

P6.23 USING MOBILE TECHNOLOGY TO INCREASE UPTAKE OF HIV AND STI PREVENTION TOOLS SUCH AS THE FC2 FEMALE CONDOM – A PUBLIC PRIVATE PARTNERSHIP FOR SECTOR LEARNING

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10.1136/sextrans-2017-053264.674

Introduction Using mobile technology to increase access to and uptake of health information that translates into behaviour change is never easy. In partnership with The Female Health Company, The African Alliance for HIV Prevention developed and produced a 9 part web series designed to increase awareness and knowledge of as well as desire for the FC2 Female Condom – the only available tool for that a woman can initiate to protect herself from unplanned pregnancy, HIV and STI's - as part of Sexual and Reproductive Health and Rights Programming globally.

Methods Through the use of high profile and everyday people, from a range of backgrounds this series situates a life changing product in the social media and online space. A space where young people – especially in the global south – are increasingly vulnerable to HIV and STI's. The series is unique in that, apart from providing the technical skills to the viewer to use, advocate for and programme the FC2 Female Condom, this series focuses on sexual pleasure as an entry point. The series, shot in the Masterclass style focuses on the speaker as they share poignant stories from the HIV and STI field as well as make the personal, programming, funding and political case for the FC2 Female Condom.

Results Shot in high definition and compact enough to fit on a flash drive this series has already had a profound effect on those who watch it and the first group of health care professionals will be trained using this series as a tool at the 8th South African AIDS Conference. The results of an evaluation carried out the 8TH South African AIDS Conference will be released during the STI and HIV World Congress in Rio, 2017.

Conclusion In less than a decade, Sub Saharan Africa will have a higher penetration of mobile telephones than Northern America. This increase in access to technology and tools presents a unique opportunity for NGO's and the private sector to build awareness of and support access to essential HIV and STI prevention tools, such as the FC2 Female Condom.

P6.24 THE FINANCIAL INCENTIVE TO MARKET SECONDARY PATENT OF RITONAVIR AND LOPINAVIR/RITONAVIR

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10.1136/sextrans-2017-053264.675

Introduction The World Intellectual Property Organisation reported more than 9750 patents of ritonavir from the discovery in December 1993. This intellectual property right aimed to encourage innovation. However, heatstable formulations or combinations with other chemicals might be patented and marketed at higher price and also when the original patent is about to expire, a so called evergreening strategy. We aimed to determine the financial incentive of marketing heatstable formulation using the proprietary melt-extrusion (Meltrex) technology allowing in addition to reduce the pill count from 6 to 4 per day. The Meltrex technology was applied to

ritonavir stand alone formulation in Oktober 2010 almost 4 years after the lopinavir/ritonavir (December 2006).

Methods Frequency of administration and dosage for all patients under ritonavir and lopinavir/ritonavir were collected from the Geneva Swiss HIV Cohort Study from January 2003 to June 2016. Extracosts were calculated for three different scenarios assuming the replacement with the corresponding Swiss market price de-escalation of (1) lamivudine (2) lamivudine/zidovudine and (3) efavirenz over time. Prices were adjusted by the inflation rate.

Results Over the study period the total cost was USD2,805,135 for the ritonavir and USD13,351,886 for the lopinavir/ritonavir. The increase in cost for the Meltrex technology per patient was 17% for ritonavir 4% for lopinavir/ritonavir, leading to an extracost of USD166'358 and USD368'255 respectively. Theoretical savings if generic ritonavir would enter the market after original ritonavir patent termination would be USD994'080 for lamivudine price de-escalation, USD750,917 for lamivudine/zidovudine and USD600,741 for efavirenz.

Conclusions The financial incentive encourage the pharmaceutical firm to be innovative leading to negotiate higher prices and at the same time to extent of the originator patent. The consequence is a financial impact for the society by preventing competition from generic equivalent and the delay in the accessibility of innovation for the patient.

P6.25 CONVERGENCE CASE-MANAGEMENT FOR SYPHILIS CONTROL: A PILOT PROJECT IN CHINA

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10.1136/sextrans-2017-053264.676

Introduction The traditional syphilis control practice in China usually pays too much attention to treatment but neglects further management of syphilis cases, which could not effectively prevent spreading of the disease. In an attempt to address the problem, Nanshan district, Shenzhen, launched the Syphilis Convergence Case-management Project (SCCP) for the first time in China in April 2011. This pilot aimed to consolidate prevention, treatment and management. By far, the project has obtained some meaningful outcomes and practical experience.

Methods All the medical and public health faculties within the district are encouraged to refer syphilis seropositive cases to a centralised institution, which is responsible for providing standardised treatment, serologic follow-up (once every 3 months), partner tracing and health education, etc. We adopted some indices such as standardised treatment rate, follow-up rate and success rate of partner notification to evaluate the project.

Results By June 2016, the project has managed 1124 syphilis cases, among which 749 were newly treated cases. The standardised treatment rate for SCCP was 96.98%. Compared to the historical level before (79.20%). 3 months', 6 months', 1 year's and 2 years' follow-up rate were 76.33%, 62.40%, 53.75% and 36.93%, respectively, which were also significantly higher than those without convergence case-management ($P=0.01$). Success rate of partner notification for managed patients were 83.92% (887). Among all the notified partners, 735 (82.86%) received examination; 329 (44.76%)

were found to be seropositive and 198 (60.18%) of these positive partners were furtherly included in the management.

Conclusion After 5 years of practice, the SCCP significantly improved effectiveness of syphilis control and patients' management. Our study highlights the importance of standardised follow-up and management in the control of syphilis. The experience from China could be substantially valuable for prevention and control practice in this area, and the mode might be able to generalised in some similar regions.

LB6.26 HIV AND MENTAL HEALTH: NEUROPSYCHIATRIC ASPECT OF HIV INFECTED INDIVIDUALS AT KIGALI, RWANDA

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10.1136/sextrans-2017-053264.677

Introduction The prevalence of neuropsychiatric disorders in individuals affected by HIV is presenting a great challenge in HIV management, mostly in limited resources settings. Since those individuals have wide variety of predisposing factors, managing HIV related neuropsychiatric disorders remains essential in improving overall individual outcome. Aim of this study was to assess and understand neuropsychiatric disorders prevailing in HIV infected individuals seeking care at Kigali University Teaching Hospital (KUTH), Rwanda and highlight window to further researches.

Methods A systematic review of reports on HIV and mental health in Rwanda have been reviewed, correlating findings with mental health department's record at KUTH. All Data was analysed using Epi Info 7.

Results From 1st Feb- 31th December, 2016, a total of 90 HIV infected individuals have consulted the department with psychotic symptoms. 59 (65%) were females and 31 (35%) males. The mean age was 39, 7. They have consulted for neuropsychiatric symptoms like, photophobia, aggressiveness and loneliness and diagnosis made in general: 26 (28.8%) with Depression, 30 (33.3%) with epilepsy, 24 (26.6%) with psychosis, 6 (6.6%) with bipolar disorder, 2 (2.2%) with anxiety disorders and 2 (2.2%) with schizophrenia. depression and epilepsy were 20 (22.2%), depression with anxiety were 10 (11.1%).

Conclusion depression remains the most common psychiatric disorder and the most common mental health condition among HIV infected individuals. A great toll is on women whereas background of poor social economic status represents and worsen the situation. Affected individuals presents a big challenge in profiting the availability and accessibility of anti-retroviral treatment and control of HIV. Counselling before giving HIV test and result could not be end of mental support to patient found to be HIV positive, follow up should be done.