



**23RD IUSTI
WORLD CONGRESS**

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CONFRONTING INEQUITIES IN STI PREVENTION, DIAGNOSTICS AND CARE



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**Title: Factors in the rise of
STIs and lack of political
commitment: What needs to
be done?**

Challenges in STI control



1. High rates of STIs



2. Increasing rates of STIs in some populations



3. Emerging & Re-emerging STIs



4. Increasing antimicrobial resistance



Key shifts required to reach the targets - STIs



Key shifts required to end the epidemic of sexually transmitted infections by 2030:

- **Create an environment** that encourages individuals to discuss sexually transmitted infections, adopt safer sexual practices, and seek treatment
- Vastly scale up **primary prevention**
- Increase **integration** of sexually transmitted infection services with primary health care, sexual and reproductive health, and HIV services to ensure wider access to care
- Increase **accessibility of people-centred services of quality care** and treatment through public and private sectors
- Close gaps in international and national **funding mechanisms**
- Facilitate adoption of **point-of-care diagnostics and other new cost-effective technologies to improve quality of care**
- Invest in and facilitate research

Challenges in STI control

Behavioral and social factor

- Sexual networks
- Geospatial applications
- Multiple sex partners
- Low condom use



Stigma and Discrimination

Large gap in domestic and international funding



Asymptomatic Morbidity high but low mortality

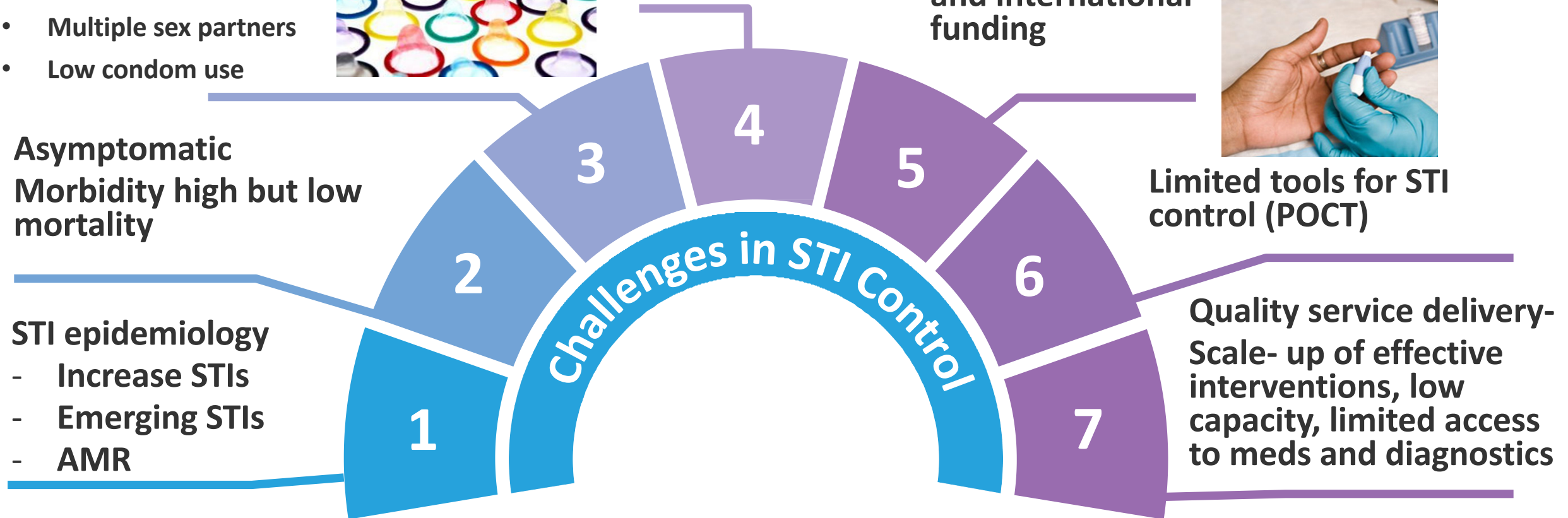
STI epidemiology

- Increase STIs
- Emerging STIs
- AMR



Limited tools for STI control (POCT)

Quality service delivery- Scale- up of effective interventions, low capacity, limited access to meds and diagnostics

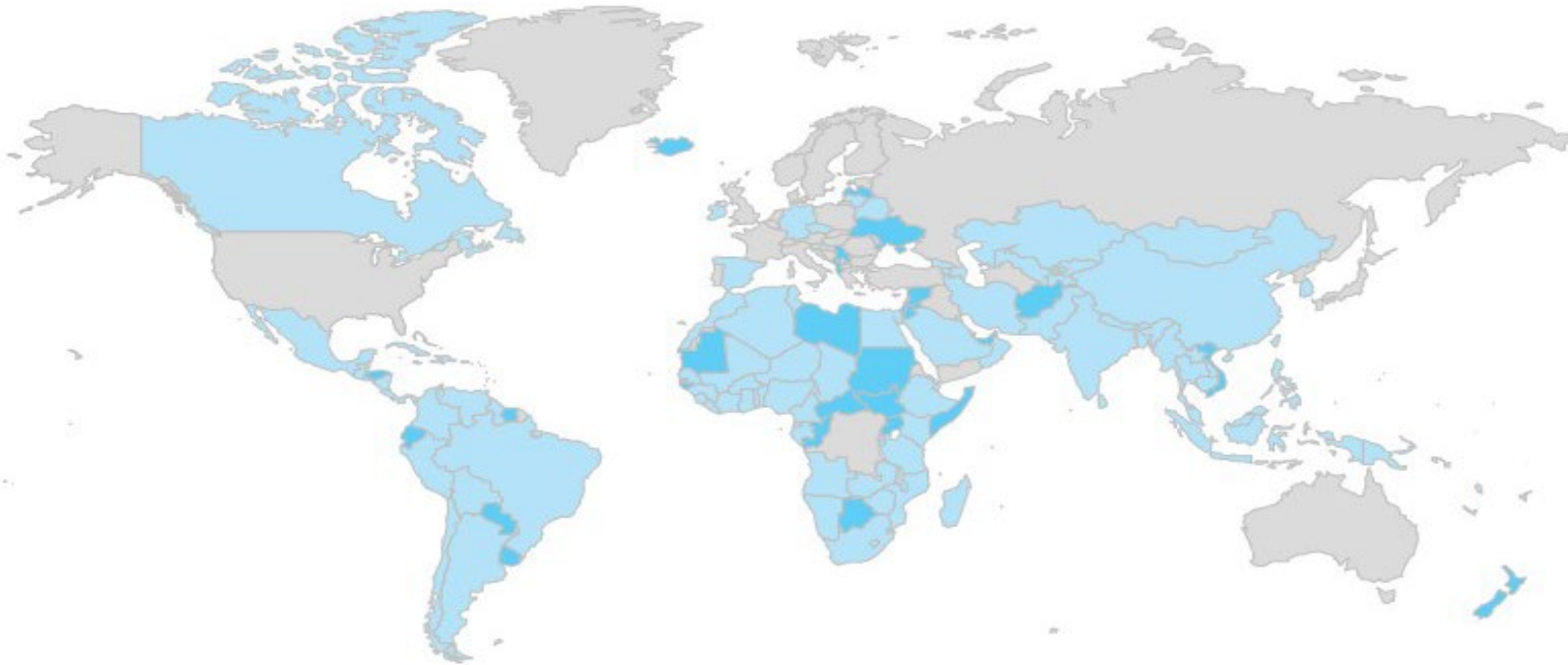


Stigma and lack of public policy attention



National strategy/action plan for STI prevention and control, global

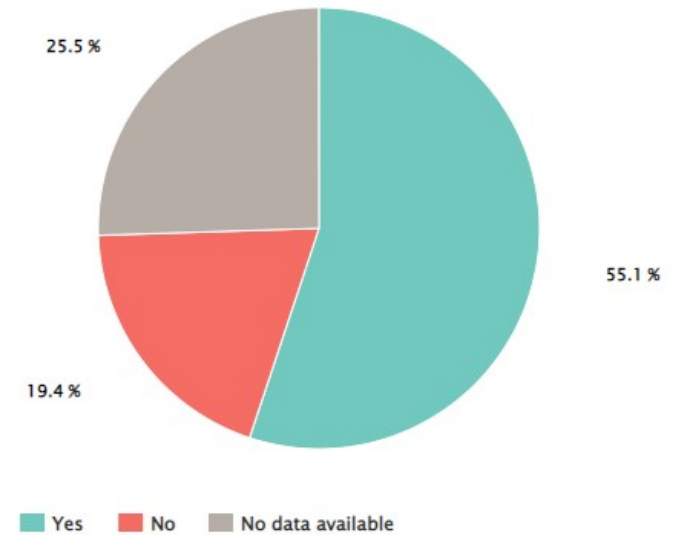
Number of countries : 195



Yes
No
No data available

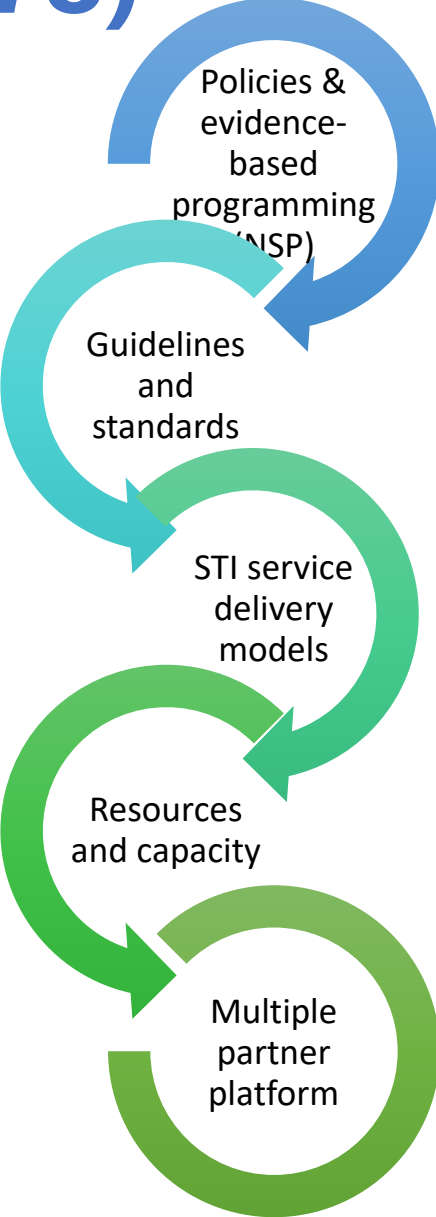
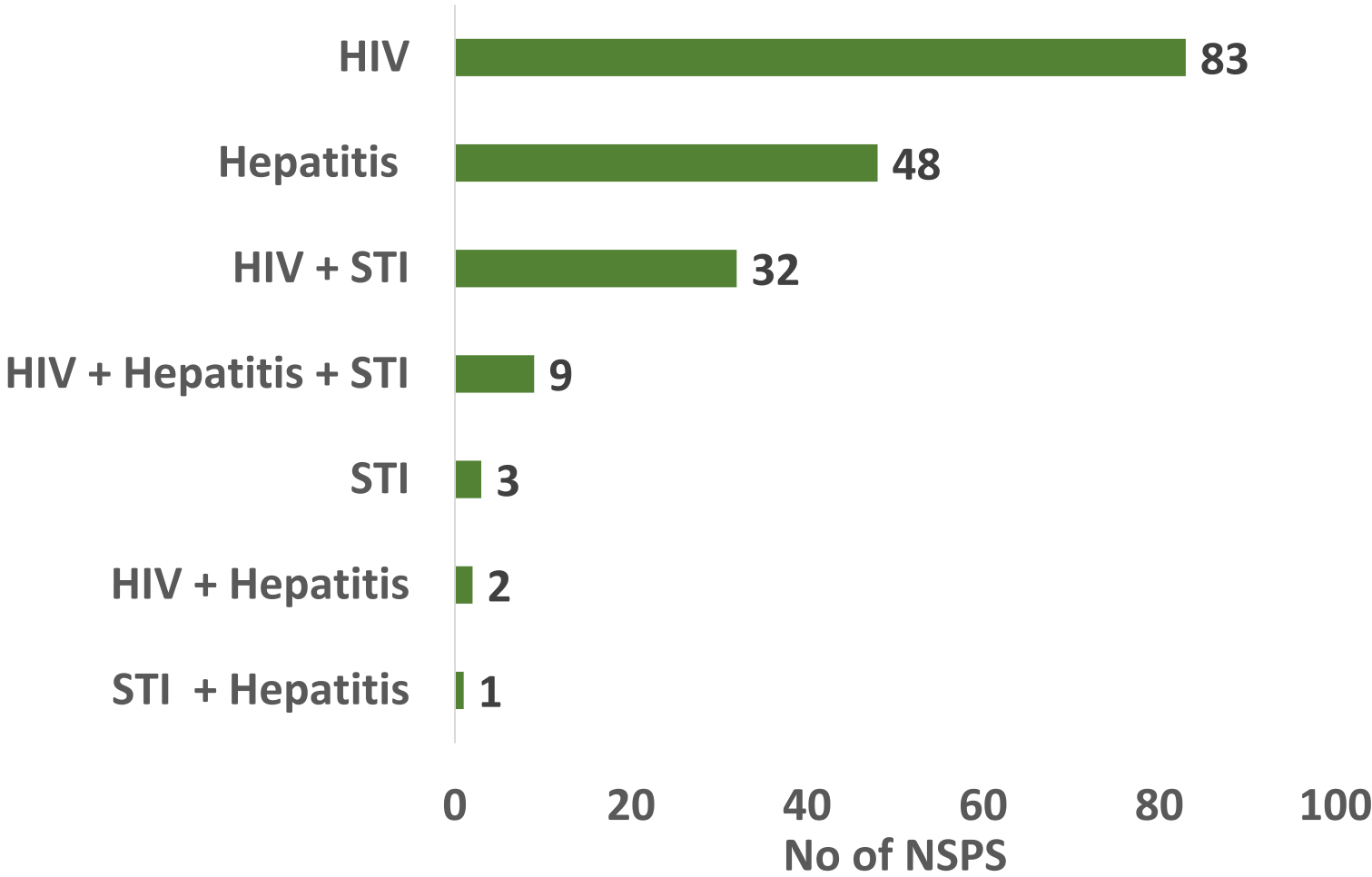
Percentage of countries

Number of countries : 195



Source: Law and Policy Analytics; WHO, UNAIDS. August 2022.

NSP Programme Combinations (n=178)



Syphilis Interventions Towards Elimination (SITE) model

What is SITE:

- Dynamic model that simulates adult syphilis transmission and impact of (prevention, screening and treatment) interventions.
 - Structured by risk groups/compartments, matching HIV/STI surveillance and survey/IBBS data.
 - Similar to AIDS Epidemic Model (AEM) & Spectrum-Goals.

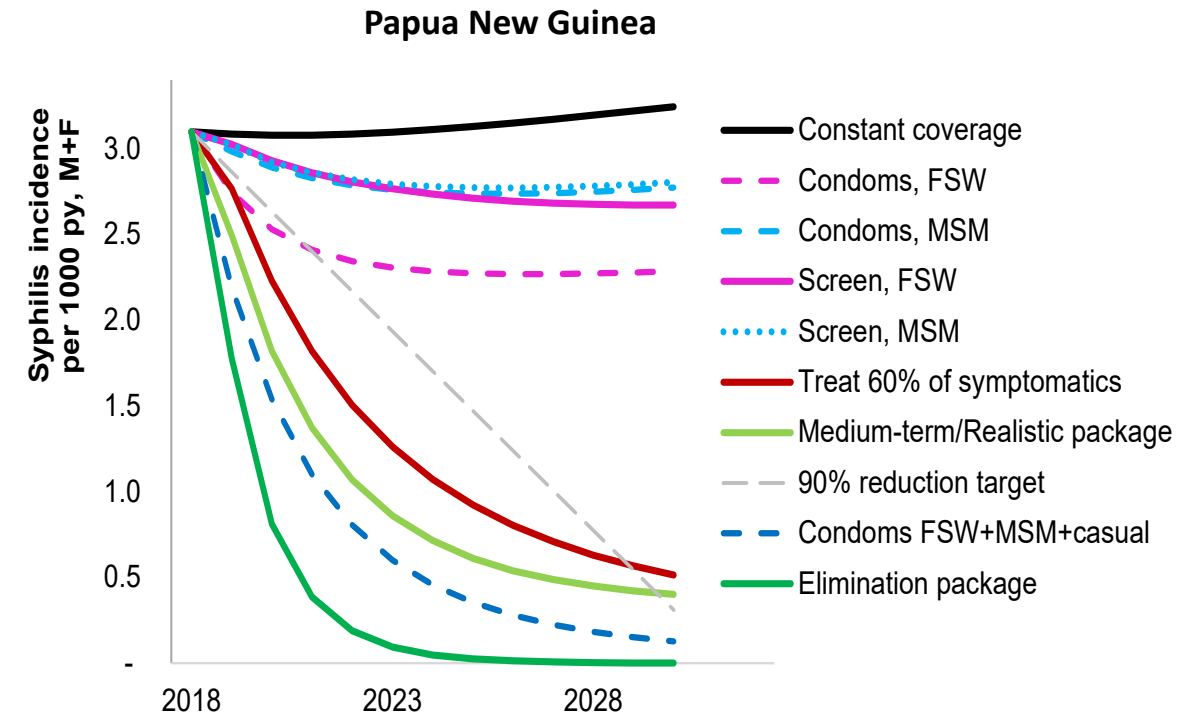
Objectives:

- Evaluate and predict impact and cost of alternative program scale-up scenarios
- Optimize program investment, by cost-effectiveness
- Inform NSP service coverage targets, impact goals, and resource needs.

Data requirements:

- Epidemiology, sexual behaviours, group sizes, program service coverage: 1990-2020
- Program service/intervention coverage Targets: 2021 to e.g. 2025

<https://avenirhealth.org/software-site.php>



Source: Machechera et al (2021) Infectious Disease Modeling

Challenges and solutions to achieve country level results



Priorities

Under resourced STI interventions in countries

- Strengthen STI surveillance (advocacy)
- Support integrated national strategic plans for STIs
- Opportunities for synergies between HIV and STI prevention
- Universal health coverage (UHC)

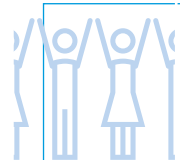
Low STI service delivery including limited capacity

- Capacity building
- STI/SH package of intervention (guidelines)
 - Integration (PHC, FP, HIV, ANC, adolescents)
 - People-centered approach – decentralized, community-led, differentiated approaches

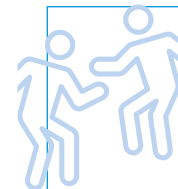
Access/ availability of medicines and diagnostics

- Diagnostic and treatment optimization
- Supply chain management
- Access to STI diagnostics (POCT)

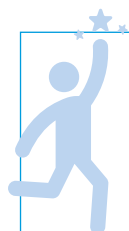
More efforts ...



Open and positive discussion about sex



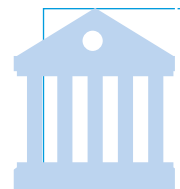
Reduce stigma



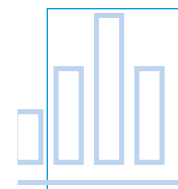
Community engagement – we need more advocates



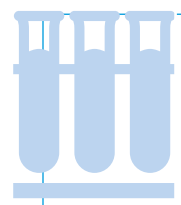
Provide quality STI services



Position STIs to leverage funding – HIV (GF), SRH, AMR, PHC



Data – magnitude, burden, cost-effectiveness



Develop and access to low-cost tools e.g. POCT