

Training Course in Sexual and Reproductive Health Research 2015 Module: Principles and Practice of Sexually Transmitted Infections Prevention and Care

Elements for Planning and Management of STI prevention and Care

Antonio Gerbase - GFMER





Implementing STI Control 5 elements



STD activities





- 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



- 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



STI activities: possible progressive steps



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

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Thank you





