

SEXUALLY TRANSMITTED  
INFECTIONS (STIs) PREVENTION &  
CARE

## DEFINITION

- Sexually transmitted infections (STIs) are infections caused by bacteria, viruses & parasites transmitted through sexual contact, including vaginal, anal & oral sex. Some STIs are transmitted through skin-to-skin sexual contact or through non-sexual means e.g. from mother to child during pregnancy & childbirth.
- There are more than 30 known bacteria, viruses & parasites that cause STIs.

## RATIONALE - 1/2

- **STIs among adolescents are an important problem:** In Although there is a lack of data on the incidence or prevalence of STIs in adolescents at the global level, where age-disaggregated surveillance systems exist, a substantial proportion of STI incidence occurs in adolescents.
- **Adolescent girls have greater biological susceptibility than adult women to some STIs due to the immaturity of the cervical mucosa & increased cervical ectopy:** Adolescent girls have a greater biological susceptibility. They are also at greater susceptibility because social norms prevent them from being well prepared to have safe sex & to refuse unsafe (or unwanted) sex. Adolescent boys on the other hand susceptible because they are under pressure to have multiple partners because of stereotypical masculinity norms. Among both boys & girls, specific groups are more susceptible because of their sexual practices.

## RATIONALE - 2/2

- **STIs among adolescents have major health consequences:** STIs can have immediate effects such as discomfort and pain. They can also have serious consequences beyond the immediate ones including infertility.
- **Prevention & management services for STIs have been shown to be effective:** Proven approaches to prevent STIs, to accurately diagnose them and to cure some STIs and effectively treat others are available.
- **Design & implementation of prevention strategies & access to & provision of good-quality services need attention:** Effective STI prevention & management services are an urgent need for adolescents including scale-up of STI case management and provision of HPV vaccination.



## HUMAN RIGHTS OBLIGATIONS

- States have obligations to ensure care & treatment of STIs to adolescents, as part of a package of SRH services.
- States are obliged to ensure that STI services are accessible to adolescents, & are free, confidential & nondiscriminatory.
- States are also obliged to remove barriers such as third-party consent requirements.

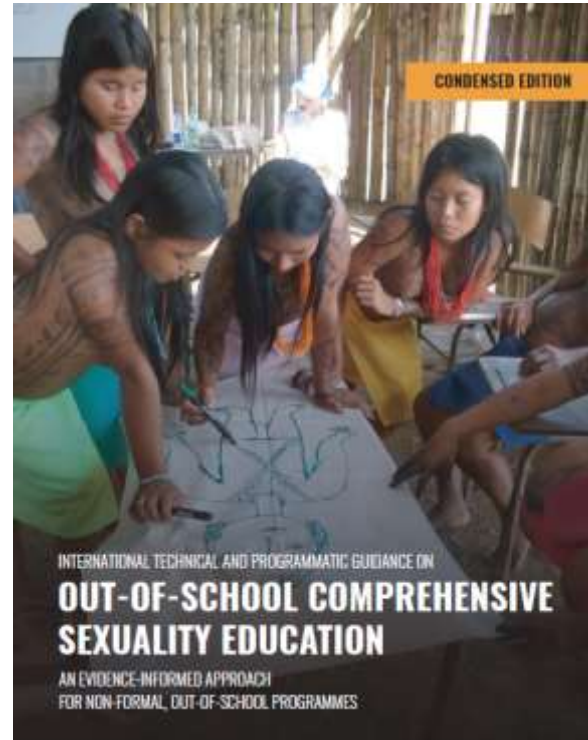
## KEY CONCEPTS TO CONSIDER

- **Adolescents lack knowledge & understanding about STIs & STI prevention & management services:** Adolescents should be informed about STIs when they interact with the health system & through educational outreach. Also HPV vaccination strategies offer opportunity for educational outreach.
- **STI prevention & management services often do not reach adolescents. If they do, they are often not adolescent friendly:** STI prevention strategies need to be tailored to reach & meet the needs of adolescents. Further, efforts are needed to ensure that adolescents know where and how to seek care for STIs, if & when needed. Finally, STI management services must be adolescent friendly.

# Comprehensive Sexuality Education



**REVISED  
INTERNATIONAL  
TECHNICAL  
GUIDANCE ON  
CSE**



**INTERNATIONAL  
TECHNICAL &  
PROGRAMMATIC  
GUIDANCE ON  
OUT-OF-SCHOOL CSE**

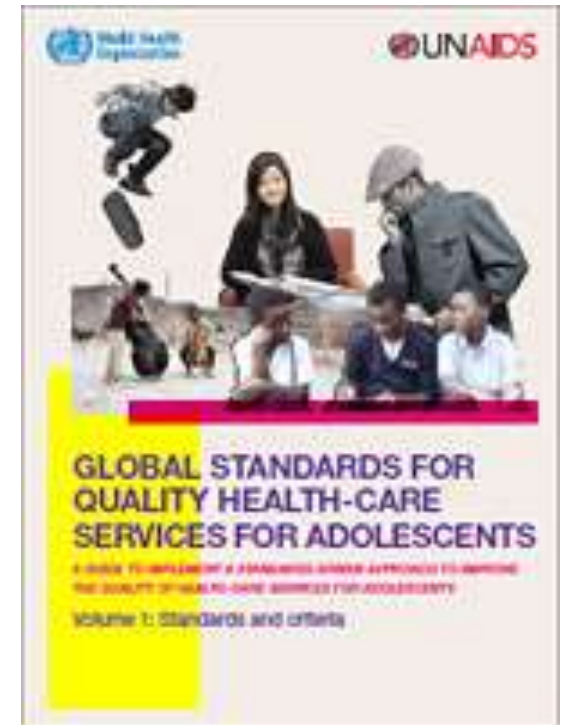
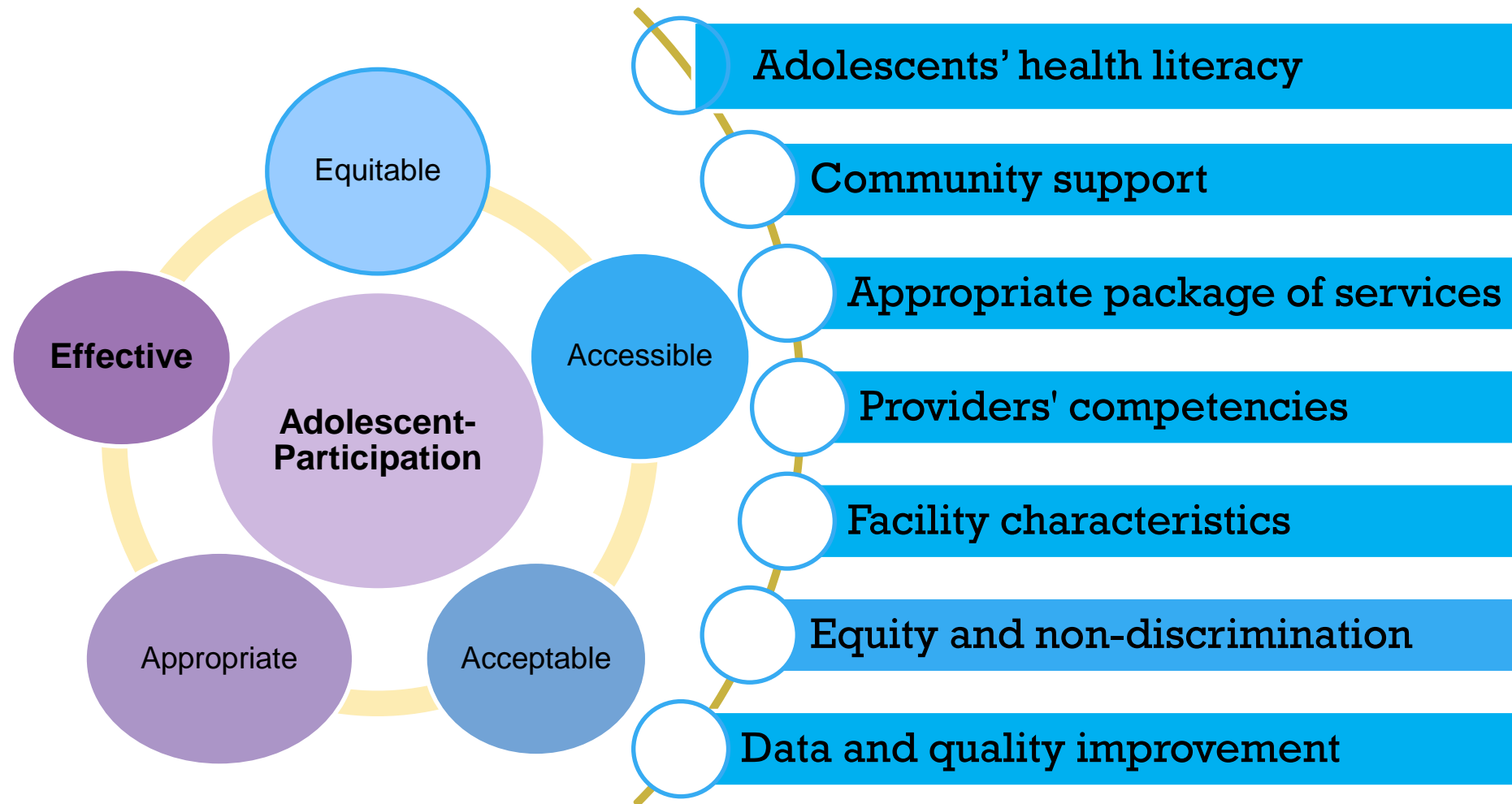
**Children & adolescents  
need & have a right to  
sexuality education.**

**Sexuality education does not  
harm children &  
adolescents.**

**Well designed & well  
delivered sexuality  
education programmes can  
do them good.**



# Quality Health Services





# WHO GUIDELINES 1/2

## Guidelines on case management

- *WHO guidelines for the treatment of *Treponema pallidum* (syphilis) (2016).*
- *WHO guideline on syphilis screening and treatment for pregnant women (2017).*
- *WHO guidelines for the treatment of genital herpes simplex virus (2016).*
- *WHO guidelines for the treatment of *Chlamydia trachomatis* (2016).*
- *WHO guidelines for the treatment of *Neisseria gonorrhoeae* (2016).*
- *Guidelines on hepatitis B and C testing (2016).*
- *Guidelines for the prevention, care and treatment of persons with chronic hepatitis B infection (2015).*
- *Guidelines for the screening, care and treatment of persons with chronic hepatitis C infection: updated version (2016).*
- *Strategies and laboratory methods for strengthening surveillance of sexually transmitted infections (WHO, 2012).*
- *Laboratory diagnosis of sexually transmitted infections, including human immunodeficiency virus (WHO, 2013).*

# WHO GUIDELINES 2/2

## Guidelines on public health policy & strategy development

- *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations: updated version (2016).*
- *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach (2011).*
- *Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and-middle- income countries: recommendations for a public health approach (2012).*
- *Consolidated guideline on sexual and reproductive health and rights of women living with HIV (2017).*
- *Comprehensive cervical cancer control: a guideline to essential practice, 2<sup>nd</sup> edition (2014).*
- *Responding to children and adolescents who have been sexually abused (2017).*
- *Brief sexuality-related communication: recommendations for a public health approach (2015).*

COMPLEMENTARY  
DOCUMENTS TO  
WHO's  
GUIDELINES

- **Global strategy to accelerate the elimination of cervical cancer as a public health problem (WHO, 2020).**
- **Global health sector strategy on sexually transmitted infections 2016-2021 (WHO, 2016).**
- **World Health Organization. Human papillomavirus vaccines: WHO position paper, Weekly Epidemiology Record, May 2017, 92, 241-268.**
- **World Health Organization. Hepatitis B vaccines. WHO position paper. Weekly Epidemiology Record, July 2017, 92, 369-392.**
- **Guide to introducing HPV vaccine into national immunization programmes. Geneva: World Health Organization; 2016 (142).**
- **Scaling-up HPV vaccine introduction. Geneva: World Health Organization; 2016 (143).**
- **Sexually transmitted diseases: treatment guidelines, 2015. Atlanta, GA: Centers for Disease Control and Prevention; 2015 (144).**
- **HPV vaccine lessons learnt project overview. Seattle, WA: PATH; 2015 (145).**



Specific measures  
for delivery of  
services in the  
context of  
COVID-19 – 1/2

- **Inform adolescents where and how to access HIV and other STI testing and care, where access is possible, through mass media and digital media.**
- **In health facilities, ensure the availability of HIV and STI diagnostics and medications are available and that HIV and STI testing and care are provided discreetly and confidentially.**
- **Ensure the availability of condoms and promote their use.**
- **Consider waiving restrictions (if these exist), such as those based on age, marital status or parental/spousal consent, and providing services free of charge.**



## Specific measures for delivery of services in the context of COVID-19 – 2/2

- **Prioritize HIV and other STI testing for adolescents who are at higher risk of infection and those presenting with defined conditions (e.g. screen people with tuberculosis for HIV).**
- **Encourage adolescents presenting for testing and care to refer their sexual partners, and/or offer them the possibility of dispensing treatment to their sexual partners themselves.**
- **Where possible, provide home-based HIV and other STI tests, as well as information about proper self-sampling and where to send samples. Establish clear pathways for further testing.**
- **Where possible, use digital platforms and mobile health strategies (to minimize clinic visits) to provide adolescents with test results, treatment and prevention messaging, while ensuring privacy and confidentiality.**



## Considerations for resumption of normal services in the context of COVID-19

- **Run catch-up campaigns for HIV and other STI testing.**
- **Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.**



# *Clinic confidentiality policy*

I'm very scared! I don't want everyone to know about this problem

It's OK. We will not tell anyone

But I advise you to talk to someone you can trust



## Why STIs are an issue in humanitarian settings

In humanitarian settings, the risk of STI (including HIV) transmission may be high due to increased sexual violence, the presence of workers in high mobility jobs (e.g., truck drivers, peacekeepers), transactional sex, alcohol and drug use, lack of information and access to condoms, and high population density in camps.

Ensuring the availability of syndromic diagnosis and treatment of STIs is incorporated into the Minimum Initial Service Package (MISP) under the objective, “prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs.

- Guaranteeing the availability of free lubricated male condoms and ensuring provision of female condoms when the population was exposed to them before the crisis are also important components of prevention.
- To make treatment available for patients presenting with STI symptoms as part of routine clinical services at the onset of the humanitarian response.

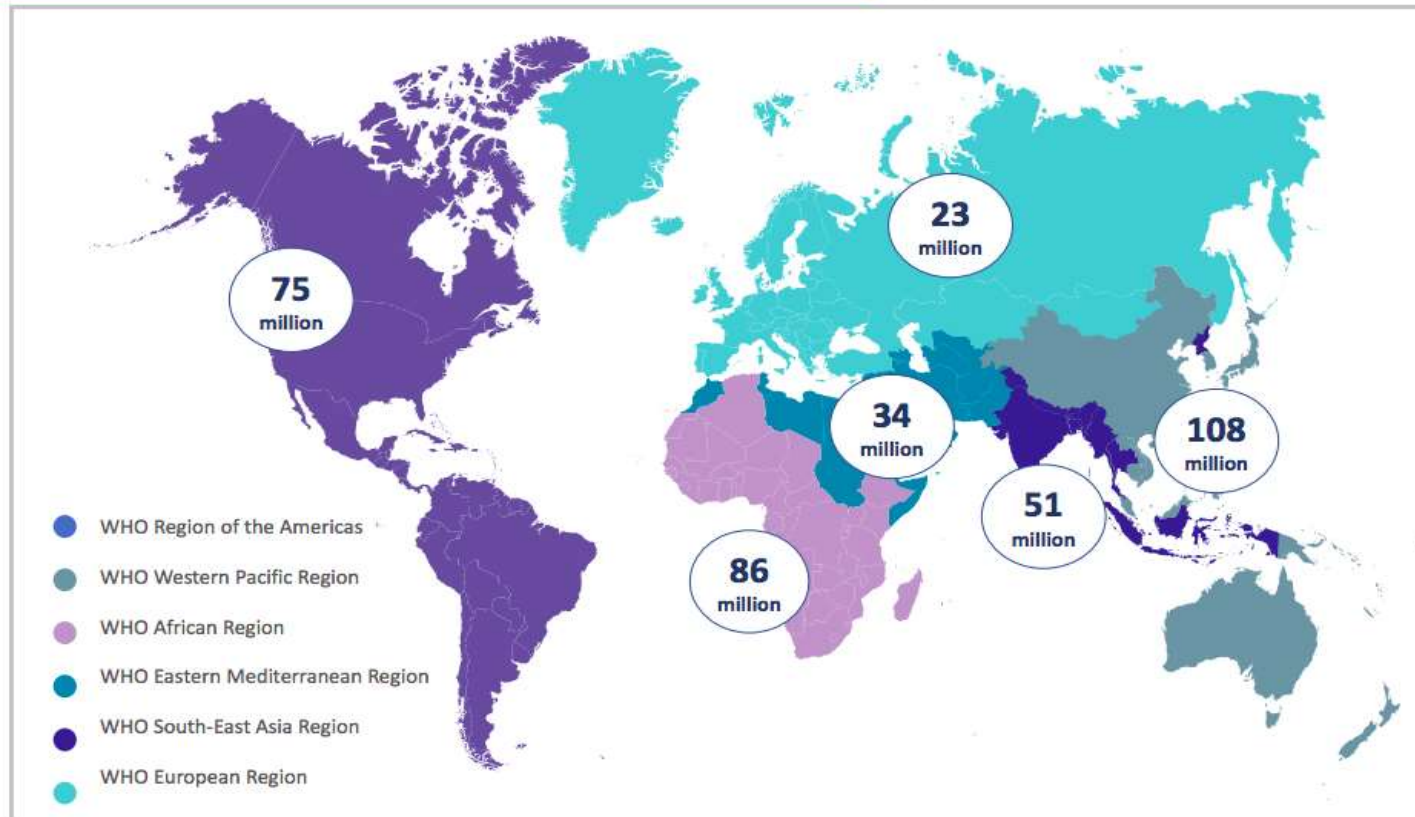
# STI PREVENTION AND CURE

## A Regional Perspective



# Global and regional situation: STI incidence and prevalence <sup>1</sup>

WHO incident case estimates of four curable STIs (Chlamydia, Gonorrhoea, Trichomoniasis, Syphilis) globally and by region, 2016. 34 million new cases were reported in the EMR.



\*Adults ages 15 to 49 years

Source: Rowley J, et al. WHO Bulletin, 2019

Prevalence (%) estimates of four curable STIs for male (M) and female (F) ages 15 to 49 years in the EMR, 2016.

Chlamydia  
M 3%, F 3.8%

N gonorrhoea  
M 0.6%, F 0.7%

Trichomoniasis  
M 0.5%, F 4.7%

Syphilis  
M 0.69%,  
F 0.73%



a call for  
solidarity  
and action



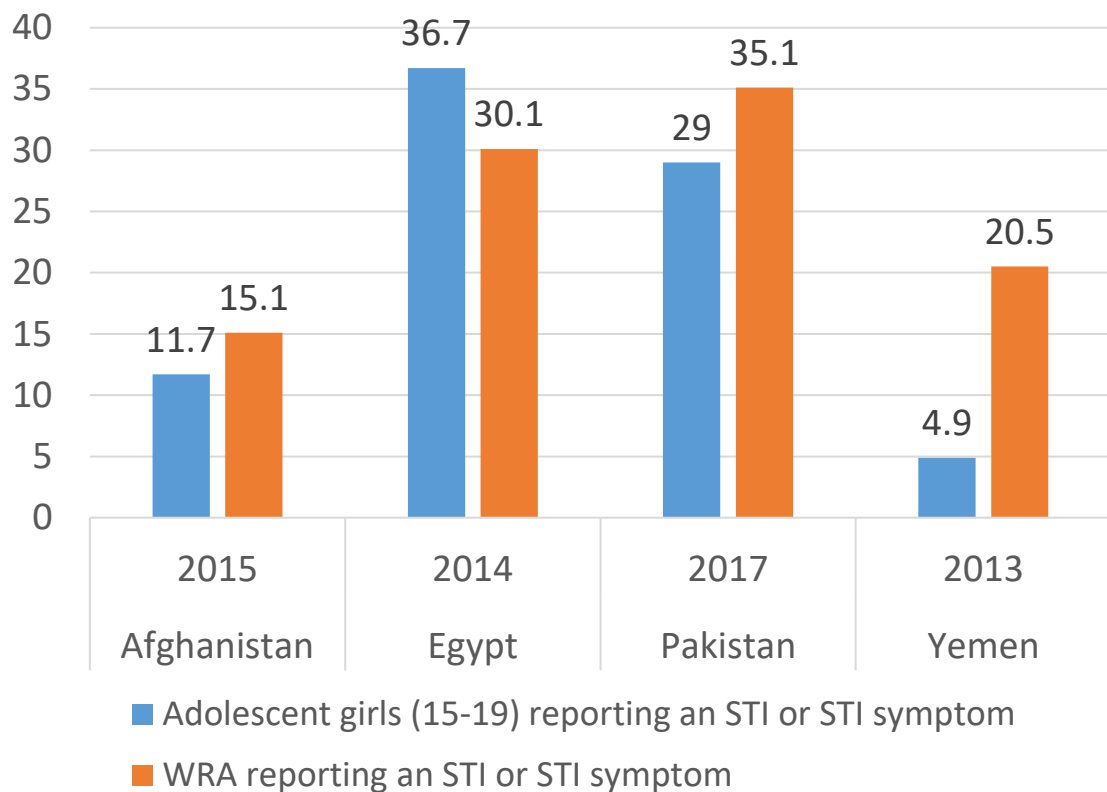
World Health  
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

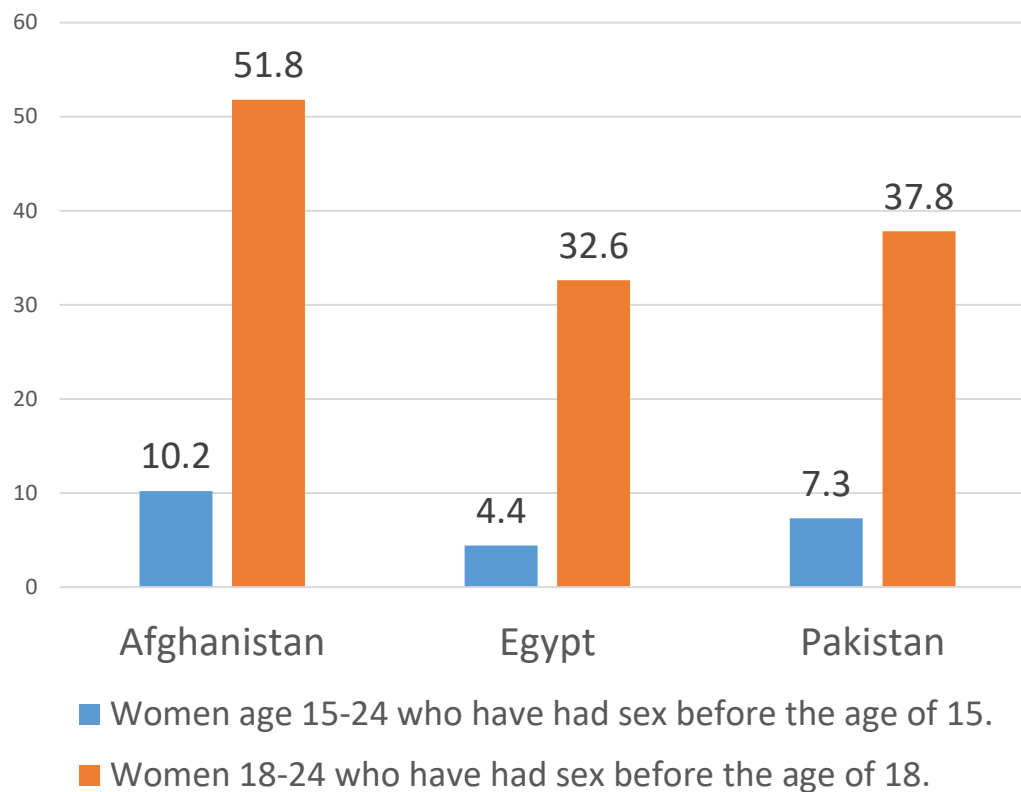
# Sexual debut and STIs in the region

**Serious dearth of population-based data on issues around sexuality among adolescents.**

Self-reported Prevalence of STIs or STI symptoms



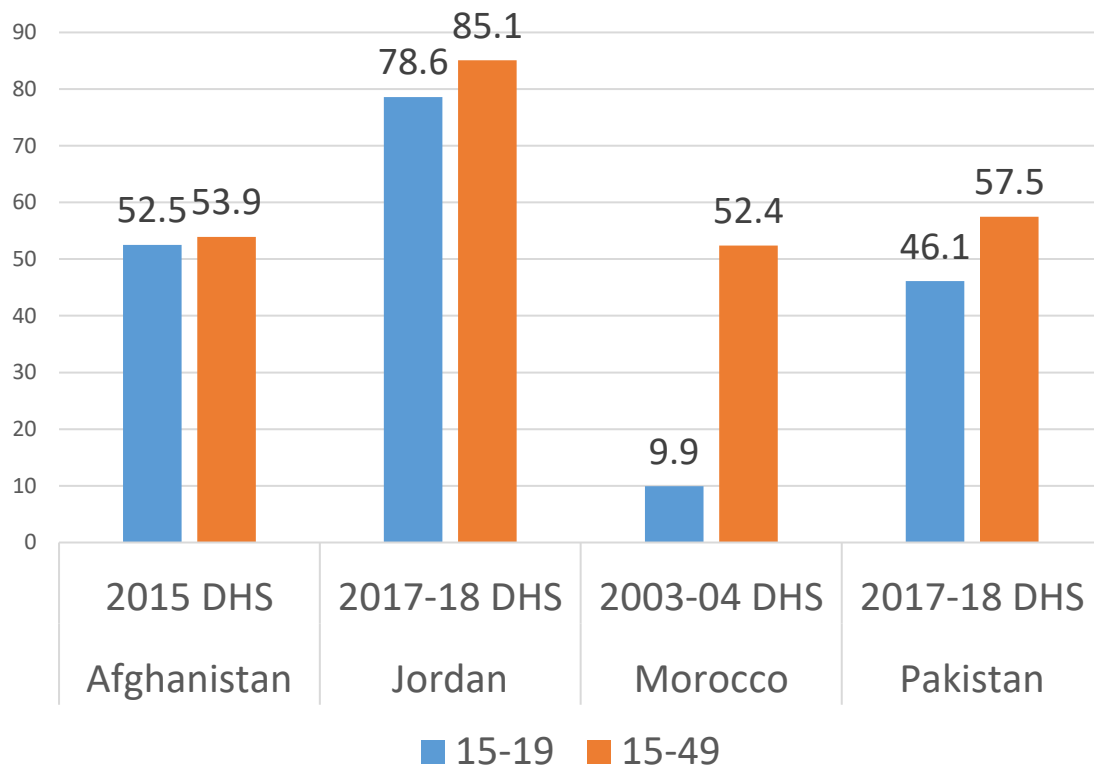
Sexual Debut before age 15 and age 18



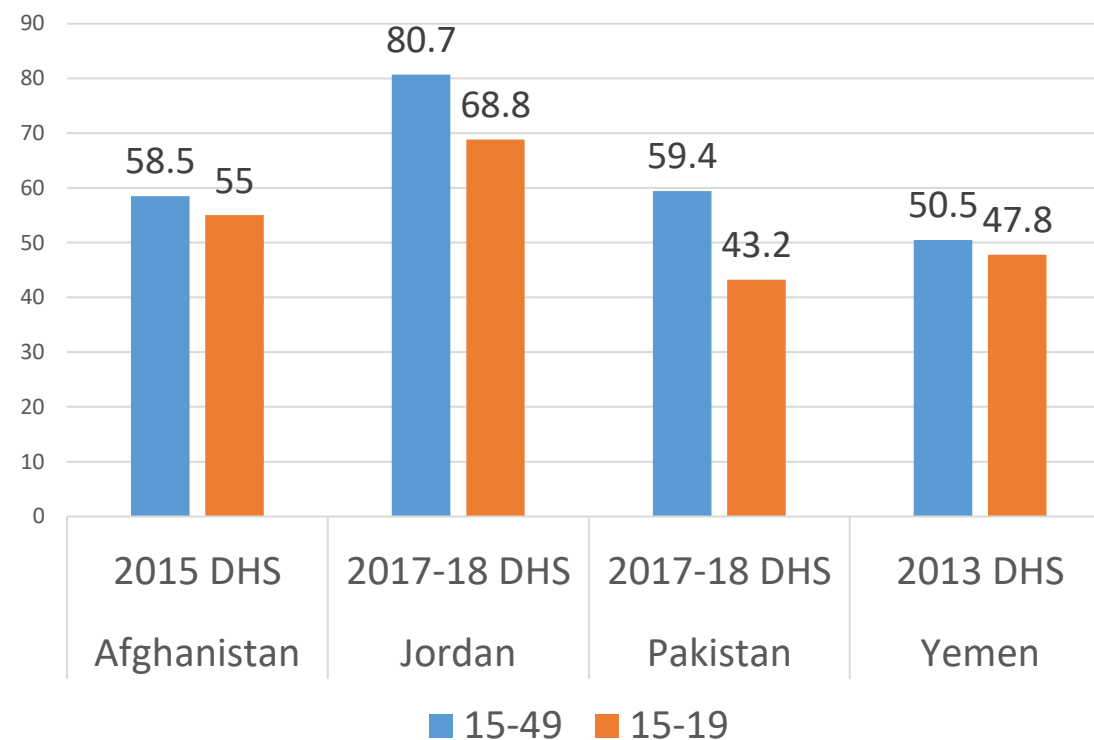
Source: Afghanistan DHS 2015, Egypt DHS 2014, Pakistan DHS 2017, Yemen DHS 2013

# Attitudes towards negotiating safe sex among adolescents

Woman is justified in refusing to have sex with husband if she knows he has sex with other women



Woman is justified to ask that they use a condom if she knows husband has an STI



Source: Afghanistan DHS 2015, Egypt DHS 2014, Pakistan DHS 2017, Yemen DHS 2013



## Regional situation: Awareness, knowledge & misperceptions

- **A survey of people aged 18-25 years in Saudi Arabia in 2008 showed:** <sup>2</sup>
  - 56% of women were completely unaware of their sexual health.
  - Only 60% knew that condoms do not provide 100% protection from all STIs.
- **A study in Iran involving men and women engaged to be married showed:** <sup>3</sup>
  - Only 4.5% people knew that a person with STI does not necessarily look ill.
  - 78% were not aware that painful urination could be a sign of an STI.
  - 51% were not aware that the presence of sores in the genital area is an STI symptom in both men and women.
- **A study in Egypt and the United Arab Emirates (UAE) involving university and college students showed:** <sup>4, 5</sup>
  - Only 20% of the participants knew that if one person is infected, sexual partners need to be tested and treated (Egypt).
  - Almost 70% believed that they are more likely to be infected when they are menstruating, sharing toilets, using swimming pools as well as physical contact such as hand shaking or hugging (UAE).

## Regional situation: Beliefs & attitudes

**Negative beliefs and attitudes towards people with STIs and about the provision of SRH education & services are prevalent in the region.**

- **Pakistan study (2013)<sup>6</sup>**
  - Women with STI tend to be subjected to more blame and judgment compared to men, and this gender-related discrimination was considered normal.
  - More women than men believed that there is no need for sexual education for Muslims, believing that STIs are not an issue among them.
- **Saudi Arabia study (2008)<sup>2</sup>**
  - Although, 90% believed that their partners had the right to know if they had an STI, 55% said they would ask for a divorce if their partner had an STI.
- **Iran study (2013)<sup>3</sup>**
  - 62% believe that education about STIs and unintended pregnancies does not lead to premarital sex.
  - 62% males and only 27% of females believe that all young adults should have access to contraceptives including condoms before marriage.



# Policy situation for STI prevention & care in the EMR <sup>7</sup>

According to the Regional Health Policy Survey 2019;

- **13/16 countries have a national policy/guideline for STI** diagnosis, treatment, and counseling.
- **9/16 countries reported having a national policy/guideline** that aligns with the Global Health Sector Strategy on STIs (2016-2021) or latest WHO guidelines.
- **8/16 countries stated that the national policy on STIs requires** the use of a STI surveillance system to monitor the progress to global STI targets.
- **11/16 countries have a national policy/guideline** that aims to reduce N. gonorrhoea incidence.

# Regional Challenges

- I. **Slow policy adoption:** Discrepancies between policy formulation and its implementation, which may be due lack of resources, infrastructure and finances.
- II. **Lack of knowledge:** Sexual health is not taught in any formal setting in most countries of the Region leading to poor knowledge of sexual and reproductive health among adolescents. For example, the study in Saudi Arabia showed that the major sources of information on STIs among respondents were internet (87%), books (73%), TV/radio (62%), friends (55%), newspapers/ magazines (50%), and family (37%).<sup>3</sup>
- III. **Age restrictions:** Placing the conventional or widely accepted legal age of consent at 18 years and ambiguous policies prevent access to HIV testing among minors who are sexually active and are at risk of HIV infection.<sup>8</sup>
- IV. **Misconceptions** among both educated and uneducated populations. For example, a study examining physicians' knowledge in Saudi Arabia reported that almost half of them identified casual kissing as a mode of HIV transmission.<sup>9</sup>

# Regional Challenges

- V. Socio-cultural factors:** Conservative views and social disapproval of sexual health education significantly influence sexual health awareness and safer sex practices.
- VI. Low perceived risk:** Due to social and cultural factors, STI rates are not commonly reported in many countries, which might contribute to the perception of low risk among many Muslims countries as highlighted in a systematic review looking at the attitudes among Muslim women. <sup>10</sup>
- VII. Service providers' attitude:** Negative and judgmental attitude of the care providers towards people attending STIs services. <sup>11</sup>
- VIII. Cost and infrastructure:** A study in MENA & North Africa documented that reasons for not using condoms included partners' refusal, high condom prices, and low perceived risk of infection. <sup>12</sup> Countries like Afghanistan, Sudan and Yemen and Syria with humanitarian settings have poor infrastructure and significant gaps in provision and access of these services. <sup>13</sup>
- IX. Weak Health Information System:** Low reporting of STIs have bearing on disease burden, for example low reporting on HPV and its relationship with cervical cancer.

# Regional best practice initiative

## Marsa in Lebanon <sup>14</sup>

Marsa is an NGO in Beirut, which established a holistic sexual health center in 2011 with support from WHO, the Medico and Arabic Foundation for Freedom and Equality (AFE), and the National AIDS Program (NAP).

**Aim:** To provide SRH services to adolescents, adult women, and socially and/or economically vulnerable groups with a multidisciplinary team in a safe, welcoming, accessible, and friendly environment that is free of judgment and bias.

### Services:

- Information and education provision
- Voluntary counseling & testing for STIs and HIV
- Cervical cancer screening
- Medical consultation with family doctors and dermatologists, with specialty skills in STI management
- Psychosocial counseling and alternative therapies
- Promotional outreach campaigns (e.g., on how to use condoms)

### Key features of the services:

1. Provision of a comprehensive package of services
2. Assurance of a non-judgmental environment with full autonomy and confidentiality for patients
3. Provision of services by a highly trained and friendly team

# Regional opportunities <sup>15</sup>

These are aligned to the WHO's Global Health Sector Strategy on STIs, and EMR Regional Framework and Action Plan for STI prevention and control, which emphasize the need for an integrated approach to STI prevention and control through securing universal access to sexual and reproductive health-care services and rights.

1. Increase access and coverage to testing and treatment of STIs.
2. Where feasible, promote integration of STI services into other programs e.g., HIV and hepatitis.
3. Adopt the use of the new multiplex technologies for diagnosis e.g., dual testing of HIV and Syphilis.
4. Promote the use of prevention interventions to high-risk groups.
5. Resource mobilization for STI programs.
6. Continued advocacy at policy level.



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