

Inaugural Address

by

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at the

***13th International Union Against Sexually
Transmitted Infections, Asia Pacific Conference***

***Chiang Mai, Thailand
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**Opening remarks by Dr Samlee Plianbangchang, Regional Director,
WHO South-East Asia Region at the 13th International Union Against
Sexually Transmitted Infections, Asia Pacific Conference,
Chiang Mai, Thailand, 6-9 July 2004**

- Excellency.....; ladies and gentleman
- First of all, I thank the International Union against Sexually Transmitted Infections, the Asia Branch Committee:
 - Regional Director, Dr. Verapol Chandeying
 - Branch Chairperson: Dr. Chavalit Mangkalaviraj
 - Vice Branch Chairperson: Prof. Chen Xiangsheng
 - Secretary General: Dr. Baoxi Wang

for inviting me to address the delegates at the opening of the 13th International Union against Sexually Transmitted Infections, Asia Pacific Conference in Chiang Mai, Thailand.

- Sexually transmitted infections or STIs are common. In fact they are among the most common causes of illness in the world and have far reaching health, social, and economic consequences.
- STIs represent a major public health problem in developing countries, world-wide and in South-East Asia.
- More than 300 million new cases of curable STIs occur each year, with a global distribution that closely mirrors that of HIV.
- Each day, there are nearly one million new cases of STIs around the world.
- The Asia and Pacific Region accounts for more than 50% of the global burden, with consistently high prevalence among high-risk and vulnerable population groups such as sex workers, migrant populations and other bridging population groups.
- According to the World Development Report 1993, the burden of disease in women of child-bearing age caused by STIs , excluding HIV infections and reproductive tract infections is the second highest for all groups of diseases, surpassed only by maternity-related disorders.
- Each new STI infection carries the potential of serious complications including foetal loss, stillbirths, infertility, ectopic pregnancy and severe congenital infections.
- Syphilis alone, when present during pregnancy, results in foetal loss in one third of cases, and half the surviving infants suffer congenital disability.
- The cofactor effect of STIs on HIV transmission suggests an up to eight-fold increased risk of HIV infection in the presence of STIs.
- For genital ulcers, data indicate a 10 to 50-fold increase in the probability for male-to-female HIV transmission *per sexual act*, and a 50 to 300-fold increase for female-to-male transmission.

- At the population level, STIs seem to be one of the key factors that drive the HIV pandemic in developing countries.
- At the same time there is evidence that the treatment of STIs in particular presenting with genital ulcers reduce HIV transmission.
- There are many large-scale interventions that demonstrate the potential impact of STI control on HIV transmission.
- For example, Thailand reduced the incidence of curable STIs by more than 80 per cent in less than five years through a comprehensive effort that included both improved STI treatment and targeted promotion of condom use in commercial sex establishments.
- During this period, HIV prevalence, which had been increasing rapidly, began to fall.
- Through sustained application of these interventions, Thailand stabilized HIV transmission early and averted a far more extensive epidemic.
- Other countries, such as Cambodia and Myanmar, have started similar programmes.
- The Sonagachi Project in Calcutta, India, is a good example of a successful peer education programme among sex workers.
- It also includes the provision of health care and social marketing of condoms. HIV prevalence among sex workers in the project area continues to be low and the prevalence of STI is declining.
- In many countries in Asia, the management of STIs takes place in the private sector with lack of monitoring and supervision by the public sector.
- The Government responsibility is to ensure that STI management in the private sector also follows national guidelines remains largely unregulated.
- One of the most important challenges in STI control today is to reach the people who are most frequently exposed to infection.
- These people pose a major risk passing the infection on to others.
- Such risk groups include sex workers who are often marginalized groups of the society.
- Strong STI prevention and treatment play a vital role in comprehensive programmes to prevent sexual transmission of HIV.
- However, large- scale programmes have yet to be implemented in many countries.
- STI trends can offer important insights into where the HIV epidemic may grow, making STI surveillance data helpful in forecasting where the HIV epidemic is moving.
- Better linkages are needed between HIV and STI surveillance nationwide in order to better monitor the trend of the epidemic and the impact of programme interventions.

Distinguished guests,

- In September 2003, WHO and UNAIDS declared the failure to provide treatment to HIV/AIDS patients as a global health emergency and called for providing 3 million people in the developing world with antiretroviral therapy by 2005.
- By March 2004, 48 countries with the highest burden of HIV/AIDS had expressed their commitment to rapid treatment expansion.
- They have all requested technical assistance in designing and implementing scaling-up programmes.
- Many countries of the South-East Asia Region have embarked on efforts to scale up antiretroviral therapy.
- Besides Thailand, which is already implementing a national treatment programme, other countries namely India, Indonesia, Nepal, and Sri Lanka recently announced initiatives on AIDS treatment.
- However, the overall progress in “3 by 5” has so far been slow and needs a major thrust at national and international level.
- In order to raise the momentum, substantial strengthening of national health capacity is required.
- Scaling-up Anti Retroviral Treatment is a major managerial and logistic effort, similar to DOTS expansion of TB.
- Political commitment towards implementation of national strategic plans is essential.
- Nevertheless, “scaling-up” ART should not be misconstrued as only focussing on AIDS treatment, at the expense of HIV prevention.
- For us, HIV prevention still remains the bedrock of HIV/AIDS control programmes.
- All the basic prevention interventions such as condom promotion and provision, health promotion and education to reduce sex partners, and the management of STIs, must remain a top priority, along with the provision of ART.
- WHO promotes the implementation of national strategic plans for scaling up quality STI services in the public and private sectors.
- WHO advocates the integration of STI services with reproductive health and family planning as well as AIDS programmes and promotes reaching high-risk groups such as sex workers and their clients.
- WHO is providing normative guidance in the management of STIs and in HIV prevention, care and treatment in the public and private sectors.
- WHO has taken the initiative to improve STI surveillance as part of expanded HIV surveillance and the monitoring of antimicrobial susceptibility to common STIs.

Ladies and gentlemen,

- I and my staff will do our best to provide full support to the discussions during the conference.
- Once again, I thank the International Union against Sexually Transmitted Infections for inviting the World Health Organization to address the opening of this important conference.
- It is very timely that this conference is taking place just a few days before the 15th International AIDS Conference, to be held in Bangkok from 11th to 16th July 2004.
- I hope that you will be able to participate in that conference.
- I also hope that your stay in Chiang Mai will be enjoyable.
- I wish the conference all success.
- Thank You.