
Key messages

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Introduction

In 2000, in resolution WHA53.14, the World Health Assembly requested the Director-General to develop a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections (STIs). In 2003, the World Health Assembly adopted resolution WHA56.30, taking note of the global health-sector strategy for HIV/AIDS. The following year, the 57th World Health Assembly endorsed the reproductive health strategy to accelerate progress towards the attainment of international development goals and targets (WHA57.12). The global strategy for the prevention and control of sexually transmitted infections 2006–2015 was developed as the next step in response to the request in resolution WHA53.14 and to complement the reproductive health strategy.

Starting in September 2002, the strategy was elaborated through a broad and inclusive consultative process (within WHO and externally in all WHO regions) that involved representatives of ministries of health, nongovernmental organizations, other United Nations organizations, and the private health sector as well as other key stakeholders. The final strategy incorporates the recommendations made by all the consultations, by the members of the Gender Advisory Panel of the WHO Department of Reproductive Health and Research, by the members of the WHO Expert Advisory Panel on Sexually Transmitted Infections including those due to Human Immunodeficiency Virus, as well as comments received from several WHO Member States through an electronic discussion that took place between February and March 2006. The strategy corroborates that prevention and control of STIs are core aspects of sexual and reproductive health, as stated in the reproductive health strategy to accelerate progress towards the attainment of international development goals and targets.

STIs (other than HIV) cause considerable mortality and morbidity in both adults and newborns. In addition, STIs facilitate the transmission of HIV infection. The strategy offers four fundamental benefits of investing in STI control, namely: (i) reduction in STI-related morbidity and mortality; (ii) prevention of HIV through a cost-effective intervention; (iii) prevention of long-term sequelae of STIs, such as cancers, especially in women; and (iv) reduction in adverse outcomes of pregnancy (in women infected with STIs). The strategy highlights opportunities for scaling up an effective response to STI prevention and control and proposes feasible evidence-based interventions for implementation at country level.

Why STIs need to be given priority

The burden of STIs

Data on global prevalence of STIs are limited because STI surveillance has been largely neglected and funding for surveillance remains inadequate. The best available estimates indicate that each year some 340 million new cases of syphilis, gonorrhoea, chlamydia and trichomoniasis occur in men and women aged 15–49; overall, STI prevalence rates continue to rise in most countries, including developed countries.

STIs are caused by diverse organisms. They may produce no symptoms at all or produce symptoms that are mild and transient. However, many STIs can have severe long-term consequences. Some (gonorrhoea, chancroid, herpes simplex virus) produce acute symptoms. In adults, chlamydia and gonorrhoea may lead to complications such as infertility and potentially fatal ectopic pregnancy or chronic illness. In unborn and newborn children, chlamydia, gonorrhoea and syphilis can produce serious and often life-threatening conditions, such as congenital syphilis, pneumonia and low birth weight. STIs amplify the risk of HIV transmission, and infection with the human papillomavirus (HPV) is a proven precondition for the development of carcinoma of the cervix, which is the second leading cause of female cancer mortality worldwide.

1 Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets. Geneva, World Health Organization, 2004 (WHO/RHR/04.8).

Global strategy for the prevention and control of sexually transmitted infections 2006–2015

**STI control as a cost-effective health intervention**

The economic burden of HIV is enormous. STI control can help lessen this burden and reduce HIV transmission. The association between HIV and the other STIs makes STI control an especially cost-effective intervention among social networks with high rates of partner change and in countries with high HIV and STI prevalence. Using data from an STI prevention and treatment intervention involving only 500 sex workers resident at any given time in an area of Nairobi, Kenya, a simple model – assuming 80% condom use and an average HIV female-to-male transmission efficiency of 1% per act of unprotected intercourse – estimated that over 10 000 new cases of HIV infection can be prevented annually. The total annual cost of the programme was US$ 77 000 or between US$ 8 and US$ 12 for each case of HIV infection prevented. Research shows that the prevention of pelvic inflammatory disease, congenital syphilis and other complications of STIs ranks high in terms of value for money compared with many other public health measures.

**Why current efforts to contain the spread of STIs are not sufficient**

**Behaviour change is complex**

Despite considerable efforts to identify interventions that can reduce risky sexual behaviour, no simple, inexpensive solutions have emerged. Programmes that have worked well at the national level (such as in Senegal, Thailand, Uganda, and Zambia) have required a well-coordinated multisectoral approach – a process which has been difficult to replicate in other countries. Small successful projects with specific populations at high risk have often proved too expensive to maintain other than in generously funded research environments. The debate about appropriate approaches to behaviour change and especially the priority of divergent components, such as sexual abstinence versus condom promotion, is indicative of the difficulties in overcoming cultural, social, political and religious barriers to comprehensive behavioural change programmes. The best research in the field of behaviour change has demonstrated the need to focus on carefully defined populations, consult extensively with the identified target populations, and involve them in design, implementation and evaluation.

**Barrier methods – available options are inadequate**

The male latex condom is the single, most efficient, available technology to reduce the sexual transmission of HIV and other STIs. Although the female condom is effective and safe, it has not achieved its full potential in national programmes because of its relatively high cost. The male condom, along with the female condom, are a key component of comprehensive prevention strategies, and both should be made readily and consistently available to all those who need them in order to reduce risks of sexual exposure to STIs including HIV. Tests are currently under way to assess the effectiveness of diaphragms to protect the cervix from HIV and other STIs. Together, microbicides and the diaphragm offer the best promise of prevention tools that women can control. Currently, there are a number of new microbicides undergoing field trials. Should any of these new methods of prevention against STIs prove effective, strategies will need to be developed to facilitate their introduction in different geographical and population settings.

**Health-care services for treatment of STIs remain weak**

People seeking treatment for STIs face numerous problems, especially in resource-poor countries. These include stigmatization, inappropriate treatment, and little or no follow-up of sexual partners. Also, in resource-poor settings, the services are often unable to provide screening for asymptomatic infections and lack trained personnel and adequate supplies of appropriate medicines to treat STIs. Marginalized populations with highest rates of STIs – e.g. sex workers, men who have sex with men (MSM), injecting drug users, prison inmates, mobile populations and adolescents – often do not have access to adequate health care services. Where such services exist, care for STIs remains separated from primary health care, family planning and other health services, and support for public-sector services has declined in favour of inadequately regulated expansion of the private sector.

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Opportunities for breaking the chain of STI transmission

Innovative approaches to promote healthy sexual behaviour

Thailand and Uganda used two contrasting approaches to reduce HIV and STI incidence rates. Thailand stressed condom use in commercial sex environments and promoted reducing visits to sex workers, whereas in Uganda the emphasis was on delaying age at first sex and reducing the number of sexual partners. Both countries have demonstrated how epidemic diseases can be dramatically reduced with a strong commitment at the highest political level.

A unified approach

A diverse range of interventions and the successful results from resource-limited settings as different as Thailand and Uganda, and from other countries such as Denmark, Sweden and the United Kingdom, indicate that STIs can be brought under control provided sufficient political will and resources are mobilized to achieve and maintain activities on a critical scale. Collaboration between countries, and partnerships with interested agencies, facilitate the sharing of information and scaling-up of successful lessons. There is increasing acknowledgment that significant successes in STI control could be achieved if a range of strategies are deployed together to offer people more acceptable prevention choices within their religious, social and cultural contexts.

Targeted interventions

There are now many well-known mature projects around the world that focus on providing STI services to sex workers, MSM and injecting drug users. STI services for these and other high-risk population groups need to be scaled up universally, making them a regular component of primary and sexual and reproductive health care.

Innovations in the management of patients with STIs

To the extent possible, interventions and strategies should be evidence-based. By implementing and carefully evaluating innovative interventions, however, new evidence can be gathered to inform policies, programmes and scaling-up plans. It is, therefore, important to apply the “PDAS” concept: plan, do, assess and then (if successful) scale up. Some innovative approaches that can be embarked upon in such a process are the following:

- **Periodic presumptive treatment.** This is a short-term strategy which has been shown to control certain STIs when targeted at specific population groups in appropriate settings.

- **Social marketing of commodities for STI control.** Social marketing of pre-packed medicines or condoms (along with training in their correct and consistent use) for STI treatment and prevention has improved access to STI care in some places.

- **User-friendly services for adolescents.** Experience has shown how to make services more responsive and acceptable to adolescents. Countries should use this knowledge and experience to scale up appropriately adapted interventions to suit each country or setting, and to reach as many adolescents as are in need.

- **Male involvement, male motivation and services for men.** Pilot projects targeting men have been successful; the experience gained should be adapted to local conditions and activities should be scaled up.

Enhanced opportunities for gathering information

Second-generation HIV surveillance – which includes STIs, mapping of high-risk behaviour patterns, and their association with infections and service-availability surveys – provides opportunities to better assess progress with STI control. Systems and sentinel sites established for the surveillance of HIV should be further supported for sentinel surveillance of STIs.
Working with new partners
In the control of STIs, a broader participation of partners from different sectors, disciplines and communities (including from nongovernmental and faith-based organizations) is necessary. Furthermore, linking private and public health-care sectors will expand the availability of quality STI services. However, this broader participation remains a challenge, especially in the area of community participation and involvement of the private health sector. Beyond the health sector, stronger links between the health sector and other government sectors (education, law, tourism, etc.) will be needed to increase awareness of the importance of STI control in society.

How the new global strategy will foster progress
The global response to STIs will be guided by two strategic components:

Technical component: a global STI technical strategy adaptable at the country and regional levels, including ways to package and deliver the key programmatic elements of STI prevention and control in a sustainable manner. The strategy draws on lessons learnt from actions that have proved to be successful that need to be scaled up.

In addition, it identifies shortcomings in such key areas as:

- availability or suitability of health-care services for priority target populations (e.g. adolescents and sex workers);
- diagnosis and treatment of asymptomatic infections;
- the syndromic approach for the management of abnormal vaginal discharge;
- management of STIs in sexual partners;
- attitudes of health-care providers;
- availability and reliability of data for planning purposes.

The strategy also identifies appropriate opportunities for interfacing and integrating with HIV/AIDS and sexual and reproductive health programmes, and for involvement of the private sector.

Advocacy component: a global STI advocacy campaign to raise awareness and mobilize resources worldwide. This campaign will run alongside other initiatives such as campaigns for the elimination of congenital syphilis, the control and eradication of curable genital ulcer diseases, and the control of genital herpes and genital human papillomavirus (HPV) infections.

The most important benefits expected from the new global strategy
Reduction of burden of STIs and of HIV transmission risk
Control of STIs will reduce the global burden of STIs as well as lower the risk of HIV transmission, and treating STIs in HIV-infected individuals makes them less likely to transmit HIV to their sexual partners; it may also help to strengthen their immune system. Adolescents will particularly benefit from STI control measures aimed at preventing HIV infection as they tend to be more susceptible to STIs and HIV.

Reduction of STI complications in women
Vaccines against two major strains of HPV are already available. Their introduction into sexual and reproductive health and immunization programmes and further research to develop new vaccines that could protect against a wider range of oncogenic HPV strains will help prevent the estimated 240 000 premature deaths per year from carcinoma of the cervix.4

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**Reduction of adverse pregnancy outcomes for women and their infants**

Chlamydial and gonococcal infections are widely recognized to cause damage to the Fallopian tubes, leading to pelvic inflammatory disease and infertility. Prevention of cervical infections and provision of improved treatments to women who have such infections will help reduce tubal infertility and maternal deaths resulting from fatal ectopic pregnancy. During pregnancy, STIs contribute to low birth weight or preterm delivery, both of which increase dramatically the risk of infant morbidity and mortality. Universal screening and treatment for syphilis in pregnancy could prevent 492,000 syphilis-related stillbirths and perinatal deaths per year in sub-Saharan Africa alone. A combination of prophylaxis against eye infection and improved detection and treatment of gonorrhoea and chlamydia in pregnancy will reduce infection-related blindness in the newborn and serious postpartum pelvic infections in women.

**Specific actions proposed in the new global strategy**

The following specific activities proposed in the strategy offer feasible and promising prospects of significant STI and HIV reductions at the national level:

- scaling-up of STI diagnosis and effective treatment using syndromic management and/or laboratory testing to more than 90% of primary point-of-care sites;
- expansion of point-of-care testing and treatment of syphilis in pregnancy to over 90% of women attending antenatal care services;
- implementation of enhanced national programmes of second-generation HIV surveillance, which includes STI biomedical and behavioural surveillance;
- implementation of targeted interventions that address populations at higher risk of STIs (including provision of STI services to persons living with HIV); and
- provision of services to improve young people’s knowledge and skills for infection prevention by providing age-appropriate comprehensive sexual health education and services.

To achieve significant impact, the global strategy lays particular emphasis on the following enabling interventions which should be pursued globally, regionally and nationally:

- increase the commitment of national governments, policy-makers, national and international partners for STI prevention and control;
- advocate for resource mobilization and reallocation of resources to be focused on priority programmatic areas where they are likely to have the greatest impact;
- promote policies, laws and initiatives on STI control that support non-stigmatizing, culture- and gender-sensitive STI programmes and services; and
- harness the strengths and capacities of all partners and institutions in order to scale up and sustain interventions for STI prevention and control.

In summary, STIs can be controlled provided sufficient political will and resources are mobilized to implement and sustain the required programmes and research. Thailand and Uganda, among developing countries, and Denmark, Sweden and the United Kingdom, among developed countries, are good examples of what can be achieved. Today, with more partners willing to come forward to tackle this major global public health problem, the climate is ripe for concerted action. In addition, new preventive and therapeutic technologies and decades of experience and knowledge are ready to be utilized to break the chain of transmission of STIs. There are challenges too. Vigorous advocacy campaigns will be needed to root out the stigma that surrounds STIs and HIV because stigma all too often extends beyond the infections and the infected and has serious detrimental effects on the clinical services and public health programmes that attempt to deal with them.

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