



**Regional Committee for the  
Eastern Mediterranean**

EM/RC55/6  
August 2008

**Fifty-fifth Session**

Original: Arabic

**Agenda item 6 (c)**

## **Technical paper**

# **Regional strategy for the prevention and control of sexually transmitted infections 2009–2015**

Sexually transmitted infections cause considerable mortality and morbidity in both adults and newborn infants and amplify the risk of HIV transmission. They constitute a huge health and economic burden, especially for developing countries. Reliable data on global and regional prevalence of sexually transmitted infections are limited but it is estimated that around 10 million new cases occur every year in the Eastern Mediterranean Region. Few countries in the Region have developed a comprehensive national strategy for prevention and control of sexually transmitted infections even though such a strategy would contribute to achievement of the Millennium Development Goals and prevention and control of HIV. Existing interventions in the Region are often not built on evidence-based effective public health approaches, as recommended in the global control strategy. The Regional Committee is invited to consider and endorse a regional strategy for the prevention and control of sexually transmitted infections.

A draft resolution is attached for consideration by the Regional Committee.

## Contents

Executive summary .....	i
1. Introduction.....	1
2. Situation analysis .....	2
2.1 Global context .....	2
2.2 Regional situation.....	2
2.3 Current response and challenges .....	3
3. Regional strategy for the prevention and control of sexually transmitted infections 2009–2015 .....	4
4. Conclusions.....	9
5. Recommendations to Member States .....	9
References .....	9

## Executive summary

The global strategy for the prevention and control of sexually transmitted infections 2006–2015 (WHA59.19) was developed in response to World Health Assembly resolution WHA53.14 which called for development of a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections. It complements the global reproductive health strategy to accelerate progress towards the attainment of international development goals and targets (WHA57.12). Based on the global strategy, the regional strategy for prevention and control of sexually transmitted infections (2009–2015) takes into account the diverse epidemiological, cultural and socioeconomic situations of countries in the Eastern Mediterranean Region. The strategy was developed during 2007–2008 through a consultation process with public health experts, clinicians and scientists in the fields of sexually transmitted infections and reproductive health from countries in the Region and regional partners. The strategy aims to provide a framework to guide accelerated efforts for prevention and control of sexually transmitted infections at regional and national level.

Sexually transmitted infections (other than HIV) cause considerable mortality and morbidity in both adults and newborn infants and amplify the risk of HIV transmission. They constitute a huge health and economic burden, especially for developing countries where they account for 17% of economic losses caused by ill-health. Reliable data on global and regional prevalence of sexually transmitted infections are limited because sexually transmitted infection surveillance has been largely neglected and funding for surveillance remains inadequate at global, regional and national level. The best available estimates indicate that globally each year some 340 million new curable cases of syphilis, gonorrhoea, *Chlamydia* and trichomoniasis occur in men and women aged 15–49 years. WHO has estimated that around 10 million new cases occur every year in the Eastern Mediterranean Region. Few countries in the Region have developed a comprehensive national strategy for prevention and control of sexually transmitted infections even though such a strategy would contribute to achievement of the Millennium Development Goals and to prevention and control of HIV. Existing interventions in the Region are often not built on evidence-based effective public health approaches, as recommended in the global control strategy.

The regional strategy focuses on: ensuring reliable data; improving case finding and management; promoting safe sexual behaviour; and interrupting transmission in high-risk transmission networks. The most important benefits expected from the regional strategy are a) improvement in availability of reliable information on sexually transmitted infection trends and risk behaviours; b) strengthened approaches and interventions to break the chain of transmission and to reduce mortality and morbidity from sexually transmitted infections; c) increase in the proportion of individuals with sexually transmitted infections, including those population subgroups with high-risk behaviour, seeking health care and prevention services; and d) increase in accessibility to special approaches and interventions for key populations at high risk.

## 1. Introduction

Although sexually transmitted infections cause significant morbidity and mortality through their impact on sexual, reproductive and child health, it was only with the advent of the human immunodeficiency virus (HIV) that control of such infections started to receive higher priority in both industrialized and developing countries. In the WHO Eastern Mediterranean Region, in particular, sexually transmitted infections have long been neglected in public health programmes. Since the HIV epidemic continues to expand in the Region, and since sexually transmitted infections are a major co-factor in HIV transmission, in addition to causing significant morbidity and mortality on their own, it is important that countries of the Region take practical steps to move forward effectively and efficiently with their sexually transmitted infection control programmes. The purpose of this paper is to advocate for urgent action to prevent and control sexually transmitted infection in countries of the Eastern Mediterranean Region. A regional strategy for prevention and control of sexually transmitted infections is proposed, to complement the reproductive health strategy, and to accelerate progress towards the attainment of Millennium Development Goals.

Sexually transmitted infections include at least 30 bacterial, viral and parasitic pathogens that are transmissible sexually. Where they are common, sexually transmitted infections are among the major causes of serious preventable conditions, such as infertility, pelvic inflammatory disease, ectopic pregnancy, cancer and congenital infection. While many are curable, the incurable sexually transmitted infections, such as herpes virus 2, add to the heavy burden of morbidity and mortality for women, men and children. Moreover, the presence of untreated inflammatory or ulcerative sexually transmitted infections increases the risk of transmission of HIV during sex between an infected and an uninfected partner [1].

Globally, unsafe sex ranks second among the 20 leading selected risk factors for morbidity and mortality, accounting for over 5% of attributable disease burden, and a fifth of attributable mortality [2]. For these reasons, interventions to prevent and control sexually transmitted infections are among the most cost-effective public health measures, and contribute to the achievement of several Millennium Development Goals namely:

- goal 4 which seeks to reduce child mortality by 2015;
- goal 5 which seeks to reduce maternal mortality by three-quarters by 2015; and
- goal 6 which calls on nations to reverse the spread of diseases, especially HIV/AIDS among marginalized populations who frequently have poor access to services.

In 2000, the World Health Assembly (WHA53.14) requested the Director-General to develop a global health sector strategy to respond to the epidemics of HIV/AIDS and sexually transmitted infections. In 2004 the Health Assembly endorsed the global reproductive health strategy to accelerate progress towards the attainment of international development goals and targets (WHA57.12), and in 2006 the global strategy for the prevention and control of sexually transmitted infections 2006–2015 (WHA59.19). The latter provides evidence that prevention and control of sexually transmitted infections are core aspects of sexual and reproductive health, and thus it complements the reproductive health strategy. The strategy identifies four fundamental benefits of investing in sexually transmitted infection control: reduction in sexually transmitted infection-related morbidity and mortality; prevention of HIV through a cost-effective intervention; prevention of long-term sequelae of sexually transmitted infection, such as cancers, especially in women; and reduction in adverse outcomes of pregnancy (in women with sexually transmitted infections).

The regional strategy represents an adaptation of the global strategy for application in the Eastern Mediterranean Region, taking into account the diverse cultural, socioeconomic and epidemiological determinants of vulnerability to HIV and sexually transmitted infections in its countries. On the one hand, these include lack of awareness of and inaccessibility of sexually transmitted infection prevention and care services for high-risk and vulnerable groups, in part due to stigma and discrimination; and lack of adequate sexually transmitted infection surveillance to enable reliable evidence-based decision-making. On the other hand, religious and cultural values in the Region promote behaviour that is protective against sexually transmitted infections and HIV transmission, such as sexual abstinence before marriage

and faithfulness within marriage. Public sector health experts from the Region, including programme managers, clinicians, epidemiologists and other scientists in the field of sexually transmitted infections and reproductive health, as well as partner agencies, contributed to the process of developing the regional strategy through regional and subregional consultations in 2007 and 2008 [3].

## 2. Situation analysis

### 2.1 Global context

It is estimated that more than 340 million new cases of curable sexually transmitted infection occur every year throughout the world in men and women aged 15–49 years; millions of viral sexually transmitted infections also occur annually [4]. Table 1 shows the estimated yearly global incidence of curable sexually transmitted infections.

For several decades, sexually transmitted infections have ranked among the top five categories for which adults in developing countries seek health care services. Although in northern and western Europe there has been a spectacular decline in the incidence of sexually transmitted infections, particularly gonorrhoea and syphilis, the situation in north America is more variable. In developing countries, both the prevalence and incidence of sexually transmitted infections are high, with sexually transmitted infections making up the second highest cause of healthy life lost in women aged 15 to 45 years, after maternal morbidity and mortality. In men of this age group, if HIV and other sexually transmitted infections are combined, sexually transmitted infections account for nearly 15% of all healthy life lost. They constitute a huge health and economic burden, especially for developing countries where they account for 17% of economic losses caused by ill-health [5].

Migration and rapid urbanization are demographic factors that play a major role in sexual behaviour within a community and contribute to increasing levels of casual and commercial sexual activity and higher risk of infection. These factors, along with conflict and war, the absence of diagnostic and treatment services for sexually transmitted infections and the impact of HIV on the epidemiology of sexually transmitted infections, all combine to increase the burden of sexually transmitted infections, particularly in developing countries.

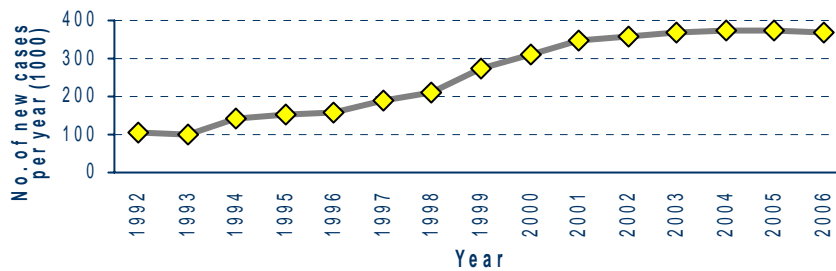
### 2.2 Regional situation

The magnitude of the burden of sexually transmitted infections is not well known in most countries of the Eastern Mediterranean Region due to limited sexually transmitted infection surveillance in the Region. In 1999, WHO estimated that around 10 million new cases of curable sexually transmitted infection were occurring in the Eastern Mediterranean Region every year [4]. According to *The World Health Report 2003*, in 2002 HIV and sexually transmitted infections together became the second leading cause of mortality among all infectious (and parasitic) diseases among people 15–44 years old in the Region.

**Table 1. Estimated yearly global incidence of curable sexually transmitted infections in 15 to 49 year olds**

Region	%
North America	2–3
Latin America and the Caribbean	7–14
Western Europe	1–2
Eastern Europe and central Asia	3–8
East Asia and the Pacific	1–2
South and south-east Asia	9–17
Australia	1–4
North Africa and the Middle East	4–7
Sub-Saharan Africa	11–35

Source: [4]



**Figure 1. Trends in sexually transmitted infection cases notified in Morocco, 1992–2006**

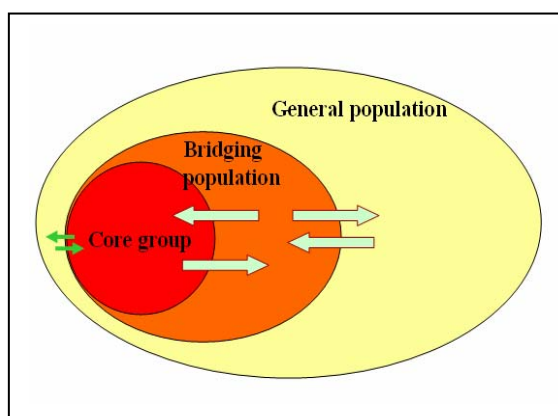
According to information on the status of sexually transmitted infection surveillance and control obtained from focal points in Ministries of Health, surveillance is limited or not established in most countries of the Region. Only one country (Morocco) reported establishing a surveillance system that makes it possible to chart trends, quantify the situation, guide programme planning and assess the impact of interventions. Thus, reliable data on sexually transmitted infections are not often available in the Region. Figure 1 shows the trend in sexually transmitted infection cases notified in Morocco from 1992 to 2006.

WHO estimates the prevalence of syphilis in the Region at 1% (WHO, unpublished data, 2008). Antenatal syphilis rates can be a marker of sexual transmission trends in the general population but unfortunately these data are reported from only a few countries (Egypt (0%), Morocco (2.8%), Pakistan (0.4%) and Yemen (2%)). According to the limited data available to the Regional Office on prevalence rates among most-at-risk populations, i.e. sex workers, men who have sex with men and injecting drug users, sexually transmitted infections are far more prevalent among these populations than in the general population. In Morocco, *Chlamydia trachomatis* prevalence is reported to be 19.1% among sex workers compared to only 4.2% among antenatal and family planning attendees; syphilis seroprevalence among sex workers is 17% compared to only 2.8% among antenatal and family planning attendees. In Pakistan syphilis seroprevalence among injecting drug users is 11%, 21% among male sex workers and 36% among transgender males compared to only 0.4% among antenatal clinic attendees. In Egypt, syphilis seroprevalence is 7.5% among men who have sex with men and 0% among antenatal clinic attendees. Accordingly, there is a considerable burden of sexually transmitted infections among most-at-risk populations in these countries. However, the size and dynamics of key population groups such as these are not yet well known in the rest of the Region.

There is clearly an urgent need for all countries to obtain epidemiological information about the burden of sexually transmitted infections and their consequences among both the general population and most-at-risk populations.

### **2.3 Current response and challenges**

The degree to which countries in the Region have already established sexually transmitted infection control programmes and their ability to implement recommended sexually transmitted infection prevention and control interventions, in terms of available political support, resources and systems, varies widely. Most sexually transmitted infection programmes are not appropriately equipped with human and financial resources. According to a review of the sexually transmitted infection response in the Region conducted by the Regional Office in 2008 (unpublished), 12 countries (Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Morocco, Oman, Pakistan, Palestine, Saudi Arabia and Somalia) reported having a national strategy for sexually transmitted infections. Only five countries (Bahrain, Islamic Republic of Iran, Morocco, Pakistan and Saudi Arabia) have a national action plan to implement these strategies and have allocated more than 50% of the funds required for the response from the national health budget.



**Figure 2. Simplified representation of the population transmission dynamics for sexually transmitted infections**

Sexually transmitted infection interventions currently being implemented in several countries often do not build on evidence-based effective public health approaches, as recommended in the global strategy for the prevention and control of sexually transmitted infections. Thirteen (13) countries have implemented the syndromic approach for sexually transmitted infection case management but only six (Djibouti, Egypt, Jordan, Morocco, Pakistan and Somalia) have carried out etiological studies to validate the WHO flowcharts relating to the syndromic approach.

Most countries in the Region do not provide any special sexually transmitted infection services for most-at-risk populations owing to stigma and discrimination. Only six countries (Djibouti, Egypt, Jordan, Morocco, Pakistan and Sudan) have implemented an outreach peer education programme among sex workers. Egypt, Morocco and Pakistan also provide special consultation and treatment services for this group. Any response that does not address most-at-risk populations, such as sex workers, men having sex with men and injecting drug users, will fall short of having any significant impact on the spread of sexually transmitted infections in the Region. As in other regions, sexually transmitted infection and HIV epidemics start among groups that have higher rates of partner change and higher rates of transmission than the general population. Since these groups are socially marginalized, the infection spreads to the general public via other population subgroups that “bridge” the connection between the higher risk groups (such as the clients of sex workers) and the general population (see Figure 2).

Two countries (Morocco and Pakistan) have implemented sexually transmitted infection control programmes based on reliable data that can be cited as examples of best practice, and where sexually transmitted infection services have been improved, such that interventions are reaching the higher-risk populations.

### **3. Regional strategy for the prevention and control of sexually transmitted infections 2009–2015**

The regional strategy aims to provide a framework to guide accelerated efforts for the prevention and control of sexually transmitted infections at regional and national level. It will help countries to develop national sexually transmitted infection control strategies and will contribute to achievement of the relevant Millennium Development Goals. The strategy will focus on the following goal and objectives.

#### **Goal**

- To reduce the transmission of sexually transmitted infections and mortality and morbidity related to sexually transmitted infections.

#### **Objectives**

1. Ensure reliable data to guide the response
2. Improve case finding and management

3. Promote safe sexual behaviour
4. Interrupt transmission in high-transmission networks through targeted interventions

### Guiding principles

The strategy is underpinned by internationally agreed frameworks of ethics and human rights, which recognize the right of all persons to the highest attainable standards of health, including sexual and reproductive health. It emphasizes a public-health approach, evidence-based interventions and multisectorality, including both the public and private sectors, in order to expand access to effective prevention and care as widely as possible. It builds on existing protective religious and cultural values and practices.

### Strategic framework and key priorities

The strategy urges countries to pursue a phased approach in implementation by ensuring that priority interventions have been firmly established before moving on to additional activities. Countries which have already put in place the basic interventions and services should, without delay, mobilize resources and build technical capacity to implement these additional activities.

#### Objective 1: Ensure reliable epidemiological and programme data to guide the response

Reliable information on the magnitude and distribution of sexually transmitted infections in the population and the coverage of control interventions is essential for rational decision-making.

##### *Approaches to achieve objective 1*

##### ❖ Strengthen epidemiological surveillance

As sexually transmitted infections are not randomly distributed among the general population but are more concentrated in networks of subpopulations with sexual risk behaviour, epidemiological data should provide information about: a) which sexually transmitted infections are prevalent in a country; b) which populations are most-at-risk of acquiring and transmitting these infections; and c) the trends in transmission and related risk behaviour over time.

As surveillance of sexually transmitted infections is weak in the Region and most countries need reliable data on which to base control programmes, all the following components of a sexually transmitted infection surveillance system should be implemented by all countries as part of the national plan of action for prevention and control of HIV/sexually transmitted infections.

- universal reporting of common sexually transmitted infection syndromes (genital discharge, genital ulcers) diagnosed in health facilities as part of integrated disease surveillance; and/or
- sentinel reporting of sexually transmitted infection syndromes or specific sexually transmitted infections (etiologic diagnosis);
- syphilis prevalence monitoring among antenatal care attendees;
- antimicrobial susceptibility surveillance (particularly for *Neisseria gonorrhoea*) and etiology of sexually transmitted infection syndromes to enable adjustment of syndromic case management;
- epidemiological and sociobehavioural studies on subpopulations with high-risk sexual behaviour. Approaches can be developed to collect this information in a way that is socially and culturally acceptable to affected populations, programmes and communities.

##### ❖ Strengthen monitoring of programme implementation and effectiveness

Basic programme monitoring and evaluation should provide information on clearly defined indicators of performance, including coverage of services. Monitoring of sexually transmitted infection service coverage is of highest priority and required in all countries. More advanced monitoring should include periodic assessment of care-seeking behaviour, adequacy of staffing patterns, client response and satisfaction, and capital and recurrent programme costs to assess efficiency and cost-effectiveness.



❖ Carry out operational research

Operational research is needed to fill the gaps in strategic information that cannot be obtained through surveillance and programme monitoring. In particular, information is urgently required on which interventions are most feasible and effective in the Region to overcome stigma, to promote condom use for risk reduction, to promote appropriate care-seeking behaviour and to achieve good coverage of services among most-at-risk populations. Quality of care, effectiveness and cost-effectiveness of interventions should be evaluated by special operational research.

**Objective 2: Improve case finding and management for all**

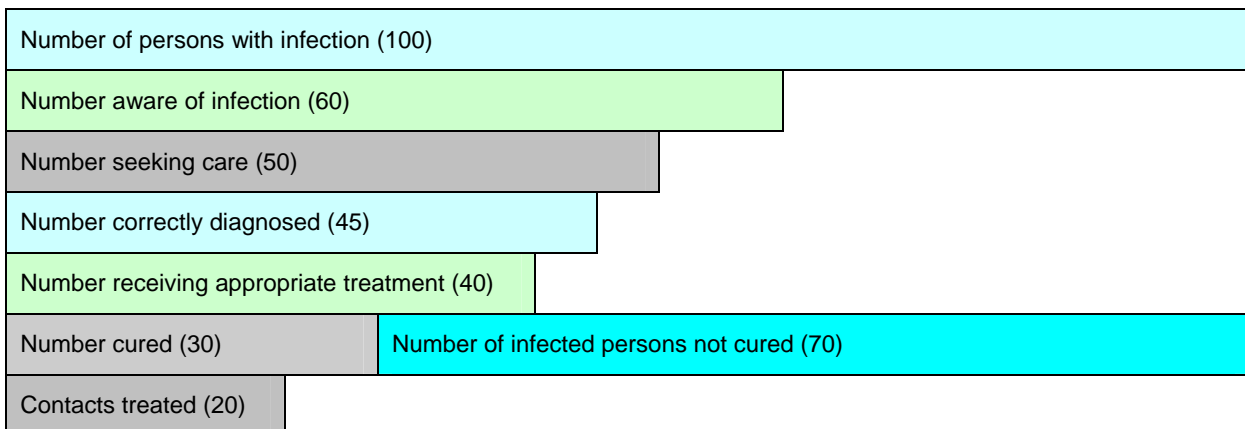
Programmes for the control of sexually transmitted infections should promote accessible, acceptable, affordable and effective interventions that ensure comprehensive case management of infected persons to prevent complications and long-term sequelae and to interrupt the chain of transmission. The community should be made aware of sexually transmitted infections and their complications, and early use of services should be promoted.

*Approaches to achieve objective 2*

❖ Promotion of services and health care-seeking behaviour

Traditionally, sexually transmitted infection control efforts have focused on diagnosis and treatment in the clinic setting. However, to have the greatest community impact, it is necessary to implement prevention activities and to find and treat cases as early as possible. The rationale for this approach is illustrated by a model of health services in sexually transmitted infection case management (Figure 3). The model describes the situation in which the number of people in a community who have or are at risk for sexually transmitted infections is far greater than the number who are seen in clinics and cured. Consequently, curative services alone contribute only in small part to control efforts and, alone, will not solve the problem.

Primary health care, reproductive health, adolescent health and school health services are all well suited to raising awareness of sexually transmitted infections and symptoms, and to promoting screening and early use of health services for people with symptoms or who are worried about sexually transmitted infection. Reaching other vulnerable groups, particularly young people who may not feel comfortable using clinic services, requires special attention.



Note: Numbers are hypothetical

Source: adapted from [6].

**Figure 3. Operational model of the role of health services in case management of sexually transmitted infections**

❖ Effective clinical management

Effective treatment should be provided without delay in order to avoid complications and to break the chain of transmission. WHO recommends syndromic case management using simple flowcharts for all primary visits for sexually transmitted infection care so that an individual will be treated at the first point of contact. Comprehensive sexually transmitted infection case management includes: a) making a correct diagnosis by syndromic or laboratory diagnosis; b) providing effective treatment; c) reducing/preventing future risk through education and counselling, including for HIV testing and counselling; and d) promoting and/or providing condoms and ensuring that sexual partners are notified and treated.

❖ Case finding through screening of asymptomatic infections

Screening aims at detection of sexually transmitted infections that are asymptomatic in order to treat, and thus prevent, morbidity and further transmission. Targeting screening at those at higher risk of infection will improve the cost-effectiveness of screening programmes. Syphilis screening of pregnant women in antenatal care is highly cost-effective and should be a priority intervention for all countries.

❖ Partner notification and treatment

Partner notification and treatment aims to treat sexually transmitted infections in sexual partners, and to prevent reinfection of the index patient and further transmission. It offers an opportunity for identifying and treating asymptomatic persons, particularly women, at an early stage.

❖ Ensuring easy access to integrated services for case finding and treatment

Reproductive health services in particular and adolescent health services can serve as entry points to sexually transmitted infection case finding and treatment. The following interventions should be ensured in reproductive health services: a) health education to prevent HIV and other sexually transmitted infections; b) prevention of congenital syphilis; c) prevention of neonatal blindness.

Among the priorities for all countries are to: expand quality syndromic case management at the primary visit for sexually transmitted infection care; increase coverage of syphilis screening in pregnancy; promote use of quality services and appropriate health-seeking behaviour; and encourage partner notification, with sensitivity to the possible consequences, particularly for women.

**Objective 3: Promote safer sexual behaviour**

Communication about safer sexual behaviour should be an integral component of prevention efforts. Media, religious leaders, schools and universities, among others, are suitable partners in developing and supporting communication strategies. Prevention approaches should be adapted to target the needs of different population groups, such as youth, women and most-at-risk populations. Populations with high-risk sexual behaviour are frequently marginalized and criminalized, and therefore difficult to reach, thus requiring special approaches for behaviour change promotion, which are addressed under objective 4.

*Approaches to achieve objective 3*

❖ Developing a communication strategy and key messages

The field of sexually transmitted infection control needs to attract more positive media coverage. Key messages that respect cultural sensitivities need to be developed in collaboration with key community representatives, community leaders, religious leaders and key media representatives. This needs a proactive approach to working with media and communication specialists. The capacity of media personnel to promulgate supportive messages needs to be strengthened. This can also be a tool to improve the public's understanding and perceptions about the prevention and control of sexually transmitted infections. Strengthening collaboration with, and capacity of, these partners is important to ensure that they work more effectively in partnership with sexually transmitted infection authorities and others in the prevention and control of such infections.

Among the priorities for all countries are to: mobilize civil society to discuss the issue of sexually transmitted infections and HIV more openly; and to develop communication strategies, messages and pamphlets that educate and inform in a culturally acceptable manner and without gender bias.

#### **Objective 4: Interrupt transmission in high-transmission networks through special interventions**

The improved understanding of the transmission dynamics of sexually transmitted infections (see Figure 2) has implications for the design of strategic prevention and control interventions, which should be tailored to the specific situations of most-at-risk populations.

##### *Approaches to achieve objective 4*

##### ❖ Establish enabling environment

There are many obstacles to effective implementation of prevention and control interventions. People engaging in sex work and homosexuality are marginalized and therefore tend to hide from public services. Without a feasible strategy to reach at least the most active members of the affected population interventions cannot be successful in preventing sexually transmitted infections. Advocacy to explain the public health rationale and objectives to government stakeholders, such as the police and relevant others, is therefore essential.

##### ❖ Peer outreach interventions

Outreach involving the affected populations themselves (peer outreach) has been successfully used to educate about, and to promote, condom use, health care-seeking behaviour and use of sexually transmitted infection care services.

##### ❖ Establish clinical care services tailored to the needs of specific risk groups

Clinical care services that are easy to reach and are safe for sex workers and their clients, and that provide fast, affordable (ideally free-of-charge) and quality syndromic diagnosis and treatment through staff with non-judgemental attitudes are likely to be successful in attracting those at risk. Depending on the local situation, partners for the provision of these services should be sought among nongovernmental organizations and private and public providers.

##### ❖ Regular screening and treatment

Periodic screening and treatment of sex workers for sexually transmitted infections is a feasible strategy in situations where it is safe for such women to attend screening services. Where sexually transmitted infection transmission is very high, periodic presumptive treatment for specific infections has been effectively used as a short-term intervention to reduce high rates of curable infections while more regular services are being put in place.

Among the priorities for all countries are to support interventions for peer education and case management for most-at-risk-populations.

#### **Implementing the strategy**

Effective implementation of the proposed sexually transmitted infection control activities requires attention to a number of policy and programmatic issues, including advocacy for political support, policy development, resource mobilization, partnerships, programme management, capacity-building and ongoing support. In certain settings, integrated services may be more acceptable. The situation needs to be assessed, monitored and evaluated at reasonable intervals in order to guide and redirect the interventions, if necessary.

Long-term sustainability of sexually transmitted infection control interventions and services will be possible if these services are integrated in existing health systems. In countries where health systems are weak, investment in training of staff, upgrading of equipment, procurement, supply management and quality assurance will be required.

Public policy and interventions should necessarily involve the private and informal sectors, and public–private partnerships should be established in the provision of care for sexually transmitted infections. Effective and appropriate regulatory measures should be taken by governments to ensure technical quality and accountability in the public and private health sector services.

#### 4. Conclusions

Sexually transmitted infections have long been a cause of significant morbidity and mortality, through their impact on sexual, reproductive and child health. The World Health Assembly adopted in 2004 the global reproductive health strategy and in 2006 the global strategy for the prevention and control of sexually transmitted infections 2006–2015 to improve sexual and reproductive health and help achieve the Millennium Development Goals. This paper advocates urgent action on behalf of prevention and control of sexually transmitted infections in the Eastern Mediterranean Region. This will also contribute to attainment of the relevant Millennium Development Goals and to prevention and control of HIV.

The regional strategy is intended as an advocacy tool for strengthened sexually transmitted infection prevention and control in the Region and provides guidance for all countries on evidence-based and effective interventions. Priority areas for intervention are generation of reliable information on trends and risk behaviour, strengthening approaches and interventions to break the chain of transmission and to reduce mortality and morbidity, promoting healthy sexual behaviour and interrupting transmission in high-transmission networks through special interventions.

WHO will advocate for political commitment, promote resource mobilization, strengthen collaboration with relevant partners, promote WHO-recommended policies, provide strategic and technical guidance, and support countries upon request, in order to meet their technical and operational needs and to strengthen the generation and dissemination of knowledge and strategic information on sexually transmitted infections, including HIV infection.

#### 5. Recommendations to Member States

1. Conduct situation and response analysis of sexually transmitted infections using the available WHO tools.
2. Develop and implement a national action plan for sexually transmitted infections in accordance with national specificities and needs and regional priorities.
3. Allocate an adequate proportion of expenditure on health to implement the national strategy for prevention and control of sexually transmitted infections.
4. Build capacity to implement evidence-based effective public health approaches, as recommended by the regional strategy for prevention and control of sexually transmitted infections.
5. Ensure an enabling environment to provide special sexually transmitted infection services among key population groups at higher risk.

#### References

1. Hayes RJ, Schulz KF, Plummer FA. The cofactor effect of genital ulcers in the per-exposure risk of HIV transmission in sub-Saharan Africa. *Journal of Tropical Medicine and Hygiene*, 1995, 98:1–8.
2. Lopez AD et al. Global and regional burden of disease and risk factors, 2001: systematic analysis of population health data. *Lancet*, 2006, 367:1747–1575.
3. *Report of an intercountry meeting on the implementation of WHO global strategies of reproductive health and prevention and control of sexually transmitted infections in the Eastern Mediterranean Region, Marrakech, Morocco, 29 October–2 November 2007*. Cairo, WHO Regional Office for the Eastern Mediterranean, 2008 (WHO-EM/WRH/058/E/100).
4. *Global prevalence and incidence of curable sexually transmitted infections*. Geneva, World Health Organization, 2001 (WHO/CDS/CDR/EDC/2001.10).
5. Mayaud P, Mabey D. Approaches to the control of sexually transmitted infections in developing countries: old problems and modern challenges. *Sexually transmitted infections*, 2004, 80:174–182.
6. *Sexually transmitted and other reproductive tract infections: a guide for essential practice*. Geneva, World Health Organization, 2005.