security, safe infant feeding are monitored. EID dashboard (website) shows EID results from all PCR labs in real-time.
Results Kenya demonstrates tremendous progress from 2005 to 2012: PMTCT sites from 926 to 4,500; pregnant women counselled and tested for HIV from 318,000 to 1.2 million (80% coverage); ARV prophylaxis from 52% to 90% of HIV-positives identified; CD4 access from < 50% to > 72%; over 57% attending 4+ antenatal visits. Exclusive breastfeeding for 6 months increased from 3.2% to 32% (KDHS). The number of infants tested by PCR increased from 4,500 in 2006 to 64,000 in 2011. PCR positivity has dropped from 11.2% (2010) to 7.6% (2011) and 5.2% (2012) at 6-week testing of infants.
Conclusion Use of more efficacious regimen including Option B+, integration of services, implementation of new guidelines and eMTCT framework should enable Kenya to attain a transmission rate less than 5% by 2015.

P6.015 EXPLORING EXPERIENCES WITH COMMUNITY BASED PROMOTION OF EXCLUSIVE BREASTFEEDING IN THE CONTEXT OF HIV IN THE RURAL MALAWI

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Background Exclusive breastfeeding (EBF) for 6 months is ranked as the most effective way of feeding babies in Sub-Saharan Africa where HIV positive women are poor and infant mortality is high. However, mixed feeding is common, increasing risks of infant death due to malnutrition, diarrhoeal, HIV, and other infectious diseases. Community-based Interventions has proved effective in promoting EBF in poor settings. Results of MaiMwana intervention in Malawi are underway. However, there was little attention on the needs of HIV positive women during the design and conduct of these interventions. The aim of this study was to explore the importance and experiences with implementing the intervention in Mchinji, Malawi in the context of HIV.
Method We purposively selected and conducted qualitative in-depth interviews with 39 key informants in Mchinji, Malawi between January to August 2012 using a pre-designed interview guide. Responses were analysed by Framework analysis. The study was approved by the Malawi National Health Sciences and City University London research ethics committees.
Results HIV positive and negative women were supportive of the intervention for continuity of infant feeding counselling as volunteers spend more time with them. HIV positive women appreciated the visit because they had to tell their storey to someone. However, some did not disclose their status due to fear of stigma and abandonment by family members present during the visit, making it difficult for counsellors to effectively provide counselling on EBF. Service users also find the intervention as not being cost-effective due to lack of time and money to travel to the hospital for other health services.
Conclusion It is important for projects to consider the needs of HIV positive women when designing community-based interventions to reduce HIV transmission and deaths among infants. Integration of services is desired considering the levels of poverty and distance to health facilities.

P6.016 FACTORS ASSOCIATED WITH FREQUENT ALCOHOL USE AMONG FEMALE SEX WORKERS IN THREE HIGH PREVALENCE STATES OF INDIA: FINDINGS FROM A BIO-BEHAVIOURAL SURVEY

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Background HIV prevalence among female sex workers (FSW) is around eight times higher than general population in India. There is limited information on alcohol use and related risk factors among FSWs in the country. To inform HIV prevention interventions, we assessed the patterns of alcohol use among FSWs and its association with background characteristics and other risk behaviour using data from a bio-behavioural survey (2009–2010).
Methods 7,806 women aged 18 years or older who sold sex in exchange of cash at least once in past month were recruited from Andhra Pradesh, Tamil Nadu and Maharashtra states in India using two-stage time location cluster sampling. Behavioural information was collected through structured questionnaires, blood and urine specimens were tested for HIV and other STIs.
Results About one fourth (26%) of FSWs reported consuming alcohol daily or at least once a week, and termed as 'frequent' alcohol users. Among them, four-fifth were aged above 24 years, 68% illiterate, 63% currently married, 29% had experienced physical violence, 58% were in sex work profession for more than five years and 78% were using condom consistently with regular clients. The frequent alcohol users were more likely to be in sex work for five plus years (AOR: 1.42, $p < 0.05$), had 10 or more clients per week (AOR: 1.53, $p < 0.05$), experienced physical violence (AOR: 1.64, $p < 0.05$), were in-debt (AOR: 1.71, $p < 0.05$) and reported anal sex with clients (AOR: 1.81, $p < 0.05$). However, frequent alcohol use was not associated with increased STIs (NG/CT/Syphilis) and HIV prevalence.
Conclusion These findings suggest the frequent alcohol use is associated with other high risk behaviour that can increase vulnerabilities for HIV and STI. Therefore targeted interventions needs to address alcohol use and associated factors, which could positively impact HIV prevention interventions among FSWs in India.

P6.017 THE CHALLENGES OF INTRODUCING A SOFTWARE-BASED INTERVENTION TO INCREASE STI AND HIV TESTING AMONG GAY AND BISEXUAL MEN

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Background Information technology is being used increasingly in sexual health services to improve clinical efficiencies and sexual health management. While past research has demonstrated the effectiveness of such interventions, little attention has been paid to their use in general practise. We describe the challenges of introducing a sexual health information technology package in nine general practise clinics with medium to high case loads of gay or bisexual men.