

**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

<sup>1</sup>S Sawleshwarkar\*, <sup>2</sup>A Singh, <sup>2</sup>S Zodepy, <sup>1</sup>RJ Hillman. <sup>1</sup>Western Sydney Sexual Health Centre, University of Sydney, Sydney, Australia; <sup>2</sup>Public Health Foundation of India, New Delhi, India

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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.

**Disclosure of interest statement** Australian aid agency of the Department of Foreign Affairs and Trade, Australia funded the project.

#### P14.12 NSW SEXUAL HEALTH PROMOTION

<sup>1</sup>D Welsby\*, <sup>1</sup>J Holden, <sup>2</sup>J De Wit. <sup>1</sup>Centre for Population Health, NSW Ministry of Health, Australia; <sup>2</sup>Centre for Social Research in Health, University of NSW, Australia

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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.

**Disclosure of interest statement** Nil.

#### 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

<sup>1</sup>JR Hargreaves\*, <sup>2</sup>A Stangl, <sup>1,3</sup>V Bond, <sup>4</sup>G Hoddinott, <sup>1</sup>S Krishnaratne, <sup>4</sup>H Mathema, <sup>3</sup>M Moyo, <sup>4</sup>L Viljoen, <sup>2</sup>L Brady, <sup>2</sup>K Siewwright, <sup>4</sup>L Horn, <sup>1</sup>K Sabapathy, <sup>1,3</sup>H Ayles, <sup>4</sup>N Beyers, <sup>4</sup>P Bock, <sup>5</sup>S Fidler, <sup>6</sup>S Griffith, <sup>1</sup>J Seeley, <sup>1</sup>R and Hayes, on behalf of the HPTN 071 (PopART) study team. <sup>1</sup>London School of Hygiene and Tropical Medicine, Keppel Street, London, WC1E 7HT, UK; <sup>2</sup>International Center for Research on Women, 1120 20th St NW, Suite 500 North, Washington, DC, 20036, USA; <sup>3</sup>Zambart, ZAMBART House, Ridgeway Campus, Lusaka, Zambia; <sup>4</sup>Desmond Tutu TB Centre, Department of Paediatrics and Child Health, Stellenbosch University, Lower Level Clinical Building, Fransie Van Zyl Street, Parow Valley, Cape Town, 7500; <sup>5</sup>Imperial College London, SW7 2AZ, UK; <sup>6</sup>FHI 360, 359 Blackwell Street, Suite 200, Durham, NC 27701, USA

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