



# WHO

REGIONAL OFFICE FOR EUROPE

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SCHERFIGSVEJ 8  
DK-2100 COPENHAGEN Ø  
DENMARK  
TEL.: +45 39 17 17 17  
TELEFAX: +45 39 17 18 18  
TELEX: 12000  
E-MAIL: [POSTMASTER@WHO.DK](mailto:POSTMASTER@WHO.DK)  
WEB SITE: [HTTP://WWW.WHO.DK](http://WWW.WHO.DK)

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*TASK FORCE FOR  
THE URGENT  
RESPONSE TO THE  
EPIDEMICS OF  
SEXUALLY  
TRANSMITTED  
INFECTIONS IN  
EASTERN EUROPE  
AND CENTRAL ASIA*

Report on the Third Meeting

Copenhagen, Denmark  
1–2 June 1999

## EUROPEAN HEALTH21 TARGET 7

### REDUCING COMMUNICABLE DISEASES

By the year 2020, the adverse health effects of communicable diseases should be substantially diminished through systematically applied programmes to eradicate, eliminate or control infectious diseases of public health importance

*(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)*

### ABSTRACT

The Task Force for the Urgent Response to the Epidemics of Sexually Transmitted Infections in Eastern Europe and Central Asia (TF/STI) was set up in response to the need for urgent action to address the continuing high levels of sexually transmitted infections in the region. The third meeting of the TF/STI (held in Copenhagen in June 1999) reconfirmed its objectives and strategies and moved forward the development of a framework for its activities. A format for future meetings and their contents was proposed. Members agreed that prioritization was necessary and that the secretariat should take immediate action to develop the inventory of existing support to the region, to provide a comprehensive overview of strategic, programmatic and technical advisory activities in order to take forward the wider objectives of TF/STI.

### Keywords

SEXUALLY TRANSMITTED DISEASES – prevention and control  
INTERNATIONAL COOPERATION  
HEALTH PROMOTION  
EPIDEMIOLOGY  
SYPHILIS  
HIV INFECTIONS  
ASIA, CENTRAL  
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## **Introduction and objectives**

The Third Meeting of the Task Force for the Urgent Response to the Epidemics of Sexually Transmitted Infections in Eastern Europe and Central Asia (TF/STI) was convened on 1–2 June 1999 in Copenhagen. This meeting was a follow-up to two previous TF/STI meetings. At the founding meeting, held on 23–24 February 1998 in Copenhagen, Denmark, the terms of reference for TF/STI were established and a secretariat set up to carry out related tasks. A second meeting, held on 22–23 September 1998 in Vilnius, Lithuania, took forward consultations with countries in the Region, reviewed the current and planned activities and programmes supported by international organizations and discussed priority areas for action. The third meeting was hosted by the WHO Regional Office for Europe (WHO/EURO) and supported by voluntary contributions.

Dr J.E. Asvall, WHO Regional Director for Europe, welcomed representatives from international and donor organizations and technical consultants.

The specific objectives of this Meeting were:

- to review the mission statement, terms of reference, objectives, activities and achievements of the TF/STI and the secretariat;
- to define the development and objectives of TF/STI inventory, examine approaches to developing it further, and determine a mechanism for doing this;
- to develop and endorse a framework for future TF/STI secretariat activity;
- to review the roles of members of the TF/STI;
- to decide on the format of future meetings and activities and the involvement of participating countries.

This report highlights the discussions and recommendations of this meeting.

## **Developments in priorities and technical capacity at WHO/EURO**

### **Health priorities**

In May 1998, the Fifty-first World Health Assembly adopted the policy of health for all in the twenty-first century. The subsequent development of this policy in the European Region (HEALTH21) laid down 21 targets to form the benchmarks against which progress in improving and protecting health in the Region can be measured. Target 7 – reducing communicable diseases – sets several goals, including:

- that by 2010 or earlier, all countries should have an incidence level for congenital syphilis of below 0.01 per 1000 live births; and
- that by 2015 or earlier every country, should show a sustained and continuing reduction in the incidence, mortality and adverse consequences of HIV infection and AIDS and other sexually transmitted diseases.

Furthermore, the concerns regarding the global threat from communicable diseases were recently highlighted by the Director-General to the Fifty-second World Health Assembly when she identified re-emerging infections among the new challenges we must be ready to confront. She clarified the role of WHO as being both technical and catalytic. WHO must, she said, “unleash the resources of national governments, development banks and bilateral ... and multilateral partners”. There is now a clear agenda for the promotion of partnerships and networks between all organizations and groups concerned with promoting health in order to achieve strategic and operational synergy, and to sustain morale and promote mutual inspiration. We can therefore consider that the TF/STI fits squarely into the mainstream of international health development both in terms of its area of activity and its philosophy and methods of working.

### **Technical capacity in infectious diseases in WHO/EURO**

In response to the wider prioritization of infectious diseases and the increasing importance of these diseases in the Region, WHO/EURO has recently set up a new Department of Infectious Disease. The priorities for the Department include STD, HIV/AIDS, tuberculosis, malaria, vaccine-preventable diseases and the development of surveillance. Sections within the Department have been set up to work on:

- immunization
- STD and HIV/AIDS
- re-emerging infections (tuberculosis and malaria)
- surveillance and advocacy.

The Department is evolving rapidly, and it is clear that the interests of TF/STI are central to its work.

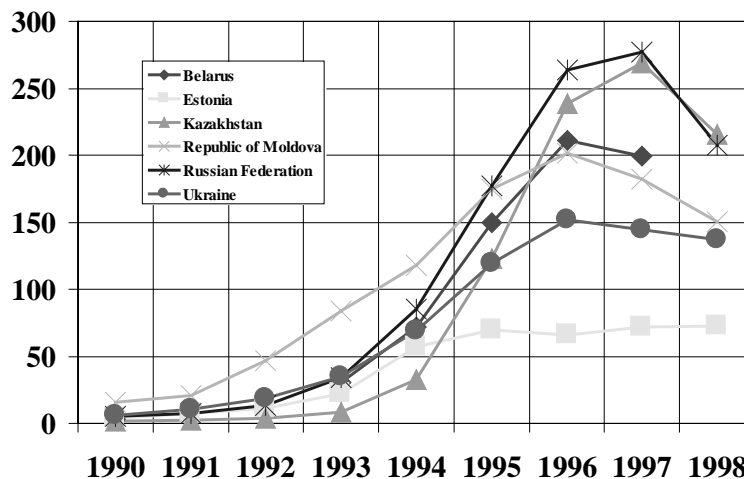
### **Epidemiological update**

At previous TF/STI meetings participants had been provided with updates from Armenia, Belarus, Bulgaria, Georgia, Kazakhstan, the Russian Federation, Ukraine and the Baltic States. At this meeting, participants were presented with an integrated regional view; focusing on the epidemiology of HIV/AIDS and syphilis. The main features are as follows:

- reports of new cases of syphilis remain at levels above 150 per 100 000 population in Belarus, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation and Ukraine; between 50 and 100 per 100 000 population in Estonia, and between 20 and 50 per 100 000 population in Tajikistan, Turkmenistan and Uzbekistan (Fig. 1, 2);
- there is some suggestion that notification rates for syphilis are beginning to decline in the highest incidence areas, but it is not yet clear whether this indicates a real decrease in incidence or changes in service provision or registration; information on trends in prevalence among screened populations such as pregnant women is urgently needed to characterize the true epidemiological situation;
- the prevalence of HIV among STD patients in both the Russian Federation and Ukraine has shown at least a 20-fold increase since 1995 (Fig. 3);
- between 1994 and 1997 countries of the former Soviet Union and central Asia have experienced among the highest rates of increase in HIV prevalence in the world;
- in the Russian Federation, the number of newly reported HIV infections increased from under 250 in 1995 to nearly 4500 in 1997;

- in Ukraine, the number of newly reported HIV infections increased from under 2000 in 1995 to nearly 25 000 in 1998;
- in the Russian Federation and Ukraine, the clear majority of people identified as HIV-infected have acquired the infection through injecting drug use;
- in the Russian Federation and Ukraine, epidemics of HIV infection are occurring among injecting drug users and drug-injecting sex workers, although some of the dramatic increase may be a consequence of increased screening among drug users;
- the number of newly reported HIV infections has also increased in Belarus and Kazakhstan although this may be due in substantial part to increased screening activities;
- the proportion of newly reported HIV infections in the region which are sexually transmitted remains low at around 10–15%, and this is reflected in continuing low prevalence rates among pregnant women;
- the incidence of congenital syphilis has risen in parallel to the overall notification rates and exceeded 700 cases in the Russian Federation and 200 cases in Kazakhstan in 1997; the incidence in other countries is lower but substantial;
- notification rates for gonorrhoea are very difficult to interpret due to under-reporting and high levels of asymptomatic infection.

Fig. 1. Annual incidence of syphilis in Belarus, Estonia, Kazakhstan, Republic of Moldova, Russian Federation and Ukraine, 1990–1998 (per 100 000 population)



In summary the meeting took the view that:

- strenuous efforts to control STIs in eastern Europe and central Asia were justified, independent of any link with HIV infection;
- a focus on STI control among injecting drug users and sex workers was a priority in terms of preventing sexually-transmitted HIV epidemics;
- a strategy focusing on the general population as well as high risk groups was necessary to achieve STI control at the population level;
- the success of STI control was intimately connected with the success of wider health and health service reforms.

Fig. 2. Incidence of syphilis in the central Asian republics 1991–1998

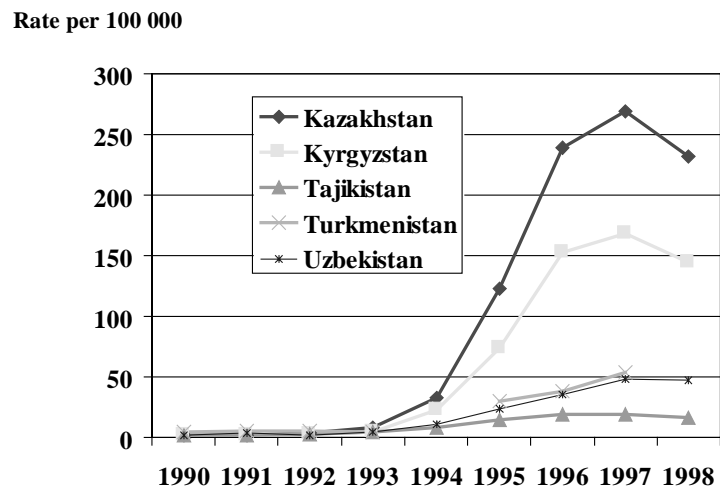
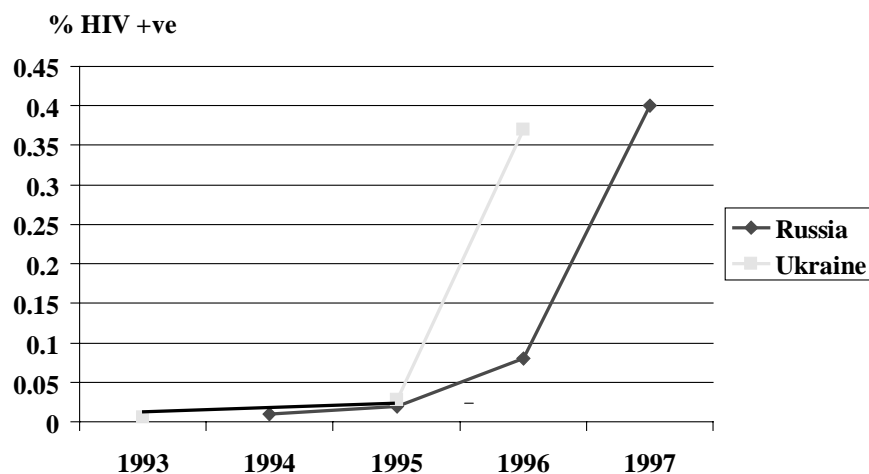


Fig. 3. HIV prevalence among STD patients in the Russian Federation and Ukraine, 1994–1997



## STI-related activities in eastern Europe and central Asia

Detailed reports on strategic plans and project activities supported by different agencies are available from the TF/STI secretariat. Presentations by TF/STI members at the meeting are outlined below.

### UNAIDS

An extensive report on the mission, methods of working and current and planned activities of UNAIDS was presented to participants.

UNAIDS brings the AIDS activities of seven United Nations organizations into a single synergistic effort, but is not itself a new funding organization, rather a “UN secretariat” for HIV/AIDS. The goal is an expanded response to HIV/AIDS based broadly in all sectors from economic development to secure a world in which HIV/STD transmission is significantly

reduced, where adequate treatment, care and support are provided, and where vulnerability to the epidemic and its adverse impact on individuals and communities is substantially diminished.

There is a focus on the need to provide leadership and better coordinated activities, the development of partnerships, the development of social as well as individual level interventions, and ensuring the availability of appropriate technologies for prevention, care and treatment, and advocacy at all levels. Reflecting these, key streams of work include:

- programme development and coordination;
- advocacy and working with decision-makers;
- global programme monitoring;
- global HIV/AIDS surveillance;
- information networking;
- resource mobilization;
- networking with nongovernmental organizations (NGOs), community-based organizations and people living with HIV/AIDS;
- international best practice;
- research;
- technical collaboration.

The current budget and workplan (for the current biennium) of UNAIDS identifies 21 programme components and objectives of which programme component 18, intercountry technical networks development, is of special relevance to TF/STI. The aim of this component is to improve the UN system's ability to enhance countries' accessibility to the technical resources in priority regions for HIV/AIDS programme support, and to expand and build up these technical resources, by:

- facilitating harmonization of the regional and sub-regional level HIV/AIDS-related initiatives of the UN system;
- establishing and strengthening intercountry technical resource networks, information exchange networks and task forces in priority programme areas.

The work of TF/STI, therefore, feeds directly into the UNAIDS programme priorities.

UNAIDS plans to hold a meeting of co-sponsors and bilateral partners to agree elements of a regional strategy for HIV/AIDS in eastern and central Europe. Given that STI control should be a key element in the overall strategy for HIV/AIDS control in the Region, the work of TF/STI should be fed into this meeting.

### **Department for International Development/Know How Fund**

The new mission of the British Department for International Development (DFID) is to promote the elimination of poverty in the world. Although STI control falls under this rubric, as a set of health problems associated with poverty and wealth differentials, it is only one among a large series of interests and must be viewed as firmly situated within the wider context of health sector reform. DFID strongly supports the work of TF/STI and perceives work in the following areas as key priorities:

- efforts to avoid duplication of effort;
- the development of a united front on technical issues;
- the development of rigorous evaluation of initiatives in the area so that best practice can be identified;
- dissemination of epidemiological, programmatic and technical information and information exchange with a special focus on making this information available in Russian;
- the development of local capacity and public health cadres within countries;
- the forging of strong links with national authorities, and the involvement of these authorities in programme and project development and execution;
- the development of primary care as opposed to vertical health programmes.

In addition, progress with the DFID project in Samara, which is taking a whole systems approach to developing STI control in the *oblast*, was presented.

## **USAID**

USAID support for STI control activities is delivered through three programmes: the HIV/AIDS programme; the Reproductive Health Programme; and the Infectious Disease Programme. These programmes are managed through the global USAID bureau and through the regional bureaus.

There are four major projects which have an impact on STI control:

- the Horizons project, which seeks to develop and promote best practice in reproductive health;
- the IMPACT project;
- AIDSMARK, which develops and implements social marketing interventions for HIV/AIDS prevention;
- DMELLD (Design, monitoring and evaluation: lessons learned and dissemination), which coordinates issues at the interfaces with outside agencies and between USAID affiliates.

Further details of current and proposed projects can be obtained from the TF/STI secretariat.

## **The American International Health Alliance**

The American International Health Alliance (AIHA) continues to develop a suite of client-focused projects in eastern Europe and central Asia based in a number of key priority areas, of which STI is one. The mode of work is to create partnerships between US and local bodies based on equal relationships between partners. Early work was primarily in hospitals. In June 1996 a women's health task force was convened which has subsequently established 14 comprehensive women's wellness centres in the region, and since September 1998 a major new initiative in community-based primary care has been launched. AIHA now has 31 partnerships in the newly independent states (NIS) and 17 in central and eastern Europe.

Further details of AIHA projects and partnerships can be obtained from the TF/STI secretariat.

## **Centers for Disease Control and Prevention**

The Centers for Disease Control and Prevention (CDC) have undertaken a series of health surveys in the Russian Federation. They are currently developing a project for commercial sex workers. Further details can be obtained from the TF/STD secretariat.

## **AVSC International**

AVSC International currently has 20 offices in the Region with a focus on activity in the Russian Federation. Its major initiative in the field has been the development of a project to train locally in counselling skills in relation to STI. Five seminars have been held in the Russian Federation aiming to train trainers to disseminate skills through a cascade process. AVSC International has also produced a resource set, including a counselling manual and cue cards which are available in Russian.

## **Progress with STD prevention and control: feedback from the Meeting on an Integrated Approach to the Prevention and Treatment of Sexually Transmitted Diseases, St Petersburg, 12–14 May 1999**

Participants heard a detailed report of the Meeting on an Integrated Approach to the Prevention and Treatment of Sexually Transmitted Diseases (St Petersburg, 12–14 May 1999), which was designed both to provide the countries in the Region with the opportunity to share experiences and to provide input from the countries to TF/STI.

The meeting had the following objectives:

- to assess the situation regarding the integration of STI care in the practice of the reproductive health service;
- to obtain countries' feedback regarding the implementation of the WHO recommendations on STI prevention and control;
- to plan further activities regarding the improvement of STI prevention and care;
- to identify the needs for external support;
- to identify priorities/areas which could be enhanced by external support;
- to reinforce networking between countries and WHO regarding the control of STIs.

Key findings regarding the present situation at country level are that:

- reported rates of syphilis morbidity, although still high, are stabilizing in most countries;
- HIV epidemics are now emerging in many countries of the Region;
- there is growing involvement of the private sector and other medical services in the management of STIs;
- there is increasing experience of collaboration with WHO in STI control at country level;
- there is some commitment at national decision-maker level to STI control;
- this may be a favourable moment to provide effective policy support.

The progress made in developing STI control activities in the following key areas was reviewed country by country:

- free outpatient treatment of uncomplicated syphilis with parenteral penicillin G in the public sector;
- treatment of other STIs with modern drugs in the public sector;
- guarantee of confidentiality of STI diagnosis and treatment in the public sector;
- application of syndromic approach to STI management, where appropriate;
- participation of the reproductive health service in the management of STI patients;
- participation of private specialists in the management of STI patients;
- participation of public STI services in the primary prevention of STIs;
- specialist-designated STI care facilities in the public sector for groups at risk.

The detailed findings are presented at Annex 1.

## **Report of the TF/STI secretariat**

Prior to reviewing the mission statement, terms of reference, objectives, activities and achievements of TF/STI and the secretariat, the actual activities carried out by the secretariat since the second TF/STI meeting, held in Vilnius on 22–23 September 1998, were outlined:

- initial inventory work: sorting and logging in-house information in terms of activities by TF/STI organization and country;
- STD Task Force News, December 1998;
- consultative meeting, December 1998;
- recruitment activities for professional post;
- ongoing correspondence: dealing with inquiries etc. from TF/STI members, including advising on what activities are going on in a particular place/area and advising or recommending contacts to assist with specific tasks;
- article written about TF/STI for *Entre nous*;
- planning meeting, February 1998;
- finalizing report of second TF/STI meeting;
- compiling and completing report's annexes, April 1998;
- development of database;
- preparation of third meeting;
- planning meeting for UNAIDS and WHO to discuss details of third meeting;
- meeting administration;
- collaboration in development and support of workshops and the agenda for the Meeting on an Integrated Approach to the Prevention and Treatment of Sexually Transmitted Diseases at St Petersburg, 12–14 May 1999;

- presentation of TF/STI at the St Petersburg meeting; building network and developing contacts with country representatives;
- budgeting: analysis of expenditure to date, fund-raising activities, and budgeting estimates for achieving future requirements.

## Staffing

For the time being, it has only been possible to employ a professional on a temporary basis, pending official approval by WHO headquarters of the professional post of Secretary of the Task Force. Final approval was expected 2–3 weeks after the meeting, which will allow WHO/EURO to recruit a fixed-term member of staff to the position.

Since August 1998 there has been full-time secretarial support in the secretariat.

## Finance

Support has been provided from several donors. Table 1 provides a summary of the position.

Table 1. Summary of support provided by donors

Period	Organization approached	Amount	Available	Details	Used (\$)	Earmarked (\$)	Balance (\$)
January/June 1998	Ford Foundation						
"	UNFPA						
"	World Bank						
"	Government of Spain						
"	Government of Germany						
"	UNICEF						
"	AICOS (Italy)						
"	EU						
	WHO	63 910	Intermittent		63 910		0
	UNAIDS	29 149	Intermittent	Salaries	29 149		0
"	UNAIDS	20 000	December 1998	Mobilization and coordination of international assistance	13 232		6 768
"	USAID	100 000	March 1999	Monies went to Geneva first	17 127		82 873
"	Open Society/Soros <sup>a</sup>	50 000	September 1998	Travel, administrative/organizational expenses for TF/STD meetings July 1998–July 1999	49 776		224
"	DIFD/Know How Fund	169 492	November 1998	Salaries and allowances	39 568	122 420	7 504
	TOTAL	432 551			212 762	122 420	97 369
August/September 1998	Ministry of Health Denmark						
"	SIDA (Sweden)						
"	Phare/Tacis Programmes						

<sup>a</sup>A further US \$50 000 has been pledged by Soros Foundation/OSI.

## **The role of TF/STI and the secretariat: the future**

In the light of the consensus view of the previous meeting that it was necessary to prioritize among the broad and extensive lists of objectives which TF/STI had adopted for itself and its secretariat, the following priority objectives were discussed and agreed.

### **Prioritization of objectives for TF/STI**

The objectives of TF/STI are:

1. to facilitate the coordination of external support to the region
2. to facilitate the mobilization of donor resources.

The specific tasks of TF/STI are:

1. to provide accessible information on STI control activities/projects in regional countries;
2. to identify strengths, gaps, weaknesses and opportunities in control programmes in regional countries;
3. to coordinate support to regional countries with assistance of donor agencies and countries.

### **Prioritization of objectives for TF/STI secretariat**

The following were agreed as priority objectives for the TF/STI secretariat:

1. to develop and maintain the inventory of STI control activities in the region and make it accessible through developing an internet web site by June 2000;
2. to develop an information dissemination strategy within country;
3. to produce reports, biannual newsletters and meeting reports;
4. to produce reports on the content, scope and development of the inventory as a fixed item for TF/STI meetings;
5. to invite reports on STI control activities and needs from regional countries and supporting organizations;
6. to organize biannual meetings of TF/STI;
7. to assist at member-sponsored strategic STI planning workshops;
8. to develop a mechanism for identifying potential new members of the TF/STI.

## **Developing an integrated view of roles, responsibilities and relationships**

In line with the prioritized objectives for TF/STI and its secretariat, an organigram was presented.

This was broadly accepted. However, the following were discussed and agreed:

- there should be greater representation of the countries in the region who were deemed to be full partners to TF/STI;

- there were too few arrows coming out of the secretariat; this had also been reflected in the prioritized objectives; the TF/STI secretariat should therefore take it as an absolute priority to develop an adequate strategy for outflows from the information database to ensure that the information was properly used;
- in particular, this would require consultation with organizations currently disseminating technical and other information in the countries of the region, such as SANAM.

The revised organigram is shown in Annex 2.

## **A logical framework for TF/STI, secretariat, member and country activities over the next period**

A logical framework to provide the framework for the work of TF/STI and its secretariat over the coming 12–18 month period was presented.

Extensive discussion focused on the following areas:

1. the need for intermediate objectives cast in terms of the quality of clinical care;
2. the need to consider and refine the objectively verifiable indicators;
3. it was felt that the logical framework as presented was more pertinent to the TF/STI secretariat than to TF/STI itself.

It was agreed that all TF/STI members should be given two weeks to comment on the logical framework.

The TF/STI secretariat would then revise accordingly and elaborate its work plan with a clear timetable to take the work forward.

The comments received by the TF/STI secretariat during the weeks subsequent to the meeting have been very varied; some of them reflecting the discussions that took place at the meeting, and some of which are, in effect, the initiation of a new and broader discussion.

In order to accommodate all the views and comments regarding the logical framework for TF/STI and its secretariat – two separate frameworks – considerable rethinking and reconsideration is required to arrive at a framework which will meet with consensus among the membership.

## **Options for development of the database**

Participants agreed that the future development of the database should conform to the following principles:

- information should be standardized;
- information should be systematized;
- information should be accessible to countries and TF/STI participants;
- information should be comprehensible;

- the database should provide information on relevant activities planned by countries and external agencies.

Three approaches were presented and discussed.

### **1. Local application on single machine – no network access**

*Advantages:*

- easy security monitoring
- quick development (programming and testing) as it is a single user application
- fast “roll out” (installation of application and training of user)

*Disadvantages:*

- poor overall IT performance due to quality of hardware
- single user
- no LAN/WEB access

*Resources:*

- 2 qualified developer/analysts for 1 month (able to work with Microsoft Access).

### **2. Local area network (LAN) solution**

Central application on a LAN server

*Advantages:*

- multi-user access (access to data, input and output)
- high security level in the context of a LAN environment (only LAN access have access)
- good information technology performance (capacity of a LAN server)

*Disadvantages:*

- complex access administration system: passwords, restricted access, software installation
- no access from outside LAN (unless LAN connected)

*Resources:*

- 1 architect (database business analysts)
- 2–4 developers for 1–2 months (excluding debugging and deployment = roll out)

### **3. Web server (WAN)**

Central application on a WEB server

*Advantages:*

- accessibility
- good performance as related to power

*Disadvantages:*

- set-up costs
- running costs (permanent connection to WEB server)
- complex and expensive maintenance (permanent WEB master in-house or outsourced)
- security access: who can input data, read access, read and write access

*Resources:*

- 1 architect/database administrator for 2–3 months
- 4 developers for 2–3 months
- Webmaster.

An up-to-date database is the essential tool for TF/STI to accomplish its mission. It was recommended that the model for the development of this database should be a Web-based database.

## **Purpose and format of future TF/STI meetings**

Participants discussed the purpose of future meetings and agreed:

- to consolidate TF/STI, exchange information between members and other participants, facilitate collaboration, avoid duplication and assist coordination of efforts;
- to direct the secretariat's activities and review its progress against agreed work plans;
- to provide a focus of support on region/sub-region/country needs and progress in STI control.

The meetings should take the form of biannual meetings at WHO/EURO and include countries from eastern Europe and central Asia on a sub-regional rotating basis. Participating countries might be grouped as at earlier WHO/EURO workshops.

## **Summary and conclusions**

The continuing high levels of STI occurrence in eastern Europe and central Asia, and the emergence of explosive epidemics of HIV infection among injecting drug users, reaffirm the need for urgent action to control STIs in the region. Such control is necessary not only to reduce the serious morbidity and suffering associated with STIs, but also as a key part of the strategy to prevent epidemics of sexually transmitted HIV infection. Approaches to achieving this which are sustainable, encourage self-reliance in countries, and which build community responses and client-focused services are required. The Meeting noted that some progress had been made in countries towards adopting and implementing WHO recommendations on STI control.

All members reconfirmed their commitment to TF/STI. They acknowledged that the expansion of capacity and interest in infectious diseases in WHO/EURO and the creation there of the new Department of Infectious Diseases would provide a strong and supportive framework for the future activities of the TF/STI secretariat. The wide range of activities in STI control which was currently being supported by members was considered encouraging and the clear potential of the work of TF/STI to make an input into UNAIDS activities in the region clearly added value.

There was general agreement on the need for longer-term concerted action to deliver the TF/STI mission, focusing on possibilities and opportunities rather than barriers, particularly since the opportunities for control at the clinical and health promotion levels were intimately tied up with the wider processes of health and health care reform and micro-level sexual health care economics. The broad objectives of TF/STI were reconfirmed, however, and members agreed that prioritization was necessary and that immediate action should be taken by the secretariat to

take further forward the development of an inventory of existing strategic, programmatic and technical advisory activities in the region. Such an inventory was agreed to be the essential tool without which the wider objectives of TF/STI could not be taken forward.

The Meeting acknowledged that, given the diversity of both sources and potential users of such information, finding a workable approach to soliciting complete information from the wide range of players, to recording and classifying it and to making it available to end users in a form which met their needs was a complex task. It was therefore agreed that expert advice from information systems specialists would be required on the best way to achieve this.

TF/STI agreed that:

1. the proposed prioritized objectives for TF/STI and its secretariat be adopted;
2. TF/STI members should provide detailed comments on the proposed logical frameworks for TF/STI and its secretariat's activities within two weeks, and the TF/STI secretariat should modify the logical framework in the light of these comments;
3. the proposed logical framework should provide the framework for the activities of TF/STI and its secretariat after modification.
4. the TF/STI secretariat should, by 1 August 1999, draw up a timetabled workplan to implement the logical framework;
5. TF/STI members should take into account the information contained in the inventory on existing activities in the region, and plan their strategies and projects to take into account regional and country needs as well as their own priorities;
6. countries in the region and organizations working in them should be asked to provide information to the secretariat, and to use the inventory to set out coherent and realistic expressions of their current and future needs for external support;
7. future meetings of TF/STI should be held biannually at WHO/EURO and include countries from eastern European and central Asia on a sub-regional rotating basis.

*Annex 1*

**ANALYSIS OF BACKGROUND INFORMATION COLLECTED AT THE  
MEETING ON AN INTEGRATED APPROACH TO THE PREVENTION AND  
TREATMENT OF STIs, ST PETERSBURG, 12–14 MAY 1999**

<i>Participation of public Sexually Transmitted Infections (STIs) services in the primary prevention of STIs</i>				
Primary prevention unit is an integrated part of STI clinic		Limited participation with plans for extension in future		No primary prevention units in STI clinics
Azerbaijan Kyrgyzstan Uzbekistan		Belarus Republic of Moldova Russian Federation		Armenia Estonia Georgia Latvia Lithuania Kazakhstan Tajikistan Turkmenistan Uzbekistan
<i>Participation of private venereologists in the management of STI patients</i>				
Same range of services as public STI clinics	All service range except syphilis treatment	All service range except treatment of syphilis and gonorrhoea	Diagnosis only	No licensed private sector
Estonia Latvia Lithuania	Armenia Kyrgyzstan Ukraine	Republic of Moldova Belarus	Uzbekistan	Azerbaijan Georgia Kazakhstan Russian Federation Tajikistan Turkmenistan
<i>Participation of reproductive health service in the management of STI patients</i>				
Diagnosis and treatment (all STIs)	Diagnosis and treatment (except for syphilis)	Diagnosis and treatment (except for syphilis and gonorrhoea)	Diagnosis only	
Estonia Latvia	Armenia Azerbaijan Georgia Kyrgyzstan Lithuania Republic of Moldova Russian Federation Turkmenistan Ukraine	Belarus	Kazakhstan Tajikistan Uzbekistan	
<i>Syndromic approach to STI management</i>				
Introduced widely where appropriate		Introduced as experiment in few selected areas	Not introduced	
Armenia Belarus		Azerbaijan Kyrgyzstan Kazakhstan Russian Federation Tajikistan	Etiological diagnosis is possible on the same day: Estonia Latvia Lithuania Resistance from specialists: Republic of Moldova Turkmenistan Uzbekistan Insufficient financing (drugs): Georgia Ukraine	

<i>Guarantee of confidentiality of STI diagnosis and treatment in public sector</i>			
No passport required throughout diagnosis and treatment in most STI clinics		Limited confidentiality (anonymity introduced as experiment in few places or some personal details are required)	No confidentiality throughout diagnosis and treatment
Armenia Estonia Georgia Kyrgyzstan Lithuania Republic of Moldova		Azerbaijan Belarus Kazakhstan Latvia Russian Federation Ukraine	Tajikistan Turkmenistan Uzbekistan
<i>Free outpatient treatment of syphilis with parental penicillin G in public sector</i>			
Introduced widely		Not sustainable due to financial or/and administrative hurdles	Not introduced
Armenia Belarus Estonia Georgia Latvia	Lithuania Kyrgyzstan Russian Federation Tajikistan	Azerbaijan Kazakhstan Republic of Moldova Ukraine Uzbekistan	Turkmenistan

Priorities for external support identified by sub-regions and countries

Group priorities	Group A	Country priorities
<ol style="list-style-type: none"> <li>1. Population education</li> <li>2. Training specialists (doctors and educationalists)</li> <li>3. Free care to poor and high risk groups</li> <li>4. Surveillance of risk groups and identification of programme and improvements</li> <li>5. Support national programmes</li> </ol>	Russian Federation	<ol style="list-style-type: none"> <li>1. Implement of syndromic approach in rural areas</li> <li>2. Improvement of diagnostic tests for congenital syphilis</li> </ol>
	Belarus	<ol style="list-style-type: none"> <li>1. Improve diagnostics and treatment</li> <li>2. Improve surveillance of risk groups</li> </ol>
	Ukraine	<ol style="list-style-type: none"> <li>1. Implement syndromic approach</li> <li>2. Improve laboratory diagnostics</li> </ol>
	Kazakhstan	<ol style="list-style-type: none"> <li>1. Improve surveillance</li> <li>2. Improve targeted health care to risk groups</li> </ol>
	Republic of Moldova	<ol style="list-style-type: none"> <li>1. Improve preventive approach to rural groups</li> <li>2. Increase attention upon risk groups</li> </ol>
Group priorities	Group B	Country priorities
<ol style="list-style-type: none"> <li>1. Laboratory diagnostic equipment</li> <li>2. Preparation and activation of health promotion media</li> <li>3. Free drugs and condoms</li> <li>4. Enhancing services for pregnant women to prevent congenital syphilis</li> </ol>	Uzbekistan	<ol style="list-style-type: none"> <li>1. Research to define scale of problem</li> <li>2. Monitoring of GC resistance</li> </ol>
	Tajikistan	<ol style="list-style-type: none"> <li>1. Research to define scale of problem</li> <li>2. To develop educational material for risk groups and the military</li> </ol>
	Turkmenistan	<ol style="list-style-type: none"> <li>1. Monitoring GC resistance</li> <li>2. Research to define scale of the problem</li> </ol>
	Azerbaijan	<ol style="list-style-type: none"> <li>1. Education of risk groups</li> <li>2. Research on attitudes to STD and behavioural modification</li> </ol>
	Kyrgyzstan	<ol style="list-style-type: none"> <li>1. Social research to identify area amenable to behavioural intervention</li> <li>2. Monitoring of GC resistance</li> </ol>
Group priorities	Group C	Country priorities
<ol style="list-style-type: none"> <li>1. Development of concept and implementation of mass media campaign on primary prevention</li> <li>2. Training of medical staff in primary prevention and counselling</li> <li>3. Organization and financing of anonymous free STD service for vulnerable groups (prostitutes and homeless)</li> <li>4. Support regional meetings to enhance exchange of information</li> </ol>	Lithuania	<ol style="list-style-type: none"> <li>1. HPV cervical screening</li> <li>2. Preparation of STD register</li> </ol>
	Latvia	<ol style="list-style-type: none"> <li>1. Monitoring GC resistance</li> <li>2. HPV cervical screening</li> </ol>
	Armenia	<ol style="list-style-type: none"> <li>1. Advance work with prostitutes (special services and condoms)</li> <li>2. Improved screening and surveillance</li> </ol>
	Estonia	<ol style="list-style-type: none"> <li>1. HPV cervical screening</li> <li>2. Support wider education of population about STDs</li> </ol>
	Georgia	<ol style="list-style-type: none"> <li>1. Increase syphilis screening to x3 during pregnancy</li> <li>2. Monitoring GC resistance</li> </ol>

*Annex 2*

**PROPOSED TF/STI STRUCTURE AND FUNCTIONS**

*Annex 3*

## PARTICIPANTS

### Temporary Advisers

Professor K.K. Borisenko

Director-General, Central Institute of Dermato-Venereology/Russian Association Against STD (SANAM), Moscow, Russian Federation

Professor André Z. Meheus (*Chairperson*)

Epidemiology and Community Medicine, University of Antwerp, Belgium

Dr Adrian Renton (*Rapporteur*)

Reader in Social Medicine, Imperial College School of Medicine, the Centre for Research on Drugs and Health Behaviour, London, United Kingdom

### Representatives of International Organizations

#### *American International Health Alliance*

Ms Bernice E. Bennett

Senior Program Officer, Washington, D.C., USA

#### *AVSC International*

Dr Irina Eramova

Country Program Advisor, Russia, Moscow, Russian Federation

Ms Maria Teutonico

Program Manager – Russia, Eastern Europe, Central Asia, New York, NY, USA

#### *Centers for Disease Control and Prevention, Atlanta*

Dr Anna Shakarishvili

Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Atlanta, USA

#### *Department for International Development (DFID)*

Dr Michael Borowitz

Senior Health and Population Adviser, London, United Kingdom

#### *International Union against Sexually Transmitted Infections (IUSTI)*

Ms Anne-Marie Worm

Consultant, Copenhagen, Denmark

#### *Know-How Fund*

Dr Fay D. Hutchinson

Consultant, London, United Kingdom

*Médecins sans frontières*

Dr Wilma Doedens  
Geneva, Switzerland

*National Institute of Public Health, Norway*

Dr Viggo Hasseltvedt  
Senior Physician, Section for Infectious Disease Control, Oslo, Norway

*National Public Health Institute, Finland*

Dr Olli Haikala  
Senior Medical Officer, Department of Infectious Disease Epidemiology, Helsinki, Finland

*National Research and Development Centre for Welfare and Health, Finland*

Dr Esa Tulkki  
Project Director, International Development Collaboration Unit, Helsinki, Finland

*Open Society Institute*

Ms Natalia Vasilieva  
Coordinator of Public Health Program, OSI/RUSSIA, St. Petersburg, Russian Federation

*Statens Serum Institut, Denmark*

Dr Inga S. Lind  
Director, Neisseria Department, Copenhagen, Denmark

*UNAIDS*

Ms Karen Bergström  
Programme Development Officer, Department of Country Planning and Programme Development,  
Geneva, Switzerland

*UNICEF*

Mr Abdelmajid Tibouti  
Regional Health Adviser, Geneva, Switzerland

*University of Heidelberg, Germany*

Dr Karl Dehne  
Department of Tropical Hygiene and Public Health, Heidelberg, Germany

*USAID/DMELLD*

Dr Doris Mugrditchian  
Director of DMELLD Project, Arlington, VA, USA

*World Bank*

Ms Maria V. Vannari  
Implementation Specialist, Human Development Unit, Europe and Central Asia Region,  
Washington, DC, USA

**World Health Organization**

*Regional Office for Europe*

Dr Georg-Michael Antal  
Acting Regional Adviser on HIV/AIDS and Sexually Transmitted Diseases

Dr Richard Coker  
Consultant, TF/STD secretariat

Dr Birger Carl Forsberg  
Acting Regional Adviser on Communicable Diseases

Dr Serguei K. Litvinov  
Director, Infectious Diseases

Dr Nikolai Mashkilleyson  
Consultant, HIV/AIDS and Sexually Transmitted Diseases

Ms Janchen de la Cour  
Secretary, TF/STD secretariat

*Headquarters*

Dr Antonio Gerbase  
HIV/AIDS/STI Initiative, Health Systems and Community Health (CHS)