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Public Health – The Importance of STI in the Context of HIV/AIDS

Sexually transmitted infections (STIs) are a major cause of morbidity and mortality worldwide, particularly among women and infants in whom severe sequelae such as pelvic inflammatory disease, adverse pregnancy outcomes, and congenital abnormalities can occur. In both men and women, STIs play a major role in infertility and genital cancers. The World Bank has estimated that STIs, not including HIV, account for 17% of disability-adjusted life years lost (DALY), placing STIs among the three top causes of healthy life years lost in developing or low-income countries (LIC).

The WHO estimates that around 340 million new cases of the four main curable STIs (gonorrhoea, Chlamydia, syphilis, and trichomoniasis) occur every year, 85% of them in LIC. Reasons why STI disproportionately affect LIC include: demographic factors (large young populations); urban drift and associated poverty leading to female or child prostitution, and loss of cultural values; lack of medical facilities, trained health workers and effective drugs; behavioural or cultural norms such as polygamy or concurrent sexual partnerships; political and economic instability, migration and wars. However, there is no room for complacency in the industrialised world either. Whilst there had been a steady decline in most bacterial STIs during the 1980's, achieved through efforts in ensuring access to early detection and STI treatment services, and vigorous campaigns promoting changes in sexual behaviour and risk reduction organised by AIDS control programs, this downward trend has started to reverse and recent epidemics of gonorrhoea or syphilis have occurred in high-risk groups in many Western countries. Meanwhile, cases of viral STIs such as Herpes simplex virus (HSV) and Human papillomavirus (HPV), and Chlamydia, mostly as asymptomatic infections, have soared, particularly among the youth

STIs have increasingly been recognised as facilitating the acquisition or transmission of HIV infection, and improved management of the treatable STIs has been shown to reduce the incidence of HIV infection by 40% in a community randomised study in Tanzania. However, the impact of STI control programmes may largely depend on the context in which the HIV

epidemic thrives, and may be more effective in early epidemics and when targeting high-risk core groups such as sex workers, their partners and other bridging populations.

Despite enormous burden associated with STI, little attention has been given to their control in many LIC. STI control programmes should aim to: (1) reduce the transmission of STIs; (2) reduce the complications associated with STIs; and (3) reduce the transmission of HIV. The main principles of effective STI control are thus to: (i) prevent new infections, through behavioural change communication (BCC), promotion of male and female condoms, and for the future, use of microbicides and STI vaccines; (ii) treat those with symptoms of infection (STI case management), which has greatly been improved in resource-constrained settings by the adoption of the syndromic approach; (iii) identify and treat those without symptoms; and (iv) motivate prompt and appropriate health-seeking behaviour.