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Development of a Self-Learning Module on Management of Sexually Transmitted Infections for Private Practitioners in WHO South-East Asia Region

Report of an Informal Consultation
Colombo, Sri Lanka, 29-30 November 2005

World Health Organization
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Annexes

Abbreviations

GUD	genital ulcer disease
IMPA	Independent Medical Practitioners' Association
MSF	Medecins Sans Frontieres
NSACP	National STD/AIDS Control Programme
PPs	private practitioners
STD	sexually transmitted diseases
STI	sexually transmitted infections
STS	serological tests for syphilis
UNFPA	United Nations Population Fund
VCT	voluntary counselling and testing
VDRL	venereal diseases research laboratory test
WHO	World Health Organization
WHO/SEAR	WHO South-East Asia Region
WHO/SEARO	WHO Regional Office for South-East Asia

Executive summary

Sexually transmitted infections (STIs) have been recognized as a major public health problem for many years. The highest numbers of curable STIs are known to occur in South-Asia and South-East Asia. STI prevention and management are important measures to reduce the acquisition and transmission of HIV/AIDS. Most people with STI in the WHO South-East Asia Region (WHO/SEAR) go to private health providers rather than public sector STI services because the former are perceived to offer more confidentiality and are less stigmatizing than the latter. Training private practitioners to provide STI care is an important strategy to expand the coverage of good quality STI services. In response to the need of Member countries, WHO organized an informal consultation to develop a self-learning module on STI management for private practitioners in Colombo, Sri Lanka, in November 2005. The meeting recommended that the revised draft of the WHO/SEARO flowcharts on STI management should be further modified to suit the needs of private practitioners. The meeting also recommended that national STI programmes of Member countries should actively collaborate with selected private practitioners to report STIs on a syndromic basis every quarter as part of a pilot project to assess the feasibility of such a system.

1. Introduction

It is estimated that of the 340 million new cases of curable sexually transmitted infections that occur globally each year, 150 million occur in South Asia and South-East Asia alone. The results of infection include acute symptoms and serious delayed effects such as infertility, ectopic pregnancy, cervical cancer and infant death. STI prevention and management are important measures to reduce morbidity and mortality in men and women, as well as in newborns. During the past five years, STI control efforts lost momentum and STIs were largely ignored as the focus shifted to HIV treatment.

Besides prevention measures, it is important to manage well STI cases as they increase the risk of sexual transmission of HIV infection. The presence of an untreated inflammatory or ulcerative STI increases the risk of HIV transmission. The co-factor effect seems to be greater with ulcerative STIs. Genital ulcer diseases (GUD) have been known to increase the risk of transmission of HIV 50 to 300-fold per episode of unprotected sexual intercourse. STI care is one of the key elements for HIV prevention, care and treatment. Treating STIs provides an ideal opportunity to promote voluntary counselling and testing (VCT) for HIV and to address risk reduction. Improved case management of STIs remains the only intervention that has been proved to reduce the incidence of HIV infection in the general population.

The socioeconomic costs of STIs and their complications are substantial. They are among the top ten reasons for seeking health care in most developing countries, substantially draining both national health budgets and household incomes.

The Millennium Development Goal (MDG 6) calls on nations to reverse the spread of disease, especially HIV/AIDS. Experience from Africa has shown that STI treatment can reduce the sexual transmission of HIV in a highly cost-effective manner when improved syndromic management of STIs is used.

Although public sector STI services are available in all SEAR countries, they may not always be acceptable to clients, or have appropriate health personnel or the necessary medicines available. The private health sector is frequently the first port of call for STI patients, even for those who believe that the government services are technically superior. Private practitioners (PPs) are more acceptable to many people because they are perceived to offer better access and confidentiality, and are less stigmatizing than public sector services.

Reviews of STI services in SEAR countries in 2005 showed that 40-70% of persons with STIs sought treatment from PPs in most countries. The review also showed that STI data was incomplete and inadequate in all SEAR countries as PPs did not report STIs. In this review, all countries requested technical assistance from WHO for training of PPs on STI case management.

Given this scenario, it is essential to strengthen the capacity of PPs to provide quality STI treatment in a timely manner. In order to promote quality case management, guidelines based on identified patterns of infection and disease should be developed and disseminated to all providers of STI care. The guideline development, adoption and dissemination process should involve representatives of both the public and private health sectors. As an initial step in this direction, WHO/SEARO planned to develop an STI self-learning training module based on the latest version of the WHO guidelines on syndromic approach and WHO Reproductive Tract Infections (RTIs)/STIs Guide to Essential Practice.

A syndromic approach to STI management overcomes many obstacles to the provision of quality and efficient STI services, particularly in resource-limited settings. Aetiological diagnosis for STIs is desirable but not always feasible in developing countries. National experts should be consulted in order to advise on the most appropriate STI management strategy that will benefit all sectors of the population in need of STI care.

The Independent Medical Practitioners' Association (IMPA) of Sri Lanka, which is a professional organization of PPs, developed distance learning modules for STI management 10 years ago and was now updating them. The IMPA also requested WHO for technical support in reviewing the draft of the updated modules.

To discuss the above issues, an informal consultation to develop a self-learning module on STI management for private practitioners in WHO/SEAR was held from 29 to 30 November 2005 in Colombo, Sri Lanka. Participants from selected countries in the Region attended the meeting.

The general objective of the meeting was to strengthen the prevention and management of STIs through the development of a self-learning training module on STI prevention and case management for private practitioners.

The specific objectives were:

(1) To initiate the development of self-learning modules on STI case management for private practitioners in SEAR countries using the distance learning modules on STI management developed by the Independent Medical Practitioners' Association (IMPA) of Sri Lanka;

(2) To review the updated version of the WHO flowcharts on the Management of Sexually Transmitted Infections and WHO RTIs/STIs Guide to Essential Practice in the context of adapting them for use by general practitioners, and

(3) To develop a mechanism for STI case reporting by PPs in SEAR countries.

Twenty participants and observers attended the meeting. They included country representatives from Bangladesh, India, Myanmar, Sri Lanka and Thailand, WHO/SEARO and WHO Sri Lanka country office and UNFPA country office, Sri Lanka. The list of participants and programme are given at Annexes 1 and 2.

2. Opening session

Dr S. Puri, Acting WHO Representative, Sri Lanka, opened the meeting. He said that STIs were a common cause of illness in the world and had far-reaching health, social and economic consequences. He observed that the emergence and spread of HIV/AIDS had a major impact on the

management and control of STIs. Dr Puri further observed that resistance of several sexually transmitted pathogens to microbial agents had increased, adding to therapeutic problems. He noted that effective management of STIs was important as it prevented the development of complications and controlled the spread of the disease. Dr. Puri said that countries were encouraged to establish and use national standardized treatment protocols for STIs. Protocols for STIs could facilitate the training and supervision of health care providers. He observed that many health care facilities in developing countries lacked equipment and trained personnel required for aetiological diagnosis of STIs. To overcome these problems, WHO had developed a syndromic approach for the management of STIs. These modules had been adapted by different countries in the Region.

Dr. Sydney Jayasuriya, President, IMPA, said that PPs played an important role in the management of STIs as many persons with STIs sought treatment from the private sector. IMPA was a large professional body with a membership of 475 medical practitioners practising in all parts of Sri Lanka. He briefed the participants about the development of STI distance-learning modules and said that IMPA had recently revised these modules with technical assistance from the National STD/AIDS Control Programme (NSACP), Sri Lanka, and WHO/SEARO, with financial assistance from UNFPA. He further said that once the STI modules were finalised, IMPA will start updating the distance-learning modules on HIV/AIDS. He invited the participants to comment on the STI modules.

Dr. Manil Fernando, Deputy Director-General (Public Health Service) of the Ministry of Health, Sri Lanka, welcomed all participants on behalf of the Director-General of Health Services. He stressed that adolescents were very vulnerable to STIs. He further said that prevention and care of STIs was an integral part of providing health services. He observed that partner notification was weak in many countries and programmes should pay more attention to this aspect of STI prevention.

On behalf of WHO/SEARO, Dr. Iyanthi Abeyewickreme, WHO Short-term Professional, welcomed the participants and observers to the meeting, while Dr Supriya Warusawithana, National Professional Officer in the WHO Sri Lanka office, proposed the vote of thanks.

3. STI Management protocols

The objectives of this session were to familiarize the participants with:

- Draft revised flowcharts on the management of STIs developed by WHO/SEARO.
- Distance-learning modules on STI management developed by IMPA.
- STI guidelines used in Bangladesh, India, Myanmar and Thailand.

The participants were familiarized with the revised WHO flowcharts on STI management. The algorithms in the revised version were taken from the 'Guidelines for the Management of Sexually Transmitted Infections' published by WHO in 2003. Flowcharts were discussed in detail on Day 2 and recommendations for further revision were agreed upon.

The IMPA had developed 10 lessons on STI management. These were:

Lesson 1 – Epidemiology of STIs and history taking in STI

Lesson 2 – Management of the adult male with urethral discharge

Lesson 3 – Management of patients with vaginal discharge and lower abdominal pain

Lesson 4 – Management of patients with genital ulcers and warts

Lesson 5 – Laboratory procedures for the confirmation of STIs

Lesson 6 – Partner management, health education and counselling in STIs

Lesson 7 – Management of the asymptomatic person who is worried about STIs

Lesson 8 – Management of STIs in pregnancy and childhood

Lesson 9 – Maintaining STI case records and reporting

Lesson 10 – Assessment of STI distance learning

Of the above, lessons on the management of the adult male with urethral discharge, vaginal discharge and management of STIs in pregnancy and childhood were presented and discussed. Management of STIs in

pregnancy and childhood was a new topic for PPs and was considered important by all participants.

In Bangladesh, gonococcal and non-gonococcal infections were the most common STIs. Bangladesh, like many other countries in the Region, had adapted WHO guidelines on syndromic management of STIs. Data presented confirmed over-diagnosis and treatment for cervical and vaginal infections in women when using the vaginal discharge syndrome. Studies carried out on sex workers in Bangladesh since 1998 had shown a high prevalence of gonorrhoea (17.5% - 35.6%) and chlamydia (15.5% - 40%). The sixth round of sero-surveillance carried out during 2004-2005 showed that 3% of heroin smokers had active syphilis. In 2004, the antimicrobial susceptibility of ciprofloxacin as the treatment for gonorrhoea was only 11.03%.

General practitioners in Bangladesh treated STI patients according to the symptoms without adhering to the national guidelines. They did not counsel patients or promote the use of condoms. Discussing treatment compliance or contact tracing was also not adhered to by PPs. Training private practitioners in STI management was, therefore, considered a priority by Bangladesh.

In India, prior to the HIV/AIDS era, genital ulcer disease (GUD) was the most common STI syndrome (66%), followed by genital discharge (20%) and genital lump (10%). In 2004, GUD accounted for only 29%, genital discharge 53% and genital lump 9%. It was also noted that 41% of those with GUD, 21% with genital discharge and 20% with genital lump were HIV positive people.

Laboratory facilities were not available to most PPs and they followed syndromic management guidelines that had been developed by the Indian National AIDS Control Organisation.

In Myanmar, STIs were diagnosed either by aetiology or by syndromic approach. Training in syndromic management of STIs had been conducted since 1994 both in the public and the private sectors. Flowcharts were based on WHO guidelines. A workshop to review and revise the national treatment guidelines (including flowcharts) was held last year in collaboration with WHO and other partners providing STI services in the country. Monthly and quarterly reports from all health settings other than

from the AIDS/STD teams were sent to the health management information system. Reports from the AIDS/STD teams were sent monthly and quarterly to the National AIDS Programme of Myanmar. However, STI reporting from PPs was not satisfactory as most PPs did not report.

Medicins Sans Frontieres, Holland, (MSF-H) runs STI clinics in Myanmar and a presentation on these services highlighted the evaluation of the STI flowcharts used there. Vaginal discharge and vulval pruritus were not considered to be very sensitive to identify gonorrhoea or chlamydial infection. The complaint of vaginal discharge was strongly linked to both bacterial vaginosis and trichomoniasis, but was only weakly linked with cervicitis. Laboratory facilities to diagnose chlamydia were, not available. MSF-H offered screening to all women and a few questions on risk assessment differentiated between high-risk and low-risk women. All high-risk women who were irregular attendees (>3 months) were treated even in the absence of symptoms.

The reported incidence of STIs in Thailand had decreased dramatically in recent years, but there was an increase of cases in 2004. Thailand had trained PPs in STI management and had provided guidelines. Recently, a letter notifying updates on STI management had been sent to private clinics. Thailand had also adapted WHO syndromic management guidelines. The Thai guidelines had a flowchart on syphilis laboratory test interpretation and management, which was considered very useful by the participants.

STI reporting by PPs in Thailand was not satisfactory as very few private clinics reported STIs. In 2004, STI reports were received from only four private clinics. Forms 506 and 507 were used for STI reporting. PPs were encouraged to report STIs.

The treatment protocols were similar in all countries and conformed to the WHO guidelines on STI management.

4. Group work

Dr. Lucien Jayasuriya, Vice President, IMPA, was elected to chair the group work. The objectives of the group work were:

- Review the WHO/SEARO flowcharts and recommend improvements/additions;
- Decide on topics, format and content of STI management for PPs;
- Discuss STI case reporting by PPs, and
- Next steps.

All the participants and a few observers participated in the group work and it was decided to have one working group. The group reviewed the WHO/SEARO flowcharts at length and also considered the distance-learning modules developed by IMPA. A consensus was reached on the format and the topics to be included in the document for PPs. The group felt that getting PPs to report STIs was a very difficult task. However, if national STI control programmes actively collected data, there might be a better response than waiting for PPs to report on their own.

5. Conclusions and recommendations

Summary of discussion and recommendations

(1) The WHO/SEARO flowcharts were considered adequate for private practitioners but it was considered that these should include more specific topics such as interpretation of syphilis serology, management of genital warts, STIs in pregnancy and screening of asymptomatic persons for STIs.

(2) The vaginal discharge syndrome was not sensitive for the diagnosis of cervical infection.

(3) The text should highlight the role of private practitioners in STI management.

(4) The common symptoms of STIs in males and females, medical and behavioural risk assessment should be given in bullet form.

(5) Minor changes were suggested to the algorithms on urethral discharge, vaginal discharge, vaginal discharge with speculum but without microscopy, inguinal bubo, lower abdominal pain and genital ulcer algorithms.

(6) The flowcharts should keep the present format but certain points should be highlighted for easy reference.

(7) The photographs depicting clinical lesions should be replaced with new ones.

(8) Proper use of the male condom should be shown in pictorial form.

(9) Laboratory tests should be used when available to assist the diagnosis of STIs by PPs.

(10) PPs should offer referral for voluntary counselling and testing for HIV to patients.

(11) STI reporting by PPs should be encouraged. However, it may be necessary to offer some incentive such as WHO recognition of PPs who report cases (a certificate awarded by WHO), a small atlas on STIs or STI treatment packs.

(12) National STI programmes should actively collect data from PPs. This could be piloted in a district each in Bangladesh, Indonesia, and Myanmar to assess the feasibility of such a system.

(13) National STI programmes should disseminate new developments in STI management and gonococcal antimicrobial susceptibility data to PPs on a regular basis.

The meeting also recommended that WHO/SEARO should amend the flowcharts taking into account the above suggestions and to circulate the amended flowcharts to the participants for final comments before the end of 2005.

Annex 1

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Annex 2

PROGRAMME

Tuesday, 29 November 2005

8.30 – 9.00 am	Registration
9.00 – 9.40 am	Lighting of Oil Lamp
	Opening remarks
	WHO Representative, Sri Lanka
	President, Independent Medical Practitioners Association, Sri Lanka
	Deputy Director-General (Public Health Services) Sri Lanka
	Director-General, Health Services, Sri Lanka
	Vote of thanks
9.40 – 9.50 am	Objectives of the consultation WHO/ SEARO (Dr Iyanthi Abeyewickreme)
9.50 – 10.00 am	Introduction and photograph
10.20 – 11.30 am	STI distance learning modules Presentation by IMPA
11.30 – 12.00 noon	Discussion
12.00 – 12.30 pm	Revised WHO/SEARO STI flowcharts – Dr Iyanthi Abeyewickreme
12.30 – 1.00 pm	Discussion
2.30 – 2.45 pm	Presentation by Bangladesh
2.45 – 3.00 pm	Discussion
3.00 – 3.15 pm	Presentation by Indonesia
3.15 – 3.30 pm	Discussion
3.30 – 4.00 pm	Presentation by Myanmar

4.00 – 4.15 pm	Discussion
4.30 – 4.45 pm	Presentation by Thailand
4.45 – 5.00 pm	Discussion
5.00 – 5.15 pm	Briefing for group work

Wednesday, 30 November 2005

8.30 – 10.00 am	Group work 1 – STI management modules
10.15 – 11.45 am	Presentation of group work and discussion
11.45 – 12.00 noon	Briefing for group work 2
12. 00 – 1.00 pm	Group Work 2 – STI reporting
2.30 – 4.00 pm	Presentation of group work and discussion
4.15 – 5.30 pm	Recommendations
5.30 – 6.00 pm	Next steps and closing