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HIV/AIDS

Horizons Study Helps Madagascar Health Officials Achieve Effective, Low-cost Management of Sexually Transmitted Infections

THE DYNAMICS OF POVERTY PUT the people of poor countries at increased risk for sexually transmitted infections (STIs) and HIV/AIDS. All too often, sex work is one of the few ways that women can make a living for themselves and their families. Because STIs facilitate the spread of HIV, developing low-cost, effective methods of treating and preventing these infections in sex workers is particularly important. With funding from the U.S. Agency for International Development (USAID), and in partnership with Family Health International (FHI), the Population Council's Horizons Program recently assessed STI management practices in Madagascar in an effort to find affordable strategies to diagnose and treat sex workers there.

Although Madagascar reported only 1 percent HIV prevalence in 2000, the actual prevalence is believed to be higher. More importantly, because the country has one of the highest STI rates in the world—75 percent of high-risk women have at least one infection, and active syphilis rates are almost 40 percent—Madagascar is a prime candidate for an explosion of HIV/AIDS.

At the beginning of their investigations, the Horizons/FHI researchers found that health practitioners were using a syndromic approach to managing STIs, providing treatment only to patients who displayed symptoms of specific infections. This may be appropriate for the general population, but it is insufficient for the treatment of sex workers, who may have multiple, asymptomatic infections. Diagnosing infections with laboratory tests, however, is prohibitively expensive.

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In response to this challenge, hypothesizing that use of such profiles would result in more appropriate and effective treatment for sex workers, the Horizons/FHI researchers developed risk profiles based on characteristics such as age, number of partners, and symptoms which are shared by women infected with various STIs. Further study demonstrated that syndromic management combined with risk assessment was both as effective as and dramatically less expensive than laboratory evaluation combined with risk assessment. Using laboratory diagnosis increases the annual cost of STI management on the basis of risk assessment by 300 percent or more.

The study found that more frequent follow-up visits resulted not only in higher costs per sex worker, but also higher STI prevalence among



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A peer educator at a May 2001 stakeholders meeting presents recommended new protocols for STI management.

1300 Pennsylvania
Avenue NW
Washington, DC
20523-3600

www.usaid.gov

workers asked to return for more frequent checkups than in those seen less often. This happens because workers who are asked to return more frequently often stop coming entirely.

These findings were presented at a May 2001 workshop attended by Ministry of Health officials, health service providers, and sex workers. At the end of the meeting, these stakeholders agreed to affordable management protocols that call for a combination of diagnostic techniques. In most cases, treatment decisions are based on syndromic management and risk assessment; laboratory tests are used only if a cheap and simple test is available, as in the case of syphilis. The participants also decided to have sex workers return for follow-up every 90 days rather than every 30 days. These protocols are now being used to manage STIs among 15,000 sex workers in the cities of Antananarivo, Toamasina, and Mahajanga.

For more information about the study, go to <http://www.popcouncil.org/pdfs/horizons/madswsum.pdf>

http://www.usaid.gov/our_work/global_health/aids/

<http://www.popcouncil.org>

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