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P14.08 **COMPARATIVE STUDY OF VULNERABILITY OF CIRCUMCISION AMONG WOMEN OF KENYA AND NIGERIA**

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Introduction Female circumcision is a phenomenon specific to Africa continent. The main objective of study is to understand the determinant affecting female circumcision in the two selected African countries of Kenya and Nigeria.

Methods Bivariate and Multivariate techniques were used to analyse DHS Data for this study.

Results Most Kenyan women (90%) are of the view that circumcision should be discontinued compared to 74% in Nigeria. In both the countries, with increasing age and education the attitude and perception of the women towards the continuation of the service is getting negative ($P < 0.01$). It is found that high percentage (86.6%) of women from Christian community in Kenya as compared to only 66% in Nigeria believe that this tradition has no benefit. In Kenya, circumcision among Islam women (55%) doubles than the Christians whereas in Nigeria, this practice among the Christians is equally high (47.3%). The Islam women in Kenya are 2.7 times more likely than the Christians to say that this practice should be continued and 35% want her daughter to be circumcised compared to only 5.7% in Nigeria. Surprisingly, 17% women in Kenya and 25% in Nigeria experienced circumcision even after marriage thus flouting the popular belief, that infibulated genitalia before marriage is much preferred option. Circumcised women are 11 times and 21 times more likely in Kenya and Nigeria respectively than uncircumcised women to want the persistence of circumcision.

Conclusion Aforesaid results clearly points out that the Nigerian women faces more circumcision and are exposed conformed to socially constructed norms. The findings reiterated the basic nature of human where we find that the women who went through the pain want other women also to be prisoners of circumcised pain. Expansion of reproductive health policies, planning and programming should include Circumcision to address the vulnerabilities.

Disclosure of interest statement Not applicable.

P14.09 **ADVANCING HIV AND STI JUSTICE: THE KEY ROLE OF SCIENCE AND SCIENTISTS IN ENDING OVERLY BROAD HIV AND STI CRIMINALISATION**

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Introduction Overly broad laws criminalising HIV and/or STI non-disclosure, exposure and/or non-intentional transmission exist in countries across the globe. Although some laws are HIV-specific, many prosecutions take place under general criminal or public health laws which allow for STI-related prosecutions. Although most attention has focused on HIV-related prosecutions, a growing number of prosecutions and new or proposed laws also relate to other STIs.

Methods A desk review of criminal proceedings, policy documents and newspaper reports related to HIV and STI-related laws and prosecutions in 2014–15.

Results Most reported HIV-related prosecutions continue to take place in North America, but are also being reported in every region of the world. Whilst international and local advocacy has delivered significant challenges to inappropriate and overly broad HIV-specific laws in a number of jurisdictions, and the science of HIV risk, harm and proof has had a significant impact on law and policy in some North American and Western European jurisdictions, new overly broad HIV-specific or STI-related laws continue to be proposed or enacted. Many HIV-related laws and prosecutions continue to inappropriately focus on spitting or non-disclosure even when no transmission is alleged, whilst others ignore the HIV prevention effect of condoms and/or antiretroviral therapy. In addition, laws and prosecutions for other STIs, including for gonorrhoea, herpes, and syphilis, as well as sexually transmitted hepatitis B and C, and potentially even Ebola, are increasing.

Conclusion Criminal justice actors and law- and policymakers struggle with the science around HIV and STI risks, harm and proof, and are unaware of the unintended deleterious impacts of such laws and prosecutions. Scientists and clinicians have a key role to play to influence individual cases and broader laws and policies relating to prosecutions for HIV and STIs non-disclosure, exposure and/or transmission in order to improve both public health and human rights.

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P14.10 **FIGHT FOR THE RIGHT TO HEALTH CARE SERVICES FOR PEOPLE WITH HIV**

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Background By September 2013, 70% of districts/cities in Indonesia reported 45,650 HIV cases. The discrepancy between the estimated 500,000 HIV people and reported cases shows there is a great number of hidden PLHIV not reached by empowerment programs thus causing them experiencing low life-quality.

Description In 2012–2013, we strengthened organising PLHIV agreed to establish JAPI (Indonesian Action Network for Change), becoming a political agent of change; programs include: facilitating and publishing homebased-care module, together with MoH and IPPA, supervision and M&E provincial-visits, expanding the network to include women, MSM, Transgender, IDUs human rights, environmental and global justice activists. In 2013–2014 JAPI's advocacy through series of workshop, executive consultations and campaign to fight for rights to health services for PLHIV in Indonesia. JAPI has published two training modules: (1) Psychosocial support for PLHIV (2) Community organising. JAPI also grew stronger becoming Evaluator for Access to health Team-members with MoH and national facilitator for Social analysis and positive prevention. There are 82 groups (GF/Implementing Units) in 12(of 33) provinces with 110 PLHIV -peer-facilitators supporting 39,056 PLHIV.

Lessons learned Through intensive PLHIV Community-Organising and training, PLHIV groups evolved from being objects of projects, turn into subjects in the AIDS response.

Conclusion/next steps PLHIV possesses the social capital needed to build working-networks with government and non-government organisations to increase the quality of their lives, therefore shouldn't be objectified by any party whether a project, a government or an-international institution.

P14.11 DEVELOPING SUSTAINABLE, INTERNATIONAL PARTNERSHIPS MODEL TO BUILD CAPACITY IN HIV AND STIS

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Introduction Effective public health responses in prevention and management of HIV/STIs require strong human resources, focused on the development and implementation of evidence-based policies. We wished to explore how best to leverage Australian pedagogic and research skills in HIV/STIs into an Indian setting, in order to build human resource capacity.

Methods An appropriate institutional partner in India was chosen on the basis of their academic track record. Financial support was obtained from the Australian Government's aid agency. Three phases were developed:

Phase 1: Stakeholder consultation and survey to establish local needs, together with pedagogic skill development at the partner institution;

Phase 2: Curriculum mapping and development to reflect local educational priorities;

Phase 3: Pilot delivery, followed by regional expansion.

Results The University of Sydney partnered with the Public Health Foundation of India (PHFI), due to their focus on public health education, coupled with their technical and pedagogic expertise. 27 local faculty members of PHFI and affiliated organisations were trained in Australia and an enabling environment created by reciprocal visits and close collaboration. Forty three stakeholders from 14 Indian institutions participated in the national consultation. These included academic institutions, the National AIDS Control Organisation, NGOs and prospective participants. The preference was for a 6-month course focussing on public health aspects of HIV/STIs.

To minimise costs, an e-learning site was developed using open source software and containing jointly developed content. The pilot course was delivered in 2013–2014, subsequently extended to include a regional component. A total of 53 students have successfully completed the course to date.

Conclusion Clarity of purpose, careful matching of institutions and effective communication were keys to building informed partnerships. The leveraging of existing expertise, local adaptation, together with the use of open-source software has led to the development and running of a cost effective, scalable capacity-building resource.

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P14.12 NSW SEXUAL HEALTH PROMOTION

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Background Sexual health promotion is central to the prevention of human immunodeficiency virus (HIV) and sexually transmissible infections (STIs) and to achieving the targets of the NSW HIV Strategy 2012–2015 and the forthcoming NSW STI Plan.

In NSW sexual health promotion targeting young people is delivered by local health district HIV and Related Programs (HARP) Units, non-government organisations and state-wide services. In the past state level leadership and coordination of sexual health promotion has been limited, consequently many services have been working in isolation and delivering small scale programs with limited evaluation.

Methods During 2014 the NSW Ministry of Health (MOH) undertook a review with the aim of strengthening the State's response to sexual health promotion. The review involved a staged approach including:

1. An evidence check of evidence-based practice in HIV, STI and viral hepatitis health promotion and Aboriginal community engagement;
2. A review of data;
3. Consultation with key stakeholders to map existing infrastructure and resources, current sexual health promotion work and to identify barriers and enablers for the services.

Results The evidence check found patchy evidence to guide health promotion efforts. The review of current sexual health promotion across NSW identified a gap in state-wide prevention activity targeting young people aged 16 to 29 was. Young people have high notification rates for chlamydia, high rates of partner change and barriers to accessing health services.

Conclusions In response to these findings MOH developed the NSW Sexual Health Promotion Framework for the delivery of an integrated population-based prevention program that aims to increase consistent condom use and health seeking behaviours (STI/HIV testing and treatment) among young people. The Framework also aims to reduce duplication, strengthen partnerships across the sector and enable robust evaluation and monitoring of program outcomes. Implementation of the Framework has commenced.

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P14.13 HIV-RELATED STIGMA AND UNIVERSAL TESTING AND TREATMENT FOR HIV PREVENTION AND CARE: DESIGN OF AN IMPLEMENTATION SCIENCE EVALUATION NESTED IN THE HPTN 071 (POPART) CLUSTER-RANDOMISED TRIAL IN ZAMBIA AND SOUTH AFRICA

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