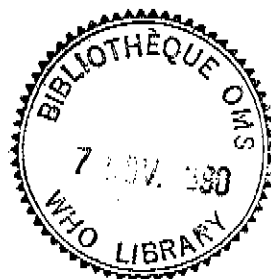


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GLOBAL  
PROGRAMME  
ON AIDS

AND

PROGRAMME  
OF STD



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CONSENSUS STATEMENT  
FROM THE CONSULTATION ON  
GLOBAL STRATEGIES FOR  
COORDINATION OF AIDS AND  
STD CONTROL PROGRAMMES

GENEVA  
11 – 13 JULY 1990



WORLD  
HEALTH  
ORGANIZATION

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# **Consensus Statement from the Consultation on Global Strategies for Coordination of AIDS and STD Control Programmes**

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A consultation to discuss potential areas of coordination between control programmes for AIDS and for sexually transmitted diseases was convened by the World Health Organization's Global Programme on AIDS (GPA) and the Programme of Sexually Transmitted Diseases (VDT) on 11 - 13 July 1990 in Geneva. The 30 participants from 26 countries included managers of AIDS control programmes, programmes for the control of sexually transmitted diseases (STD), and combined AIDS and STD programmes; clinical specialists; epidemiologists; and behavioural scientists.

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## **Introduction**

Coordination between AIDS and STD programmes varies greatly from country to country. The extent of coordination is often related to the strength of the country's STD programme at the time when AIDS first appeared. Coordination encompasses a spectrum of potential interactions ranging from the peripheral level, where information can be shared through joint planning and implementation, to the central level, from which both programmes can be run by a single manager. There is growing interest in close coordination of AIDS and STD programmes at national and local levels for the following reasons:

- The predominant mode of transmission of both human immunodeficiency virus (HIV) and other STD is sexual, although other routes of transmission for both include blood, blood products, donated organs or tissue, and through an infected woman to her fetus or newborn infant.
- Many of the measures for preventing sexual transmission of HIV and STD are the same, as are the target audiences for these interventions.
- STD clinical services are an important access point for persons at high risk of both AIDS and STD, not only for diagnosis and treatment but also for education.
- There is a strong association between the occurrence of HIV infection and the presence of other STD, making early diagnosis and effective treatment of STD an important strategy for the prevention of HIV transmission.
- Trends in STD incidence and prevalence can be useful early indicators of changes in sexual behaviour and are easier to monitor than trends in HIV seroprevalence.

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## **Objectives**

The consultation had the following objectives:

- (1) to examine areas of interaction of AIDS and STD programmes at the national and local level, including programme planning and management, health promotion, clinical services, laboratory services, training, surveillance, evaluation and research;
  - (2) to identify priority activities for coordination;
  - (3) to formulate a consensus statement on coordination between AIDS and STD programmes at national and local levels; and
  - (4) to make recommendations to WHO on how this coordination can best be achieved.
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## Consensus statement

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### **A. The consultation strongly endorsed coordination between AIDS and STD programmes because:**

- coordination minimizes duplication of staff, activities and services, resulting in less costly programmes;
- coordination increases overall programme effectiveness when components of separate programmes are ineffective owing to inadequate technical or managerial expertise, or insufficient funding.

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### **B. The consultation carefully examined priorities in each programme area and identified the following priority activities.**

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#### 1. Programme planning and management

Coordination of planning and management of AIDS and STD control programmes can be achieved either by assigning a common programme manager to both programmes or by creating mechanisms that ensure close collaboration between the two managers. Priority activities include:

- initial assessment of the AIDS and STD situation, taking into account health-seeking patterns within the population and the full spectrum of health services available, including health care providers such as private physicians, pharmacists and traditional healers;
- review of the membership of National AIDS Committees to ensure that they include experts in STD;
- formulation of a plan for coordinating AIDS and STD programme activities; the emphasis should be on setting measurable objectives, defining staff performance standards, and developing a timely evaluation schedule;
- discussions with other health programmes, such as maternal and child health and family planning, to ensure optimal integration of AIDS and STD control activities within these services;
- liaison with community groups, nongovernmental organizations, and other sectors so as to enlist their cooperation in STD/HIV control.

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#### 2. Clinical services

The strengthening of clinical services for STD offers a sound strategy for the control of STD, including HIV infection. Priority activities include:

- providing guidelines and training for case-management of STD, including HIV infection, to all public and private providers of STD care;
- developing acceptable, accessible and effective public and private clinical services to encourage the seeking of health care for STD;
- ensuring the early diagnosis and treatment of STD in women, in whom STD rates are usually higher than in men;
- providing appropriate health promotion and clinical services for HIV infection at all centres offering STD clinical services;

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- aiming clinical services at those practising risk behaviour, i.e., behaviour leading to high-frequency transmission of HIV/STD.

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### 3. Laboratory services

Laboratory services contribute to the detection of subclinical STD infection, particularly in women; they also help validate syndrome-oriented approaches to STD management, facilitate partner notification activities, and support surveillance and research projects. Priority activities include:

- ensuring that practical guidelines for laboratory support are made available to all STD/HIV laboratory services, from peripheral to central reference laboratories;
- wherever possible, combining serological testing services for syphilis and HIV infection;
- coordinating training, procurement and quality control of reagents for HIV/STD testing;
- active support for the development of practical and inexpensive diagnostic reagents for STD (especially gonorrhoea, chlamydial infection, and chancroid) and similar ongoing research.

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### 4. Health promotion/information, education and communication (IEC)

Health promotion, including information, education and communication (IEC), addresses both the determinants of behaviour that may place individuals at risk for infection, and the actions that individuals and communities can take to decrease the sexual transmission of HIV/STD. It involves raising awareness and improving knowledge with respect to AIDS and other STD, influencing attitudes, encouraging the voluntary modification of risk behaviour, and creating or strengthening health and social support structures. Priority activities include:

- coordinating goals, specific objectives and training in health promotion/IEC for the prevention of all STD, including HIV infection; coordinating IEC strategies, messages and materials; and identifying common communication channels;
- developing common training materials and guidelines for behavioural interventions aimed at the prevention of STD, including HIV infection;
- developing and implementing health promotion activities in cooperation with strengthened social networks which can reinforce risk reduction, encourage the seeking of health care, and raise general public awareness about HIV/STD.

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### 5. Training

Training is needed at all levels and in all components of AIDS and STD control programmes. Specific training is required for AIDS control, as for the other STD, but combined AIDS/STD modules must also be incorporated into the basic training programmes of health care workers at all levels. In addition to basic training, continuing or refresher education may be needed to overcome inadequate performance detected through evaluation. Priority activities include:

- identification of persons in need of training among the health workers delivering HIV/STD services (AIDS/STD specialists, generalist health workers, pharmacists, providers of informal health care, etc.);

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- assessment of training needs, priorities for training, and training capability;
  - development, implementation and evaluation of HIV/STD training strategies, materials and management plans that are synchronized with other training activities.
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## 6. Surveillance

HIV surveillance currently focuses on unlinked anonymous serosurveys of sentinel populations for the assessment of trends in HIV infection. In contrast, surveillance of endemic curable STD is of necessity linked to case-finding, diagnosis and treatment, and must therefore be associated with clinical services. Surveillance of HIV and STD can nevertheless be made complementary and mutually beneficial. Areas of coordination include the identification of populations for surveillance, the training of clinicians and laboratory workers, and data analysis. Priority activities include:

- surveillance of selected syndromes (e.g., urethritis in men, genital ulcers in men and women) and specific infections (e.g., syphilis and gonorrhoea) in selected populations and at selected sites including (but not limited to) STD and prenatal clinics;
  - serological testing for syphilis in risk-behaviour groups and pregnant women, and unlinking of these sera for HIV surveillance;
  - research on the incidence of STD complications such as pelvic inflammatory disease, infertility, ectopic pregnancy and cervical cancer in order to assess the public health importance of STD and demonstrate the need for interventions and resources for their control;
  - strengthening of clinical services associated with STD/HIV surveillance.
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## 7. Evaluation

Evaluation, an integral part of the prevention and control process, must provide feedback to AIDS and STD programmes. Effectiveness evaluations are needed to determine whether there has been progress in the control of AIDS and STD and if the policies, strategies or plans of action need revision; process evaluation is needed to determine whether day-to-day operations are taking place as planned. Priority activities include:

- development of appropriate methods and tools for carrying out AIDS and STD programme evaluation;
  - clear identification, at the programme planning stage, of AIDS and STD programme targets as well as indicators for measuring progress toward these targets.
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## 8. Research

Coordination of AIDS and STD research activities will be of value wherever natural overlap occurs, and of greatest value where the overlap is greatest. A review of clinical, epidemiological, behavioural and health services research priorities suggests that there is maximum overlap in interventions for primary prevention of AIDS and STD; there is also a substantial overlap in the area of risk factors and behavioural determinants for transmission of these infections. In developing countries and in resource-poor settings in industrialized nations, limited research resources may necessitate even further coordination of research activities. Priority activities include:

- establishment of research subcommittees that include expertise in STD as part of national AIDS committees, and the explicit declaration of the goal of coordinating clinical, epidemiological, behavioural and health services research in these areas;
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- use of opportunities to coordinate the training of investigators working on HIV infection or other STD, and to combine international research meetings on AIDS and STD;
  - encouragement of collaborative research on HIV and other STD through joint funding mechanisms.

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**C. The consultation made the following recommendations.**

1. The close coordination or, where appropriate, the combining of AIDS and STD control programmes should be strongly encouraged and assisted by WHO, directed and sustained by countries, and supported by donor agencies.
2. The close coordination or combining of AIDS/STD programmes should respect aspects of AIDS and STD that are distinct, such as: (a) AIDS-related opportunistic infections and neoplasms, (b) STD-related complications such as infertility and cervical cancer, and (c) the importance of non-sexual transmission of HIV.
3. Decision-makers and opinion leaders should be mobilized to recognize STD prevention as a high public health priority in its own right, vital to the prevention of HIV infection, and in urgent need of financial and human resources.
4. Coordinated or combined AIDS and STD programmes should be guided by the principles of "Health for All" with particular emphasis on the participation of community and nongovernmental organizations, multisectoral involvement, and integration at all levels of the health care system.
5. Legal, economic, social and structural barriers to the implementation of programmes for reducing sexual transmission of HIV/STD, such as immigration laws and quarantine practices, should be identified and eliminated.
6. Special attention should be given to coordinating or combining the activities which provide the essential underpinning for all AIDS and STD programmes. AIDS and STD training programmes should be coordinated at all levels. National, regional and international mechanisms for information exchange on AIDS and STD (e.g., conferences, workshops, data bases) should be combined or shared as appropriate. An infrastructure should be developed for coordinating research on HIV infection and other STD that spans both the public and the private sectors. In the field of research the emphasis should be on intervention-oriented studies.
7. WHO should determine ways in which its AIDS and STD programmes at headquarters and in the regional offices can best provide managerial and technical guidance to countries in planning, implementing and evaluating coordinated or combined AIDS/STD programmes.
8. Where appropriate, WHO collaborating centres and reference laboratories that currently focus either on HIV or on other STD should encourage interdisciplinary research and develop expertise in several STD pathogens, including HIV.