

friendly environment for PLHIV in the community. These two movements are very strategic in responding HIV and AIDS.

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[MoPD027]

Priorities for HIV/AIDS Advocacy in Iran

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Background(s): There has been little organized advocacy for HIV/AIDS program in Iran while there are many political and religious concerns around them.

Method(s): We used a questionnaire for asking priority target groups and topics from HIV experts around the country. Also we did deep interviews with some policymakers, religious figures and previous members of parliament.

Result(s): Members of parliament, authorities in education system, planning and budget departments, municipalities, religious leaders, NGOs and charities, judiciary, police, mass media, mass media and medical professionals were top priority groups. Stigma and discrimination, epidemic trend, role of education, importance of cross sectoral collaboration and community participation were among top priority topics.

Policymakers need detailed information about the epidemic and effective interventions. Comparative statistics, trend analysis, private meetings, documentary films and working with influential individuals were recommended by participants as effective advocacy. They also advised not using sensationalism and ordering rather than offering different solutions.

Conclusion(s): Various materials appropriate for advocacy among different stakeholders should be developed and different approaches should be followed for effective advocacy at different levels.

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[MoPD028]

Role of Women Empowerment against to Fight the HIV/AIDS Epidemic (RWEAEP)

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Issue(s): Due to extreme poverty, illiteracy and lack of employment opportunities in the Doti district of Nepal has been experiencing increased HIV/AIDS epidemic. There each of the household have one male member lives in out of country for work. Migrant partner who make them vulnerable for getting infected with HIV/AIDS and STIs

Project(s): Nepal Red Cross Society has been implementing HIV/AIDS program against reducing the HIV/AIDS epidemic. Community women have received training on social mobilization, life skills, stigma and discrimination and livelihood management training to reduce extreme poverty & lack of knowledge.

Result(s): Women in the community are empowered for making their own decisions and they have initiated various awareness campaign and income generating schemes. The women are aware on STIs and HIV/AIDS. They have begun to take right decisions by using various life skills. Now Ratio of HIV/AIDS infection is also decreased significantly compared to before.

Lessons Learned: A comprehensive Programme is essential to reduce HIV/AIDS epidemic as well as reducing the stigma and discrimination. Similarly, activities have to be designed focused on problem based poverty, illiteracy and lack of employment A which are contributing factors to weaken women and make them vulnerable for HIV/AIDS epidemic.

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[MoPD029]

Private Mobile Phone Companies Spreads HIV Awareness Message in Bangladesh at Free of Cost - Made an Example

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Issue(s): Private Sectors' Engagement is Effective in HIV Prevention in developing Countries.

Project(s): Awareness rising through short message service (SMS) for HIV Prevention under partnership with mobile phone companies as corporate social responsibility of those companies on World AIDS Day.

Result(s): Private mobile phone companies disseminated 65 million text messages on HIV prevention among subscribers at free of cost on World AIDS Day in Bangladesh. Information disseminated among mobile subscribers made significant example of private sectors' engagement in comprehensive HIV prevention efforts in a developing country like Bangladesh. This inspired more private sectors who showed interest to contribute in HIV prevention, treatment and care leading to strengthening and building ownership by the local private development partners.

Lessons Learned: Private sectors have been mandate in social development beside the role of the state. As a part of their social responsibility they have budget allocation to contribute in public health related development issues especially in epidemic control. They promptly respond to well approached appropriate proposals and innovative campaigns. Besides engaging private sectors and mobilizing local resources for epidemic control is effective strategy for sustainable HIV prevention programming with less donor dependency.

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[MoPD030]

Self Stigma - A Key Barrier to Universal Access

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Background(s): Care and support services for PLHIV have increased over the past few years. High prevalence of stigma and discrimination is a perceptible barrier.

Method(s): INSA India's pilot to address S&D related to HIV carried in select districts of Karnataka aimed at building a convergence model i.e Positive networks, religious leaders, NGOs, young people and the DAPCU come together to address stigma. The project addressed key drivers of stigma and created scope for PLHIVs to be trained as 'Friendly-Advisors' to shift perceptual paradigms from 'deadly condition' to 'chronic, can live positively' condition. Purposive sampling technique and Indepth interviews used

Result(s): 92% of respondents have personally experienced S&D.

Over 77% experienced self stigma, even though they are 'positive speakers' for many years 31% PLHIVs asserted they need to be separated & 27% stated that it is better not to visit hospital frequently for fear of 'infecting others'.

Conclusion(s): Policy implications

- The best health systems are not going to help PLHIVs, when self stigma is high.
- Addressing self stigma needs to be added into the ICTC, ART, PPTCT programming and counseling.
- Policies for people living with HIV infection related health systems are best when they are part of the process

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[MoPD031]

Strengthening Linkages between Sexual and Reproductive Health and HIV: A Case Study from Vietnam

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Issue(s): The lack of the linkages between sexual and reproductive health (SRH) and HIV programs has resulted in huge unmet needs of SRH and HIV services in Vietnam

Project(s): Tien Giang province has been selected to pilot SRH/HIV linkages as part of joint efforts between Ministry of Health and United Nations. The results of this piloting will provide the empirical evidence for the development of the national guidelines on SRH/HIV linkages

Result(s): An assessment using six building blocks of a health system was conducted to determine the level of SRH/HIV linkage and capacity of service providers. Based on the findings of the assessment, specific activities for the implementation of SRH/HIV linkages were developed. Four provincial centers (Centers for HIV/AIDS Prevention and Control, Reproductive Health, STIs and Family and Planning), three district health centers and one regional hospital have piloted the SRH/HIV linkages. For example, HIV testing and counseling are performed at the Reproductive Health and STIs Centers. Report forms and checklist for monitoring and evaluation of linkages between SRH, HIV, STIs and family planning services have been developed and utilized

Lessons Learned: Strong support among leaders of health sector, commitment of