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008.5 OUR VOICES, OUR COMMUNITIES, OUR RIGHTS

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Background It has been the desire of the Pacific Sexual Diversity Network (PSDN) since its inception that its network celebrate its identities and ideals in the form of a Human Rights Conference, designed to enhance understanding and transfer knowledge related to LGBTIQ Human Rights. In the Pacific, eight countries criminalise consensual same sex behaviour with many others having related discriminatory laws, and/or laws used with discriminatory and arbitrary application. Even where these laws do not exist, many states have other discriminatory laws that target people because of sexual orientation and gender identity.

Methods Connect people and LGBTIQ organised groups across the Pacific region to share ideas, to affirm the dignity, equality and security of LGBTIQ communities and individuals. Educate and advocate about international human rights law, recent international developments and agreed principles, to enhance respect for persons of diverse sexual orientations and gender identities. Promote collaboration to build genuine and accountable partnerships and networks for advocacy and social action. Promote and enable access to sharing and dissemination of information, ideas, experiences and resources. Improve understanding and strengthen collaborations amongst key stakeholders about health and human rights issues.

Results In assisting local PIDSOGIE communities strengthen knowledge and skills in law and policy reform advocacy, networks such as PSDN have a role in major policy shifts such as the repeal of the Samoan Female Impersonation Law. The 2012 report of the Global Commission on HIV and the Law recognises that good laws fully resourced and rigorously enforced, can protect human rights and widen access to HIV prevention and health services.

Conclusion Community networks such as PSDN make a critical contribution to the development of appropriate and rights based policy and laws at the country level which have a positive impact on the accessibility of prevention and other services for PIDSOGIE communities.

Disclosure of interest statement Pacific Sexual Diversity Network is funded by HIVOS The Netherlands, and Wellsprings, Arcus, Arc International - USA. Pacific Sexual Diversity Network – PSDN. Lesbian, Gay, Bisexual, Transgender, Intersex, Queer. – LGBTIQ. PIDSOGIE – Pacific Island Diverse Sexual Orientation Gender Identities and Expressions.

008.6 THE GENDERED INFLUENCE OF STIGMA ON HIV TESTING BEHAVIOUR: RESULTS FROM A POPULATION-BASED SURVEY OF WOMEN AND MEN IN RWANDA

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Objective Stigmatisation is a multifaceted process, and distinct domains of stigma may impact HIV testing behaviour differently. We examined the relationship between two stigma domains and

HIV testing behaviour among Rwandan men and women who participated in a population-based survey in 2011.

Methods We conducted multivariable logistic regression with data from 4,669 Rwandan women (N = 2613) and men (N = 2,056) aged 15 years and older to predict 'ever tested for HIV'. Independent variables included sociodemographics, knowledge of and proximity to HIV, and two stigma domains, 'drivers' (fear of HIV infection through casual contact with PLHIV) and 'manifestations' (anticipated and perceived stigma, shame and discriminatory attitudes). All analyses were disaggregated by gender.

Results Three quarters of women and men reported ever testing for HIV. Sociodemographic variables significantly associated with HIV testing behaviour included: age, secondary (women only) and post-secondary education (both genders), complete knowledge of HIV [women only, OR: 1.52, 95% CI: 1.20–1.96], frequent trips outside the community (men only), and proximity (personally knowing a PLHIV) [women, OR: 1.66, 95% CI: 1.22–2.25; men, OR: 1.89, 95% CI: 1.36 – 2.60]. Fear of becoming infected with HIV via contact with saliva was the only stigma variable significantly associated with testing behaviour for women [OR: 0.68, 95% CI: 0.49 – 0.94]. For men, holding a discriminatory attitude was the only stigma variable significantly associated with testing behaviour [OR: 0.63, 95% CI: 0.41–0.98]. Socioeconomic status and residence were not significantly associated with HIV testing behaviour for either gender.

Conclusion These findings demonstrate that drivers and manifestations of stigma influence HIV testing behaviour differently for women and men, suggesting the need for tailored interventions, including stigma-reduction components, to increase HIV testing among both genders in Rwanda. Targeted interventions are also needed to increase testing among adolescents (15–24) and older (50+) men and women.

Disclosure of interest statement Nothing to declare.

009 - Novel methods for STI basic research

009.1 STANDARDISED, QUALITY ASSURED TIME-KILL CURVE ANALYSIS AND PHARMACODYNAMIC FUNCTIONS OF DIFFERENT ANTIBIOTICS FOR *IN VITRO* EVALUATION OF TREATMENT REGIMENS FOR *NEISSERIA GONORRHOEA*

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Introduction *Neisseria gonorrhoeae* shows increasing resistance to first line empirical treatment, which demonstrates the need for robust methods to evaluate antibiotic treatment regimens. Antibiotic efficacy is traditionally determined *in vitro* by measuring minimum inhibitory concentrations (MICs). Time-kill curve assays for *N. gonorrhoeae* have been difficult to standardise. We developed a new time-kill curve assay and used pharmacodynamics functions to analyse the relationship between antibiotic concentration and bacterial net growth rate.

Methods We used a defined medium (Graver-Wade medium) and grew bacteria in 96-well microtiter plates. To measure colony forming units over a time course of six hours, we used a previously described drop plate method and spotted 10 μ l droplets on chocolate agar with a multichannel pipette. The assay was