

working group elaborated recommendations, specially addressed to physical educators, physiotherapists and other health workers. In 2012, the MOH published the "Guidelines on physical exercises for PLHIV" and ran out a pilot training project in two state capitals, Recife and Belo Horizonte, for training physical educators from public health gyms, named Health Academies Program. In Recife there are 27 gyms and in Belo Horizonte, 52.

**Methods** The pilot training project was based on four workshops with two parts of 8 hours each. The first module included general AIDS information on transmission, stigma, prejudice and diversity. The second one approached AIDS clinical evolution, treatment and side effects aiming on specific indications for exercise practises for PLHIV in the prevention of cardiovascular diseases, osteoporosis, and diabetes, lipodystrophy, based on the "Guidelines for physical exercises for PLHIV".

**Results** The pilot project qualified 106 professionals in Recife and 160 in Belo Horizonte, who run 79 gyms from Health Academies Program. This study showed a low level of knowledge in relation to different aspects of HIV/AIDS and that the information provided was extremely useful to improve their daily work at the gyms with PLHIV. Patients are also being stimulated by Aids Services to exercise at those gyms. In Recife, around 5.000 PLHIV can benefit of this free of charge facilities. In Belo Horizonte is over 6.500 persons.

**Conclusion** The training project for health professionals on physical exercise for PLHIV showed very positive results towards the increment of knowledge on technical and subjective aspects, which encourage the Brazilian AIDS Program to expand the workshops to other six capitals where Health Academies Program is well established in public health facilities.

**P6.031 IMPLEMENTATION OF A PROGRAMME OF EXTERNAL QUALITY CONTROL EVALUATION FOR RAPID HIV TESTING IN BRAZIL**

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**Introduction** A quality control system is crucial for ensuring the reliability of tests used to diagnose communicable diseases. Since 2005, Brazil has used rapid tests (RTs) for diagnosing HIV, which are regulated by a ministerial directive. RTs present challenging features because assays are often conducted by people without laboratory training, there may be no samples for repeating the test, and there is little availability of proficiency testing.

**Methodology** In 2012, Brazil began implementing a methodology for external quality control evaluation called DTS (dried tube specimen) due to its low cost, ease of execution in places lacking laboratory infrastructure, and ability to transport in ambient temperature by post, facilitating access to services that conduct RTs in a tropical country of vast geographic area. The DTS methodology is based on drying those serum or plasma samples with known reactivity to HIV, shipping them to institutions for rehydration, conducting of the tests, and interpretation of the results. Implementation began with production and validation of AEQ-DTS panels: fractionating, identification, and preparation of the panels with four samples each.

**Results** The selected service centres are part of the Counseling and Testing Centers Network, which provides assistance to vulnerable populations and comprises 518 centres of which 319 offer RTs for HIV. In 2012, 299 panels were shipped to these centres, 230 of which had received training in DTS methodology: 207 reported results in the Quali-TR computerised system. Of these, 190 sent the data correctly. The index of agreement of results with the characterization of the samples of the AEQ-DTS panel was 100% for these 190 institutions.

**Conclusion** The results obtained and ease of shipping demonstrate that DTS methodology is appropriate for external quality control assessments, and it will be expanded to include other centres that use RTs for diagnosing HIV.

**P6.032 DESIGN OF A COMPLEX INTERVENTION: COMMUNITY-BASED MOBILE PHONE TEXT MESSAGING FOR SEXUAL AND REPRODUCTIVE HEALTH REFERRAL IN TANZANIA**

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**Introduction** In many countries there are private stores known as drug shops that sell medicines for treatment of various illnesses. These shops are licenced to sell non-prescription, pre-packaged medicines only. In Tanzania, evidence shows they sell 'prescription-only' drugs including antibiotics and antimalarials. An intervention with objective to increase uptake of reproductive health (RH) services in formal health facilities was designed to facilitate patients' and drug shops' access to prescriptions from formal health facilities.

**Methods** Nested in a cluster-randomised trial, the intervention is implemented in 9 intervention communities against 9 comparison communities in Mwanza region Tanzania. Using a web-based mobile phone application, an electronic referral platform was designed to host a text messaging referral system. The platform was configured with the telephone numbers of drug shop attendants, dispensary and health centre clinical officers and a toll-free number. Drug shop attendants and clinical officers were trained and given a texting guideline cue card.

**Results** Forty-four drug shop attendants, 14 dispensaries, and 3 health centres have enrolled onto the intervention. These facilities use the technology to treat patients with RH needs ranging from family planning to STI and HIV treatment. On average 14 patients pass through the system per week. We expect data on at least 700 patients by the end of a 12-month implementation period. This data will be analysed to report on family planning and contraception, pregnancy and antenatal care, STI and HIV/AIDS outcomes.

**Conclusions** The system has proved to work effectively. Participation of stakeholders in the design was optimal. Given the automatic data collection facility of this system, data for research, monitoring and reporting is readily accessible to researchers, district health authorities and the ministry of health through authorised logins. The contribution of this system to RH service uptake and health system strengthening will be verified after an impact evaluation.

**P6.033 PLANNING, IMPLEMENTING AND MANAGING KEY ASPECTS OF AN AUSTRALIAN STATE SEXUALLY TRANSMITTED INFECTIONS PROGRAMME**

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**Background** New South Wales (NSW), Australia developed its first STI Strategy in 2006. Strategic goals were to reduce the transmission and morbidity of STIs; increase use of condoms with casual sexual partners; and increase STI testing. The Strategy development and implementation was guided by a Health Minister's HIV and STI Strategy Advisory Committee, including clinicians, public health professionals, researchers, community organisations and health administrators. The NSW STI Programs Unit (STIPU) was established to focus on publically funded sexual health service (PFSHS) reorientation to priority populations; improved capacity of general practise (GP) and STI social marketing.