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.

Methods As part of 'The eTEST Project', an integrative information technology package was developed containing an electronic risk assessment, clinician prompts to offer testing, SMS testing recalls, and electronic auditing functions. The software was introduced progressively starting in November 2011 with meeting and field notes gathered during clinic visits before, during and after implementation. Using these data, a thematic analysis was undertaken with a focus on identifying the challenges of introducing new technology in a clinical context.
Results Three dominant themes were identified in the meeting and field note data. The first of these, 'time management', describes the perceived risks to time-efficient consults that doctors and staff feared employing a new tool and collecting additional information could pose. Second, 'administrative limitations', a theme most common among practise managers, raises issues of increased demand on already burdened administrative supports. The final theme, 'technological requirements', is characterised by doctor's concerns over the additional burden of learning and using new software and troubleshooting technical issues.
Conclusions The results highlight common concerns and fears among clinical staff around the use of new technologies in general practise. Not only does this provide an opportunity for comparisons with the traditional hurdles to clinical health interventions but it is also the first step towards overcoming such obstacles. More broadly, these findings can inform future technology interventions of a similar nature in general practise.

P6.018 PARTICIPATORY ACTION RESEARCH, EVIDENCE-BASED PUBLIC HEALTH, AND COOPERATIVE AGREEMENTS: ADVERSE EFFECTS

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Background Racial and Ethnic Approaches to Community Health (REACH) 2010 was an ambitious multi-sector, multilevel, multicenter, and multi-phased community demonstration project designed to reduce health disparities in the United States. Requirements for a cooperative agreement with the Centers for Disease Control and Prevention were enumerated in Program Announcement 99064. Applicants had to represent coalitions of predominantly minority community members that would propose community action plans (CAPs) to address one or more serious health problems affecting one or more minority populations. The Broward Coalition to Eliminate Disparities in HIV Disease was one of 32 (out of 206) eligible applicants to receive a competitive award in Fiscal Year 2000 to develop a CAP. The CAP was one of 24 to be approved by CDC for implementation in Fiscal Year 2001. The primary goal was to eliminate disparities in new HIV infections reported among Black and Hispanic residents of Broward County by 2010.
Methods A case study to illustrate how competing models of disease prevention can inhibit successful outcomes in public health.
Results The participatory action research (PAR) programme designed, developed, and implemented by the Broward Coalition contained four interventions chosen by members after systematically working through the PRECEDE Health Promotion Planning Model. From 1999 through 2006, rates of new HIV infections among non-Hispanic Black residents of Broward declined from 193/100,000 to 81/100,000. On April 5, 2005, CDC site visitors informed the Coalition that funding for Broward would be cut in half in Fiscal Year 2006. They urged that only interventions recommended by CDC experts as "high impact" be continued. Subsequently, educational outreach efforts considered essential by local community members were curtailed and rates of new HIV infections among Blacks in Broward began to rise.
Conclusion Project shortcomings were linked to the decrement of resources and reinterpretation of PAR interventions by evidence-based criteria.

P6.019 PREVENTING MOTHER TO CHILD TRANSMISSION OF HIV: CHALLENGES TO IMPLEMENTING WHO GUIDELINES

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Background In 2009 the WHO provided updated guidelines for prevention of mother to child transmission (PMTCT) of HIV. Although the guidelines are based on the best available evidence and have the potential to reduce transmission, challenges remain in implementation. Data from Kenya illustrated that other factors may complicate the implementation of these guidelines.
Methods HIV-positive, pregnant women were recruited from two maternity hospitals in Nairobi, Kenya. Information was collected from participants (505 women to date) with surveys at baseline as well as 48 hour follow up as part of a study on the use of mobile technology in PMTCT programmes. Questions included socioeconomic characteristics, history of current/previous pregnancies, knowledge of PMTCT and Nevirapine use.
Results At presentation the majority of women were between 21 and 28 weeks pregnant (51.7%) with only 11.7% under 20 weeks gestational age. Although 60.5% of the women reported disclosing their status to their partners immediately, a quarter had not disclosed or refrained from answering. At 48 hour follow up, more than half the women (56.7%) reported attending four or more antenatal visits. Of the women, 71% reported receiving Nevirapine during labour while 91.9% of infants reportedly received Nevirapine. No significant difference was found between hospitals.
Conclusion In our sample, a higher number of women had disclosed to their partners than previously suggested, but there were still a significant number of women who had not disclosed, reducing the chance of male involvement in counselling. Although over 70% of women reported receiving Nevirapine during labour, the high percentage of women who present for their first visit after 14 weeks suggests that the use of AZT, as stated in the guidelines, is not feasible. Almost half the women did not attend four antenatal visits, suggesting that other factors may need to be considered for effective PMTCT.

P6.020 THE LOCAL FINANCE EVALUATORS (LFES) AS A REAL-TIME STRATEGY TO IMPROVE FINANCIAL MANAGEMENT AT THE SR-LEVEL IN THE CONTEXT OF IMPLEMENTING A REGIONAL GLOBAL FUND PROGRAM ON HIV-AIDS

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Background The ISEAN-Hivos Program is a Global Fund HIV Program focusing on MSMs and Transgenders in Indonesia, Malaysia, Philippines and Timor Leste. To create an internal system within the Program which can cross-check the financial data generated by the Sub-Recipients (SRs), a team of Local Finance Evaluators were engaged. The LFEs represent an added layer of financial accountability developed by Program as a financial management diligence initiative. It also has an additional advantage of providing real time regular feedback and mentoring to the SRs.
Methods The data for this presentation was based on a review of the SR documents submitted by the LFEs to Hivos, as Principal Recipient. Additional feedback was also gathered from the LFEs themselves, as well as other programme staff.