

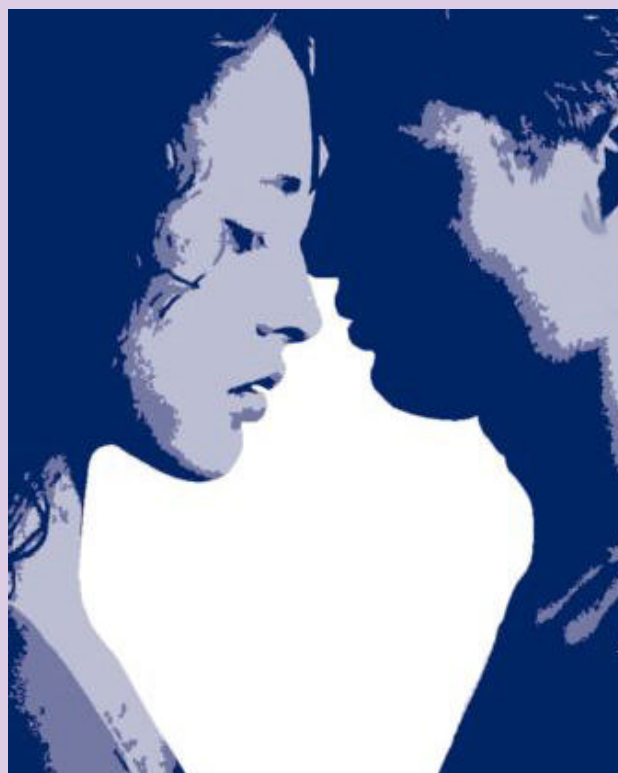


WORLD HEALTH ORGANIZATION

Regional Office for the Western Pacific

STI

HIV



THE ROLE OF PUBLIC POLICY IN PREVENTION AND CONTROL OF SEXUALLY TRANSMITTED INFECTIONS

**A Guide to Laws, Regulations and
Technical Guidelines**

1999

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THE ROLE OF PUBLIC POLICY IN PREVENTION AND CONTROL OF SEXUALLY TRANSMITTED INFECTIONS

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ABBREVIATIONS AND ACRONYMS

AIDS	acquired immune deficiency syndrome
HIV	human immunodeficiency virus
STI	sexually transmitted infection
UNDP	United Nations Development Programme
WHO	World Health Organization

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FOREWORD

This document explores issues related to the role public health policy serves in the prevention and control of sexually transmitted infections (STI). It is intended to help guide STI programme managers and other health professionals in the:

- evaluation of the adequacy of existing public health legislation and programme policies;
- assessment of areas where improvements should be considered; and
- the design of new legislation and/or policy instruments.

The guide is divided into five parts. The introduction provides background information and explains the terminology used throughout the guide. The second section, general considerations, discusses a number of basic principles that should be considered in approaching public health policies. Operational considerations and specific STI policy issues are presented in section three.

A few selected relevant publications are listed in section four.

Examples of a national policy and strategies for STI prevention and control, and an outline of a technical guideline on STI partner referral are given as annexes.

1 INTRODUCTION

Terminology



The vocabulary used in this document needs some explanation. A wide variety of legal and administrative terms are used in different countries to describe public policy instruments. These are sometimes grouped under the general heading of "health law" or "public health legislation and related measures". These terms may include legislation, laws, edicts, orders, decrees, decisions, acts, notices, notes, regulations, policies, recommendations, circulars, resolutions, memoranda, rules and guidelines.

In this guide, the terms "public policy" or "public health policy" are used to refer to government documents that identify:

1. the basic goals of government agencies or programmes;
2. strategic approaches to be used to achieve these goals; or
3. detailed technical methods or procedures to be used by agencies or programmes.

Three terms are used to refer to the hierarchy of instruments used to express public policy: laws; regulations; and technical guidelines (see Table 1). Usually, different levels of government are responsible for establishing and implementing these three levels of public policy instrument.

STI and HIV/AIDS

This guide concentrates on public policy issues related to STI prevention and control, excluding HIV/AIDS. An underlying assumption of the guide is that the extensive advances in HIV/AIDS policy can now serve to stimulate new thinking and facilitate the adoption of improvements in other areas of public health policy, including STI prevention and control.

Table 1: Summary of Terms Used in This Guide

Term	Definition	Established by
Public (health) policy	establishes goals, strategies or procedures for government agency operations	any level of government, consistent with their authority
Laws	legal instruments (e.g. codified, case or “common law”)	generally heads of state or legislatures
Regulations	codified legal or administrative instruments which do not carry the weight of law	generally technical agencies of governments (e.g. Ministry of Health)
Technical guidelines	operational procedures to be used within government agencies or programmes - may be mandatory or voluntary	technical agencies or programmes

2 GENERAL CONSIDERATIONS: BASIC PRINCIPLES OF PUBLIC POLICY

Written public policy



Laws and regulations are contained in written documents which are organized (e.g. codified) according to governmental traditions. Technical programmes, however, often have expectations or working procedures which are not written down but are passed on through informal communication or experience. A certain degree of such informality must be expected in any programme.

For example, laws usually stipulate that young people under a certain age may not receive medical treatment without the knowledge and consent of their parent or legal guardian. However, within an STI programme, there may be an "unwritten policy" that staff will not ask or document the age of young clients so that they are able to provide necessary and confidential treatment to sexually active young persons with STI.

It is critical that STI programme managers clearly distinguish between informal working procedures and formal policies.

Ethical principles in public policy

Public policy instruments need to consider the entire social, cultural, ethical and governmental context in which they are developed and implemented. In public health policy, the goal is always to protect the health of the population in a humane and effective manner, while also respecting the rights of individuals. Adherence to six ethical principles is generally recognized as indispensable to public policy instruments.

Equality This principle affirms that policies cannot arbitrarily be applied to some people and not to others. This does not mean that policies must treat all people equally. However, where some people are treated differently, there must be a clear statement of this difference and a valid justification.

Inequities in treatment are sometimes seen within STI policies and programmes, with disturbing consequences.

For example, some jurisdictions may require that sex workers, or workers in the "hospitality industries" such as bars or hotels, have frequent, mandatory STI examinations. This requirement is usually made due to a high risk of these people acquiring and transmitting STI. Such laws, however, frequently focus on female sex workers and are not applied to male sex workers, who may be at a similar high risk. Similarly, rules that target sex workers from some commercial establishments, but not others, may be judged as unfair unless carefully explained.

**Importance
(or relevance)**

A policy should address issues that are important enough to merit a written policy. A number of administrative issues might not be worth the work of developing and disseminating a formal policy to address them.

For example, clinical directors of a programme may feel it is preferable to use the scientific name of an STI infection, rather than the medical name, in all documentation or correspondence (e.g. *Chlamydia trachomatis*, rather than chlamydiosis, or *Candida albicans*, instead of candidiasis). While such scientific precision might be most accurate, it is probably not important enough to merit the establishment of a policy.

Effectiveness

There must be a good reason to believe that a policy will be effective or useful in addressing a problem. It must have a realistic chance of having a tangible benefit.

For example, many countries have outlawed prostitution. While there may be many reasons for such policies, it is well known that this type of law is extremely difficult to enforce and is not generally thought to be effective in reducing STI transmission.

In another area, policy leaders may believe that young people can be deterred from risky sexual behaviour through the use of educational programmes designed to "frighten" by showing dramatic pictures of the physical effects of advanced disease states. Research has shown, however, that tactics which generate excessive fear are not very effective in preventing risky behaviour.

Balance

This principle refers to the need to have some balance between the good that the policy will bring and the difficulty of implementing it. This means that, in addition to being effective, the additional work resulting from a policy, or the imposition it places on individuals, must be worth the benefits derived.

For example, within STI programmes, programme staff might consider instituting a policy stating that persons infected with an STI (e.g. syphilis) should be treated on an inpatient basis to ensure a full cure and reduce the risk of transmission to others. While this policy would be "effective", most public health experts would consider it unnecessary or "excessive". A syphilis-infected client is no longer infectious after initial doses of appropriate drugs, and there

are less intrusive and less expensive ways to encourage clients to complete their treatment.

Technical feasibility This principle recognizes that public policies must be able to be implemented within the "real world" context, taking into account economic and technical constraints encountered in a particular setting. Policies must also be technologically practical.

For example, an STI programme can establish policies requiring laboratory diagnosis before treatment, or recommending the newest single-dose chemotherapy in STI treatment (e.g., azithromycin for the management of uncomplicated cervicitis, gonorrhoea and chlamydiosis). In many settings, however, these policies are beyond the financial or technical means of implementing agencies (e.g. laboratory support for diagnosis may not be readily available). These policies may appear good, but they are impractical.

Social acceptability Policies, to be useful, must be socially and culturally acceptable to the communities where they will be implemented. A policy that is theoretically sound and that works effectively in some cultural settings may not be acceptable or effective, in others.

For example, an STI programme might establish policies to expand public advertising of condoms or to distribute condoms free of charge in selected outlets (e.g. school or university health clinics). These policies have been implemented in some communities with great success. However, they might be unacceptable and inappropriate for others.

Roles of public policy instruments

Proscriptive role of policies The traditional role for a policy, especially a law, is to penalize people for certain forms of conduct. While such laws are necessary in selected circumstances, they can also serve to obstruct rather than facilitate effective public health policy implementation.

For example, laws that impose criminal sanctions or otherwise forbid the sale of condoms could directly impact on STI prevention activities. Similarly, proscriptive laws or regulations which compel disclosure of an individual's STI status in certain circumstances (such as to identify and track down his/her sexual partners for examination) can discourage some people from using STI services.

Protective role of policies Another role of laws, regulations and technical guidelines is to protect individuals or groups of people.

For example, policies concerning the protection of confidentiality for people infected with STI demonstrate the protective role of policies.

Another example would be those policies that discourage discrimination against such persons (e.g. policies which do not permit special health clinics for sex workers and encourage their integration into traditional service outlets).

While such protective policies are sometimes also associated with rules that impose penalties for non-compliance, they are essentially positive in intent. At the practical level, they may have a positive or a negative impact on STI prevention and control efforts.

Instrumental role of policy

The proscriptive and protective models focus predominantly on the conduct of individuals or agencies. The instrumental model suggests that laws, regulations and guidelines can help to change values and patterns of social interaction in ways that, for example, might reduce the risk of STI.

For example, policies that have an impact on the way in which sexuality is taught to children in schools, or how condoms are advertised, are likely to have a long-term impact on sexual interactions in adulthood. Similarly, policy interventions which permit health personnel other than doctors (e.g., nurses) to dispense drugs for STI control (as recommended by the syndromic approach to STI case management) are likely to contribute to a beneficial reorientation of professional roles in primary health care settings.

Levels of policy intervention

Laws, regulations and technical guidelines can be issued by different "levels" of government agency, such as legislatures, executing agencies or technical programmes. In addition, policies can be designed to impact on different aspects of the problem.

For example, in STI prevention and control, "STI-specific" policy instruments are a key component of STI prevention and control programmes. These refer to policies that impact almost exclusively on issues relating to STI, such as technical guidelines for diagnosis and treatment. Other policies may aim to address broader social, economic, technical or organizational issues, and yet may have an impact on STI programmes. In fact, such "non-STI-specific" policy interventions can sometimes have a major impact on STI programme activities.

For example, most countries have developed centralized programmes for the purchase of pharmaceutical products. Such efforts aim to acquire good quality drugs at reasonable prices, often based on formularies derived from the WHO list of essential drugs. These programmes are generally overseen by a management structure that is quite apart from the STI prevention and control programme. In fact, they may be outside of the Ministry of Health. However, their policies can have significant consequences for the supply of drugs for

STI activities. Other policies, which criminalize prostitution or establish very restrictive rules about discussing sexual matters in schools, although pursuing other social values in the community, can also serve to make it more difficult for STI programmes to achieve their goals.

Choices in making public policy

In general terms, a public policy establishes a goal or objective for a public agency or programme. It frequently also establishes what will, or will not, be done to achieve this goal. Establishing a written policy is an effective way to document who has what rights and what responsibilities. This is useful for both health workers and the public. Such policies can document exactly what health workers are required to do (mandatory policy). Alternatively, it can recommend actions that permit deviation if health workers judge this to be necessary under certain circumstances.

Public policies are merely instruments or tools and should not be seen as ends in themselves. Like all tools, they can be effective in some instances, but ineffective in others. The starting point for considering the establishment or modification of a public policy is identification of the problem. The next step is evaluation to determine whether (and how) a new or revised instrument of public policy would contribute to the resolution of that problem.

Just as there may be good reasons to establish policies, there may be reasons not to make them:

- developing a law, regulation and technical guidelines for the sole purpose of "doing something" or creating the impression that "something is happening" can be counterproductive, especially if that policy cannot realistically be implemented;
- the premature establishment of a written policy can cause problems later on. Changing a policy can frequently be more difficult (and encounter more resistance) than establishing a new one. Changing policies too often can cause staff and the public to lose confidence in their importance; and
- some types of social or organizational problems cannot be remedied by adjusting policies. They are not policy problems.

Within STI programmes, it is especially important to distinguish between issues that can be resolved by policy adjustments and those which cannot. Many STI programmes encounter difficulties in implementing policies that have already been established. These are unlikely to be resolved by new public policy pronouncements (unless existing policies are changed or abandoned).

For example, it may be government policy to use the cost-effective syndromic approach for STI diagnosis and treatment at the primary health care level.

The problem then is to ensure that sufficient staff are trained in the application of this approach. Organizing and financing training can be a problem for many programmes. However, this problem will not be solved by the development of new policies. Or an STI programme may issue technical guidelines requiring staff to use relatively expensive new drugs to deal with new strains of drug-resistant STI. However, these new drugs may be relatively expensive. Finding the funds to pay for these new drugs is a financial problem, not a policy problem.

It is also important for public health officials to realize that many policy issues that impact on STI programmes may be outside their immediate responsibility. In such circumstances, it is the role of health professionals to work closely with other relevant authorities to try to resolve competing governmental objectives in a manner that leads to the promotion of public health.

3 OPERATIONAL CONSIDERATIONS

Introduction



Health authorities and legislators must confront a number of questions about what governments can do to ensure that effective, economical and socially acceptable STI services are accessible to the public:

For example:

- should public health authorities screen selected populations for STI?
- should STI be reportable diseases? If yes, which diseases?
- how should sex education programmes in schools or public information programmes be organized and implemented?
- does the safety and efficacy of drugs used in the treatment of STI need to be monitored? Do such systems exist, or do they need to be established?

Clearly, there is no simple answer to fundamental questions about which STI policies should or should not be pursued in a given country or jurisdiction. However, if and when authorities decide to implement a policy concerning STI (e.g., "high risk persons should be registered and screened periodically"), they will invariably face a number of operational questions that must be resolved to make the policy effective.

Below are examples of some of these operational questions that health authorities may face, and which must be addressed, if it is decided to pursue a public health policy instrument in an STI programme. In the sections below, examples are given of some generic policy issues that are commonly discussed in the areas of STI prevention, notification, treatment and on special legal issues. These sections focus on operational questions that primarily are the jurisdiction of health authorities. However, the final section considers the issue of condom promotion. This requires cross-cutting inter-ministerial policy and brings up operational questions which may emerge in attempting to pursue a more general policy such as promoting condom use.

STI prevention

Registration of establishments or persons perceived to be important in preventing STI

Some governments have established policies that require the registration of establishments or individuals who are engaged in commercial sex. These policies generally require that some groups of workers undergo periodic medical examinations (screening) and be treated for STI. The implementation of such policies usually needs close collaboration between public health workers and the police.

Operational Questions

Registration

Who or what should be registered (individuals or institutions)?

- u** brothels?
- u** bars or entertainment centres frequented by sex workers?
- u** sex workers (female only/ male only/ both)?
- u** persons in the hospitality industries?
- u** others?

Where should registers be kept?

What should be the rules and provisions for confidentiality of registers?

What should be the responsibilities of registered individuals or institutions?

How often should people be screened?

What institutions should perform screening and/or treatment?

How should compliance to registration policies be monitored and enforced?

Screening of persons perceived to be at risk of STI Ministries of Health policies sometimes require STI medical examinations for persons who are perceived to be at risk of STI (apart from sex workers; see above). Screening for STI may be voluntary or mandatory. Such policies usually include special provisions for encouraging or directly providing treatment to individuals with an STI.

Operational Questions

Screening for STI

Should some groups of people be screened for STI? If so, whom? And how will they be identified?

- sex workers?
- migrant or seasonal workers?
- immigrants?
- pregnant women?
- victims of sex crimes (rape, incest)?
- applicants for marriage licenses?
- nationals returning from abroad?
- university students?
- men who have sex with men?
- drug users?
- criminals in prison, or those going to prison?
- employees in specialized industries (food handlers, seafarers)?
- military recruits or serving members?
- sexual contacts of persons diagnosed with an STI?
- sexually abused youth?

Should screening be voluntary or compulsory?

What should be done with the results of STI screening?

- Should results be reported to other authorities?
- Should persons with an STI be referred for further diagnostic and/or therapeutic care?

Strengthening of family life education programmes Health services often work together with Ministries of Education and school systems on school health programmes. STI programmes sometimes participate in designing instruction materials on the prevention of STI within the context of other topics in family life, or sex, education.

Operational Questions

Family Life Education

What should be the content of curricula (e.g., age at which different topics should be addressed)?

What specific topics can and cannot be presented to young people (e.g., abortion, demonstrating condom use)?

Do health staff need special training in working with children and/or adolescents?

Public education and programme promotion STI programmes sometimes establish policies and programmes to help educate the public at large on STI and/or the health services available in the community (e.g., voluntary screening or care).

Operational Questions

Public Education

What is acceptable to display or discuss in public?

What values should such public education display or promote?

What age and/or population groups should be targeted?

Who should approve the content of public education programmes?

Compulsory reporting of STI

Some jurisdictions require health professionals to submit information to government health authorities when they have diagnosed an STI. This information may be used for epidemiological purposes. Or if such reporting names the infected person, it may be used for notifying his or her sexual contacts, so that they may also be treated.

Operational Questions

Reporting of STI Cases

Which STI should be reportable?

Who should be notified and through what channels?

What documentation and information should be provided in the notification?

What level of diagnostic precision should be required in STI diagnosis?

What should be done with notifications?

- u statistical analysis (for anonymous reports)?
- u contact tracing (for named reports)?

What level of confidentiality should be provided in the notification?

- u is it anonymous?
- u are sexual contacts identified by name and later contacted?
- u are parents of minor subjects contacted and informed?
- u are there any circumstances in which confidentiality may be declined (e.g., STI-infected child molesters or rapists)?

STI treatment and control

STI drug regulations The drugs used by government programmes to treat STI are usually purchased through national or international markets. These programmes may limit the number of drugs purchased for cost-effectiveness reasons. Requirements for competitive bidding, safety and quality assurance mechanisms may also be enforced. The responsibility for purchasing and monitoring the quality of purchased drugs may or may not reside within the Ministry of Health.

Operational Questions

Drugs for STI Treatment

Which drugs do STI programmes need for treatment?

How are the quality and safety of STI drugs assured and monitored?

- u what standards are identified in purchase contracts?
- u what provisions are made for post-purchase monitoring?

Are costs of STI drugs borne by the government, or are there patient cost-sharing or other insurance schemes?

Expanded roles for health professionals in STI care Government agencies usually license or otherwise define the activities which health professionals may perform. In some areas, health workers other than doctors (e.g., nurses) are permitted to diagnose and treat STI.

Operational Questions

Role of Health Professionals in STI Treatment

Which categories of health professional should be permitted to diagnose and treat STI?

What specific new delegations of authority may be permitted?

Is additional staff training required?

Should health workers who are permitted to perform additional functions require additional licenses or certification?

What level of additional supervision may be required for staff?

Cost-effective public health approaches to STI treatment STI treatment and control programmes usually have established guidelines defining procedures which should be followed in diagnosing and treating STI. A number of countries have introduced the cost-effective syndromic case management approach advocated by WHO.

Operational Questions

Cost-effective Public Health Approaches to STI Treatment

What precise features and components of the syndromic case management approach will be adopted by the national or local STI control programme?

How will training of health professionals be assured?

Will the use of the syndromic case management approach be obligatory in all circumstances, or will clinical staff be permitted flexibility in special cases?

Special legal issues

Young people and STI Sexual activity among young people is a controversial issue. Health programmes often have to establish special policies that permit effective care while respecting the legal, social and religious norms of the community.

Operational Questions

Youth and STI Services

At what age can young people seek and receive confidential STI services?

To which services can youth give their consent?

What are the services to which young people themselves cannot consent?

In which situations will the parents of young people be notified?

Which government agencies have jurisdiction in this area or should be consulted before policies are instituted?

Criminal sanctions Governments frequently define legal punishments for a person with an STI who recklessly or knowingly engages in sexual practices which may transmit the infection(s) to another person.

Operational Questions

Sanctions

Should there be legal sanctions for persons who knowingly expose others to STI?

Must there be proof that an STI was transmitted? Is it sufficient to demonstrate that another person was put at high risk of exposure?

Are health personnel required to report such behaviour to the police or other authorities?

Example of a government-wide policy issue: condom promotion

Government agencies may decide to pursue a policy to promote condoms for STI prevention. A policy like this may confront a large number of operational questions and associated policy issues. These policy and operational questions can reach far beyond the direct responsibility of the Ministry of Health. Health authorities may need to work with other colleagues elsewhere in government in planning and implementing this policy.

Operational Questions

Condom Promotion

What is the principle target audience to be used in promoting condoms?

- general adult public?
- young people?
- the police and military?
- sex workers?
- the clients of sex workers?
- mobile populations (e.g., seafarers)?
- STI clinic patients?

What is the principle strategy to be used for condom promotion?

- what is culturally acceptable to display and discuss in public?
- (Ministry of Education) what is acceptable/permissible educational content in schools at different ages?
- do certain institutions (e.g., schools, universities, penal institutions, military units) have policies that limit information about, and availability of, condoms?

How will condoms be promoted in MOH institutions?

- who will receive training in condom promotion?
- will condoms be sold, price subsidized or distributed free?

Is condom supply, availability and quality sufficient?

- (Ministry of Finance) do import duties and tariffs serve to limit low cost supplies?
- (Ministry of Commerce) is condom distribution restricted to certain types of institutions or controlled as a pharmaceutical product?
- (Ministry of Commerce) how is the quality of imported or nationally produced condom supplies monitored and regulated?
- (Ministry of Labour) is condom promotion permissible in the work place?
- (Ministry of Industry) are condom producing industries being promoted or are they handicapped by excessive laws and taxes?

4 SELECTED RELEVANT PUBLICATIONS

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ANNEXES

1 **Examples of National Policy and Priority Strategies for Prevention and Control of Sexually Transmitted Infections** **23**

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Annex 1

EXAMPLE OF NATIONAL POLICY AND PRIORITY STRATEGIES FOR PREVENTION AND CONTROL OF SEXUALLY TRANSMITTED INFECTIONS

Introduction

The Government has established that STI (including HIV/AIDS) are health problems of priority national concern. It has recognized, in associated documents and statements, that the prevention and control of HIV/AIDS is intimately connected to those for other sexually transmitted infections (STI) because:

- the predominant mode of transmission of both HIV and STI in this country is through _____;
- persons infected with STI are at higher risk of becoming infected with HIV;
- persons dually infected with both HIV and STI are at higher risk of transmitting HIV to another person, as well as progressing more rapidly to AIDS;
- many of the same intervention measures are used to prevent HIV and STI transmission;
- STI clinical services provide an important point of access to persons at high risk of acquiring HIV infections; and
- trends in STI incidence and prevalence are a useful indicator of high-risk sexual behaviour associated with HIV transmission.

The appearance of HIV/AIDS, with its fatal complications, and recognition of the critical relationship between HIV/AIDS and STI, has led to a need for careful evaluation of national policies and strategies guiding STI prevention and control. Such policies and strategies must also confront STI-related issues which prevail in this country. These include that:

- the incidence and prevalence of HIV/AIDS and STI represent a major disease burden on the national population, especially among the young;
- the multisectoral approach to STI has been weak. Too many people believe that STI are primarily a medical issue for the Ministry of Health. Collaboration with private sector institutions has been underdeveloped and coordination with important partners in the international community and with nongovernmental organizations can still be improved;

- health care workers in this country have not been well trained to recognize and address many of the practical and public health realities of STI prevailing in the country. Most training to date has been directed towards diagnosing and treating STI. There has been a lack of emphasis on:
 1. patient counselling and prevention;
 2. alternative treatment protocols where diagnostic capabilities may be deficient;
 3. the multisectoral aspects of the prevention and control of STI; and
 4. areas of patient confidentiality and stigmatization;
- although it has long been recognized that female sex workers are at high risk of acquiring and transmitting STI, regular condom use in the commercial sex industry has remained very low and there have been relatively few efforts to address STI through interventions with high-risk men;
- pharmaceutical products essential in the treatment of STI have been in short supply in many public service units, especially at the primary health care level; and
- health information systems and routine reporting on STI has not yet met the needs of health planners and programme administrators, and the national capacity for conducting special studies on STI (e.g. for surveillance and monitoring trends) has been especially weak.

This document has been designed to clarify a number of policies and, equally important, principal strategies which are necessary to address the national problem with STI. It is also designed to ensure that the national approach to STI serves as an effective and complementary component of national programmes against HIV/AIDS.

Signatory

NATIONAL STI PREVENTION AND CONTROL POLICIES

The Ministry of Health of the (name of country) hereby declares that:

- 1. STI Response Structure:** *The Ministry of Health recognizes that sexually transmitted infections (STI) are a major health problem affecting the population and a multisectoral response for their prevention and control will be supported by government policies and infrastructure.*
- 2. STI Resources:** *The Ministry of Health assumes a primary responsibility for supporting the national STI prevention and control activities and shall encourage support and collaboration from a broad spectrum of society and from the international community.*
- 3. Health Education and Human Resource Development:** *The Ministry of Health, in collaboration with other national and international institutions, shall work to promote a good understanding of STI among the general public and among high-risk groups, as well as to ensure that there is adequate technical and professional training for personnel involved in STI prevention and control activities.*
- 4. STI Prevention and Care Services:** *The Ministry of Health shall seek to ensure that timely, effective, efficient, affordable, culturally relevant and ethically sound STI prevention and control services are accessible to all citizens.*
- 5. STI Monitoring and Research:** *The Ministry of Health shall take necessary measures to ensure that it is well informed on the status of STI and STI trends in the country, as well as the effectiveness of prevention and control activities.*

NATIONAL SEXUALLY TRANSMITTED INFECTION PREVENTION AND CONTROL STRATEGIES 1999 - 2002

To implement national STI prevention and control policies, the Ministry of Health of (name of country) has identified, shall pursue and will promote the following principal strategies until the year 2003.

POLICY 1

STI Response Structure

The Ministry of Health recognizes that STI are a major health problem affecting the general population and a multisectoral response for their prevention and control will be supported by its policies and infrastructure.

Principal Strategies

1. STI will share priority with HIV/AIDS as a health problem that will receive strong political and institutional support.
2. The prevention and control of STI must be multisectoral, involving the cooperation and collaboration of Government institutions, international organizations, nongovernmental organizations, bilateral agencies, religious institutions, the private sector and communities.
3. Competent technical and medical personnel within the Ministry of Health will support STI prevention and control policies and strategies. The National Centre for HIV/AIDS will have the principal role of providing technical, medical and scientific guidance to STI prevention and control activities.

POLICY 2

STI Resources

The Ministry of Health assumes primary responsibility for supporting National STI prevention and control activities and shall encourage support and collaboration from a broad spectrum of society and from the international community.

Principal Strategies

1. The Government will provide financial support for STI prevention and control programmes at a level reflecting their priority as a health problem.
2. Other sectors of society, especially the private sector and those at the provincial and municipal levels, will be encouraged to contribute to, or collaborate with, the implementation of national STI policies and strategies.
3. Funding and support for STI prevention and control activities will be sought from international organizations, bilateral agencies, nongovernmental organizations and other public and private sector institutions.

POLICY 3

Health Education and Human Resource Development

The Ministry of Health, in collaboration with other national and international institutions, shall work to promote a good understanding of STI among the general public and among high-risk groups, as well as to ensure that there is adequate technical and professional training for personnel involved in STI prevention and control activities.

Principal Strategies

1. Culturally relevant educational materials will be developed and disseminated, especially through public and private mass media outlets. These will aim to:
 - promote a sound understanding of safer sexual behaviour and discourage risky behaviour;
 - encourage appropriate health-care-seeking behaviour; and
 - advance a proper understanding of the relationship between HIV/AIDS and STI. Special approaches directed at youth and high-risk persons will be a priority.
2. Educational materials aimed at advancing understanding of sexual health, including STI, will be developed for school curricula
3. Training and continuing education programmes of the Faculty of Medicine and the Nursing Schools will be strengthened to ensure that physicians, nurses and midwives are competent in the preventive and public health dimensions of STI and in practical treatment norms used in primary health care institutions.
4. Professional, managerial and technical staff working in the area of STI prevention and care will receive sufficient training to enable them to properly discharge their duties.
5. Educational materials and programmes will be developed to instruct distributors of pharmaceutical products on the appropriate drugs to use for the care of STI, based on the syndromic approach.

POLICY 4**STI Prevention and Care Services**

The Ministry of Health shall seek to ensure that timely, effective, efficient, accessible, culturally relevant and ethically sound STI prevention and control services are accessible to all citizens.

Principal Strategies

1. All care for STI in this country will be non-coercive and non-stigmatizing and it will be undertaken in a manner that protects the privacy and confidentiality of all persons.
2. Programmes for STI care will use, to the extent possible, a comprehensive case management approach which includes:
 - rapid diagnosis and appropriate treatment;
 - patient education and counselling on treatment compliance, prevention and behavioural change;
 - condom supply; and
 - information and follow-up on partner notification and treatment.
3. STI prevention and control services will address the needs of both males and females. Innovative programmes that reach out to and address the special needs of STI patients among hard-to-reach groups will be especially encouraged.
4. Efforts to promote condom use, such as "Condom Social Marketing" and "100% Condom Use", will be expanded and closely monitored.
5. Procedures based on the Ministry of Health supply system will be strengthened to ensure that all drugs essential for the treatment of STI are available to those service units that are capable of using them effectively and efficiently.
6. The Ministry of Health will develop and distribute necessary medical and technical guidelines to ensure effective high-quality STI prevention and care services in this country.
7. An appropriate balance of the following three complementary STI prevention and care strategies will be developed and implemented:
 - the integration of comprehensive STI care at the primary health care level, including reproductive health and maternal and child health/ family planning services, through use of the syndromic approach to STI case management where laboratory support is not available;
 - special approaches for the early detection and treatment of persons at high risk of acquiring and/or spreading STI, including, especially, the routine or periodic voluntary testing and screening of high-risk asymptomatic persons;
 - patient care with laboratory support for diagnostic evaluations at designated referral; and
 - hospitals.

POLICY 5**STI Monitoring and Research**

The Ministry of Health shall take the necessary measures to ensure that it is well informed on the status of STI and STI trends in the country, as well as the effectiveness of prevention and control activities.

Principal Strategies

1. Health information systems, including the routine reporting of STI, will be strengthened.
2. Government institutions, nongovernmental organizations, international organizations, bilateral agencies, private sector and community groups will be encouraged to collaborate to ensure that adequate information is disseminated on the status of STI and STI trends in their areas of work, as well as the effectiveness of their STI prevention and control activities.
3. National capacity to undertake epidemiological, medical or operational research will be strengthened, especially periodic special surveillance studies to assess trends in STI prevalence and to monitor antibiotic sensitivities.

Annex **2**

OUTLINE OF A TECHNICAL GUIDELINE ON STI PARTNER REFERRAL

I. INTRODUCTION

- Rationale
- Which STI require partner management

II. DEFINITIONS

- Index patient
- Partner(s)
 - Sexual relation with STI patient
 - Oral sex, anal sex, vaginal sex, etc.
 - Last partner/ all partners/ time frame?
 - Type of partner (e.g., spouse, girlfriend, sex worker)
- Partner referral
- Provider referral
- Referral card

III. PARTNER MANAGEMENT

- Where?
- Patient referral
 - How? (referral cards, etc.)
- Provider referral
 - When?
 - How? (health worker/ social worker/ letter?)
 - Telephone/ home visit?

IV. CONTENT

- Counselling/ education
- Treatment
- Condom promotion and provision
- Testing for other diseases?
- Partner referral

V. SPECIAL CONSIDERATIONS

- Confidentiality
- Dealing with "non-cooperative patients"
- Sanctions? (against health care workers not following guidelines)
- Promoting use of guidelines among health care workers(e.g. training, supervision)

CHARTS:

Recommended action by:

- Pharmacists
- Private doctors
- Doctors in STI specialized centres
- Nurses (private/public)
- Doctor in peripheral units
- Doctors in hospital



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