



**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Sixty-seventh session

Victoria Falls, Republic of Zimbabwe, 28 August–1 September 2017

Agenda item 10

**GLOBAL HEALTH SECTOR STRATEGY ON SEXUALLY TRANSMITTED INFECTIONS 2016–2021:  
IMPLEMENTATION FRAMEWORK FOR THE AFRICAN REGION**

**Report of the Secretariat**

**EXECUTIVE SUMMARY**

1. Sexually Transmitted Infections (STIs) are a highly endemic public health challenge in the African Region and worldwide. At global level, it is estimated that each year there are 357 million new cases of the four major curable STIs among people aged 15–49 years: chlamydia infection (131 million), gonorrhoea (78 million), syphilis (6 million) and trichomoniasis (142 million). The prevalence of some viral STIs is similarly high, with an estimated 417 million people infected with herpes simplex type 2, and approximately 291 million women harbouring the human papillomavirus (HPV). The African Region is particularly affected with a high prevalence of these infections. The total number of new cases for these four curable STIs in the Region was estimated at 63 million in 2012, representing 18% of the global incidence.
2. These STIs have a profound impact on the health and lives of the population worldwide. This includes the high risk of fetal and neonatal morbidity and deaths due to syphilis in pregnancy; the risk of cervical cancer due to HPV infection; the risk of infertility mainly due to gonorrhoea and chlamydia infection, as well as the facilitation of sexual transmission of HIV.
3. In order to adequately respond to this high burden of disease and in line with the 2030 Agenda for Sustainable Development, WHO has developed a global health sector strategy on STIs, 2016–2021. The proposed strategy is based on achievements and lessons learnt from the previous global strategy, which covered the period 2006–2015. The development of the strategy followed a broad consultative process involving Member States, organizations of the United Nations system and other key partners such as donor and development agencies, civil society, nongovernmental organizations, scientific and technical institutions and networks, and the private sector.
4. The goal of the strategy is to end STI epidemics as major public health concerns. The strategy defines a set of priority actions to be undertaken by Member States, which are organized under five strategic directions, namely information for focused action, interventions for impact, delivering for equity, financing for sustainability and innovation for acceleration of the response.
5. The proposed regional implementation framework provides programmatic and policy guidance to Member States to facilitate implementation of the global strategy. It describes actions and roles that Member States and partners should take to fast-track STI prevention and treatment interventions in the African Region towards ending the STI epidemic. The actions proposed include prioritizing STI prevention, expanding STI testing services using diversified approaches and scaling up treatment by adopting innovative service delivery models.
6. The Regional Committee examined and adopted the proposed implementation framework.

## CONTENTS

	<b>Paragraphs</b>
<b>INTRODUCTION</b> .....	1–4
<b>CURRENT SITUATION</b> .....	5–9
<b>ISSUES AND CHALLENGES</b> .....	10–16
<b>THE REGIONAL IMPLEMENTATION FRAMEWORK</b> .....	17–39
<b>ACTIONS PROPOSED</b> .....	40
	<b>Page</b>
<b>ANNEX:</b> Global health sector strategy on Sexually Transmitted Infections, 2016–2021 at a glance .....	9

## INTRODUCTION

1. Sexually transmitted infections (STIs) are infections that can be transferred from one person to another through sexual contact. The World Health Organization (WHO) estimates that more than 1 million STIs are acquired every day worldwide, with a growth in the number of etiological agents and a tendency towards increasing severity of the diseases.<sup>1</sup> Common STIs include human immunodeficiency virus (HIV) infection and viral hepatitis that are specifically addressed in their respective strategies.<sup>2,3</sup>
2. These STIs have a profound impact on the health and lives of the population worldwide. Syphilis in pregnancy leads to approximately 305 000 fetal and neonatal deaths every year and leaves 215 000 infants at increased risk of dying from prematurity, low-birth-weight or congenital disease. Human papillomavirus (HPV) infection is responsible for over 500 000 new cases and 250 000 deaths from cervical cancer each year.<sup>1</sup> STIs such as gonorrhoea and chlamydia are an important cause of infertility; in sub-Saharan Africa; untreated genital infection may be the cause of up to 85% of infertility among women seeking infertility care.<sup>1</sup> Moreover, curable STIs such as syphilis, gonorrhoea, chlamydia and trichomoniasis, facilitate the sexual transmission of HIV.<sup>1</sup>
3. These observations point to the need to reinvigorate the battle against STIs with innovative and effective public health strategies. Based on lessons learnt from the former strategy for 2006–2015<sup>4</sup> and in line with the 2030 Agenda for Sustainable Development, WHO has therefore developed a global health sector strategy on STIs, 2016–2021, which was endorsed by the Sixty-ninth World Health Assembly.<sup>5</sup>
4. The goal of the global health sector strategy 2016–2021 is to end STI epidemics as major public health concerns. The strategy describes a package of high-impact interventions to be delivered along the continuum of services, prevention being its first strategic objective. This framework intends to facilitate the implementation of the global health sector strategy, taking into account the specific context of the Region. It focuses on prioritizing STI surveillance and prevention, and expanding testing and treatment through innovative service delivery models.

## CURRENT SITUATION

5. STIs continue to be a major public health concern in the African Region and worldwide. It is estimated that annually there are 357 million new cases of the four major curable STIs among people aged 15–49 years in the world: 131 million cases of chlamydia infection, 78 million cases of gonorrhoea, 6 million cases of syphilis, and 142 million cases of trichomoniasis.<sup>1</sup> The prevalence of some viral STIs is similarly high, with an estimated 417 million people infected with herpes simplex type 2, and approximately 291 million women harbouring the human papillomavirus.<sup>3</sup>

---

<sup>1</sup> Newman LM, et al. Global estimates of the prevalence and incidence of four curable sexually transmitted infections in 2012, PLoSOne 2015.

<sup>2</sup> WHO, Global health sector strategy on viral hepatitis 2016–2021, Geneva, World Health Organization 2016 (WHO/HIV/2016.06).

<sup>3</sup> WHO, Global health sector strategy on HIV 2016–2021, Geneva, World Health Organization 2016 (WHO/HIV/2016.05)

<sup>4</sup> WHO, Global strategy for the prevention and control of sexually transmitted infections: 2006–2015, see [http://www.who.int/hiv/pub/toolkits/stis\\_strategy\[1\]en.pdf](http://www.who.int/hiv/pub/toolkits/stis_strategy[1]en.pdf) (accessed 22 October 2016).

<sup>5</sup> WHO, Global health sector strategy on sexually transmitted infections, 2016–2021. Geneva, World Health Organization 2016, document WHA69/2016/REC/1.

6. In the African Region, the total number of new cases of the said four curable STIs in 2008 was estimated to be 92.6 million: 8.3 million cases of chlamydia infection, 21.1 million cases of gonorrhoea, 3.4 million cases of syphilis and 59.7 million cases of trichomoniasis.<sup>6</sup> Despite a decrease in the incidence, the total number of new cases still remains high in the Region, estimated at 63 million in 2012.<sup>1</sup>

7. The report on the implementation of the Global Strategy for the Prevention and Control of STIs 2006–2015 highlighted some progress in designing responses to STIs in the African Region.<sup>7</sup> Seventy-six per cent of Member States developed and implemented national strategies or action plans for STI prevention and control and 96% adopted the syndromic approach for management of STIs as recommended by the global strategy. The medicines used for the management of STIs were included in all the national Essential Medicines Lists and STI surveillance systems were put in place in 80% of Member States.<sup>7</sup>

8. Some achievements were noted in the Region.<sup>7</sup> These include a decline in the incidence of chancroid, syphilis and some STI sequelae such as neonatal conjunctivitis in the general population. An increase in pregnant women screened for syphilis and HIV with increased access to adequate treatment has helped underline the feasibility of dual elimination of mother-to-child-transmission of HIV and syphilis. Increased access to HPV vaccination is noted in the Region, with six countries<sup>8</sup> having introduced it nationally. This contributes to reduce the incidence of cervical cancer and genital warts.

9. Despite this progress, the STI epidemic continues to pose a serious public health threat in the Region.<sup>4</sup> The current coverage of services is inadequate and the rate of expansion is too slow to achieve global targets. The need to expand the response to achieve the goal of eliminating STIs as a public health threat will require rapid implementation of STI prevention and treatment interventions in the next four years. In particular, the surveillance system is still weak in the Region, access to preventive and curative services is still challenging, and the implementation of STI programmes is constrained by lack of financial sustainability and poor research activities.

## ISSUES AND CHALLENGES

10. **Inadequate information.** Data on STIs in the Region are constrained by inconsistent reporting between and within Member States. National and subnational data are often lacking or inadequate and STI surveillance programmes are weak, making it difficult to plan for focused action and to prioritize the allocation of resources. Even where national STI surveillance systems are in place, the reporting approaches are neither standardized nor uniform from one Member State to another. Some Member States have universal reporting systems with a mixture of syndromic, laboratory-based approaches as well as clinical diagnosis. Others have sentinel-based surveillance with the same mix of approaches as universal reporting.<sup>5</sup>

11. **Inadequate implementation of preventive interventions.** Prevention programmes are of limited scope and coverage in the Region, due to financial constraints and inadequate integration of

---

<sup>6</sup> WHO, Global incidence and prevalence of selected curable sexually transmitted infections – 2008; World Health Organization, 2012.

<sup>7</sup> WHO, Progress report of the implementation of the global strategy for prevention and control of sexually transmitted infections: 2006–2015, at <http://www.who.int/reproductivehealth/publications/rtis/STI-progress.pdf?ua=1> (accessed 22 October 2016).

<sup>8</sup> Botswana, Lesotho, Rwanda, Seychelles, South Africa and Uganda.

STI and HIV services. Counselling and behavioural interventions contribute to primary prevention against STIs. These include comprehensive sexuality education; condom promotion; and interventions targeted at adolescents and key populations. Unfortunately, due to financial constraints and many competing priorities, implementation of these preventive measures is still a challenge in the Region. Furthermore, some Member States have not yet introduced or expanded, as part of the routine immunization system, the safe and highly effective vaccine available to prevent HPV infection.<sup>9</sup>

**12. Inadequate access to services.** Some structural factors contribute to increased vulnerability and prevent equitable access to STI services. Due to the weakness of health services, people seeking screening and treatment for STIs face numerous problems. These include limited resources, stigmatization, poor quality of services, and little or no follow-up of sexual partners. In many settings, STI services are provided separately, often by the private sector and are not available in primary health care, family planning and other routine health services. Moreover, services are often unable to provide screening for asymptomatic infections, lacking trained personnel, laboratory capacity and adequate supplies of appropriate medicines.

**13. Limitations in case management.** Member States rely on syndromic management of STIs which consists of identifying consistent, easily recognizable signs and symptoms to guide treatment, without the use of laboratory tests. Although this syndromic management is simple, assures rapid treatment and avoids expensive diagnostic tests, it misses infections that do not demonstrate any syndromes - the majority of STIs globally. Moreover, syndromic management of STIs requires that the pathogens causing the syndromes be validated at reasonably short intervals of 3–5 years; unfortunately this is not the case for the majority of Member States.<sup>7</sup> Finally, the resistance of gonorrhoea and other STIs to antibiotics has increased rapidly in recent years and has reduced treatment options.<sup>7</sup>

**14. Inadequate access to services for most-at-risk populations.** Key and vulnerable populations with highest risk of STIs have limited access to adequate health services. The evaluation of the global strategy for prevention and control of STIs 2006–2015<sup>7</sup> pointed out that 76% of Member States had put in place services for vulnerable and most-at-risk populations. However these have not been implemented to scale and most of them are conducted by nongovernmental organizations rather than national governments. Furthermore, most targeted populations are female sex workers and long-distance truck drivers while adolescents, as a vulnerable population, are still left behind.

**15. Inadequate financing.** Prevention and care of STIs in the Region are constrained by inadequate financial resources. Strengthening laboratory capacity, access to STI diagnosis, treatment and monitoring require adequate resources. In the African Region, there is very limited local production of STI medicines and commodities, leading to their high costs and frequent stockouts. Moreover, heavy reliance on donors and international financing threatens the sustainability of STI interventions. With changing donor priorities, expanding equitable and sustainable health financing systems is particularly critical for Member States.

**16. Limited research on STIs.** Based on the results of the assessment of the Global strategy for prevention and control of STIs 2006–2015, very limited research on STIs was undertaken by Member States.<sup>7</sup> This situation hampers the understanding of the epidemiology of STIs as well as

---

<sup>9</sup> WHO, sexually transmitted infections (STIs). Fact sheet, updated August 2016. Accessible at <http://www.who.int/mediacentre/factsheets/fs110/en/> (last accessed 26 November 2016).

guidance on prevention and treatment. Only 28% of Member States had conducted basic, operational or behavioural research on STIs during the period 2006–2015.<sup>7</sup> More research activities on STI vaccines, diagnostic tests and medicines should be undertaken.

## **THE REGIONAL IMPLEMENTATION FRAMEWORK**

### **Vision, goal, objectives and targets**

17. The **vision** is an African Region with zero new STIs, zero STI-related complications and deaths, and zero stigma and discrimination.

18. The **goal** is to contribute to end STI epidemics as major public health concerns by 2030 in the African Region. Ending STI epidemics as major public health concerns is defined by the reduction in cases of *N. gonorrhoea* and *T. pallidum*; as well as by the elimination of congenital syphilis and pre-cancer cervical lesions.

19. The **objectives** are:

- (a) To provide programmatic and policy guidance to Member States to implement the global health sector strategy on STIs, 2016–2021.
- (b) To describe the priority actions required to achieve the global STI strategy targets.

20. The **targets** of the implementation Framework in the African Region 2016–2021 are:

- (a) 30 out of 47 Member States have STI surveillance systems in place that are able to monitor progress towards the relevant targets.
- (b) 30 out of 47 Member States provide annual reports on the key STIs, namely gonorrhoea, syphilis, chlamydia, trichomoniasis and HPV infection.
- (c) 30 out of 47 Member States have at least 95% of pregnant women screened for HIV and syphilis; 95% of pregnant women screened for HIV and syphilis with free, prior and informed consent; 90% of HIV-positive pregnant women receiving effective treatment; and 95% of syphilis-seropositive pregnant women treated with at least one dose of intramuscular benzathine penicillin or other effective regimen.
- (d) 50% of key populations have access to a full range of services relevant to STIs, including condoms.
- (e) 35 out of 47 Member States provide STI services or links to such services in all primary, HIV, reproductive health, family planning, and antenatal and postnatal care services.
- (f) 35 out of 47 Member States deliver HPV vaccines through the national immunization programme.
- (g) 24 out of 47 Member States report on antimicrobial resistance in *Neisseria gonorrhoea*.

### **Guiding principles**

21. The global strategy is rooted in a public health approach that is concerned with preventing disease, promoting health, and prolonging life in the population as a whole, and is designed to

promote a long-term, sustainable response. The guiding principles of the regional implementation framework are:

- (a) **Universal health coverage.** As an overarching framework, universal health coverage is fundamental to ensure that all people obtain the STI services they need without suffering financial hardship when paying for them.
- (b) **Government stewardship and accountability.** This principle is particularly important in the context of over reliance on external resources. It is thus necessary to ensure that the national STI response is led, coordinated and owned by the Member States.
- (c) **Evidence-based interventions, services and policies.** In order to ensure their efficacy and effectiveness, STI prevention and care interventions, services and policies should be based on the latest available scientific evidence, taking into consideration the context and the availability of resources.
- (d) **Protection and promotion of human rights, gender equality and health equity.** These dimensions have to be taken into consideration in the context of universal health coverage so that no one is left behind.
- (e) **Partnership, integration and linkage with relevant sectors, programmes and strategies.** This will contribute to avoid stand-alone STI programmes and services, strengthen the interface between the health sector and other sectors and maximize utilization of available resources. Effective partnership will ensure in particular that all partners align their support to the national response as set out by governments.
- (f) **Community engagement.** This will contribute to create sustainable, locally-appropriate solutions to limit the burden posed by STIs on health care systems, societies and, more importantly, infected persons and their communities.

### **Priority interventions and actions**

Member States should undertake the following actions, grouped under the five strategic directions of the Global Health Sector Strategy on STIs, namely information for focused action, interventions for impact, delivering for equity, financing for sustainability and innovation for acceleration (see annex).

#### *Information for focused action*

22. **Integrating STI surveillance into the national health information system as part of health system strengthening.** This should be done using standardized indicators and methodologies as guided by WHO. The data should be appropriately disaggregated to the district, community and facility levels by age, sex and location to better understand subnational epidemics, assess performance along the continuum of STI services and guide more focused investments and services.

23. **Strengthening surveillance.** Mechanisms should be established to promote the participation of affected populations. Routine case reporting and periodic prevalence assessment of core STIs should be conducted in order to assess the magnitude of the STI problem in target populations, including by disaggregating the data. The information should include description of the STI epidemics and measure the impact in terms of sequelae and cost. Member States should introduce and expand the coverage of point-of-care diagnostics to ensure routine monitoring of STIs and antimicrobial

resistance. They should integrate biological surveillance with other programmes, such as behavioural surveillance surveys in the HIV files and include contact tracing and treatment of partners.

**24. Mapping of affected populations.** Specific populations who are most at risk for STIs should be identified, as well as places where most of the transmission is occurring. Data on the risk factors and determinants of STIs should be included in order to understand and address these determinants. Both standard and innovative participatory survey methodologies should be used to develop accurate estimates of key population sizes and detailed understanding of subnational epidemics.

#### *Interventions for impact*

**25. Preventing STIs.** High-impact and comprehensive preventive interventions should be prioritized and tailored to the type of STI epidemic in the country. It should be closely coordinated with programmes on prevention of HIV, sexual and reproductive health interventions, maternal and child health and immunization activities. Such a set of preventive interventions should include comprehensive health information, education, communication and health promotion programmes for adolescents and youth. Prevention should also include male and female condom programming for dual protection against STIs and unintended pregnancy. Maternal and child health and family planning clinics can be used as additional outlets. Other innovative interventions such as use of social marketing programmes should be developed in order to increase demand and supply of affordable STI services. Voluntary medical male circumcision and HPV vaccination should also be promoted.

**26. Reducing risks.** Risk reduction interventions should be scaled up to address sexual health from a well-being perspective and to respond to the needs of the most affected populations. They should address the key factors that place people at risk for STIs and that impede access to effective and relevant services. This includes redressing human rights violations and the criminalization of same-sex relationships or sex work, and preventing and managing gender-based violence, as well as violence related to sexual orientation and gender identity.

**27. Strengthening case management using updated guidelines.** Evidence-based STI management guidelines should be implemented and scaled up. Strategies for detecting and managing asymptomatic infections in specific and key populations should be implemented. This should particularly be done for pregnant women and adolescents, such as regular case testing or screening, with enhanced interventions for reaching sexual partners. Implementation plans for guiding effective and sustainable scale-up of symptomatic STI management should be updated, based on the latest evidence. Use of single dose treatment should be encouraged to enhance adherence.

**28. Screening pregnant women for STIs.** All pregnant women should be screened for syphilis, and those who are seropositive should receive appropriate injectable penicillin therapy. Efforts to eliminate mother-to-child transmission of syphilis should be linked with those to eliminate mother-to-child transmission of HIV. In order to attain validation standards, Member States should strive to increase coverage and reduce disparities in the delivery of mother-to-child transmission of syphilis interventions.

**29. Strengthening supply chain management for STI prevention and control.** STI management commodities and quality-assured medicines for STIs should be ensured. Barriers on accessibility and affordability of quality STI diagnostics must be decreased. In order to achieve greater impact, STI testing services need to be focused to reach populations and settings where the STI burden is greatest.

To ensure the uninterrupted provision of STI services, the procurement and supply management of STI medicines, diagnostics and other commodities should be integrated into the broader national procurement and supply management system.

**30. Strengthening national laboratory capacity to improve monitoring of antimicrobial resistance.** The implementation of strategies and interventions to monitor antimicrobial resistance should be strengthened. National laboratory network capacities should be reinforced. The surveillance of antimicrobial resistance should be integrated into the national antimicrobial resistance surveillance plan. The national treatment guidelines should be adapted to resistance patterns, and interventions to limit the spread of antimicrobial resistance should be implemented.

#### *Delivering for equity*

**31. Targeting vulnerable and most-at-risk populations.** STI interventions and services should target populations and locations where need, risk and vulnerability are highest. Evidence-based gender-equality interventions should be integrated into national STI action plans, including interventions that promote positive norms, empower women and girls, and address violence. Comprehensive sexual health education should be included in school curricula for adolescents. Member States should prioritize implementation of tailored service packages to meet the needs of populations vulnerable to and most affected by STIs, including linking to a broader package of appropriate health services, such as maternal and child health and HIV or vaccination services. They should include multisectoral actions to reduce stigmatization and discrimination in national STI strategies, policies and programmes.

**32. Creating an enabling policy environment for provision of STI services.** Public health evidence should be applied to shape health-related laws and policies that promote human rights and gender equality in line with internationally agreed norms and standards. Legal, regulatory and policy barriers and practices that condone or encourage stigmatization, discrimination and violence, should be removed. Health care providers should be trained on human rights and gender equality in relation to STIs and HIV; independent mechanisms should be established for monitoring and accountability to ensure grievance redress for human rights violations.

**33. Strengthening integration of STI prevention and care into other national health programmes and services.** This should be done through health systems and a community-based approach, and through mechanisms related to sexual and reproductive health, maternal and child health, adolescent health and HIV. To this end, health workers from both the public and private sectors should be equipped with the adequate skills and commodities to rapidly expand primary prevention, testing and treatment of STIs, providing equitable and effective services for all. Member States should integrate HIV and STI interventions for better use of financial resources and political commitment.

#### *Financing for sustainability*

**34. Ensuring adequate allocation of resources.** National costed investment cases for STIs should be developed to ensure adequate allocation of domestic and external resources. An estimation of resource needs to fast-track the STI response should be done. The investment case should be incorporated into the overall investment case for health to the extent possible.

35. **Improving financial accessibility to STI services.** This can be done through implementation of health financing systems, financial protection schemes and other mechanisms (such as voucher systems) that enable people to access essential, quality-assured services without suffering financial hardship. Out-of-pocket payments should be phased out and other financial barriers to accessing STI services should be reduced. The financial risk protection schemes should be universal, covering all populations, including those who are criminalized and marginalized.

36. **Increasing efficiency of STI services.** Comprehensive strategies should be developed to reduce prices of STI commodities and increase efficiencies through improved planning and more efficient procurement and distribution systems. This implies adaptation of models of STI service delivery based on the country context and epidemic, including, where appropriate, the introduction of task-shifting.

#### *Innovation for acceleration*

37. **Strengthening research and innovation.** Priorities for research and innovation should be defined. Research should be facilitated, as well as early documentation of implementation experiences. Some of the priority areas include vaccines, diagnostic tests, safe and more effective medicines and new service delivery models based on a public health approach. Collaboration between researchers and policy makers should be strengthened to ensure that research findings are translated into practice rapidly and on a scale sufficient to have the desired impact.

38. **Developing and implementing innovations for scaling-up STI services.** This includes strategies for scale-up of HPV vaccination; decentralization of services and task-shifting for earlier, accurate diagnosis and effective linkage to treatment and care. This includes also community-based service delivery and more acceptable models for reaching specific populations with comprehensive services; enhanced research on health-seeking behaviour; user-friendly services and use of mHealth for adolescents that are better suited and more acceptable.

39. **Testing innovations for STIs.** This includes the development of point-of-care tests to improve the screening strategy of target populations, case management and monitoring. Point-of-care diagnostic tests and/or self-testing technologies that are affordable, and more rapid, reliable and simpler to use, should be implemented. Member States should develop and implement operational research to guide the most effective methods for introducing rapid tests in countries, and to identify major challenges and opportunities related to them.

#### **ACTIONS PROPOSED**

40. The Regional Committee examined and adopted this regional implementation framework.

**ANNEX: Global health sector strategy on Sexually Transmitted Infections, 2016-2021 at a glance<sup>10</sup>**

<b>VISION</b>	Zero new infections, zero sexually transmitted infection-related complications and deaths, and zero discrimination in a world where everybody has free and easy access to sexually transmitted infection prevention and treatment services, resulting in people able to live long and healthy lives.
<b>GOAL</b>	Ending sexually transmitted infection epidemics as major public health concerns.
<b>2030 TARGETS</b>	
<ol style="list-style-type: none"> <li>1. 90% reduction of <i>Treponema pallidum</i> incidence globally (2018 global baseline).</li> <li>2. 90% reduction in <i>Neisseria gonorrhoea</i> incidence globally (2018 global baseline).</li> <li>3. ≤ 50 cases of congenital syphilis per 100 000 live births in 80% of countries.</li> <li>4. Sustain 90% national coverage and at least 80% in every district (or equivalent administrative unit) in countries with the human papillomavirus vaccine in their national immunization programme.</li> </ol>	
<b>STRATEGIC DIRECTIONS</b>	
<ol style="list-style-type: none"> <li>1. <b>Information for focused action</b> <ol style="list-style-type: none"> <li>(a) Strengthen the governance and accountability of programmes relating to sexually transmitted infections.</li> <li>(b) Set national targets and milestones and identify indicators for monitoring and evaluating the national sexually transmitted infection programme.</li> <li>(c) Ensure that relevant monitoring and evaluation frameworks track the entire continuum of services.</li> </ol> </li> </ol>	
<ol style="list-style-type: none"> <li>2. <b>Interventions for impact</b> <ol style="list-style-type: none"> <li>(a) Prioritize high-impact and comprehensive prevention interventions tailored to the epidemic closely linked with HIV prevention, sexual and reproductive health, and mother and child health and immunization programmes.</li> <li>(b) Tailor and focus risk reduction interventions addressing sexual health from a well-being perspective to the needs of populations that are most affected.</li> </ol> </li> </ol>	
<ol style="list-style-type: none"> <li>3. <b>Delivering for equity</b> <ol style="list-style-type: none"> <li>(a) Establish and implement national quality assurance norms and standards, based on international guidelines and standards, monitor their implementation and apply quality improvement measures.</li> <li>(b) Establish supply and demand forecast and monitoring mechanisms to ensure a continuous supply of essential commodities and avoid stockouts.</li> </ol> </li> </ol>	

<sup>10</sup> Adapted from the Global health sector strategy on sexually transmitted infections, 2016–2021. Document WHA69/2016/REC/1.

**4. Financing for sustainability**

- (a) Develop a costed investment case for sexually transmitted infections to ensure adequate allocation of domestic and external resources.
- (b) Implement health financing systems, financial protection schemes and other mechanisms (such as voucher systems) that enable people to access essential, quality-assured services without suffering financial hardship.
- (c) Pursue comprehensive strategies to reduce prices of sexually transmitted infection commodities.
- (d) Increase efficiencies through improved planning and more efficient procurement and distribution systems.

**5. Innovation for acceleration**

- (a) Multipurpose technologies and approaches for preventing sexually transmitted infections and unintended pregnancies, especially female-controlled technologies.
- (b) Innovations in service scale-up and delivery.
- (c) Testing innovations for sexually transmitted infections.
- (d) Innovations to address treatment challenges and drug resistance.