



STI LANDSCAPING SURVEY A Narrative Review

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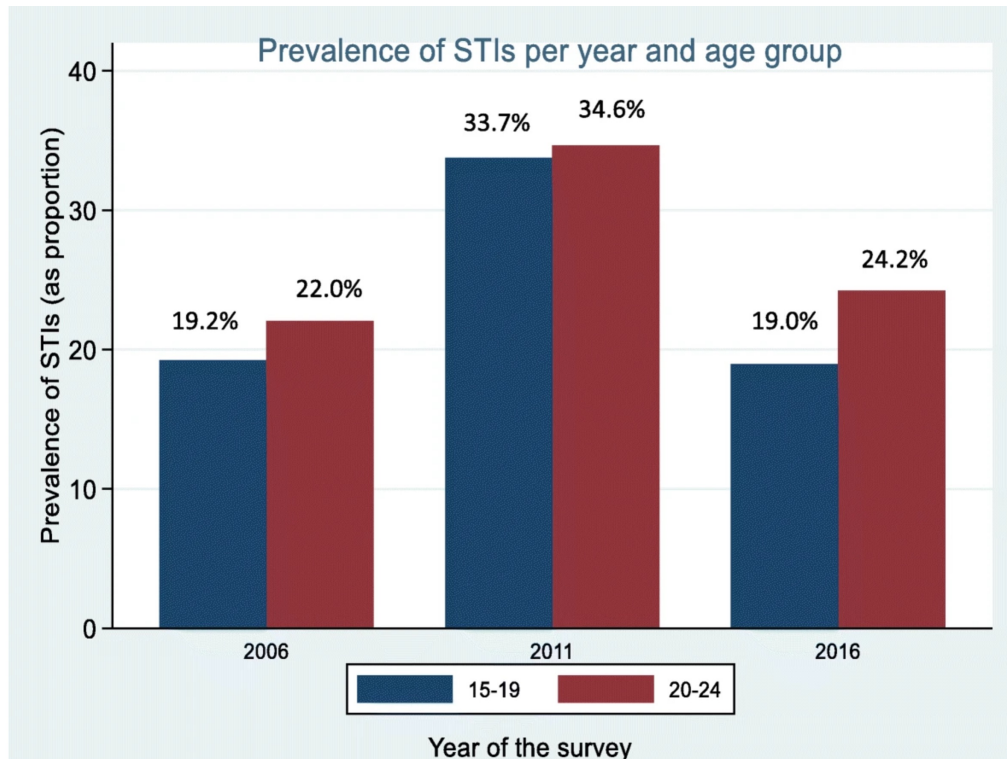
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BACKGROUND

- More than 1 million STIs are acquired every day worldwide, the majority of which are asymptomatic. Each year there are an estimated 374 million new infections with 1 of 4 curable STIs: chlamydia, gonorrhea, syphilis and trichomoniasis.
- Uganda's strategy for STI management aligns with HIV focusing on STI primary prevention through vaccination of Hepatitis B (HEP B) and Human Papillomavirus (HPV), Voluntary Medical Male Circumcision (VMMC), screening, diagnosis and treatment of STIs coupled with Social Behavior Change Communication (SBCC).
- Through a sub-award, we are conducting a landscape analysis in Uganda to better understand the needs and ability to incorporate advocacy on STI vaccines and diagnostics into current and future prevention advocacy. The purpose of this analysis was to.
- The study goal was to assess and document opportunities and gaps around STI vaccines advocacy, access to diagnostics, education, and awareness programs in Uganda.

Trends and correlates of sexually transmitted infections among sexually active Ugandan female youths: evidence from three demographic and health surveys, 2006–2016



Consistent condom use		
No	2204(91.3)	2158(89.2)
Yes	210(8.7)	260(10.8)
Heard about STIs		
No	11(0.4)	1(0.1)
Yes	2403(99.6)	2416(99.9)
Do not know		1(0.1)
Had genital sore		
No	2072(86.1)	2034(84.2)
Yes	336(13.9)	381(15.8)
Had genital discharge		
No	2121(88.4)	2079(86.2)
Yes	279(11.6)	334(13.8)
Has had any STIs in the last 12 months		
No	1882(78.0)	1541(63.7)
Yes	532(22.0)	878(36.3)

Source: Uganda Demographic Health and Health surveys (UDHS) 2006, 2011, 2016

METHODOLOGY

Data collection

The project was conducted through systematic identification, a double layered analysis (McKinsey 7s framework alongside the SWOT analysis) and targeted diverse stakeholder consultations.

This involved

- Review of existing literature on STI advocacy and access to diagnostic tools and
- Documentation of opportunities, needs and gaps.

Data collection tools

- Two tools were developed; one to capture data from the desktop review and KIIs
- And a Focus group discussion guide.



Literature and Desktop review

- The team conducted a literature scan and an evaluation of secondary data through a desktop review accompanied by a detailed reference list for all data sources collected.
- Employing the data collection tools developed, the desk review provided baseline information in understanding the STI landscape and identifying key gaps in the 5 thematic areas.
- Documents reviewed included STI related global and national level strategies, guidelines, reports and other publications



Data collection

Focus Group Discussions

FGDs targeted key affected communities including sex workers, MSM, Adolescent Girls and Young Women (AGYW), students and student leaders, Adolescent Boys and Young Men (ABYM), and other stakeholders including senior men and senior women teachers, Civil Society Organizations (CSOs), research institutions and health workers.

Key Informant Interviews

Key informants targeted Ministry of Health officials in the STI/AIDS Control Program, Civil Society, Development partners like USAID and UNFPA, and representatives of research institutions. The study co-opted selected VHTs and laboratory personnel as key informants given their roles in STI related referrals and linkages, prevention through health education and diagnostics.

Data analysis

To achieve an in-depth analysis, the team employed a double layered analysis methodology; adopting the *McKinsey 7s framework alongside the SWOT analysis*.

The analysis was segmented to capture 5 themes.

- STI Advocacy
- STI funding
- Diagnostic tools
- STI prevention
- STI vaccines

Strategies

Structure

System

Staffing and skills

Style (Governance/leadership/Management)

Shared values

FINDINGS

STI Advocacy

OPPORTUNITIES

There are existing policies and guidelines (Adolescent health policy and Communication strategies) developed by the Ministry of Health (MOH) for STI programming and prevention.

There are also civil society based structures to lead advocacy specific to groups like the AGYW advocacy forum, CSO Advocacy Coalition for Integration of SRH/HIV/GBV, ADH Forum

UNFPA and other partners through Non government organizations (NGO) support Youth friendly corners like Mild May, Infectious Disease Institute (IDI), Baylor Uganda, AIC and public health facilities.

GAPS

Limited funding specific to advocacy efforts for STIs. The current advocacy efforts are not extensive and not sustainable.

Gap in information access(language, target) on STIs to support advocacy. Very few to no advocacy resources that address STI priorities for different populations. Some STIs are prioritized over others.

STI advocacy is not strongly incorporated within organization areas of focus and strategies. It is a neglected advocacy area. focus is determined by donor priorities

STI Advocacy

OPPORTUNITIES

- Available funding through the HIV control program.
- STI programs integrated within most HIV clinics and at the health facilities
- STI commodities are budgeted for in the national annual procurement profile for key commodities

GAPS

- Funding is limited to STI treatment and few resources go to prevention (PEPFAR/USAID). Uganda lacks an STI funding strategy
- Available funding excludes grassroot organizations and community based organizations which ideally reach the communities more.
- Mis-management of funds. Corruption among government and non government partners.

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STI Diagnostic tools

OPPORTUNITIES

- The 2016 Uganda Clinical guidelines (adopted from the WHO guidelines) provide the criteria and algorithm for diagnosis of STIs clinically or through lab tests. The guidelines also go ahead to provide treatment/management and prevention options.
- Research has supported availability of diagnostic tools and treatment for STIs.
- Partnerships with the private sector to provide STI commodities to the public at a subsidized price.
- Availability of Rapid Diagnostic Tests(RDTs) makes work efficient during diagnosis.

GAPS

- Integration of STI diagnosis services into offsite interventions like integrated outreaches and immunization programs.
- High costs of some STI diagnostic tools like the dual HIV/Syphilis rapid test kit in private health facilities and pharmacies ranges (Between \$2 and \$5 for rapid test kits and up to \$20 for the urine culture and sensitivity testing for drug resistant STIs).
- Constant stock out of essential STI diagnostic and treatment tools in most public health facilities which limits access to STI diagnosis services.

STI Vaccines

OPPORTUNITIES

- Trained health workers by MOH in STI management, and vaccination.
- Uganda National Expanded Program on Immunization (UNEPI) under MoH.
- Revised HPV delivery strategy is in place to guide and increase HPV vaccination coverage.
- MoH leads integrated child health days in the months of April and October every year

GAPS

- Only two STIs - HPV and Hepatitis B have vaccines available in public and private health facilities. Other STIs like Syphilis, Gonorrhoea and Chlamydia have no vaccines yet.
- Myths and misconceptions driven by culture and social norms limit uptake of vaccines.
- Poor cold chain, limited storage facilities coupled with limited access to power supply in limited resource setting impacts access to vaccines.

Recommendations

	Ministry of Health	CSOs and communities	Development partners
STI funding	Higher priority must be given to per capita funding for essential drugs and uninterrupted access to STI commodities.	Advocate for increased financing	Increase financial commitments and allocation to STI programs.
STI advocacy	STI disaggregated data should be made available to facilitate evidence based advocacy. STI prevalence information should regularly be available to show the extent of the burden and inform prioritization.	Develop a community led STI advocacy agenda. Leverage and Integrate STI advocacy in HIV and other advocacy programs	Increased financing for STI advocacy interventions. Include STI advocacy as a global priority
STI diagnostic tools	Increase stocks for STI diagnostic tools especially at primary health care levels.	Monitor and advocate for regular stocking of STI diagnostic tools.	Increase financing for development, access and revision of STI diagnostics to address the needs of communities.
STI Prevention.	Establish a national STI Technical Advisory Committee advice to STD program manager on technical /Scientific and policy making in line with the UNAIDS/WHO STD Policies and Principle for Prevention and Care.	Document best practices and high impact STI prevention and management interventions especially among high risk populations to inform STI related programs and policies.	Fund STI targeted prevention tools, programs and systems.
STI vaccines	Incorporate STI research into national research agendas Include STI treatment part of the clinical training curriculum Strengthen cold chains for vaccines with support from Partners.	Advocate for local vaccine research and manufacturing beyond Hep B and HPV. More sensitization of the public regarding the availability of the vaccines and dispell vaccine related myths and misconceptions	Increase financing for development of STI vaccines Finance local vaccine manufacturing

Upshot!!!!!!!



The national response to STI programs is still lacking; evidenced by the inadequate funding allocated to specific STI prevention and management programs, advocacy and unsustainable investment in locally led STI vaccine programs. In addition, Civil Society and communities' advocacy and demand is less focused on STI specific accountability for issues affecting access to STI programs. Even when integration is ideal in low resource settings, the integration of HIV and STI in one coordination unit at MoH has partly contributed to STI interventions being overshadowed by HIV programs with no clear and specific strategies and guidelines on STI prevention and management, no technical committee to advise on STI programming in line with WHO/UNAIDS Principles and Policies for STI Prevention and Care.



Findings from this landscape survey presented in this report highlight the need for a refocus and target of STI programs in the country to address structural, systems, research and development gaps.

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