

IMAP Statement on Person-centred Care for Sexually Transmitted Infections

Introduction

Recognizing the significant global impact of sexually transmitted infections (STIs), this statement affirms IPPF's commitment to people-centred STI care as a critical aspect of comprehensive sexual and reproductive health and well-being.

A holistic approach to sexual and reproductive health and rights acknowledges that true sexual and reproductive well-being extends beyond the prevention and treatment of diseases. It emphasizes the importance of promoting healthy, satisfying sexual and reproductive experiences. This includes advocating for person-centred care, encouraging self-care strategies, and supporting the development of innovative healthcare delivery models tailored to meet the diverse needs of individuals in various circumstances and contexts, particularly reaching those who are often excluded and marginalized.

This statement updates the latest information on STIs. It provides practical recommendations for

IPPF Member Associations on how to develop a comprehensive, people-centred approach to STI care, emphasizing integrated services, adherence to guidelines, rights-based care, community engagement, advocacy, and a positive perspective on sexual health and well-being.

Background

STIs significantly impact sexual and reproductive health worldwide. When left untreated, certain STIs can cause infertility, cancers, pregnancy complications, chronic pain, and can increase susceptibility of acquiring and transmitting HIV. [\(1\)](#) Despite their profound effects, STIs, other than HIV, often receive insufficient attention in health policies and services. This oversight can be attributed to competing health priorities, limited tools including diagnostic capacity, and the persistent stigma surrounding sexual health. [\(2\)](#)

Symptoms related to possible STIs are among the most common reasons for seeking medical

care, (3) yet they frequently receive low priority from healthcare programmers and providers. This neglect can lead to serious health consequences. Furthermore, the lack of adequate healthcare for STIs, compounded by social stigma, may inhibit individuals from seeking proper treatment. (4) This often results in inadequate treatment, contributing to increased morbidity, onward transmission, and a rise in antimicrobial resistance.

Over thirty different bacteria, viruses, and parasites are known to be transmitted through sexual contact. (1) Among these, eight pathogens account for the highest incidence of STIs posing significant health risks. Four of these are curable: syphilis, gonorrhoea, chlamydia, and trichomoniasis. The remaining four are incurable viral infections: hepatitis B virus (HBV), herpes simplex virus (HSV), HIV, and human papillomavirus (HPV). Some pathogens can also be transmitted perinatally during pregnancy, childbirth, and breastfeeding – with HIV, HBV, and syphilis being of most concern to newborn and child health. (5)

The global burden of STIs remains alarming, with recent reports from many countries of a rising number of cases. (6-8) Contributing factors include reduced use of condoms, partly due to the increased use of HIV pre-exposure prophylaxis (PrEP), changes in risk perception, inadequate sexual education, disruptions to STI care during the COVID-19 pandemic, reductions in public health funding, and unequal access to STI commodities (including vaccines, diagnostics, and treatment), among other reasons. (9-14)

According to WHO, there were an estimated 374 million new infections of four curable STIs among individuals aged 15-49 years in 2020, including 129 million cases of chlamydia, 82 million cases of gonorrhoea, 7.1 million cases of syphilis, and 156 million cases of trichomoniasis. (9) The highest rates of these STIs are among

20–24-year-olds, followed by 15-19 year-olds – highlighting the impact of STIs on adolescents and young people often due to lack of awareness and restricted access to appropriate health care. (15)

Additionally, viral STIs are highly prevalent; over 500 million people are living with genital HSV infection, and an estimated 300 million women have prevalent HPV infection globally. (1) A particularly concerning trend is the rapid increase in antimicrobial resistance of gonorrhoea and *Mycoplasma genitalium*, which have limited treatment options, and threaten to pose significant challenges to control these infections as well as complicate treatment for other STIs. (16) Moreover, the emergence of new infections acquired through sexual contact, such as mpox, *Shigella sonnei*, *Neisseria meningitidis*, Ebola, and Zika, along with the re-emergence of neglected STIs like lymphogranuloma venereum, signals a historic lack of investment and resources along with additional challenges in providing adequate STI care. (10)

STIs create significant gender imbalances and inequitable impacts. Although cisgender men often have higher incidence rates of STIs, cisgender women are disproportionately affected by complications that can result in lifelong consequences, due in part to the anatomy of the female reproductive tract. (17) Additionally, STIs disproportionately impact the most marginalized and stigmatized populations, including gay men and other men who have sex with men, transgender people, and sex workers. To improve sexual health and well-being, there is an urgent need to provide STI care integrated within broader reproductive services.

Comprehensive people centred STI care

The continuum of STI services offers a framework for essential interventions for comprehensive care, addressing prevention, testing, and

treatment needs (Fig. 1). It distinguishes between curable STIs, aiming for same-day diagnosis and treatment, and lifelong infections, focussing on long-term care. This approach ensures comprehensive care tailored to the specific needs of the client, enhancing overall sexual health and well-being.

Prevention

Effective STI prevention is a crucial component of comprehensive STI care. The following methods highlight key aspects of prevention:

- **Information and health education:** Providing sexual and reproductive health information, including STIs, enhances understanding of transmission and prevention methods. Raising awareness about STIs, their symptoms, and the importance of early treatment is crucial, especially among adolescents and young people. Health education, including comprehensive sexuality education, should normalize sexual health discussions across various settings and use sex-positive, age-appropriate information to promote sexual well-being and encourage health-seeking behaviour.
- **Condoms:** Condoms (female/internal and male/external) remain one of the most effective means of protection against STIs, including HIV, and unplanned pregnancy, when used correctly and consistently. (13) They should be easily accessible and available, along with a condom-compatible lubricant. However, it is important to note that while highly effective, condoms may not provide complete protection against STIs that cause extra-genital ulcers, such as syphilis or genital herpes.
- **Vaccines:** Vaccines offer significant advances in the prevention of certain viral STIs. Safe and effective vaccines are currently available for hepatitis A/B and HPV. HPV vaccination is highly effective in preventing cervical cancer and other HPV-related sexual and reproductive cancers, including anal cancer. Some HPV vaccines also prevent anogenital warts.

A vaccine to protect against mpox is also available in some settings. There is progress for other STIs, including the emerging evidence that certain meningitis (MenB) vaccines may offer some cross-protection against gonorrhoea. (18)

- **Other biomedical interventions:** In addition to voluntary medical male circumcision (where appropriate), which has protective benefits against certain STIs for both the individual and their female partners, (19) efforts are underway to expand the range of biomedical prevention methods for STIs. These include multipurpose prevention technologies, such as microbicides and intravaginal rings, that aim to prevent HIV, other STIs and unintended pregnancies. (20) Current research is also evaluating the effectiveness and safety of post-exposure prophylaxis for STIs, including after instances of sexual violence and the use of doxycycline after potential exposure (also referred to as “DoxyPEP”). (21, 22)

Testing

Accurate and timely diagnosis of STIs is vital for STI treatment and care. The following components are important for STI testing:

- **Symptomatic testing:** Accurate identification of symptomatic STIs enables specific treatment (also referred to as etiologic diagnosis). However, the time often required to obtain test results can hinder timely follow-up and result in incomplete care or treatment. If results are unavailable on the same day of the visit, syndromic management may be more appropriate (see ‘Syndromic management’, under ‘Treatment’ below).
- **Asymptomatic screening:** Many STIs are frequently asymptomatic, and people may not be aware of their infection. Screening services for asymptomatic individuals at risk of infection should be available, with frequency guided by risk, local prevalence, and individual choice. Screening for certain STIs is essential, such as syphilis, especially for important high-risk groups such as sex workers, men who

have sex with men, adolescents in specific settings, and pregnant women to prevent vertical transmission. This proactive approach aids in early detection and treatment. Testing, however, should never be a requirement to receive other sexual and reproductive healthcare.

- **Diagnostic capacity:** Recent advancements have enhanced STI diagnosis and treatment, offering a range of testing options. (23) Where quality-assured molecular assays are available, utilizing laboratory results for STI treatment is recommended. These sophisticated diagnostic methods are often unavailable in resource-limited settings, particularly for detecting chlamydia and gonorrhoea, due to their high costs and limited accessibility. Rapid diagnostic tests for syphilis, hepatitis B, and HIV are widely available and cost-effective, facilitating prompt diagnosis and immediate treatment. Efforts to develop rapid tests for other STIs promise to expand access to quicker, more affordable, and more efficient diagnostic tools, such as point-of care testing.
- **Self-sampling and self-testing:** Self-care can enhance autonomy and mitigate the inconvenience, stigma, and privacy concerns associated with care from formal health services. (24) Since STI testing typically involves collecting blood, urine, or anogenital and oropharyngeal specimens, self-sampling enables individuals to collect their samples independently, within a healthcare setting or in another location, for subsequent laboratory testing. Self-testing, on the other hand, allows individuals to conduct the test and interpret the results independently, provided they have clear instructions and access to counselling if needed. Currently available for HIV, and applicable to other STIs such as syphilis, self-testing may address several barriers that deter people from seeking STI care. Clear instructions, information and guidance for next steps are crucial for people to make the most of self-testing diagnostics.

Treatment

Effective treatment is crucial for comprehensive STI care and require the following components:

- **Treatment and adherence:** Recommended treatment regimens should align with national guidelines. Several STIs, including bacterial (chlamydia, gonorrhoea, and syphilis) and parasitic (trichomoniasis) infections, are curable with existing antibiotic regimens, which are often single dose. These treatments offer a straightforward solution for these infections. For genital herpes, the most effective treatments available are antiviral medications that can modulate the severity or frequency of symptoms but are not curative, and recurrences can occur. Beyond providing the appropriate treatment, ensuring treatment adherence and advising people to follow-up if symptoms persist are vital in preventing further transmission.
- **Syndromic management:** In resource-limited settings, treatment often depends on syndromic management due to limited laboratory capacity or the unavailability of diagnostic tests. This approach utilizes clinical algorithms to identify infections by visible symptoms, such as vaginal/urethral discharge or anogenital ulcers, facilitating immediate treatment based on the most common causes. (25) However, as many STIs are asymptomatic, this approach might result in overtreatment, potentially leading to antimicrobial resistance, or in some cases, missed or insufficient treatment. This issue is especially concerning for vaginal discharge syndrome. Gradually incorporating diagnostic testing, when feasible, can enhance the accuracy of diagnoses and help decrease over- and under-treatment.
- **Partner management:** The management of sexual partners is a critical component of STI treatment, involving partner notification about potential exposure to infection. These services should be voluntary and ensure

confidentiality for the client and their partners, aiming to facilitate timely treatment to interrupt transmission and prevent reinfection. However, partner notification is a delicate process that healthcare providers must approach with sensitivity, ensuring supportive approaches rather than coercive ones, and respecting the client's autonomy in their decision whether to notify their partners. Given the diversity of circumstances, providers should discuss collaboratively with clients to identify the most appropriate notification method, tailoring the approach to the client's comfort level and specific situation. Utilizing evidence-based strategies, such as expedited partner treatment and voluntary provider-assisted referral, can be instrumental in effectively managing the partners' health.

Service delivery

The manner in which services are delivered is a key component of STI care. The following outlines some strategies in delivering effective STI services:

- **Improving accessibility and inclusivity:** Individuals seeking STI services often encounter various obstacles, including limited resources, stigma, poor service quality, and high out-of-pocket costs, which limit the accessibility and quality of services. Populations at highest risk of STIs, such as adolescents, sex workers, gay men and men who have sex with men, and transgender people, often lack access to appropriate and welcoming health services. Other vulnerable groups, including people with disabilities and mobile populations, also face increased risk due to these service gaps, heightening the risk and spread of STIs within these communities. Therefore, community engagement is crucial
- **Integration with other services:** Integrating STI services into primary health care and broader sexual and reproductive health (SRH) services is essential for enhancing availability and accessibility. When integration of certain components of comprehensive STI care is not possible or practical, establishing effective referral mechanisms becomes crucial. This integration is especially important for preventing vertical transmission of HIV, syphilis, and HBV, and encompasses STI care for non-pregnant, pregnant, and breastfeeding women and girls of childbearing age. It is also critical for those living with HIV, HBV or testing positive for syphilis. [\(5\)](#) Additionally, it is important to address the increased risk of STIs among those who have experienced sexual and gender-based violence, including those affected by female genital mutilation and child marriage. [\(26, 27\)](#) The integration of STI services is also crucial when providing services for pre-exposure prophylaxis (PrEP) to prevent HIV infection. [\(28\)](#)
- **Digital health interventions:** Digital health interventions (DHIs) are becoming essential in connecting formal clinical and community based STI services. By integrating DHIs into health promotion, in-person care, and self-care strategies, a comprehensive, hybrid service delivery model emerges. Affordable and effective digital technologies enable the diagnosis and management of STIs through digital platforms, including partner notification. DHIs are particularly beneficial for those in remote or hard-to-reach areas seeking services for stigmatized conditions like STI care, offering quality care and reducing the necessity of in-person clinic visits.

THE SEXUALLY TRANSMITTED INFECTIONS SERVICE CONTINUUM

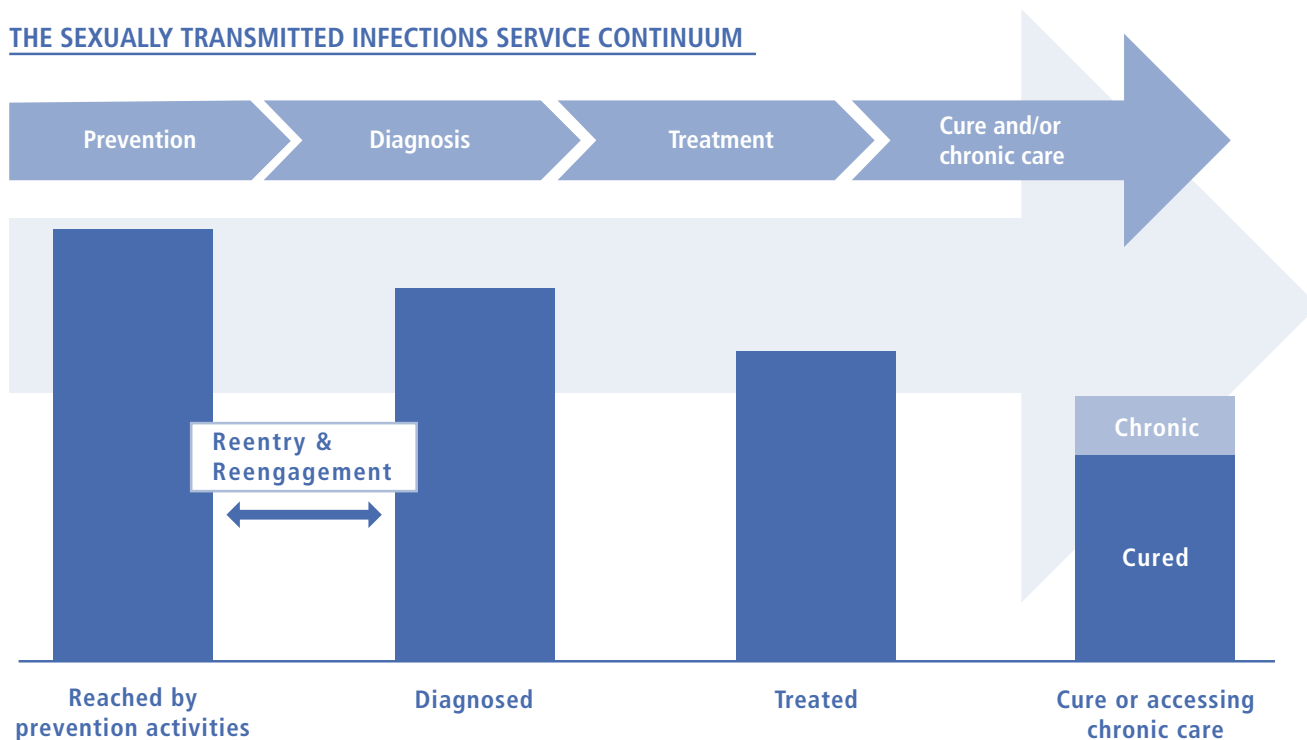


Figure 1: The STI service continuum (Source: WHO 2022 [\(2\)](#))

Research priorities

Several critical areas require further research to improve comprehensive STI care significantly. Innovations such as new STI vaccines and multipurpose prevention technologies are urgently needed for better prevention measures. For diagnostics, developing low-cost, accessible point-of-care tests is essential to ensure timely detection and management is a priority. These tests should also be developed with accessible and comprehensible informational materials, to eventually support self-testing. In treatment, discovering new therapeutic options is vital, particularly for addressing antibiotic-

resistant gonorrhoea and offering alternatives to injectable benzathine penicillin for the treatment of syphilis. Additionally, detailed epidemiological data on the burden of infection and associated disease outcomes are crucial for the comprehensive understanding of the impact of STIs on health, society and economy.

Key recommendations for people-centred STI care:

- **Quality and accessible STI services:** Implement evidence-based, accessible, affordable, and equitable STI healthcare, integrated within existing facilities with

broader sexual and reproductive health services, to ensure a person-centred approach. This includes the essential components of STI prevention, diagnosis, and treatment – including sexual history taking, HPV vaccination, and antenatal screening for syphilis, HIV and HBV.

- **Commodity supply:** Ensure consistent, sufficient supply of diagnostics, treatments, and preventive commodities (i.e. condoms, HPV/HBV vaccines). Availability of diagnostic tests, prevention technologies and medicines to treat infections are required to provide quality care.
- **Guideline-driven management:** Follow national and/or WHO guidelines for STI management, promptly providing correct and effective treatment, ideally on the day of the first client visit. Easy-to-use algorithms based on local guidelines should be used to facilitate service delivery. Utilize rapid diagnostic tests (syphilis, HIV, HBV) for efficient diagnosis and treatment, particularly for antenatal care to prevent perinatal transmission and other vulnerable populations. When etiologic testing is unavailable, use the syndromic management approach.
- **Rights-based approach to care:** Adopt a rights-based approach to healthcare, ensuring informed consent and voluntary participation in treatment and screening. Provide options whenever possible, such as self-collection of samples for testing. Discuss the importance of partner notification and treatment, establish a partner notification, and follow up system offering support on communicating with their partners.
- **Community engagement and support:** Conduct community outreach and education programmes to raise awareness about STIs, reduce stigma, and promote healthy sexual behaviours. This includes specific engagement with young people, gay and other men who have sex with men, transgender people, sex workers, people with disabilities, and others most affected by STIs in designing and delivering these programmes to ensure they are sensitive and relevant.
- **Data-driven advocacy:** Utilize existing data to support data-driven advocacy and promote the need for STI reporting for data-driven programming. Work with policymakers to advocate for supportive policies and adequate funding for STI services.
- **New prevention and treatment products:** Advocate for adopting new and innovative technologies, including affordable, rapid diagnostics (i.e. for chlamydia and gonorrhoea). As new medications and vaccines become available and supported by evidence for effective use, they should be scaled up for use promptly.
- **Services in humanitarian crisis settings:** The Minimum Initial Service Package (MISP) for reproductive health in humanitarian crises, includes an objective to prevent the transmission of and reduce the morbidity and mortality due to HIV and other STIs. [\(29\)](#) Training health care providers and programme managers on the MISP during preparedness will facilitate readiness to provide STI prevention and response services in an acute crisis.

Box 1: Integrated Package of Essential Services+ (IPES+) –STI component

- **Syndromic management of at least 3 conditions**
 - Suggest prioritizing the management of clients presenting with:
 - i. genital ulcer disease including anorectal ulcers
 - ii. urethral discharge from the penis
 - iii. vaginal discharge
 - iv. other syndromes: anorectal discharge, lower abdominal pain
- OR
- **Laboratory (etiological) diagnosis (including by self-testing) and treatment of at least 3 STIs/RTIs**
 - Suggest prioritizing capacity to diagnosis:
 - i. syphilis and HBV: using rapid diagnostic tests (including self-testing, if available)
 - ii. gonorrhoea and chlamydia: using molecular tests, if available
 - iii. candidiasis and bacterial vaginosis: using laboratory/clinical diagnosis
 - iv. HPV types 6/11 (causing anogenital warts): using clinical diagnosis
- AND
- **Healthy sex and prevention counselling**
 - Suggest prioritizing the inclusion of:
 - i. supportive sexual history taking
 - ii. partner notification support following STI diagnosis
 - iii. inclusion of positive sexual health messaging

Conclusion

Delivering people-centred STI care is crucial for achieving comprehensive sexual and reproductive health and well-being. With a comprehensive approach, IPPF MAs are ideally positioned to champion a model of care that is accessible, inclusive, and respectful of individual needs and rights. This approach not only addresses the direct challenges posed by STIs but also promotes healthy, fulfilling sexual and reproductive experiences. Consequently, IPPF MAs are set to greatly enhance health outcomes, reduce stigma, and empower communities to make informed decisions about their sexuality and overall well-being.

Recommended resources

- IPPF (2022) Client-Centred Clinical Guidelines for Sexual and Reproductive Healthcare (Chapter 6: Sexually transmitted infections): <https://www.ippf.org/cccg>.
- IAWG (2018) Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (Chapter 12: Sexually Transmitted Infections): <https://iawgfieldmanual.com/manual>.
- WHO (2021) Guidelines for the management of symptomatic sexually transmitted infections: <https://iris.who.int/handle/10665/342523>.
- WHO (2023) Laboratory and point-of-care diagnostic testing for sexually transmitted infections, including HIV: <https://iris.who.int/handle/10665/374252>.

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- WHO (2022) WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection (Module 13: integrating STI services): <https://iris.who.int/handle/10665/362227>.
- WHO (2022) Guideline on self-care interventions for health and well-being: <https://iris.who.int/handle/10665/357828>.
- WHO (2022) Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations: <https://iris.who.int/handle/10665/360601>.
- WHO (2022) Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030: <https://iris.who.int/handle/10665/360348>.
- IPPF (2023): IMAP Statement on Biomedical HIV Prevention. <https://www.ippf.org/resource/imap-statement-biomedical-hiv-prevention>

Additional resources

- WHO (2016) Guidelines for the treatment of *Chlamydia trachomatis*: <https://iris.who.int/handle/10665/246165>
- WHO (2016) Guidelines for the treatment of *Neisseria gonorrhoeae*: <https://iris.who.int/handle/10665/246114>
- WHO (2016) Guidelines for the treatment of *Treponema pallidum* (syphilis): <https://iris.who.int/handle/10665/249572>
- WHO (2016) Guidelines for the treatment of genital herpes simplex virus: <https://iris.who.int/handle/10665/250693>
- WHO (2017) Guideline on syphilis screening and treatment for pregnant women: <https://iris.who.int/handle/10665/259003>.

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Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals

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