Results Findings from the review indicate that the LFEs performed reviews and signed-out monthly and quarterly reports of the SRs to the PR as well as providing feedback and recommendations on these reports. The initiative has also led to immediate adjustments in financial management activities, which addresses current concerns related to accountability. The LFEs intervention has lead to improved country audit performance.

Conclusion The LFEs, under the ISEAN-Hivos Program, show strong potential to be a good practise in implementing a regional HIV grant. To enhance overall capacity building, an LFE Finance Management Manual was also developed for their reference. This manual introduces to other HIV-focused programme implementers a new concept of "embedding" LFEs among Sub-Recipients under Global Fund projects especially at a multi-country level.

P6.021 CHARACTERISTICS OF HIGH RISK MSM INTO A REPEAT SELF-SAMPLING HIV-1 ANTIBODY TESTING FEASIBILITY AND ACCEPTABILITY PILOT

doi:10.1136/sextrans-2013-051184.1175

R Elmahdi, S Fidler. *Imperial College London, London, UK*

Background There continues to be an increase in new HIV diagnoses amongst MSM in the UK, which contributes disproportionately to onwards transmission. In an attempt to reduce the undiagnosed fraction and encourage repeat testing amongst high risk MSM we assessed the feasibility and acceptability of enrolment into a repeat self-sampling HIV-1 antibody testing strategy between May and December 2012. In order to assess representativeness, we compared the characteristics of individuals consenting to take part in the study with those attending the clinical service.

Methods Baseline characteristics at enrolment of 50 eligible MSM attending a specialist HIV young MSM clinic were compared with a previous audit of demographics, sexual risk behaviour and HIV testing frequency of 256 clinic attendees in the year preceding study enrolment.

Results Basic demographic characteristics between the study and clinic population were comparable. There was no significant difference in the median number of reported sexual partners in the last 12 months between groups, which was 2, $p = 0.74$, or the proportion of those with an STI diagnosis in the last year, which was 22% amongst the study population compared to 20% in the clinic population, $p = 0.74$. There was no statistically significant difference in the median number of HIV tests taken in the last year, which was 1 in both groups, $p = 0.9$.

Conclusion Individuals consenting to enrol into a feasibility study of self sampling for HIV testing are comparable to the general clinic attendees and should be representative of this key risk group in later assessment of comparable frequency of HIV testing.

P6.022 RESULTS OF THE GLOBAL FUND PROGRAMMES IMPLEMENTATION ON STI DIAGNOSTICS AND TREATMENT WITHIN MOST-AT-RISK POPULATIONS IN UKRAINE

doi:10.1136/sextrans-2013-051184.1176

O Savenko, S Filippovych, Z Islam. *International HIV/AIDS in Ukraine, Kiev, Ukraine*

Problem: Ukraine has the fastest HIV spread pace in Europe (221 806 people as of November 2012).

Sexual HIV transmission mode has been dominant in Ukraine since 2008 (51%–sexual, 28%–parenteral).

HIV/STI epidemic in Ukraine is concentrated in MARPs and threatens to generalise.

Activity description:

STI diagnostics and treatment programmes for MARPs commenced in Ukraine since 2008, supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, in an unfavourable situation due to the lack of understanding between medical services, adverse attitude to case management principles and integrated care. Several models of dermatovenerologic assistance to MARPs and stage-by-stage implementation thereof were developed.

Results

In 2008 62 HCFs and 82 NGOs joined the programme.

In 2012 STI diagnostics and treatment are provided in 108 HCFs of Ukraine (50 skin and venereal dispensaries, 25 AIDS centres, 33 general facilities).

As of 31.012.2012 674 362 screening tests and counselling for STI and viral hepatitis and 38 872 STI treatment courses were provided for MARPs.

193 247 MARPs representatives (as of 31.07.2012) referred to 15 mobile clinics which provide HIV/STI counselling and testing.

16 trainings were held for NGOs representatives and medical facilities.

In 2012 22 multidisciplinary teams were created to provide STI diagnostics and treatment services for MARPs in HCFs.

The MoH of Ukraine working group on amending National STI Protocols was created.

Conclusions

1. Program should be implemented simultaneously under several models considering national and regional specifics.
2. STI diagnostic and treatment programmes should become an integral part of HIV prevention services package for MARPs.
3. MDTs are the most successful model.
4. National STI Protocols amendment and case management implementation are necessary.

P6.023 CROSS - BORDER HIV & AIDS INTERVENTION PROGRAMME IN SEVEN EAST AFRICAN COUNTRIES (2008 – 2012)

doi:10.1136/sextrans-2013-051184.1177

[1]**A K Woldemichael**, [2]F Alwan, [1]A Hassen, [1]F Kazibwe, [1]A Fadel. *[1]IRAPP, Kampala, Uganda, [2]IGAD, Djibouti, Djibouti*

Background The IGAD Regional HIV & AIDS Partnership Program reflects the common objective of NACs of IGAD States and partners to work in a mutually supportive way to address the sub-regional CBMPs aspects of the HIV/AIDS challenge. The Member countries are Djibouti, Kenya, Uganda, Ethiopia, Sudan, South Sudan and Somalia. The objective of this study was to show the progress made from 2008 until 2012.

Methodology The project was conducted in all IGAD States. The implementation at hot spots started since 2009 up to end of 2012. Joint Review Meetings conducted quarterly during the implementation phases.

Result A total of 38 sites supported by the project, of which 9 refugee camps and 29 hot spots. All sites have been enrolled following baseline assessment. Currently there are 69VCT, 63STI, 35PMTCT, and 29ART sites with community HIV/AIDS programmes. HIV tested clients reached to 292,253. A total of 1913 pregnant women found to have HIV; of these 89.6% of them have been received ARVD prophylaxis. The numbers of STI patients treated were 49133. PLHIV on chronic care reached at 15,649; while PLHIV on currently ART were 8429 and the number of patients enrolled in HBC, 408. Since the onset of the programme, a total of 2868 HCPs, 2924 peer educators, 856 youth and 6945 PLHIV, CSWs and community members have been trained. A cumulative of 6,081320 male and 98553 female condoms distributed across all IRAPP supported sites. A total of 35 PLHIV associations established in IRAPP supported sites.

Conclusion The pilot project introduced in the 7 IGAD Member States showed a good forum for continuum HIV prevention, care, treatment and support programmes for the CBMPs. The experience

of this pilot project will be replicated in the remaining hot spots in order to expand ARVDs to the most unreachable populations.

P6.024 THE TRIALS & TRIBULATIONS OF CONDUCTING COMMUNITY BASED RESEARCH (CBR) ON SEXUAL HEALTH IN ABORIGINAL COMMUNITIES: THE ATLANTIC CANADA EXAMPLE

doi:10.1136/sextrans-2013-051184.1178

[1]**A Steenbeek**, [1]C Aube, [2]T Khattar. *[1]Dalhousie University, Halifax, NS, Canada; [2]Healing Our Nations, Dartmouth, NS, Canada*

Introduction Little is known about the sexual health needs that exist for many Aboriginal First Nations communities. As such, it is imperative that communities are given the opportunity to engage effectively in community-based research (CBR) and be involved in the planning, implementation and evaluation of sexual health policies/programmes from inception. Within this backdrop however, are Aboriginal communities ready and/or able to engage in CBR?
Objective The primary objective of our intended study was to identify and prioritise the sexual health needs of local First Nations Aboriginal communities (Mi'Kmaq and Malaseet) in Atlantic Canada through the use of an online needs assessment questionnaire.
Method Self identified Aboriginal Community members between the ages of 15–65, from seven First Nations were recruited to participate in a confidential/anonymous, online questionnaire through the Dalhousie University OPINIO web-based interface. The questionnaire was developed and validated with four First Nations Communities in Phases one and two of the project and, was also available as a hard copy for those not having computer access. Promotion of the survey was done through posters and word of mouth at the Community Health Centres and, through flyers. A draw incentive of fifty- dollar gift certificates was also offered to participants. Once collected the data was going to be used to help communities identify and prioritise sexual health needs to ensure better appropriation of sexual health services.
Results Despite aggressive and repeated recruitment strategies, only 132 surveys (electronic and hardcopy) from a prospective sample of 2003 community members meeting the inclusion criteria (combined 7 communities) were collected, giving a response rate of 6.5%. Due to limited sample size, there were no meaningful results obtained.
Conclusion There are several lessons learned about engaging Atlantic Aboriginal First Nations communities in sexual health research that will be explored in the body of this report.

P6.025 THE BRAZILIAN EXPERIENCE IN THE JOINT CONSTRUCTION OF ACTION PLANS FOR THE PREVENTION, CONTROL, SURVEILLANCE, DIAGNOSIS AND TREATMENT OF STDS, AIDS AND VIRAL HEPATITIS AMONG INDIGENOUS POPULATIONS

doi:10.1136/sextrans-2013-051184.1179

L do Nascimento, N Fernandes, H Monteiro, E Santos, R Coelho, A Mello, V Costa, G Casimiro, E Zita, I Brito. *Department of STDs, AIDS and Viral Hepatitis - Ministry of Health, Brasília, Brazil*

Background Within the Brazilian context, it is possible to say that indigenous populations are among the groups at highest risk and vulnerability to HIV, AIDS and viral hepatitis (VH). With the objective of reversing this situation, in 2009, the AIDS SUS and VIGISUS Projects were set up to improve STD/AIDS/VH interventions among these populations. In 2012, the Ministry of Health (MoH) promoted the mobilisation of indigenous representatives of 34 Indigenous Health Sanitary Districts and healthcare professionals and administrators from all states.
Methods The Special Office for Indigenous Health and the MoH's Department of STDs, AIDS and VH conducted 6 macro-region workshops with the purpose of expanding and integrating the indigenous health network and strengthening infection control measures for STDs, AIDS and VH. Each workshop of 45 participants was held in a strategic state capital for 4 days. The methodology used interactive lectures, video, and round table meetings to discuss the current scenario and to jointly develop Action Plans that will target indigenous populations living in tribal or urban areas through 2015.
Results The organisation of the workshops integrated a broad spectrum of the various fields. Attendance averaged 71%. During the events, reports documented the need for: training campaigns, exchange of information, a joint delineation of activities, and participation of indigenous representatives. The action plan's model comprises five core areas: prevention, reduction of vertical transmission, expansion of diagnosis, epidemiological surveillance, and treatment.
Conclusions The work was crucial for bringing together the various levels of government and actors involved in the formulation and operationalization of policies for indigenous populations. In 2013, the following will be conducted: monitoring, 3 evaluation workshops and visits to the tribes. The project is also expected to facilitate the participation of these populations in the construction of policies and services that meet and respect their specific cultural requirements.

P6.026 LACK OF INTEGRATION OF PMTCT SERVICES AND MATERNAL SYPHILIS SCREENING AND TREATMENT IN MWANZA CITY-TANZANIA

doi:10.1136/sextrans-2013-051184.1180

[1]**R Balira**, [2,3]D Watson-Jones, [3]D Mabey, [3]D A Ross, [3]H Weiss. *[1]National Institute for Medical Research, Mwanza, Tanzania; [2]Mwanza Intervention Trials Unit, Mwanza, Tanzania; [3]London School of Hygiene and Tropical Medicine, London, UK*

Background Integration of PMTCT and maternal syphilis screening and treatment is an efficient and cost-effective way of providing services to women at the point of delivery because it saves resources and providers' and clients' time. We documented the extent of integration of PMTCT and antenatal clinic (ANC) syphilis screening services in Mwanza city.
Methods Interviews were conducted with 89 health workers in 3 ANCs and in two maternity wards to collect information on key work activities, PMTCT training and syphilis management. Observations were made by the research team on 9 health education sessions, the client flow in ANCs and on the care of women admitted for delivery and who were not screened for syphilis during pregnancy.
Results Only 25% of ANC and maternity ward health workers had received training in both PMTCT and syphilis management. Generally, women attending for the first ANC visit for that pregnancy spent ≥ 3 hours at the clinic. The maximum distance covered within the facility while accessing services in the ANCs was 0.3 km. At one of the three ANCs, there was no PMTCT and syphilis service integration.

All women who were not screened for syphilis at ANCs were not offered any screening at the maternity ward. In contrast 70% of women who had not been screened for HIV in pregnancy were screened at delivery
Conclusion Both PMTCT and maternal syphilis screening and treatment services are documented policies in Tanzania. However, the absence of integrated guidelines and protocols regarding syphilis screening within PMTCT services is a challenge for ANC and maternity ward service providers.

Health workers at all levels of maternal care should be given training on implementation of integrated services for both prevention of syphilis and MTCT of HIV.