TASK FORCE FOR THE URGENT RESPONSE TO THE EPIDEMICS OF SEXUALLY TRANSMITTED DISEASES IN EASTERN EUROPE AND CENTRAL ASIA

Report on the First meeting of the Task Force
Supported by the WHO Regional Office for Europe (WHO/EURO) and the Joint United Nations Programme on AIDS (UNAIDS)

Copenhagen, Denmark
23–24 February 1998
TARGET 5

REDUCING COMMUNICABLE DISEASE

By the year 2000, there should be no indigenous cases of poliomyelitis, diphtheria, neonatal tetanus, measles, mumps and congenital rubella in the Region and there should be a sustained and continuing reduction in the incidence and adverse consequences of other communicable diseases, notably HIV infection.

ABSTRACT

The unprecedented rise in syphilis and other sexually transmitted diseases (STDs) in large parts of eastern Europe and central Asia poses a significant threat of an immediate HIV epidemic in the region. International agencies and the most affected countries have joined forces to take action to curb the rapidly evolving STD epidemics. On the initiative of the WHO Regional Office for Europe and the Joint United Nations Programme on HIV/AIDS (UNAIDS), an international task force was created to mobilize an urgent and well coordinated multiagency response to the crisis. At the first meeting of the Task Force, the participants discussed the challenges facing STD control in the region and agreed on a strategic framework for a harmonized response. The response will address STD care and prevention, and will cover the newly independent states and the most vulnerable countries in central Europe. The participants agreed on the terms of reference for the Task Force and its secretariat, which will be located at the WHO Regional Office for Europe. The mission of the Task Force was defined as ensuring that:

- external support to the region is both timely and well coordinated
- international and national resources are mobilized, and
- the local capacity to respond to the STD epidemics enhanced.

The participants concluded their work by recommending the next steps to be taken.

Keywords

SEXUALLY TRANSMITTED DISEASES – prevention and control
ACQUIRED IMMUNODEFICIENCY SYNDROME – prevention and control
DISEASE OUTBREAKS
INTERNATIONAL COOPERATION
EUROPE, EASTERN
ASIA, CENTRAL
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INTRODUCTION

The founding meeting of the Task Force for the Urgent Response to the Epidemics of Sexually Transmitted Diseases in Eastern Europe and Central Asia (TF/STD) was convened on 23–24 February 1998 in Copenhagen, Denmark, at the WHO Regional Office for Europe (WHO/EURO). The meeting, which was co-sponsored by WHO/EURO and the Joint United Nations Programme on HIV/AIDS (UNAIDS), was a follow-up to the meeting on 30 June–1 July 1997 in Copenhagen at which representatives from international organizations agreed on the necessity to establish a task force to mobilize and coordinate international assistance for STD control in the region.¹

Dr. Jo E. Asvall, WHO Regional Director for Europe, addressed representatives from more than 20 international organizations and four of the countries most affected: Belarus, Kazakhstan, the Russian Federation and Ukraine. Participants included the International Federation of Red Cross and Red Crescent Societies (IFRC), Médecins sans frontières – Belgium, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), UNAIDS, the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the World Bank and bilateral donors from Denmark, the United Kingdom and the United States, as well as several Scandinavian academic and research institutions.

The purpose of the meeting was to establish the terms of reference for this new Task Force and its Secretariat. In order to do so, it was necessary:

• to bring participants to a common factual point of departure on the scope of the problem and the response;
• to learn what activities and programmes international organizations are supporting in the region in the area of STD prevention and control and the broader field of reproductive health;
• to reach a common understanding of what should be the main strategies employed and the key areas for support and coordination;
• to agree on a coordination mechanism at international and country level, and
• to bring to the table any special concerns and needs.

This report highlights the discussions and recommendations proceeding from this meeting. It is intended to reflect the consensus of the meeting rather than the views of individual participants.

MAGNITUDE OF THE PROBLEM

STD trends

In western Europe there has been a gradual decline in the incidence of STD over the last two decades and a levelling-off of new HIV infections. The incidence of syphilis has dropped to below 5 per 100 000 and gonorrhea to below 20 per 100 000. In contrast, the 1990s have witnessed a dramatic increase in reported cases of STD in eastern Europe and central Asia,¹

despite a marked decline in mass screening and contact tracing activities and under-reporting of cases. In other words, the reported data underestimate the true size of the epidemic.

The incidence of syphilis has reached epidemic levels, increasing 15–60-fold, from 5–15 per 100 000 population in 1990 to 200–500 per 100 000 by 1996, with proportionally larger increases occurring among young people. The incidence of congenital syphilis has doubled since 1996 in many countries, reflecting an increase in the prevalence of untreated syphilis among pregnant women. Fewer women are seeking antenatal care and they are seeking care later, often during the third trimester.

The problem of under-reporting

Until recently, the incidence of reported syphilis has served as the most reliable indicator for STD trends in the region because it is the one STD that is still referred to government STD specialists and is reportable by law to health authorities. For other STD, such as gonorrhea, patients are more likely to avoid the stigma attached to the state service and to seek treatment in the growing private sector or, alternatively, to treat themselves. The rise in the ratio of syphilis to gonorrhea is better explained by this shift in health-seeking behaviour than by the absence of a gonorrhea epidemic. Based on the proportion of gonorrhea to syphilis cases reported, it is believed that only 1 in 20 cases of gonorrhea is reported today.

Unless a more reliable surveillance system is put into place, under-reporting can be expected to increase over the next few years. The STD epidemics will de facto disappear on paper. This will give governments a false impression that the STD epidemics are contained and resources allocated to STD control will also decline.

Potential for a widespread HIV epidemic

Equally alarming are the recent outbreaks of HIV infection among intravenous drug users in the region, particularly in Belarus, the Russian Federation and Ukraine. According to UNAIDS estimates, while there were 150 000 HIV-infected individuals overall in western Europe by the end of 1997, in Ukraine alone there were 180 000 infections. Considering the high incidence of STD in the region, the stage is now set for a potentially rapid spread of HIV infection particularly in the newly independent states (NIS), the Baltic states, Albania and Bulgaria. Interventions are urgently needed to reduce the burden of STD in the region rapidly and to abort a widespread HIV epidemic.

PROGRESS TO DATE

While there is still considerable heterogeneity in the region, the process of reforming STD services is well under way.

- Although in many countries laws are still in place requiring compulsory notification of STD cases by name, a growing number of countries are moving toward a more confidential reporting system which replaces names with a record number.

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While there has been considerable headway in providing STD services to patients and their contact(s) on an anonymous basis, accessibility to these services is still a problem for the majority who cannot afford the high cost of these services.

There has been a shift from compulsory inpatient to outpatient care using more modern treatments. For example, in the past, patients with uncomplicated syphilis were hospitalized and received multiple daily injections of penicillin for two to three weeks. Today, patients are more likely to be treated on an outpatient basis with benzathine G penicillin given as a weekly intramuscular injection for one or more weeks, depending on the stage of the disease.

While laboratory confirmation of the disease as a proper condition for the initiation of treatment remains the prevailing standard in the region, in some countries there has been rationalization of the use of diagnostic tests in favour of same-day treatment using the syndromic approach. For example, Kazakhstan has endorsed WHO’s syndromic approach to STD case management at the national level – however, it lacks funds to train its health personnel in this new approach.

In several countries, there is a growing commitment to involve other professionals in the management of STD. For example, in a pilot project supported by MSF-Belgium in Azerbaijan, STD specialists and gynaecologists will work together to provide outreach STD services to villagers as an integrated component of family planning (FP) services. In a growing number of countries, legislation has been introduced that allows non-STD specialists to manage STD other than syphilis, which must be referred.

There has also been some progress in making STD services available, acceptable and affordable to the most vulnerable groups. In Ukraine, UNICEF is funding youth-friendly clinics in Odessa and Kiev as part of a larger development programme for young people. In the Baltic states, the governments are working with local nongovernmental organizations (NGOs) and UNAIDS to implement prevention and care interventions tailored to the needs of prostitutes, gay men and other vulnerable groups. However, there remain very real legal and practical problems and a lack of experience in working with these groups in the region.

Whereas little emphasis was placed on primary prevention and health education in the past, there is now a growing recognition of its importance. Some countries, such as the Russian Federation, have implemented STD awareness-raising campaigns for the general population through the mass media. In some countries, a growing number of clinics are beginning to distribute patient education material. A number of international organizations, including UNICEF and UNFPA, are supporting school education programmes. UNICEF is beginning to focus its attention on the needs of the significant and growing number of young people who are not in school.

**CHALLENGES**

In spite of important progress, there remain many inherent problems which slow or derail the reform process within the STD health care system.

Unfortunately, those who advocate strengthening and reforming STD care and policies are often not those who are influential in the policy-making arena. As a result, they have trouble pushing their agendas forward and the prevention and control of STDs remain on the back burner in terms of health priorities.
Furthermore, decentralization and privatization of the medical sector has taken control partially out of the hands of the central government. While there may be a commitment among those at the national level to modernize the existing STD system, there is a big gap between conviction and will at the central level and the capacity to deliver services at the peripheral level.

As the STD problem grows among the marginalized segments of society (e.g. homeless, unemployed, sex workers, drug users and street kids) it will become more and more difficult to mobilize political and social support for STD prevention and care.

The legal basis for working with sex workers, young people and other vulnerable groups is a major barrier. STD specialists in particular have difficulty determining how they should proceed within the existing legal framework.

Anonymous or not, government STD services still carry a stigma. Prostitutes, gay men, drug users and young people are unlikely to trust the government system due to a history of incrimination and persecution. Furthermore, the ideology of a police state still exists and the punitive element persists, especially at the peripheral level.

Central and regional governments are paying only a small fraction of the budgets necessary to run government health services. As a result, state clinics are poorly equipped and supplied. Staff morale is low because of low and unpaid salaries and because budgets cannot support in-service staff training.

Prevailing budgetary incentives are not conducive to reform. For example, since services are remunerated on the basis of hospital beds filled, STD specialists have an incentive to hospitalize patients rather than to treat them as outpatients.

In the face of the shortfall of money, services have responded by cost-recovery schemes which have created major markets in STD care involving the pharmaceutical industry, STD specialists and other professionals involved in reproductive health. The result is a two-tier system in which high quality STD services are available to the minority who can pay, and low quality services are provided to the majority who cannot.

The sweeping introduction of users’ fees and cost recovery schemes in the health care system has had a negative impact on STD clinic attendance, particularly among the most vulnerable groups. As a result, patients seek care later or not at all. This only fuels the epidemics.

The place for STD services and the role of STD specialists have yet to be defined in a reformed health care system which emphasizes primary health care and family doctors.

Owing to under-financing and inefficiency in the drug supply system, access to drugs in the region is precarious. National production of pharmaceuticals has severely diminished and is generally not competitive in terms of quality.

Although intentions are usually laudable, unsolicited donations of drugs can create more problems than they solve, often meaning inappropriate drugs, poor quality, products close to expiry dates, and the consumption of precious time and resources to sort and store the items.

Antibiotic resistance is a serious problem in the region due to the widespread practice of self-medication and the use of poor quality or counterfeit antibiotics.

An overall sexual health culture is absent and awareness about STD and their consequences in the general population is low. Surveys conducted by UNFPA reveal a general lack of
knowledge about sexual health including the signs and symptoms of STD. In many instances, the use of condoms is almost non-existent.

- While governments are beginning to recognize the need for health promotion and primary prevention, they are reluctant to invest scarce resources in these activities. Governments are particularly unyielding when it comes to using loans for this purpose. Lack of cooperation between ministries of finance and ministries of health make negotiations more difficult.

- In addition, there is resistance to sexual health promotion at almost any level on the part of conservative groups within society, other than the promotion of abstinence outside of marriage. There is a strongly held notion that the promotion of condoms corrupts young people.

- While free or subsidized condoms are available through family planning programmes, they are quite expensive and of uncertain quality at retail outlets. Furthermore, as governments have not agreed to include condoms on their essential drug lists, the condoms are more likely to be taxed.

- Despite their overlapping objectives, the STD and HIV/AIDS programmes in the region still function separately, competing for scarce resources.

- Last but not least, with a few exceptions there has been a woeful lack of cooperation and coordination between donor agencies at country level. This results in duplication of efforts and wastage of scarce international and national resources. For example, in the Baltic states seven different sexual health school education manuals have been developed by seven different donors.

**RESPONSE OF PARTICIPATING INTERNATIONAL ORGANIZATIONS**

Representatives of the different organizations were invited to give a short presentation on the STD-related activities and programmes they were currently supporting or planning to support in the region. These are summarized in Annex 1.

**STRATEGIC FRAMEWORK FOR A HARMONIZED RESPONSE**

A strategy paper had been drafted and distributed by the Secretariat in advance of the meeting. The paper outlined the framework for both a technical strategy as well as a coordination strategy. The goal, purpose and objectives of the technical strategy for TF/STD are presented in this section while the coordination mechanism is discussed in a separate section of this report.

Participants discussed the priority needs for STD prevention and control, priority target groups, and the technical approaches that are most likely to work in the region. This framework will form the basis for developing harmonized strategies at regional and country level, and guide the design and implementation of appropriate and mutually reinforcing activities in the region.

**Goal**

It was agreed that the goal of a harmonized response was to reduce the burden of STD and contribute to slowing the spread of HIV in the region.

The region was expanded to include vulnerable countries in central Europe in addition to the NIS and the Baltic states.
The resolution now covers the following 18 priority countries: Albania, Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, the Republic of Moldova, Romania, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

**Purpose**

STD care, the original focus of the initiative, was deemed too restrictive by participants. The purpose of the response was therefore broadened to include prevention as follows: to improve the accessibility, acceptability and cost-effectiveness of STD prevention and care services in the region while taking into consideration current STD health-care-seeking behaviour and building on existing health infrastructures and reproductive health programmes.

**Objectives**

Participants agreed on the following primary objectives for the response:

- to create an enabling policy environment for STD prevention and care
- to strengthen the national capacity to deliver quality STD prevention and care services.

Secondary or supporting objectives should include:

- to develop standardized national STD case management guidelines
- to strengthen STD surveillance, including data analysis and interpretation.

A more detailed description of these objectives can be found in Annex 2.

**Priority areas for possible technical support**

Participants concurred on a list of priority areas for possible technical support (Annex 3). These consist of advocacy and policy, STD drugs, condoms, educational material, training, applied research and surveillance. Donor agencies may use this list as a guide when determining the specific type of support they wish to contribute. Implementing agencies may use it to identify their programmatic strengths. The list is not meant to be exhaustive and only illustrates the types of assistance that are most commonly required. Furthermore, these areas are interlinked and mutually reinforcing.

**TERMS OF REFERENCE FOR THE TF/STD**

Participants drew up a statement regarding the establishment of the new Task Force (Annex 4). The TF/STD is the structure through which the international response will be coordinated. This and the following section describe the consensus reached among participants of how activities and programmes will be coordinated at the national and international levels.

**Mission and tasks**

Participants agreed that the mission of the TF/STD is threefold:

- to ensure that external support to the region is both timely and well coordinated
- to ensure that international and national resources are mobilized, and
- to ensure that the local capacity to respond to the STD epidemics is enhanced.
The specific tasks are:

- in consultation with governments and other stakeholders in affected countries, to elaborate a harmonized strategy for international assistance that will reduce the burden of STD and their health consequences in the region;

- to mobilize and advocate national and international resources for STD prevention and care in affected countries;

- to ensure that external technical and financial support to affected countries is both timely and well coordinated in order to avoid duplication, address gaps and maximize the impact of contributions;

- to ensure that the local capacity to respond to epidemics of STDs is enhanced in the region;

- to serve as a channel for the international exchange of epidemiological and programmatic information on the STD situation and needs of the region;

- to develop and promote international best practices and policies while ensuring that conditions and issues particular to the region are taken into consideration, and

- to advise UNAIDS, its co-sponsors and other partners on policies and strategies related to STD prevention and care in the region.

**Modus operandi**

TF/STD provides urgent reinforcement to UNAIDS efforts in the region. As such, TF/STD will not operate as a new vertical programme or structure. Rather, it will take every opportunity to integrate its activities into existing programmes and structures and interface with other components of the UNAIDS strategy. TF/STD will operate through a small Secretariat located at WHO/EURO and interagency working groups which, where feasible, will be supported by the UN Theme Groups on HIV/AIDS. These groups will serve as coordination focal points for TF/STD at country level. Members of TF/STD will meet twice a year to review the progress of implementation and needs for additional assistance.

**Membership criteria**

Membership of the TF/STD is guided by the recognition that no single agency possesses the full range of technical capabilities and resources required to support the region. Therefore, the TF/STD will draw on the abilities and comparative advantages of a strategic mix of member organizations, country representatives and technical advisers in order to construct a viable assistance partnership.

In order to achieve a critical mass of technical, financial, political and institutional resources, membership is open to donor agencies, implementing agencies, academic institutions and advocacy groups that meet both of the following two membership criteria:

- the organization subscribes to the objectives of the TF/STD, and

- the organization makes a commitment of financial, technical or in-kind (human) resources toward the implementation of the collaborative work plan.

In summary, members of the TF/STD:

- share the common goal of reducing the STD burden and slowing the spread of HIV in the most affected and vulnerable countries in eastern Europe and central Asia;
• contribute financially, technically or in-kind to the implementation of a joint strategy which aims:
  − to create an enabling environment for STD prevention and control, and
  − to strengthen the local capacity for STD prevention and care;
• engage in a continuous exchange of information, collaborative partnerships and coordination of activities at regional as well as country level through the TF/STD and in-country interagency working groups, respectively;
• concur with the priority areas for international support consisting of advocacy and policy, STD drugs, condoms, educational materials, training, applied research and surveillance;
• meet twice a year to review implementation progress and the need for additional assistance;
• as advocates of TF/STD, call on partners and other organizations to join in this important new initiative.

TERMS OF REFERENCE FOR THE SECRETARIAT

It was agreed that the Secretariat will be responsible for managing the day-to-day activities of the TF/STD, organizing meetings for it, and implementing its recommendations. The specific tasks of the Secretariat in the next two years are:

• to implement the national and international coordination mechanisms;
• to ensure that all TF/STD members are kept informed of other members’ programmes and activities as well as national STD prevention and care plans and programmes in the region;
• to maintain an ongoing consultative process with governments and other stakeholders in affected countries;
• to identify programmatic and geographic gaps and opportunities in the response and bring these to the attention of the TF/STD to act on;
• to organize meetings of the TF/STD and implement their recommendations;
• to support networking activities among countries and programmes in the region that review the progress of implementation and encourage the exchange of experience, the expansion or replication of successful projects, and the fine tuning of the joint strategy;
• in collaboration with UNAIDS and the interdepartmental STD Working Group at WHO headquarters, to facilitate technical support and capacity-building activities in the region such as regional workshops and the promotion of institutional twinning arrangements;
• to provide limited support for the Russian translation and distribution of key training material and technical documents, and
• to identify and recruit new TF/STD members.

WHO/EURO has agreed to provide space and administrative support to the Secretariat. The Secretariat is intended to be lean in structure and catalytic in nature. The staff includes one full-time professional and one full-time assistant. The Secretariat will draw on outside expertise as needed. Programmatic decisions will be made in consultation with members of the TF/STD to ensure rapid and flexible implementation of the work plan.
CONCLUSIONS AND RECOMMENDATIONS

State of the epidemics

- Incomplete as they are, the available data confirm that STD and their complications constitute a growing and priority health problem in the region, particularly among adolescents, women and children.

- The high incidence and prevalence of STD in the region, together with the outbreaks of HIV among intravenous drug users, has set the stage for a rapid and far-reaching HIV epidemic.

- Current STD prevention and care activities in the region are too few and fragmented to curb the epidemics effectively.

Establishment of the TF/STD

- The TF/STD provides timely reinforcement to UNAIDS efforts in the region.

- As delineated in the joint statement (Annex 4), the mission of the TF/STD should be threefold:
  - to ensure that external support to the region is both timely and well coordinated
  - to ensure that international and national resources are mobilized, and
  - to ensure that local capacity to respond to the STD epidemics is enhanced.

- The TF/STD needs to be an action- and result-oriented initiative which emphasizes in-country coordination at all phases of policy formulation and programme design, implementation and evaluation.

- The Secretariat of the TF/STD must ensure that member organizations are kept abreast of the STD situation and of other agencies’ and local governments’ activities in the region, and alert them to any gaps or duplications in the response.

- The response coordinated by the TF/STD should be sensitive to local traditions and cultures. It is essential for the TF/STD to remain in continuous consultation with host country governments and other local stakeholders. This can be accomplished through the following mechanisms:
  - consultation with countries in developing the joint strategy;
  - participation of representatives from selected countries in the region in each of the TF/STD meetings;
  - calling on host country experts to evaluate progress in the implementation of the joint strategy; and
  - country-level STD/reproductive health working groups to include nationals among their membership.

- While the public sector is still the main provider of health care, the TF/STD needs to broaden its membership to include organizations which have strong links to community-based organizations.
Strategic objectives and approaches

- Since there is great population mobility within the region, it is essential that the TF/STD mobilize and coordinate a response that is conceptualized at the regional level, with a cross-border perspective.

- The TF/STD should address STD in the broader context of reproductive and sexual health as defined in the platform of action of the Cairo International Conference on Population and Development (ICPD) and the Beijing International Conference on Women. Priority countries should not be selected solely on the basis of STD and HIV rates but also according to other social and health indicators as proposed at the Cairo and Beijing conferences.

- The TF/STD should not lose sight of its primary strategy which is to improve access to quality, affordable and confidential STD services. The TF/STD should pay particular attention to the needs of the most vulnerable segments of society: young people (adolescents) and marginalized groups such as sex workers, men who have sex with men, and intravenous drug users who constitute a potential bridging group for the spread of HIV infection into the general population.

- The TF/STD should take every opportunity to build on existing health infrastructures and programmes.

Advocacy

- The TF/STD and its members have a critical advocacy role to play in the region, convincing decision-makers that STD prevention and care is one of the most cost-effective ways to improve health in these countries. The TF/STD should help to cultivate a critical mass of informed individuals who can effect change.

- However, unless a more reliable STD surveillance system is put into place, that takes shifting health-care-seeking behaviour into account, it will become increasingly difficult to monitor STD trends accurately and mobilize resources for STD prevention and control in the region. Without supporting data, governments will become increasingly complacent about the problem, especially as it affects the more marginalized segments of society. The TF/STD and its members should therefore work toward strengthening STD surveillance in the region. In particular, STD case reporting should be strengthened in gynaecological and obstetric services.

- The TF/STD and its members should take every opportunity to promote collaboration between STD and AIDS control programmes at the national level.

Health care reform

- The overall economic and health care reform process presents a number of special challenges for STD care and prevention. The TF/STD and its members should be mindful that the introduction of service fees does not become a barrier to early and effective STD care. Special consideration should be given to the most vulnerable segments of the population, including sex workers, men who have sex with men, displaced people (refugees), adolescents and young people.

- The place for STD services in a health care system that emphasizes the role of the primary health care physician has yet to be addressed.

- The STD drug issue should be discussed at national drug policy meetings as part of a comprehensive package of reforms and initiatives in the pharmaceuticals sector.
Pharmaceuticals constitute a very complex problem which cannot be solved by addressing each disease, each group of diseases, or each group of physicians or politicians separately.

- The standardization of STD case management guidelines and training providers in their use will contribute to overall efforts to rationalize drug use in the region. The TF/STD is an ideal mechanism for collaboration and cooperation in this area.

**Next steps**

The next steps include formalizing membership of the TF/STD, raising funds for and staffing the Secretariat, developing a collaborative work plan, and organizing the second meeting of the TF/STD during the third week in September 1998.
Annex 1

RESPONSE OF PARTICIPATING INTERNATIONAL ORGANIZATIONS

INTERGOVERNMENTAL AND MULTILATERAL AGENCIES

United Nation’s Children Fund (UNICEF)

UNICEF’s regional office for central and eastern Europe (CEE), the newly independent states (NIS) and Baltic states covers 27 countries including Albania, the former Yugoslavia, the central European countries of the former USSR, the Baltic states, the Caucasian republics and the central Asian republics. UNICEF recently expanded its mandate to work with two new target populations in the region, in addition to mothers and children: women in general, and young people and adolescents.

UNICEF has selected the “Young People Health and Development Programme” as one of the regional priorities and has committed substantial funding for its implementation. The programme is being implemented in the Baltic states, Romania, the Russian Federation, Ukraine and, soon, in Belarus. As a component of this programme, UNAIDS, WHO, UNDP and UNICEF went on a joint mission to Ukraine in 1997 to design the Youth-Friendly Clinics pilot projects in Odessa and Kiev. Youth-friendly clinics provide health education, clinical services, and psychological and social support services to young people at an affordable price (free for street children). An outreach component has been added to the project consisting of a mobile van team which provides counselling and distributes condoms and clean syringes. While the primary targets of the clinics are marginalized young people (street children, children addicted to drugs and those in prostitution), the clinics serve a wider population of young people in order to avoid further stigmatization.

Within the overall UNAIDS framework, UNICEF promotes the use of the media in preventing HIV/STD and bringing about changes in behaviour. It is training journalists, collecting material to be used by the media and opening information centres for those working with young people and for the young people themselves. It is also preparing a series of Healthy Lifestyle Packages for young people; the first issue will be on STD and HIV/AIDS. Since the media and journalists are only one source of information for young people, UNICEF is also developing a peer education programme through youth clubs and recreation centres called youth cafés where young people can get information, counselling and sex education from professionals.

In its community mobilization efforts, UNICEF prefers to work with municipal social and welfare departments rather than with ministries at the central level. To facilitate the exchange of information, UNICEF is promoting twinning arrangements between cities such as St Petersburg and Odessa and between St Petersburg and Marseilles. The Youth Development Project designed in Odessa is now being implemented in Kiev and will soon start in the Crimea, Belarus and the Baltic states. To mobilize resources in the region, UNICEF has been playing a catalytic role between international donor and implementing agencies and local NGOs. For example, UNICEF was instrumental in getting Médecins du Monde involved in the mobile van outreach component of the Youth-Friendly Clinic in St Petersburg which is now being proposed in Kaliningrad and other cities in the Russian Federation. UNICEF is also working with a Canadian NGO to pilot a school sexual health education programme in Odessa which, after one year, is being expanded to seven schools.

United Nations Population Fund (UNFPA)

UNFPA is committed to building local capacity to implement national reproductive health programmes in countries of eastern Europe and central Asia. The programmes focus on services that integrate family planning activities into the broader framework of sexual and reproductive health care. In many countries the emphasis is on setting up reproductive health services for young people. The main areas of support include: advocacy and policy development, data collection, contraceptive supplies (including condoms),
and training of health professionals. Several of the programmes in eastern and central Europe are being implemented in collaboration with the Women and Reproductive Health Unit, Sexual and Family Health Programme, at WHO/EURO (described later in this Annex).

In the area of HIV/AIDS, UNFPA has played a catalytic and leadership role among UNAIDS co-sponsor agencies in the region. UNFPA is a major supporter of national AIDS programmes and chairs several UNAIDS theme groups in the region.

**Division of Arab States and Europe**

In 1997, with an annual budget of US $6 million, the Division of Arab States and Europe supported reproductive health programmes in 22 countries in eastern and central Europe. UNFPA has regional field offices in Tirana, Albania, and in Bucharest, Romania. The 12 priority countries in the European Region include: Albania, Armenia, Belarus, Bosnia, Bulgaria, Georgia, Latvia, Poland, the Republic of Moldova, Romania, the Russian Federation and Ukraine. The programmes in Albania and Bosnia are still emergency programmes. In Albania, UNFPA is implementing a pilot reproductive health sub-programme which includes the procurement of basic STD diagnostics and drugs. In Albania, UNFPA is collaborating with UNAIDS to strengthen the STD surveillance system.

**Division of Asia and the Pacific**

UNFPA has country offices in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Under a sub-regional programme of assistance for 1995–1999, UNFPA has earmarked US $26.3 million of its regular resources and US $6.2 million in its multi/bilateral resources for assistance to activities in the area of reproductive health, which includes support for: advocacy and policy development; national STD and AIDS programmes within the UNAIDS framework; condom procurement and distribution; training in communication and counselling; testing new approaches to delivering STD services to vulnerable groups; the integration of STD services into broader reproductive health programmes, and studies on health-care-seeking behaviour for STDs.

**The Joint United Nations Programme on HIV/AIDS (UNAIDS)**

As the main advocate for global action on HIV/AIDS, the mission of the Joint United Nations Programme on HIV/AIDS (UNAIDS) is to lead, strengthen and support an expanded response to the HIV/AIDS epidemic. UNAIDS strives to maximize the efficiency and impact of the UN family by pooling the experience, efforts and resources of its six co-sponsoring agencies: UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank. It thus brings together expertise in sectors ranging from health to economic development.

UNAIDS works in the following areas:
- policy development and research
- technical support
- advocacy
- coordination.

At the regional level, UNAIDS operates through a Team for Europe which includes a team leader, a programme development officer and a geographical desk officer who are based at UNAIDS in Geneva, and an intercountry technical adviser who is based in Copenhagen at the WHO Regional Office. A second intercountry technical adviser post has been established in Moscow but has yet to be filled.

At the country level, UNAIDS operates through the UN Theme Group on HIV/AIDS, the core of which is composed of representatives of the co-sponsoring agencies. In eastern Europe, Theme Groups have been established in 20 of the 27 countries covered by UNAIDS. The UN Theme Groups in the Region are supported by three intercountry programme advisers who are currently based in Kiev (covering Belarus, the Republic of Moldova and Ukraine), Sofia (covering Bulgaria, Romania and Turkey), and Almaty (covering the central Asian republics). Locally recruited national programme advisers are operating in
three countries (Albania, Belarus and Romania) and it is planned to post them in an additional six countries. In the remaining countries, a co-sponsoring agency staff member or a local government employee serves as the UNAIDS focal point and addresses HIV/AIDS issues on a part-time basis.

A strategy entitled *A joint regional strategy to expand the response to HIV/AIDS in eastern Europe* is being prepared which will assist UNAIDS co-sponsors to establish their respective HIV/AIDS programme priorities and strategies. The co-sponsors have agreed that in this joint strategy WHO, due to its mandate and privileged access to the health sector, should take the lead in the area of STD service reform in eastern Europe. UNAIDS has supported WHO in this role through joint efforts to establish the TF/STD, the design of an STD strategy paper, and the establishment of a new, jointly-funded STD officer post at WHO/EURO.

UNAIDS supports STD activities in the Region in several other meaningful ways. For instance, UNAIDS promotes STD prevention and care as a key strategy for HIV/AIDS control in the national strategic planning process. Together with its co-sponsors, UNAIDS is supporting pilot projects which address STD prevention and care among vulnerable groups (youth, sex workers and men who have sex with men). Finally, STD prevention and care is also a component of HIV/AIDS prevention efforts among injecting drug users in the region, an area in which UNAIDS has taken the lead through the establishment of the UNAIDS Task Force on HIV Prevention Among Injecting Drug Users in Eastern Europe.

**World Health Organization**

**Headquarters**

STD activities at WHO/EURO are coordinated with WHO headquarters through the Office of HIV/AIDS and STD (ASD) which was created in 1996 to:

- coordinate the mainstreaming of STD activities within the rest of WHO
- liaise between WHO and UNAIDS, and
- coordinate activities between WHO headquarters and WHO regional offices.

Other groups at WHO headquarters involved in STD activities include:

- the Adolescent Health & Development Programme (FRH/ADH), which focuses on youth-friendly clinics and STD in adolescents;
- the Action Programme on Essential Drugs (DAP), which focuses on issues relating to drug supply logistics and the inclusion of STD drugs in essential drug kits;
- the Division of Emerging and other Communicable Diseases Surveillance and Control (EMC), which is responsible for STD surveillance and antimicrobial resistance monitoring including the Gonococcal Antimicrobial Sensitivity Programme (GASP) Network;
- the Special Programme of Research, Development and Research Training in Human Reproduction (FRH/HRP), which is concerned with the relationship between STD/HIV infection and fertility control, and has conducted a number of STD prevalence and behavioural studies;
- the Health Education and Health Promotion Programme (HPR), which focuses on school-based interventions and is developing a guide for STD and HIV prevention in schools, and
- the Division of Reproductive Health (FRH/RHT), which is especially interested in issues such as the integration of STD into other reproductive health services and the promotion of syndromic STD management in MCH and FP clinics.

Since it is not feasible for all these divisions to meet on a regular basis, a smaller group of individuals from ASD, RHT and UNAIDS have formed the WHO interdepartmental Working Group on STD which meets on a weekly basis to coordinate activities between the divisions. Discussions are presently under way to establish an STD task force within WHO which will include all the actors and make it easier for people outside the agency to get access to information on WHO STD activities.
Regional Office for Europe

AIDS and STD Programme (Communicable Diseases and Immunization Department)
The AIDS and STD programme is managed from the Communicable Diseases and Immunization Department at WHO/EURO. Programme staff includes an STD/AIDS regional adviser, a UNAIDS inter-country adviser and two programme assistants. Because of the current shortage of technical staff, STD assistance in the Region has been provided primarily through the recruitment of short-term staff. Because of the growing demand for STD technical assistance in the Region, a fixed term STD officer post was recently created which will be jointly funded by WHO/EURO and UNAIDS. Recruitment is currently under way. The AIDS and STD Programme is funded by WHO/EURO with supplementary funding from WHO/headquarters, UNAIDS, and the Dutch, Norwegian and Swiss Governments.

Support for STD activities in the region have focused on: advocacy efforts to enhance political support for STD prevention and control and bring about policy change; a joint WHO/UNAIDS mission to develop a national STD control strategy in Kazakhstan; training of health care professionals in the syndromic approach to STD case management in Almaty, Kazakhstan, and St Petersburg, Russian Federation; the establishment of so-called best practice sites for STD care in St Petersburg and Orechovo-Zuevo in the Russian Federation, and Kiev and Simpheropol (Crimea) in Ukraine, pilot projects to deliver STD care to vulnerable groups such as sex workers in Kyrgyzstan and the Russian Federation; and, the designation of an STD collaborating centre for STD at SANAM in Moscow, Russian Federation.

Sexual and Family Health Programme (Women and Reproductive Health Unit)
The staff of the Women’s and Reproductive Health unit at WHO/EURO includes one regional adviser, one short-term professional, three programme assistants and a part-time administrative assistant in Copenhagen and national professional officers in Armenia, Bosnia, Georgia, Romania, Tajikistan, Turkmenistan and Ukraine. The programme is funded by WHO/EURO, UNFPA and the Italian and Swedish Governments.

The programme covers the areas of reproductive health, family planning and sexual health (RH/FP/SH) including the prevention of unwanted pregnancies, sexual education, antenatal care and safe adolescent health. Within these areas, the unit is doing more and more work on STD prevention and treatment, unsafe abortion, psychosocial aspects of women’s and children’s health (in particular violence in the family), reproductive tract cancers, the involvement of men in reproductive health, and general issues of women’s health and wellbeing.

The reproductive health programmes are being implemented in collaboration with the UNFPA Division of Arab States and Europe and the UNFPA regional offices in Albania and Romania. Priority countries are those with the highest maternal mortality rates and the highest abortion to birth ratios. They include Albania, Armenia, Bosnia, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Romania, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. The strategy is to promote the transition from a vertical FP programme to one that reflects sexual and reproductive health as defined in the ICPD in Cairo. While the focus remains on the prevention of unwanted pregnancies, it has been broadened to include STD prevention and treatment and counselling for infertility. The FP subcomponent ensures the availability, accessibility and affordability of contraceptives, including condoms.

Special Project for NIS in the Area of Pharmaceuticals (Quality of Care and Pharmaceuticals Unit)
Owing to the current economic crisis, access to drugs in the region is precarious. National production of pharmaceuticals has severely diminished and is often not competitive in terms of quality. The government sector is under-performing and has lost credibility owing to under-financing and inefficiency in the drug supply system. A large part of the spending on medications is private, out-of-pocket. The private sector is out of control in many countries. Although intentions are often laudable, unsolicited donations of drugs sometimes create more problems than they solve – inappropriate drugs, poor quality, products close to expiry dates, and the consumption of precious time and resources to sort and store the items. Antibiotic
resistance is a serious problem due to the widespread practice of self-medication (also of prescription drugs) and the use of poor quality or counterfeit antibiotics.

The Pharmaceuticals Programme (PHA) at WHO/EURO has been implementing a special project for the NIS in the pharmaceuticals sector since 1994, mainly financed through voluntary contributions from the British Department for International Development/Know How Fund, and the U.S. Agency for International Development. The project encompasses a wide range of outputs which focuses on: the development and implementation of national drug policies that ensure access to essential drugs at an affordable cost; drug legislation, drug regulation and quality assurance; the economic and financial aspects of drug supply; the promotion of rational drug prescribing and use, and drug supply and management.

Access to pharmaceuticals presents a complex problem which cannot be solved by addressing one disease such as syphilis, or one group of diseases such as STD, or one group of physicians such as STD specialists, or one group of politicians. A holistic approach is necessary. The question of drugs for STDs should preferably be dealt with and discussed together with the overall national drug policy priorities, with the involvement of a wide range of professionals at all levels. However, standardizing STD management guidelines and training in their use under the framework of a specific national programme and, as a part of more global national strategies, will contribute to overall efforts to rationalize drug use and improve treatment outcome in the region. The TF/STD can provide relevant grounds and mechanisms for collaboration and cooperation in this area.

**The World Bank**

The World Bank is a lending institution within the system of the United Nations. It provides loan and credit funds to its member countries (currently more than 180). The World Bank’s mandate is to work with governments to achieve sustainable progress in reducing poverty, promoting growth, and improving the quality of people’s lives in developing countries. Investing in social sectors (i.e. investing in people) is at the center of the Bank’s development strategy, reflecting the fact that no country can secure sustainable economic growth or poverty reduction without healthy and educated people. Bank involvement in the health sector started in the early 1970s and has continued to expand since then. One of the main objectives of the Bank in the health sector is to enhance the performance of health care systems by promoting equitable access to preventive and curative health, nutrition and population services that are affordable, effective, well managed, of good quality, and responsive to clients (borrowing countries).

Many World Bank financed projects emphasize the prevention, control and treatment of specific conditions such as malaria, diarrhoea, measles and STD and HIV/AIDS through strengthening primary and district-level health services. While the Bank finances health projects in almost all the newly independent states (NIS), none of the current projects are in the area of STD prevention per se. The STD issues are addressed either through maternal and child health (MCH) components of health projects (for example, in the Russian Federation) or through separate STD components (for example, in Kyrgyzstan). While the Bank is concerned about the growing STD epidemic in the region and is interested in supporting preventive and curative activities in this area, it can provide funds only in response to requests from governments in the form of a loan or a credit. Limited amounts of funds are available in the form of grants for pilot operations and field testing activities which usually create a base for future lending operations.

The Bank takes a comprehensive approach to population, linking population policies and programmes to poverty reduction and human development agendas, particularly those that empower women. This approach simultaneously addresses concerns about rapid population growth and the need to improve individual and family welfare. The Bank is committed to operationalize the goals of the 1994 International Conference on Population and Development, which places reproductive health at the centre of population and development agendas. Assistance emphasizes the provision of quality services and information that: (a) expand access to a range of family planning methods, (b) enable women to go safely through pregnancy and childbirth; and (c) prevent and treat reproductive and sexually transmitted
diseases. Since 1970, lending in this area has totalled US $1.7 billion, covering more than 100 projects worldwide.

The Bank has a good history of collaborating with WHO, UNAIDS and other agencies in the health sector. WHO and the Bank have made great progress over the past two years in clarifying their comparative advantages and optimizing their collaboration in the interests of client countries. Two key forms of collaboration have been agreed upon: (a) country-level collaboration in which WHO technical expertise is mobilized to improve the design, supervision, and evaluation of Bank-financed projects; and (b) global collaboration in which WHO and the Bank join forces to advance international understanding of health and population issues. Similar efforts are being made with UNAIDS, UNFPA, UNICEF and other agencies.

BILATERAL AGENCIES

United States Agency for International Development (USAID)

While the incidence of HIV has been increasing exponentially in the world, USAID funding for HIV/AIDS programmes has remained constant for the last several years at about US $120 million. As a result, USAID has the same financial resources today for dealing with an epidemic that has doubled, tripled and quadrupled over the past five years. Hence the renewed focus on cost-effectiveness, impact and the demonstration of results in USAID’s new five-year HIV/AIDS prevention and control project which will be implemented through the IMPACT, HORIZON, AIDS MARK and DMELLD Projects.

USAID is highly decentralized; only one quarter (US $30 million) of its US $120 million annual budget is allocated by the Global Bureau. The remainder is allocated by the regional bureaus and by the individual country missions which design their own programmes according to regional and local needs.

USAID-funded STD/HIV/AIDS projects in the region are still in the design phase. Until recently, STD/HIV/AIDS was not considered a priority area for USAID missions in the region. Today there is a new and growing commitment to STD/HIV/AIDS control in the region. USAID has conducted HIV-AIDS situational assessments in Romania and Ukraine and plans to conduct several more in 1998, including one in the Russian Federation. To date in 1998, USAID Mission Moscow has supported a number of study tours for policy-makers and workshops in STD case management for health care providers. USAID is also supporting women’s reproductive health programmes in the region through the American International Health Alliance (AIHA) which is establishing model Wellness Centres for women in Armenia, Belarus, Kazakhstan, the Republic of Moldova, Romania, the Russian Federation, Ukraine and Uzbekistan.

The Know How Fund (Department for International Development), United Kingdom

The British Department for International Development (DFID) has a special channel for development assistance to Russia and the NIS called the Know How Fund (KHF). The aim of KHF in the health development sector is to promote better health – particularly of poor people – through sustained improvement of health services and wider policy changes.

The KHF works with a range of partners in the NIS/eastern Europe and in the United Kingdom. These include government (federal and regional) partners, the private sector, academic and training bodies and NGOs. The KHF currently supports projects in Albania, Georgia, Kazakhstan, Kyrgyzstan, Romania, the Russian Federation, Turkmenistan and Uzbekistan.

In the Russian Federation, the KHF works at both the oblast and federal level. At oblast level, British experts are helping Russian partners to take advantage of new opportunities for reform following the decentralization of health financing and management. The KHF works intensively in the health sector in Samara, Sverdlovsk and Kemerovo Oblasts, with projects concentrating on:
• upgrading health service delivery
• improving reproductive health
• reorganizing services.

At federal level, the KHF works with policy-makers and legislators to help establish a policy framework which ensures equity of access to services throughout the Federation.

The partnerships of KHF in central Asia are part of broader, sector-wide, multi-donor efforts which aim to transform health systems as well as to improve health services.

In the field of reproductive health, KHF partnerships have achieved good results in improving service quality and access. The KHF has helped the Russian Family Planning Association (RFPA) to develop skills to advocate at the federal level for improvements in reproductive health policy and to provide high quality, user friendly services. Projects in Russia (in Samara and Sverdlovsk Oblasts and St Petersburg) and in Kazakhstan have pioneered multi-agency sex education initiatives and well-mother/well-baby programmes, and upgraded the professional status of midwives. In the Russian Federation, DFID has supported partnerships in the social marketing of condoms.

In the Russian Federation, the KHF is committed to helping develop national control strategies for illnesses of social significance, such as tuberculosis, STD and HIV/AIDS, which have a strong public health dimension. A project to reduce the transmission of HIV among injecting drug users in Sverdlovsk Oblast is due to start in November. A partnership to develop sustainable, high quality STD services in Samara Oblast will also commence in the autumn. The project will inform national policy on STD control and will involve the Russian Association Against Sexually Transmitted Diseases (SANAM). SANAM, which represents dermatovenereologists across the Russian Federation, will help to disseminate the results of successful service reforms in Samara.

**Danish International Development Agency (DANIDA), Ministry of Foreign Affairs, Denmark**

More or less half of Denmark’s development assistance is given in the form of bilateral assistance and half in the form of multilateral assistance. Bilateral assistance is currently concentrated on a selected number of countries in Africa, south Asia and central America.

Multilateral assistance is channelled primarily through organizations within the UN system, the World Bank (a trust fund has been established for co-financing high priority activities), the regional development banks (including the Nordic Development Fund), and the European Union. In the light of the new leadership of WHO, Denmark is likely to increase its contributions to WHO. Multilateral assistance also includes humanitarian aid which is channelled through international organizations as well as NGOs (mainly Danish) and Danish embassies.

Reproductive health and rights, as defined at the UN conferences in Cairo and Beijing, are a Danish priority area as regards the work of UN organizations. DANIDA funds reproductive and sexual health programmes through major international NGOs such as the International Planned Parenthood Federation (IPPF), the International Committee on Population (ICOMP), the African Population Advisory Committee, AHRTAG, and several Danish NGOs. DANIDA will consider funding the following types of activity:

• the development and implementation of national reproductive and sexual health policies and strategies;

• efforts that aim to expand the coverage and strengthen the quality and utilization of reproductive and sexual health services as an integrated element of primary health care services;

• efforts that aim to develop methods of reaching women, men and adolescents with reproductive and sexual health services.
Denmark has a special interest in social and economic development in the neighbouring Baltic states as well as those areas of the Russian Federation bordering on the Baltic. Denmark is pushing for a significant increase in EU appropriations for central and eastern Europe.

**IMPLEMENTING AGENCIES**

*Deutsche Gesellschaft fur Technische Zusammenarbeit (GTZ) GmbH, Germany*

The Deutsche Gesellschaft fur Technische Zusammenarbeit (GTZ) functions as an implementing rather than a donor agency for the German Federal Ministry of Economical Cooperation and Development (BMZ), from which it receives most of its funding, in the field of technical cooperation.

The sector project AIDS Control and Prevention in Developing Countries, dating from 1986, is managed by GTZ’s Health, Education, Nutrition, Emergency Aid Division, which is a WHO collaborating centre. The current phase of the project runs from January 1998 to June 2000 and any new activity areas will have to be incorporated into the next planning cycle. The focus of the current project is to coordinate governmental bodies, NGOs and private institutions in order to maximize the impact of HIV/AIDS control efforts. Priority activities include: capacity-building, development of evaluation and monitoring systems, integration of HIV/AIDS issues into broader development programmes using a holistic approach, and the local district response initiative to HIV/AIDS. In the area of HIV/AIDS, GTZ’s collaborating agencies include UNAIDS, WHO, the EU, KIT (Holland) and the University of Heidelberg.

GTZ’s current geographical focus is mainly in Africa, Asia and the Americas. It is also initiating projects in the Caucasian and central Asian republics (CAR). A women’s reproductive health project is starting in Azerbaijan through a twinning arrangement with a German university. The World Bank has provided a loan for the design and printing of health education material. Another reproductive health project is anticipated in two districts of Uzbekistan. Two health care reform projects are running in Kyrgyzstan, one focusing on health insurance schemes, the other on family planning. Finally smaller bilateral activities are running in Tajikistan, Turkmenistan and the Caucasian republics.

In the future GTZ is interested in working with the other countries covered by the TF/STD.

*International Federation of Red Cross and Red Crescent Societies (IFRC)*

The International Federation of Red Cross and Red Crescent Societies (IFRC) is both a funding and an implementing agency. It serves as an umbrella organization for 15 national Red Cross and Red Crescent societies in the NIS and Baltic States.

IFRC member societies in the NIS are undergoing a period of substantial social and economic change similar to that which the region is undergoing as a whole. During the Soviet era, member societies were part of the official government system and are only now learning to become part of civic society. However, because they continue to maintain special legal relationships with governments, member societies can still not be considered as fully fledged NGOs. Nevertheless, in their respective countries, member societies constitute one of the few community-based organizations which are here to stay, have national reach and coverage, and enjoy a good collaborative relationship with the local authorities. They therefore constitute a strong potential partner in community-based efforts and can play the role of nodal agency in the coordination of community-based organizations. The IFRC feels it has an important role to play in assisting member societies to develop and strengthen civic society with a focus on young people, the future community leaders.

The IFRC provides three types of assistance to member societies:

- a policy framework
- technical assistance
- financial and logistical support.
In the area of HIV/AIDS/STD control, member societies held their first joint meeting on HIV/AIDS in Rome on 25 February 1998. The IFRC is supporting STD activities in the areas of advocacy and policy, clinical services and training. In the Russian Federation, the Red Cross society has integrated HIV/AIDS/STD awareness as an integral component of its general health education and promotion activities. More emphasis is being placed on AIDS and STD in the new training manuals that the Society is producing and distributing. More emphasis is being placed on healthy lifestyles in material targeting young people. A new project is under way entitled Youth Peer Education and Psychosocial Support and Care Project on Prevention and Control of HIV/AIDS and other STD. The IFRC is supporting the new role of the Red Cross Society Visiting Nurses Service in psychological and social assistance to the HIV/AIDS patients and their families.

*Médecins sans frontières – Belgium in Azerbaijan*

Among other primary health care projects, Médecins sans frontières – Belgium (MSF/Belgium) is supporting a community-based contraceptive distribution programme in two districts of Azerbaijan. The project is being implemented by government physicians and village midwives. Beginning in March 1998, MSF/Belgium planned to introduce STD services into the programme in one of the two districts on a pilot basis. For the first time, gynaecologists will provide STD services to women while dermatovenerologists will provide services to men. While STD case management will be based on the syndromic approach, MSF also plans to strengthen basic STD laboratory support in the district. Pending approval by the Ministry of Health and other relevant Ministries, MSF will collaborate with UNDP to implement an integrated STD/HIV/AIDS programme in Azerbaijan.

**ACADEMIC AND RESEARCH INSTITUTIONS AND PROFESSIONAL ASSOCIATIONS**

*Statens Serum Institut, Denmark*

The Statens Serum Institut has collaborated on a number of health studies with institutions in the Baltic countries with funding from the Ministry of Health through DANIDA. While these studies have not been linked to the STD field as such, they have served to establish valuable institutional linkages between the Institute and academic and research institutions in the region. The Institute has a number of WHO collaborating centres, including the Neisseria Department which serves as a centre for reference and research in gonococci, and it is responsible for the laboratory surveillance of gonorrhoea and chlamydia in Denmark. The Neisseria Department is an active member of WHO headquarters’ Gonococcal Antimicrobial Surveillance Programme (GASP). It has the capacity and interest to provide technical and collaborative assistance in the establishment of reference laboratories in the region which can conduct bacteriological investigation, training of laboratory technicians and STD surveillance. The Institute has developed a successful model for anonymous HIV surveillance which it is willing to share with other countries in the region.

*National Institute of Public Health, Norway*

The National Institute of Public Health is a member of a network of Nordic institutions collaborating on a programme called Infectious Disease Control in the Barents and Baltic Sea Region which is funded by the Nordic Council of Ministers. The programme offers a series of short courses in infectious disease control and epidemiology to candidates from recipient countries. The following courses will be offered annually: five introductory 2–3-day courses for 30–40 participants, one 2–3-week course for 25 participants, and ten 12-week fellowships at a participating Nordic institution.

*University of Uppsala, Sweden*

The University of Uppsala is undergoing a major restructuring which will reduce the existing number of institutes from 40 to ten. The Institute of Clinical Bacteriology, which will probably be renamed as a result of the reorganization, has been a WHO collaborating centre for STD and their complications for
many years. The Institute has excellent institutional linkages in the Baltic states as a result of past and continuing collaborative projects. It receives funding from multiple sources, including small grants from private companies for work in the Baltic states. To address the gap in STD health education and promotion in this region, the Institute has helped to produce a number of educational brochures on STD in the Latvian, Lithuanian and Russian languages, including booklets on Chlamydia trachomatis targeting patients attending genito-urinary or gynaecology clinics as well as the general population. The Institute has also provided training for laboratory technicians and physicians in Latvia, Lithuania and Poland. Turf battles between STD specialists, gynaecologists and laboratory specialists make it necessary to conduct separate courses for each specialty as well as for lower level health care workers. The Institute collaborated on a study in Latvia and Lithuania which found a 5% prevalence of chlamydial infection among asymptomatic women attending a gynecology clinic and a 16% prevalence among women who had a genital discharge.

**International Union against Sexually Transmitted Infections (IUSTI)**

Professor Andre Meheus spoke on behalf of the International Union against Sexually Transmitted Infections (IUSTI) (formerly known as IUVDT), the only NGO in the field of STD historically linked to WHO. Individual members and member organizations of IUSTI form a scientific body dedicated to the prevention of sexually transmitted diseases. IUSTI is organized into a global group and four regional groups: African, American, south-east Asian and Pacific, and European. The Union organizes interesting international conferences which attract professional and academic people from all over the world. In October 1997 it joined forces with the International Society for STD Research (ISSTDR) to organize a joint STD meeting in Seville, Spain, and on 4–5 September 1998 it is organizing the European Congress on STDs in Gothenburg, Sweden, which will address the STD situation in eastern and central Europe. The meetings are a good forum for the international exchange of ideas in the field of STD. IUSTI could play an important networking role among professional associations and academic groups in the region. It has the capacity to provide support in the following areas: advocacy and policy, development and dissemination of standard STD case management guidelines, training in STD case management (including counselling), validation of treatment protocols, measuring the cost-effectiveness of different health delivery approaches, behavioural research, and training in qualitative and quantitative research methodology.
Annex 2

TECHNICAL STRATEGY

Primary objectives

1. To create an enabling policy environment for the early detection and management of STDs by establishing national policies that:
   - recognize STDs as a priority health problem that has important socioeconomic consequences and deserves financial and political support and commitment;
   - recognize the need for confidential and user-friendly STD services, particularly for young people, women and other vulnerable groups;
   - authorize health care providers at various levels of the system and with different medical specializations to manage STD patients according to standardized national guidelines;
   - validate the role of the private sector in STD service delivery;
   - ensure the availability of adequate supplies of effective drugs to treat STDs and the inclusion of these drugs in the essential drugs list;
   - ensure that the public has ready access to quality condoms;
   - encourage the rational use of scarce resources by health care staff.

2. To strengthen the national capacity to deliver effective STD prevention and care services that:
   - are provided on an outpatient basis limiting hospitalization to patients with serious complications; in particular, cases of primary and secondary syphilis will be managed on an outpatient basis;
   - rationalize the use of diagnostic tests so that testing does not delay treatment or is not conducted at the expense of treatment (drugs);
   - are targeted as a first priority on individuals most likely to be affected by STDs, taking care not to stigmatize them in the process;
   - include confidential, voluntary and non-coercive management of sexual partners, particularly of female partners who are often asymptomatic or otherwise unaware of their exposure;
   - are integrated as a simple package into existing and functional health services and programmes such as women’s consultations, gynaecology outpatient units, family planning and abortion clinics, adolescent and young people’s clinics, and primary health care clinics;
   - include serological screening and treatment of pregnant women for syphilis at antenatal clinics and maternity units;
   - include ocular prophylaxis for the prevention of ophthalmia neonatorum in newborns;
   - are sustainable over the long term through well-thought-out cost recovery or fund-raising schemes.

Secondary objectives (that support the primary ones) include:

3. To develop national STD case management guidelines.

4. To strengthen STD surveillance including data collection, analysis and interpretation.
Annex 3

PRIORITY AREAS FOR POSSIBLE TECHNICAL SUPPORT

Advocacy, policy and legislation
- Workshops for policy-makers, journalists and other influential bodies
- Planning national STD control programme in the context of national health care reform
- Preparation and dissemination of information packages (kits)
- Policy and study tours

STD drugs (availability, affordability and rational use)
- Standard STD case management guidelines
- Essential drug lists
- Drug procurement schemes
- Drug distribution systems
- Cost recovery and cost-sharing schemes

Condoms
- Social marketing
- Procurement schemes
- Distribution systems
- Quality assurance
- Essential drug list

STD educational material
- Educational material for the clinic setting (e.g. pamphlets, posters, videotapes, audiocassettes, flipcharts)
- Educational material for special target audiences (e.g. sex workers, men who have sex with men, and street children)
- Educational material to raise awareness and promote appropriate STD-care-seeking behaviour through schools, youth clubs, factories, women’s groups, unions and professional associations
- Adaptation and translation of existing material

Training
- Programme planning, management, monitoring and evaluation
- Designing interventions and services
- Developing and pre-testing educational messages and material
- Participatory training methods
- STD case management
- Counselling and communication skills
- Laboratory methods for reference level laboratories
- Logistics management (drugs, diagnostics and condoms)
- Qualitative and quantitative research methods
- STD surveillance (data collection, analysis and interpretation)
**Applied Research**

- Pilot or demonstration projects that:
  - test new approaches to delivering STD services to priority groups;
  - serve as models for the integration of STD services into broader reproductive health programmes;
  - test different cost-recovery schemes in health facilities for long term sustainability;

- Qualitative and quantitative studies that:
  - describe the STD health-care-seeking behaviour of target populations and its determinants;
  - assess the validity and cost-effectiveness of national STD case management guidelines in different settings;
  - assess the STD case management practices of providers in the public and private sectors;
  - measure the cost-effectiveness of different health delivery approaches;
  - measure the economic impact of STD and their complications.

**STD surveillance**

- Sentinel STD surveillance
- Sentinel behavioural surveillance
- Syphilis screening in antenatal and maternity wards
- Monitoring congenital syphilis, neonatal conjunctivitis and pelvic inflammatory disease
- STD prevalence in population subgroups
- Monitoring *N. gonorrhoea* antibiotic resistance patterns (GASP Network)
- WHO designated regional STD surveillance centre.
In response to the alarming rise in sexually transmitted diseases (STD) and the associated increase in the potential for a substantial and immediate HIV epidemic, the WHO Regional Office for Europe (WHO/EURO), WHO headquarters and the Joint United Nations Programme on HIV/AIDS (UNAIDS) organized a series of consultative meetings with affected countries and international organizations in the region. These consultations led to the establishment of the Task Force for the Urgent Response to the STD Epidemics in Eastern Europe and Central Asia (TF/STD) which is an interim mechanism to mobilize a well coordinated international response to the rapidly evolving STD crisis in this region and mitigate the potential for an explosive and far-reaching HIV epidemic.

Current STD prevention and care activities in the region are too few and fragmented to curb the STD epidemics effectively. TF/STD was conceived jointly by UNAIDS, its co-sponsors and other partners to provide urgent reinforcement to the STD prevention and care component of the UNAIDS strategy in the region. TF/STD will not operate as a new vertical structure. Rather, it will take every opportunity to integrate STD care and prevention into existing services and programmes and interface with other components of the UNAIDS strategy. In order to achieve maximum impact, TF/STD will remain highly focused on its purpose to improve the accessibility, acceptability and cost-effectiveness of STD prevention and care services in the region.

The objectives of TF/STD are:

- in consultation with host country governments and other stakeholders, to elaborate a harmonized strategy for international assistance that will reduce the burden of STD and their health consequences in the region;
- to mobilize and advocate for national and international resources for STD prevention and care in affected countries;
- to ensure that external technical and financial support to affected countries is both timely and well coordinated in order to avoid duplication, address gaps and maximize impact of the contributions;
- to enhance the local capacity of countries in the region to respond to the STD epidemics;
- to serve as a channel for the international exchange of epidemiological and programmatic information on the STD situation and needs of the region;
- to develop and promote international best practices and policies while ensuring that conditions and issues particular to this region are taken into consideration;

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• to advise UNAIDS, its co-sponsors and other partners on policy and strategies related to STD prevention and care in the region.

Membership in TF/STD is guided by the recognition that no single agency possesses the full range of technical capabilities and resources required to support the region. Therefore, TF/STD draws on the abilities and comparative advantages of a strategic mix of member organizations, country representatives and technical advisers in order to construct a viable assistance partnership. In order to achieve a critical mass of technical, financial, political and institutional resources, membership is open to any international organization that: 1) subscribes to the objectives of TF/STD, and 2) makes a financial, technical or in-kind commitment toward the implementation of the collaborative work plan. The Secretariat of TF/STD is located at WHO/EURO.

This statement was elaborated by the participants of the first meeting of TF/STD, which was held in Copenhagen on 23 and 24 February 1998. The countries and organizations represented are listed in Annex 5. The participants of this founding meeting:

• share the common goal of reducing the STD burden and slowing the spread of HIV in the most affected and vulnerable countries in eastern Europe and central Asia;
• recognize the need for coordination of international assistance through TF/STD at the international level and interagency working groups at the country level;
• agree to a joint strategy which assists countries to create an enabling policy environment, develop national STD case management guidelines, build the national capacity for STD prevention and care, and strengthen STD surveillance;
• concur with the priority areas for possible technical support delineated in Annex 3 consisting of advocacy and policy, STD drugs, condoms, educational material, training, applied research and surveillance;
• are advocates of TF/STD and will call on their own and partner organizations to join in this important new initiative.

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Annex 5

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