



Training course in sexually transmitted infections, HIV/AIDS 2018

Elements for Planning and Management of STI prevention and Care

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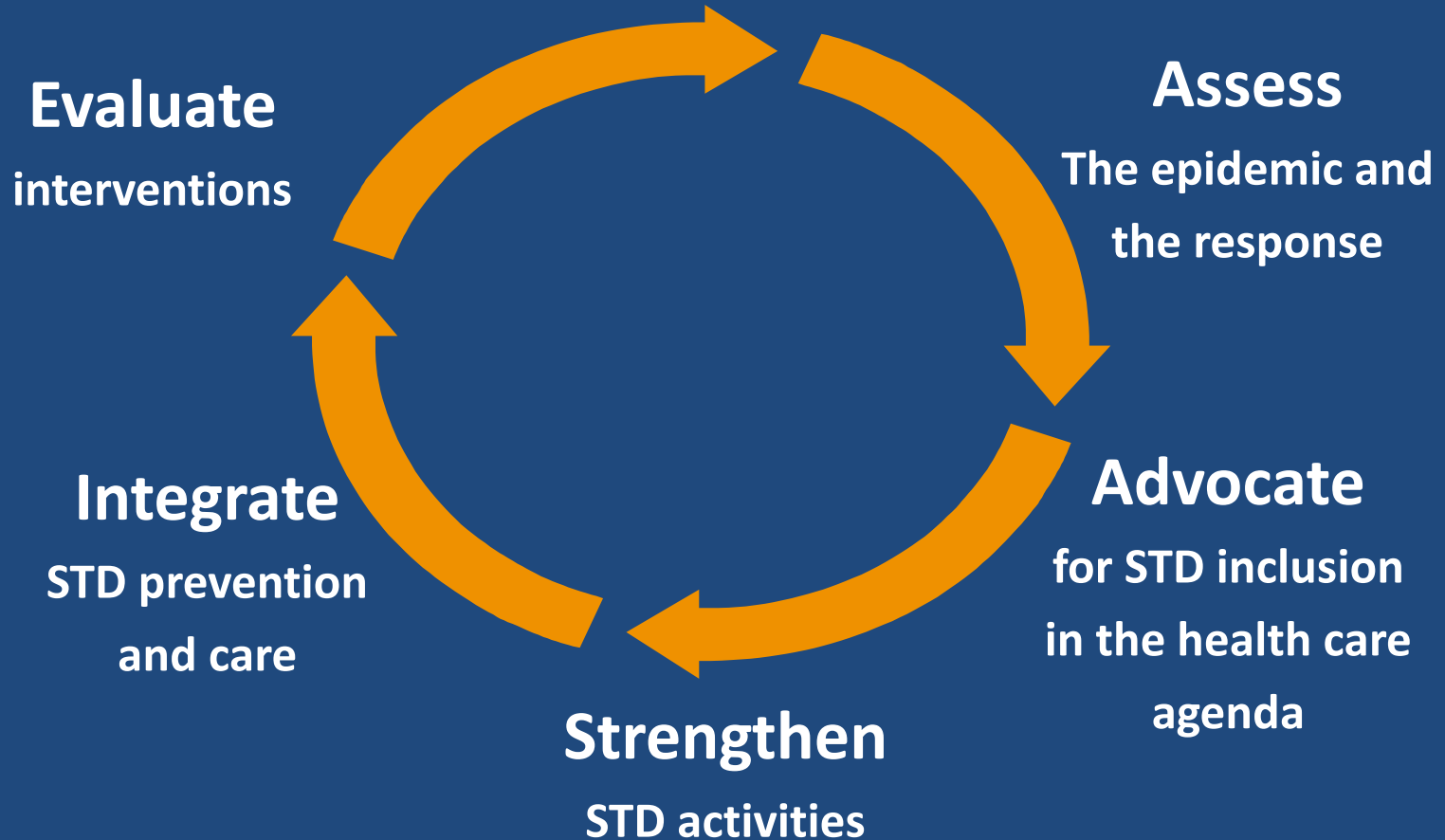


SHR Department of Reproductive Health and Research



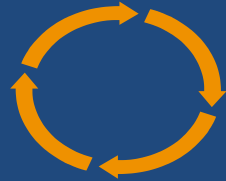
Implementing STI Control

5 elements



Assess

*The epidemic and
the response*



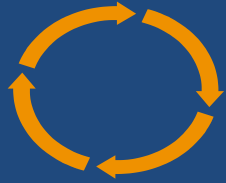
- Epidemiological situation: how much, who, with what
- Prevention and care activities
- Health care seeking behaviour

*Advocate
for STI inclusion
in the health care
agenda*



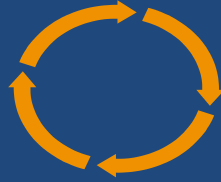
- Politicians
- Decision makers
- Donors
- Communities

*Strengthen
STD activities*



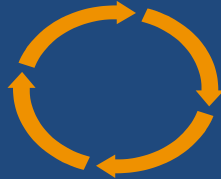
- programme management
- technical guidelines
- access to STD drugs
- laboratories
- condom availability
- training
- planning
- surveillance

*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

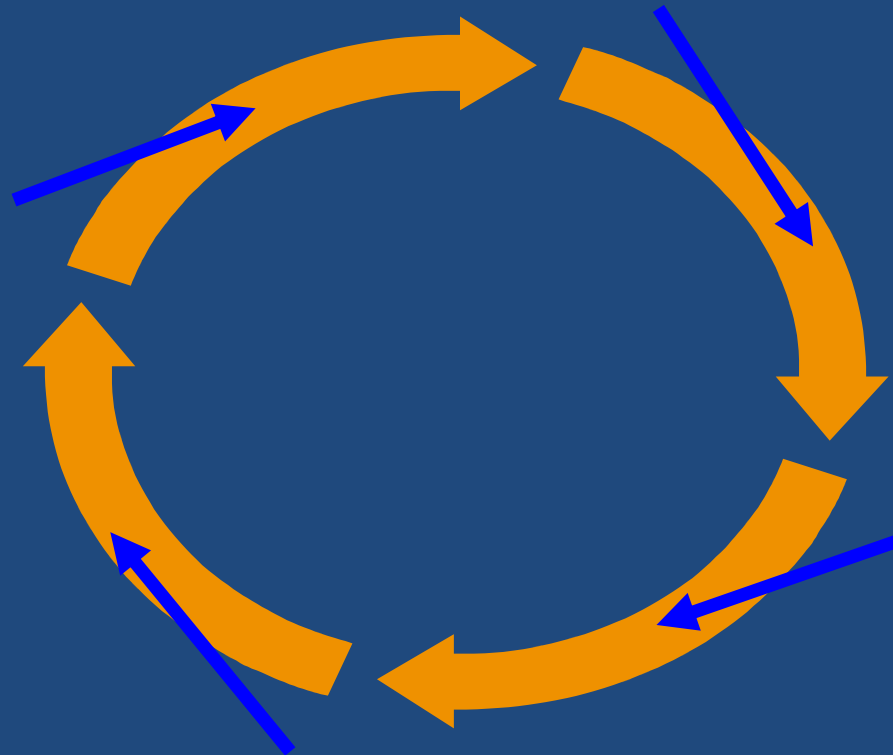
*Evaluate
interventions*



- 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
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Oops! I was supposed to ...

