

STI/RTI Prevention and Control Programme in India

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Abstract

Diseases that are transmitted by sexual contact are known as STDs. It includes infections and clinical diseases like syphilis, gonorrhea, chancroid, donovanosis, nongonococcal urethritis, genital warts, herpes genitalis and diseases or infections that may not cause clinical disease of genitals, but are transmitted by sexual interaction e.g., all STDs and hepatitis B, Human Immunodeficiency Virus (HIV), Human T-cell Lymphotropic Virus type-1 (HTLV-1) etc.

National STD Control Programme has been in operation since the mid-1950s which is now a part of National AIDS Control Programme (NACP). Objectives of STI/RTI control and prevention program are: Reduce STD cases and thereby control HIV transmission by minimizing the risk factor and Prevent the short term as well as long term morbidity and mortality due to STD.

The STI/RTI Prevention and Control Programme is providing effective control of sexually transmitted infections including Reproductive Tract Infections for general population through continued support to the designated STI/RTI clinics (Suraksha Clinics) in public sector and for high risk population through Targeted Interventions (TI) programme.

Introduction

Diseases that are transmitted by sexual contact are known as STDs. Sexual transmission requires the agent to be present in one partner, the other partner to be susceptible to infection

with that agent and that the sex partners engage in sexual practices, which can transmit the pathogen. Sexually Transmitted Infections (STIs) differ from Sexually Transmitted Diseases (STDs) in that - STDs conventionally includes infections resulting in clinical diseases that may involve the genitalia and other parts of the body participating in sexual contact e.g., syphilis, gonorrhea, chancroid, donovanosis, nongonococcal urethritis, genital warts, herpes genitalis etc. STI, in addition, includes infections that may not cause clinical disease of genitals, but are transmitted by sexual interaction e.g., all STDs and hepatitis B, human immunodeficiency virus (HIV), Human T-cell lymphotropic virus type-1 (HTLV-1) etc. Nowadays, the term STI is preferred, since it covers all the diseases that can be transmitted by sexual contact. However, for all practical purposes, both STI and STD are used synonymously [1, 2]. Sexually Transmitted Infections (STI) increases chance of acquiring and transmitting HIV infection by 4 to 8 times, so control and prevention of STI is a key prevention strategy for HIV. Syndromic Case Management (SCM), with minimal laboratory tests is the cornerstone of STI/RTI management in India [3].

National STD Control Programme has been in operation since the mid-1950s which is now a part of National AIDS Control Programme (NACP)[4]. Phase I of NACP was started in 1992 followed by NACP II in 1999, NACP III in 2007 and latest NACP IV in 2014 which aims to provide universal, comprehensive, standardized and quality STI/RTI services to all population with special emphasis on High Risk Group (HRG) population and vulnerable groups, including women and adolescents [4].

The STI/RTI Prevention and Control Programme

aims for providing effective control of sexually transmitted infections including RTIs for general population through continued support to the designated STI/RTI clinics (Suraksha Clinics) in public sector and for high risk population through Targeted Interventions (TI) programme [5].

Targeted Intervention (TI) programme is one of the most important prevention strategies under NACP [6]. TIs comprise of preventive interventions working with focused client populations in a defined geographic area where there is a concentration of one or more High Risk Groups (HRGs) [6]. The key high risk groups covered through Targeted Intervention (TI) programme include Core High Risk Groups (HRGs) such as Female Sex Workers (FSW), Men who have Sex with Men (MSM), Transgender/Hijras (TGs), Injecting Drug Users (IDU) and Bridge Populations such as Migrants and Long Distance Truckers [6]. Relation between these groups with general population and transmission of STI/RTI is shown in figure 1. TI projects provide a package of prevention, support and linkage services to HRGs through outreach-based services delivery model which includes screening for and treatment of STI, free condom and lubricant distribution among core groups, social marketing of condoms, Behaviour Change Communication (BCC), creating an enabling environment with community involvement and participation, linkages to integrated counselling and testing centres for HIV testing, linkages with care and support services for HIV positive HRGs, community mobilization and ownership building and specifically for IDUs, distribution of clean needles and syringes, abscess prevention and management, Opioid Substitution Therapy (OST) and linkages with detoxification/ rehabilitation services [6].

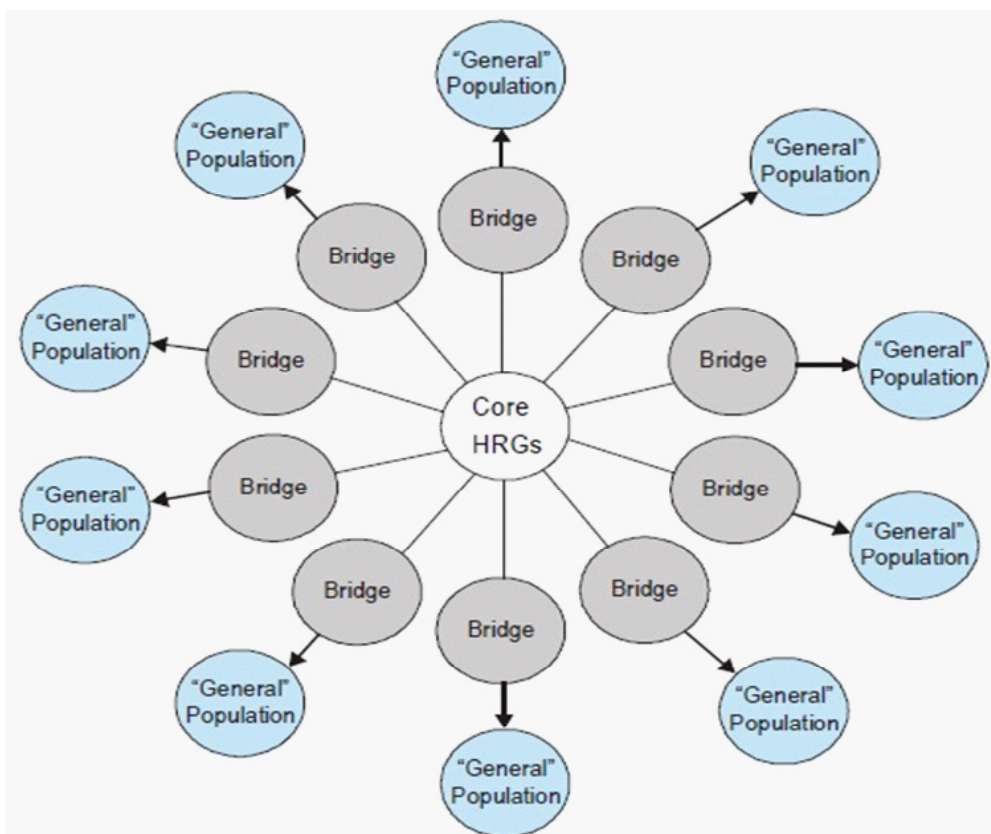


Figure 1: Transmission of STI/RTI from Core HRGs to General Population

The vision of STI/RTI control and prevention program during NACP IV is to provide quality standardized STI/RTI services at all levels of health system through convergence with National Health Mission (NHM) and private sector, especially focusing on women, adolescent and marginalized population [4].

Objectives of STI/RTI control and prevention program are: a) Reduce STD cases and thereby control HIV transmission by minimizing the risk factor. b) Prevent the short term as well as long term morbidity and mortality due to STD.

The specific strategies are as follows : Provision

of standardized STI/RTI management to general and vulnerable population at all government health facilities in convergence with National Rural Health Mission NRHM [4]. Scaling up by partnering with organized public and private sector to enhance reach and coverage of the program [4]. Provision of quality STI/RTI services to high risk group population through flexible approach of service delivery [4]. Provision of laboratory support for etiologic diagnosis and surveillance of STI/RTI. Strengthening capacity building and mentoring needs to achieve quality STI/RTI service delivery through all facilities [4].

Current Status

During 2014-15, against the physical target of treating 70 lakh episodes of STI/RTI, 75.46 lakh episodes of STI/RTI were treated [5]. A study published in 2015 showed that prevalence of STI among the female sex workers as per syndromic diagnosis was 35.8% in a city of north India [7]. NACO target was to manage 80 lakh episodes of STI/RTI in 2015-16, out of which the programme has achieved 48.48 (60.6%) lakhs till October,

2015 [3]. A total of 18,72,391 rapid plasma reagin (RPR) tests were conducted among attendees of DSRCs of which only 0.4% were reactive [3]. Among the pregnant women attending antenatal care, 18,08,120 lakhs were screened for syphilis of which 2738 (0.15%) were found reactive for syphilis and were provided treatment [3]. The sero-prevalence of Syphilis is observed to be declining steadily among patients with STI/RTI, pregnant women and high risk groups [3].

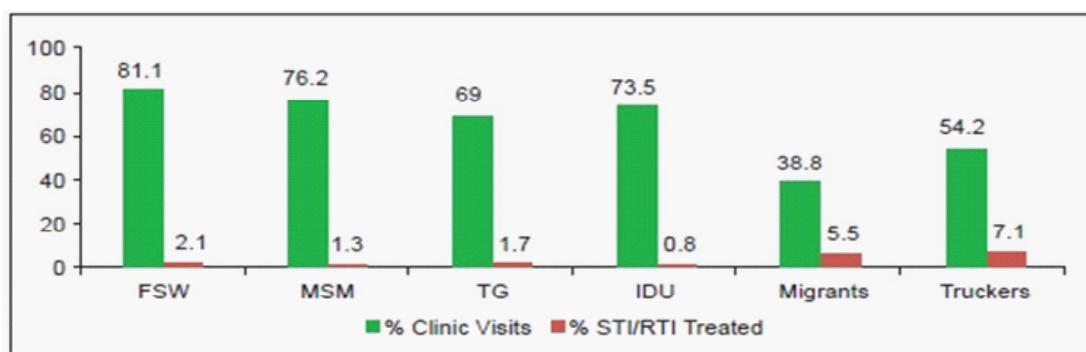


Figure 2: STI clinic visits during 2015-16 (Up to Sept 2015) [6]

Sl. No.	Indicator	2013-14	2014-15	2015-16
1	Total number of cases managed	71.6 lakh	79.6 lakh	89.2 lakh
2	% STI attendees Tested for Syphilis	34%	22%	40%
3	% Sero Positive for Syphilis	M=0.83%, F=0.5%	M=0.97%, F=0.37%	M=0.64%, F=0.23%
4	% STI attendees Tested for HIV	37%	19%	36%
5	% Sero Positive for HIV	M=0.95%, F=0.6%	M=1%, F=0.41%	M=0.57%, F=0.35%

Table 1: Status of Syphilis and HIV [4]

Progress & Expansion of STI/RTI Services in Government Health Facilities

The Network of STI Laboratories comprise of 01 Apex Laboratory, 09 Regional STI Training, Research and Reference Laboratories, 45 State Reference Centres (SRC), Integrated Counselling & Testing Centre (ICTC) / Hospital laboratories linked to Designated STI/RTI clinics (DSRC)[4] that provide validation of syndromic case management by doing etiologic testing, antibiotic susceptibility testing for Gonococci, External Quality Assurance Services (EQAS) for syphilis [4].

Designation STI/RTI Clinics are located at Medical Colleges, District Hospitals and in some area hospitals (sub-divisional and /rural hospitals). The program offers free treatment using standardized STI colour coded treatment kits to treat common STIs/RTIs syndromes [4]. Program has branded the DSRCs as 'Suraksha Clinics' which has improved the footfalls [4].

The four implementation structures of the STI/RTI Programme are as follows:

- 1) Designated STI/RTI Clinics
- 2) Targeted Interventions
- 3) NHM facilities
- 4) Regional STI Training Referral, Research Laboratories & State Reference centres

Provision of STI/RTI Services in High Risk Group Population

There are 1677 (till October 2015) Targeted Intervention Projects where STI services are being provided to the High Risk Group for free [4]. Services are also available for truckers and migrants at subsidized rate. Partnerships with the private sector have seen more than 3400 private providers (project provides maximum consultation fee of @Rs75/- per consultation, free drugs and

free HIV and Syphilis testing) [4]. Preferred private provider approach has been rolled out to scale up STI/RTI services to HRG population under TI Projects. These providers are selected by the community members through group consultation [3]. This mechanism saw tremendous increase in the access to services of HRGs from 0.23 million in 2007-08 to 4.67 million in 2015-16 (>20 fold increase) [4].

Partnering with Organized Public Sector, Public Sector Undertaking and Professional Organization

The major proportion of patients with STI/RTI seek services from network of private healthcare delivery systems ranging from freelance private practitioners to large public hospitals [3]. Also, many are accessing services from public healthcare systems under other sectors like railways, ESI, armed forces, CGHS, port hospitals as well as health facilities of public sector undertakings like Coal India Ltd, SAIL etc. [3]. It has been felt that reaching out to maximum numbers of people suffering from STI/RT is not possible without partnership with private sector and organized public sectors. NACO has initiated partnership with organized public sectors and private sectors through professional associations to support the delivery of STI/RTI services with the objective to reach the populations presently not covered by the public healthcare delivery system [3]. In addition program is in active engagement with professional bodies like IMA and FOGSI etc. [4]. Functional integration with the RMNCH+A Programme of the National Health Mission has helped both programmes mutually [4]. Joint STI/RTI operational guidelines have been developed which is standard for implementing

STI/RTI control and prevention program across different health care Institutions right from primary health centres (PHCs) up to the Medical Colleges [4].

New Initiative under STI/RTI Programme

Under Elimination of Parent to Child Transmission (EPTCT) Programme of Syphilis, NACO and Maternal Health Division are aiming for early registration, early screening for both Syphilis and HIV and treat those found reactive, promote institutional delivery and follow up the new born up to 18 months of age [3].

The latest directives [3,4,9] issued provide for universal screening for Syphilis and HIV; task shifting of testing to Auxiliary Nurse Midwifery (ANMs) using Point of Care (POC) test kits for both infections and their management once detected positive at Primary Health Centre (PHC) and above health facilities including promoting institutional delivery and tracking the Mother-Baby pair till the child attains 24 months of age.

Ministry of Health and Family Welfare, Govt. of India has included indicators for capturing data on screening tests done by ANMs for HIV and Syphilis using POC tests as well as indicators for confirmatory tests done at PHC/CHCs (Community Health Centres) of rapid plasma reagin (RPR) and HIV Rapid Antibody Tests, in the Health Management Information System (HMIS) formats [4].

A booklet 'Shaping our Lives: (Version -2)' a training/ knowledge booklet for ANMs/ASHA workers/ Anganwadi Workers and members of SHGs with recent updates on the PPTCT Programmes of HIV and Syphilis has been developed [4]. The goal is to eliminate of Parent to Child Transmission of HIV & Syphilis by 2020 [4].

Key Issues and Challenges

Following are the key issues and challenges in implementing STI/RTI programme in India.

- A recent study in Lucknow showed that knowledge about the role of condom in prevention of STI and the STI-HIV link was significantly less among home-based FSWs (Female Sex Workers) than those who are street-based. There is a great lack in the awareness among FSWs regarding STI and their prevention [8].
- Saturation of Syphilis testing of pregnant women and non-availability of Benzathine Penicillin in hospitals and decreased preference among health providers to recommend Penicillin are the key bottle necks [4].
- Lack of recent data on burden of STIs amongst general population and HRG ; But high prevalence of Syphilis amongst STI Clinic attendees in many states of India [4].
- Inadequate spouse/ partner testing.
- Lack of training and skill building in the field due to limited resources. Participation of Private sector and organised sector in STI programme is still very less. Private sector adherence to standard STI treatment guidelines & reporting requirements is low [4].

Conclusion

STI/RTI Prevention and Control Programme in India is providing continued support for effective control of STI/RTI, treatment of general population through designated STI/RTI clinics (Surakasha Clinics) and high risk population through Targeted Intervention (TI) programmes. Designated STI/RTI Clinics which are service delivery terminals are located at Medical Colleges, District Hospitals and in area hospitals (Sub-divisional hospitals /

Rural Hospitals/ CHCs/PHCs). The program offers free treatment using standardized STI colour coded treatment kits to treat common STI/RTI syndromes. The program also reaches employees of organized sectors under public undertakings (Railways, Employees State

Insurance Corporation, Port Trust, Defence and Professional Associations), and private sectors by developing partnerships. New Initiative under STI/ RTI Programme aims to eliminate parent to child transmission (EPTCT) of syphilis.

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