

1. Introduction

Sexually transmitted infections (STIs) present a huge burden of disease and adversely impact reproductive health of people. As per recent STI prevalence study (2003), over 5 percent of adult population in the country suffers from STIs and most regions of country show relatively high levels. It is well known that risk of acquiring HIV infection increases manifold in people with current or prior STI. STIs are linked to HIV transmission as common sexual behaviour put persons at the risk of infection which directly increases the chances of acquiring and transmitting HIV. The emergence of HIV and identification of STIs as a co-factor have further lent a sense of urgency for formulating a programmatic response to address this important public health problem. HIV prevalence rates among STIs Clients also remains high: 22.8 percent in Andhra Pradesh, 15.2 percent in Maharashtra, 12.2 percent in Manipur and 7.4 percent in Delhi.

Besides HIV infections, RTIs including STIs cause suffering for both men and women around the world, but their consequences are far more devastating and widespread among women than among men. These infections often go undiagnosed and untreated, and when left untreated, they lead to complications such as infertility; ectopic pregnancy and cervical cancer. Pelvic inflammatory disease arising from STIs poses a major public health problem and adversely affects the reproductive health of poor and untreated women. Presence of STIs also compromises with contraceptive acceptance and continuation. Similarly some of the RTIs are associated with poor pregnancy outcome and high morbidities and mortalities in neonates and infants.

In developing countries, both the incidence and prevalence of RTIs/STIs are very high, they rank second as the cause of healthy life lost among women of reproductive age group, after maternal morbidity and mortality. In men, sexually transmitted infections combined with HIV infection account for nearly 15 percent of all healthy life lost in the same age group. These infections pose a significant potential drain on public health system resources and contribute substantially to the patterns of major health care expenditure at the household level.

Programmatic response to address prevention, management and control of RTIs/STIs largely falls under the National Reproductive and Child Health (RCH II) Programme, which was launched in year 2005. The programme draws its mandate from the National Population Policy (2000), which makes a strong reference “to include STD/RTI and HIV/AIDS prevention, screening and management in maternal and child health services”. National Rural Health Mission (NRHM) was launched in April, 2005 with an aim to provide accessible, affordable, effective, accountable and reliable health care consistent with the outcomes envisioned in the Millennium Development Goals and general principles laid down in the National and State policies, including the National Population Policy, 2000 and the National Health Policy, 2002. On the operational side, Indian Public Health Standards (IPHS) are being prescribed to achieve and maintain quality of care to the community through public health care delivery system. Clearly there is renewed emphasis on making public health systems effective to deliver quality services to achieve programme goals.

The National AIDS Control Programme 3 (NACP III) includes services for management of STIs as a major programme strategy for prevention of HIV. The Strategy and Implementation Plan (2006-2011) makes a strong reference to expanding access to package of STI management services both in

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general population groups and for high risk behavior groups. Programme also acknowledges that expanding access to services will entail engaging private sector in provision of services. Several studies indicate preference of Clients to access services from private providers. It is also important that treatment facilities in both public and private sector are linked to targeted interventions being supported for high risk behavior groups in the NACP III.

This document is guided by the National Programme Implementation Plan for RCH II and NACP III. The RCH II programme is to be implemented within the framework of inter-sectoral convergence as envisaged in the implementation framework of NRHM. Linkages are to be established between the RCH II strategy for prevention and management of RTIs including STIs and prevention strategy as articulated in NACP III. The inputs required for framing these guidelines are drawn from many sources which also include a multi centric countrywide Rapid Assessment Survey in six zones of the country to assess their management practices (operational, clinical, laboratory) on RTI/STIs at different levels (District, CHC, PHC and Subcentre) of the health system, review of available guidelines, technical discussions with STI care practitioners, and programme managers in public systems as well as from NGO and private sector.

The guidelines presented in this document are designed for qualified Doctors to enable them to quickly and confidently diagnose and treat the majority of the RTIs/STIs caseload. Some part of these guidelines could be extracted and adopted for nursing personnel as per requirements for service delivery in different settings. The main purpose of this document is to present comprehensive RTI/STI case management guidelines including detailed history taking and clinical examination supported by a number of photographs of RTIs/STIs in men and women to provide a visual impression; user friendly management flowcharts including partner management and management of pregnant women; effective drug regimens, single oral dosages wherever possible, with special instructions incorporated in the flowcharts itself. This document also provides guidance to service providers to address RTIs/STIs among special population groups such as adolescents, sex workers and men having sex with men; and simple laboratory tests which can be done at various facility levels with relevant photographs and details of procedures. In addition to this, the document also provides information on organisation of integrated counseling and testing services.

These guidelines cater to information needs of the programme managers and service providers in RCH II and also in NACP III. The RCH service providers will find the information useful in organizing effective case management services through public health system especially through network of 24 hour PHCs and CHCs. Similarly programme managers specially State AIDS Control Society officers entrusted with the responsibility of up scaling targeted interventions (TIs) for sex workers and TI managers will find useful information for provision of quality STI management services.

Recognizing the fact that a significantly high proportion of these clients are being treated through private sectors, the private providers/ NGO service providers are highly encouraged to use these national protocols.