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Epidemiologic Basis of STD Control IV: Program Services

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Section A

Interventions

- Selection of sexual partners
- Recognition of high-risk situations
- Condom/microbicide use
- Symptom recognition
- Seeking medical care

- Improve clinical practice
 - Screening for STDs
 - Appropriate treatment
 - Liaison with disease control
- Counseling skills
 - STD prevention counseling
 - Sexual health

- Advocacy
- Providing health care infrastructure
- Access to services
- Providing social climate for STD discussion and intervention
- Confidentiality provisions

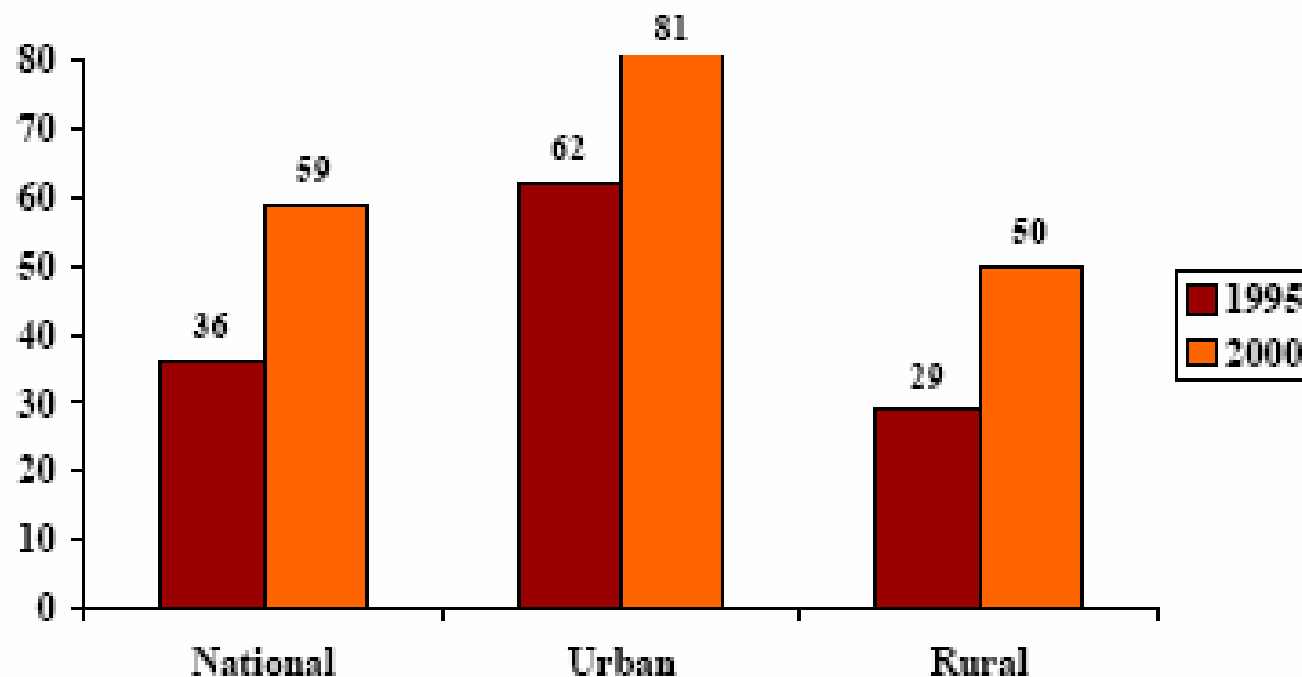
- Uganda ABC
- Thailand 100% Condom
- US Syphilis Elimination Project
- Homosexual Men in the 1980s

- High-level political support with multisectoral response
- Decentralized planning for behavioral interventions using a multiplicity of methods (NGOs, POL, drama, occupation-directed etc)
- Interventions directed at women, youth and Avoiding stigma
- Involvement of religious groups in supportive roles
- VCT
- STI Control
- Condom Promotion
- Decreased multiple partnerships

US Syphilis Elimination Program

- Grassroots involvement of community groups
- Focused on African Americans
- Rapid ethnographic assessments
- Outreach screening efforts
- Not targeting behavior change per se
- >90% decrease in target group

Condoms: used a condom at last sex with a non-regular (non-marital, non-cohabiting) partner, men



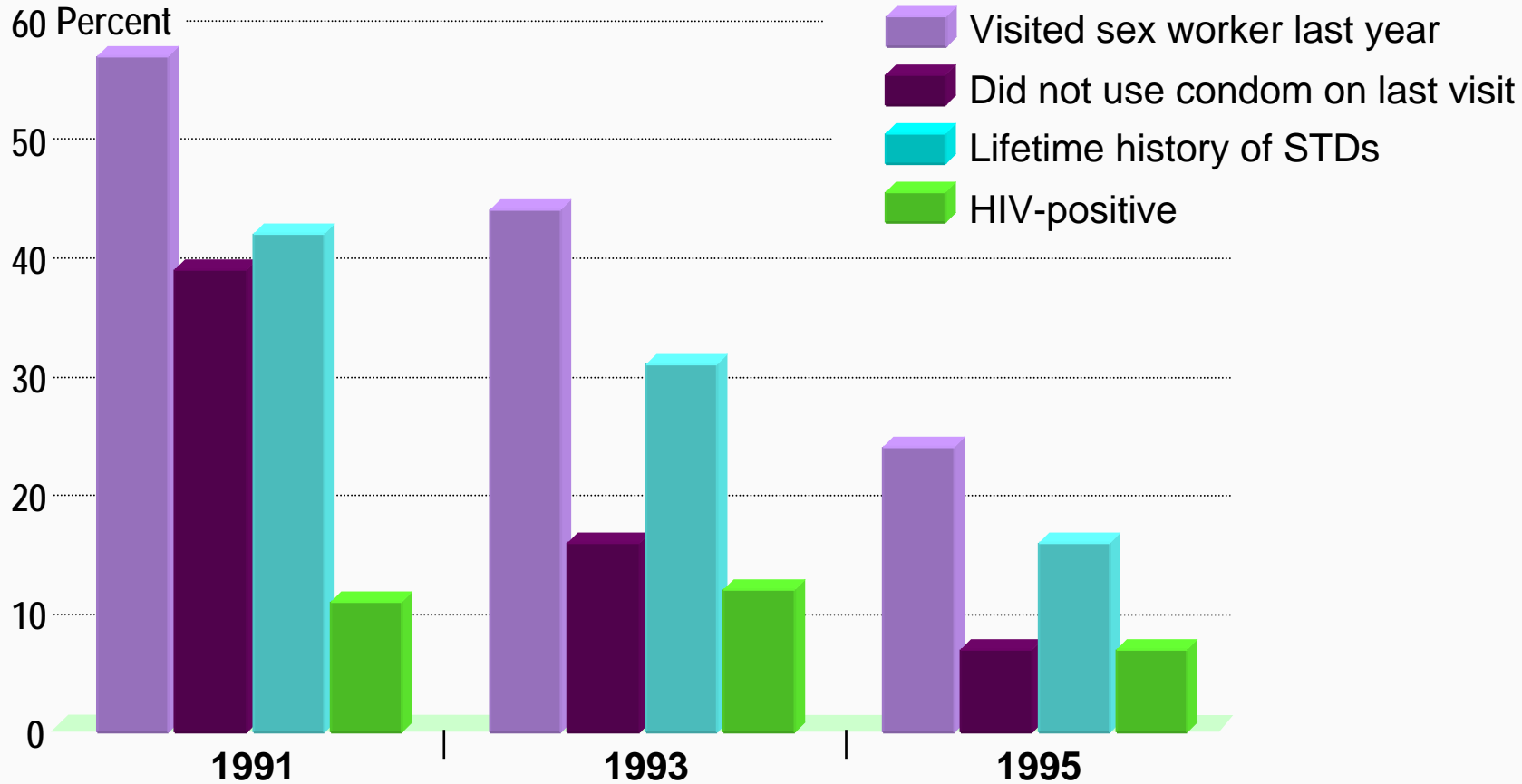
- Participatory development
- Based on principles of social influence, diffusion and “local structure”
- Small group (squad) discussion and skills development, formal education; integration into daily routines; systematically presented

Structural HIV Interventions—Thailand

- 100% condom use campaigns
- Regulation/cooperation
- Economic development—impact on CSWs
- Staggering of payday
- “Boredom reduction”

Sexual Behaviour, STDs and HIV

in 21-year-old men, northern Thailand, 1991–1995





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Section B

Role of National STI Prevention Agencies

- STD surveillance
- National diagnosis and treatment guidelines
- Health policy and access
- Regulation (dependent on country)

CDC
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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MMWR

*Recommendations
and
Reports*

MORBIDITY AND MORTALITY WEEKLY REPORT

**1998 Guidelines for Treatment of
Sexually Transmitted Diseases**

**Sexually
Transmitted
Disease
Surveillance
1997**

Division of STD Prevention
September 1998

- Medical service
 - High quality
 - On-demand
 - Quality assurance
 - Well managed
 - Screening services
 - Provider training
- Settings
 - Identify settings where STDs are managed
 - Provide outreach services for provider and patients
 - Match treatment and management strategies to setting and client environment

Settings Where STDs Are Managed

- Primary health care providers
- STD clinics
- Family planning clinics
- Antenatal clinics
- Emergency departments
- Military
- Adolescent health
- Travel clinics

- Prevention interventions usually focused on the uninfected—yet they become infected by HIV-positive persons
- Emphasis to date: case ascertainment
- Majority of HIV-infected individuals continue high-risk behaviors
- Primary care and case management in a culturally sensitive setting may have an impact

- Diagnosis and treatment
- Implementation of practice guidelines
- Provision of laboratory services
- Quality assurance
- Partner referral

- Assurance
 - Function: assuring adequate screening, diagnosis and treatment services are available
- Assessment
 - Function: surveillance—including disease and behavioral surveillance
- Communication
 - Increasing knowledge base for STD/HIV prevention
 - Advocacy with policymakers

Skills Sets Required for Program Management: Technical

- Clinical expertise
- Laboratory
- Quality assurance
- Behavioral science
- Communications
- Demography

Skills Sets Required: Administrative

- Personnel management
- Budget/financial
- Advocacy/political
- Public relations/communication



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Section C

Rational Program Development and Planning

■ Settings

- Identify settings where STDs are managed
- Provide outreach services for provider and patients
- Match treatment and management strategies to setting and client environment

- High Level of Control Setting
- Low rates of bacterial STDs
- Importation via travel
- HPV/HSV higher priority
- Ascertainment of prevention programs
- Increased genital HSV-1
- Relapse prevention

- Diverse population
- High rates of STDs in minority and poor populations—equal to those in developing countries
- Fragmented health care system
- Syphilis and chlamydia—high priority
- Heterosexual HIV/STD epidemic risk

- Allocation of resources
 - Clinical services
 - Screening
 - Public health outreach
 - Surveillance
- Objectives
 - Preventing disease
 - Preventing infection

- Expect the Unexpected
- If everything is a priority-nothing is a priority-(Jack Kirby 1988)
- The most effective contraception is ambition (Belfast MSSVD presenter 2001)
- Anticipate and Respond to New Technology
- Public Health Advocacy
- Data Data Data
- Be a Field Guy/Gal

- Increases in STDs in Gay men
- Rapid increases in QRNG-No therapy option
- Rapid decreases and effectiveness of minority-targeted syphilis elimination
- Implications of HPV epidemiology

- Behavioral response to new STD/HIV vaccine
- Use political environment to develop clinical and operational studies for “experiments of nature” – e.g.- impact of service reductions, abstinence programs etc

- From a program standpoint-set a few priorities with specific target goals
- Keep a publicity chain regarding these priorities
- Identify supportive media, and brief them on a regular basis
- Identify corporate/private sector partners

- STD interventions (in contrast to many other interventions) are often supported by DATA
- Use data to influence policymakers, payors

“Improved prevention of STDs should be an essential component of a national strategy for preventing sexually transmitted HIV infection.”

—*The Hidden Epidemic: Confronting STDs*, Institute of Medicine, 1996.