Elements for Planning and Management of STI prevention and Care

Antonio Gerbase - GFMER
Implementing STI Control

5 elements

- Assess
  The epidemic and the response
- Advocate
  for STD inclusion in the health care agenda
- Strengthen
  STD activities
- Integrate
  STD prevention and care
- Evaluate
  interventions
Assess
The epidemic and the response

- Epidemiological situation: how much, who, with what
- Prevention and care activities
- Health care seeking behaviour
Advocate for STI inclusion in the health care agenda

- Politicians
- Decision makers
- Donors
- Communities
Strengthen STD activities

- programme management
- technical guidelines
- access to STD drugs
- laboratories

- condom availability
- training
- planning
- surveillance
Integrate STD prevention and care

- Primary prevention
  - integrated STD/HIV/AIDS health promotion
  - promotion of health care seeking behaviour
  - antenatal care
  - Condoms

- Case management
  - adaptation of flowcharts
  - syndromic management of symptomatic
  - care in public, private and informal sectors
  - targeting vulnerable populations
  - screening of asymptomatics
Evaluate interventions

- Monitoring and evaluation
- Indicators
Implementing STI Control

“Opportunistic” approach
Reasons underlying the widespread failure to follow recommendations

- Lack of political will
- Lack of resources
- Lack of managerial capacity
- Bureaucratic and administrative obstacles
- Poor health infrastructure
- Lack of appropriately trained staff in the health service
- Lack of effective supervision and management of health services
- Lack of access to drugs for STI treatment
Implementing activities

• Successful implementation of STI prevention and care, like other health issues, heavily depends on the stage of health system's development.

• A step-by-step approach to activities implementation is advisable.
STI activities: possible progressive steps

**Comprehensive**

**Extended**

**Minimum**

- STI case management integrated in PHC
- Basic STI surveillance
- Promotion of early recourse to health services
- Targeted health promotion to STI patients
STI activities: possible progressive steps

- **Comprehensive**
- **Extended**
  - Minimum laboratory in case management, extended coverage, screening for syphilis, STI counselling
  - STI surveillance (prevalence, resistance, aetiologies)
  - Control of congenital syphilis (maybe below)
- **Minimum**
  - STI case management integrated in PHC
  - Basic STI surveillance (case reporting)
  - Promotion of early recourse to health services
  - Targeted health promotion to STI patients
STI activities: possible progressive steps

**Comprehensive**

- Full laboratory in CM, extended coverage, screening for Chlamydia, HIV VCT
- Full surveillance
- Promotion of early recourse to health services to GP
- Primary prevention to GP
  - +
- Minimum laboratory in CM, extended coverage, screening for syphilis, STI counselling
- Improved surveillance (prevalence, resistance, aetiologies)
- Promotion of early recourse to health services to TG
- Control of congenital syphilis
- Target primary prevention
  - +

- STI case management integrated in PHC
- Basic surveillance (case reporting)
- Promotion of early recourse to health services in clinics area
- Targeted health promotion to STI patients
The supposed to ... approach

- Full laboratory in CM, extended coverage, screening for Chlamydia, HIV VCT
- Full surveillance
- Promotion of early recourse to health services to GP
- Primary prevention to GP
- Minimum laboratory in CM, extended coverage, screening for syphilis, STI counselling
- Improved surveillance (prevalence, resistance, aetiologies)
- Promotion of early recourse to health services to TG
- Control of congenital syphilis
- Target primary prevention
- STI case management integrated in PHC
- Basic surveillance (case reporting)
- Promotion of early recourse to health services in clinics area
- Targeted health promotion to STI patients.

Oops! I was supposed to ...