



# WORLD HEALTH ORGANIZATION

**EXECUTIVE BOARD**  
**117th Session**  
**Provisional agenda item 4.6**

**EB117/8 Rev.1**  
**23 January 2006**

---

## **Prevention and control of sexually transmitted infections: draft global strategy**

### **Report by the Secretariat**

1. In resolution WHA53.14 the 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. In 2003, the Health Assembly adopted resolution WHA56.30, taking note of the global health-sector strategy for HIV/AIDS,<sup>1</sup> and the next year endorsed the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health.<sup>2</sup> The draft global strategy for the prevention and control of sexually transmitted infections 2006-2015 is the next step in the response to the request in resolution WHA53.14.

2. The draft strategy is being developed through an inclusive and broad consultative process across WHO and in all regions with representatives from health ministries, nongovernmental organizations, partners in the United Nations system, representatives of the private health sector and other key stakeholders. That process started in 2002 with an outline of key elements of a new strategy. In the second half of 2004, the first draft was discussed at regional consultations in each of WHO's regions, followed by a global consultation to consider and compile all the inputs into a working draft. The current draft, which incorporates recommendations from all the consultations and from members of the WHO Gender Advisory Panel and the Expert Advisory Panel on Sexually Transmitted Infections including those due to Human Immunodeficiency Virus, complements the global health-sector strategy for HIV/AIDS. It recognizes that prevention and control of sexually transmitted infections are core aspects of reproductive health, as stated in the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health.

3. Many of the more than 30 bacterial, viral and parasitic pathogens that are transmissible sexually, including HIV, are transmitted predominantly through sexual intercourse. Some are also transmitted through contaminated blood products, tissue transfer and from mother to child during pregnancy, childbirth and breastfeeding. WHO estimates that every year more than 340 million new cases of the common bacterial and protozoal sexually transmitted infections (i.e. syphilis, gonorrhoea, chlamydial

---

<sup>1</sup> A global health-sector strategy for HIV/AIDS 2003-2007: Providing a framework for partnership and action. Executive summary, document WHA56/2003/REC/1, Annex 5.

<sup>2</sup> Resolution WHA57.12, Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets. See document WHA57/2004/REC/1, Annex 2.

genital infections and trichomoniasis) occur throughout the world in men and women aged 15-49 years.<sup>1</sup>

4. Sexually transmitted infections may be present without symptoms or with symptoms that are mild and transient, but they may have severe long-term consequences such as infertility, ectopic pregnancy, chronic illness and premature death. In unborn and newborn children chlamydial infections, gonorrhoea and syphilis can produce serious and often life-threatening conditions including congenital disease, pneumonia and low birth weight. Infection with human papillomavirus increases the probability of developing carcinoma of the cervix, which is the second leading cause of cancer-related mortality in females worldwide, killing some 240 000 women per year.<sup>2</sup> Making a correct diagnosis of a sexually transmitted infection is essential for the provision of appropriate and effective treatment.

5. Three fundamental benefits underpin investment in control of sexually transmitted infections. First, it is a cost-effective intervention to prevent HIV infection. Other sexually transmitted infections enhance the sexual transmission of HIV; genital herpes specifically and genital ulcers in general increase the transmission of HIV 50–300-fold per episode of unprotected sexual intercourse. Secondly, control of sexually transmitted infections helps to prevent serious complications such as tubal infertility, carcinoma of the cervix and maternal death. Thirdly, their control will reduce adverse outcomes of pregnancy, such as stillbirth and perinatal death due to syphilis, and blindness caused by gonococcal and chlamydial infections.

6. Sexually transmitted infections can be brought under control provided that sufficient political will and resources are mobilized to initiate and maintain activities at a critical level. Some examples of success can be found in resource-limited settings as different as Thailand and Uganda, and in other countries such as Denmark, Sweden and the United Kingdom of Great Britain and Northern Ireland. New partners, resources, innovative technologies and enormous experience are now available to fight the HIV/AIDS epidemic. Prevention, including early and effective treatment of sexually transmitted infections, must be the mainstay of responses to HIV infection and AIDS, as stated in the United Nations Declaration of Commitment on HIV/AIDS. Vaccines are another arm of prevention. A safe and effective vaccine against hepatitis B exists and inclusion of its use in national immunization programmes would prevent sexual transmission of hepatitis B virus and reduce the incidence of subsequent liver disease. Candidate preventive vaccines against human papillomavirus infection show great promise, and consideration needs to be given to incorporating successful vaccines into national immunization programmes to ensure protection of adolescents before they become sexually active. Control of sexually transmitted infections must be included as a crucial element in national strategies for HIV prevention and care.

7. Four principal obstacles block control of sexually transmitted infections. First, ignorance and lack of information perpetuate wrong conceptions and associated stigmatization. The latter in turn leads to reluctance of patients to seek appropriate treatment, difficulty in notifying sexual partners, and preference for private-sector treatment, which is often inadequate. This problem is particularly relevant in resource-poor settings and for marginalized populations. Secondly, the asymptomatic nature of most sexually transmitted infections, and the lack of screening programmes or rapid, inexpensive diagnostic tests mean that large numbers of people experience chronic infections and the long-term consequences of untreated infections. Thirdly, at the policy level, stigmatization, prejudice

---

<sup>1</sup> Document WHO/CDS/CDR/EDC/2001.10.

<sup>2</sup> *The world health report, 2004: Changing history*. Geneva, World Health Organization, 2004.

and a lack of appreciation of the disease burden of sexually transmitted infections have resulted in inadequate financing for control measures. Finally, efforts to integrate care for sexually transmitted infections into reproductive health-care services, with involvement of the private sector, have proved to be more complex than expected.

8. The draft global strategy for the prevention and control of sexually transmitted infections provides a framework for planning and implementing an accelerated response through two crucial operational elements:

(a) a technical component, which outlines the core activities for control of sexually transmitted infections, covering aspects such as adolescent health, asymptomatic infection in women and outreach to populations at high risk of infection but with poor access to health services. This part of the strategy will need adaptation in each region or country;

(b) an advocacy component, which envisages a global campaign to raise awareness of sexually transmitted infections and generate political commitment to deal with the problem.

9. Countries would select specific activities proposed in the draft strategy for implementation or expansion on the basis of their feasibility and measurable return on investment. These measures include: extending access to diagnosis and effective treatment of sexually transmitted infections through syndromic management at primary point-of-care sites, with or without laboratory testing; training or re-training health-care personnel in a client-oriented approach; introducing country-specific interventions targeting populations with raised risk of infection; heightening awareness and skills in young people, through education and sexual health counselling, in order to prevent infection; extending testing for and treatment of syphilis in pregnant women at point-of-care sites; enhancing second-generation HIV surveillance, with biomedical and behavioural surveillance of sexually transmitted infections in order to monitor the epidemics of those infections and HIV/AIDS; and undertaking data collection and analysis together with service-delivery surveys to monitor the response and the disease burden.

10. The draft global strategy relies on the existence of an enabling environment, namely the commitment of governments and national and international partners; the provision of adequate resources; delivery of effective programmes that are sensitive to culture, gender and the obstacles posed by stigmatization; and a coordinated response. Within this context some priority interventions, selected on the basis of evidence of impact and feasibility, have been listed for expansion, and time frames and targets have been proposed.

11. The strategy was to have been presented to the Board at its 117th session, but, as some sections require further work, it is proposed that the final draft will be presented to the Board at its 118th session in May 2006.

## **ACTION BY THE EXECUTIVE BOARD**

12. The Board is invited to note the report, to consider the proposal to include the item on the provisional agenda of the 118th session and to give appropriate guidance.

= = =