

# Road to Results

ACHIEVING SUCCESS STEP BY STEP

## Integrating STI Treatment into Primary Health Care in the Kyrgyz Republic: The Successes of Two Pilot Projects

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Treatment for a sexually transmitted infection (STI) has often been a humiliating and unpleasant experience in the Kyrgyz Republic. But with support from the Kyrgyz Ministry of Health (MOH), the USAID-funded ZdravPlus Project is working to change this. Two pilot projects carried out by the MOH and ZdravPlus have shown positive results towards integrating these much-needed services into the primary health care sector<sup>1</sup>.

In the Kyrgyz Republic, patients with various STI signs or symptoms are traditionally required to see a physician who specializes in dermatovenereology at special STI clinics or STI hospitals. However, services and treatments are not patient-friendly, and costly and largely unnecessary hospitalization for STIs is common. Additionally, contact-tracing (contacting of former partners) is mandatory, so patient confidentiality is not protected. To avoid the embarrassment and stigma of visiting a special STI clinic, many people choose to treat their symptoms with self-prescribed medications purchased from pharmacies or visit private clinics outside of the mainstream health care system. Thus, many STI cases have gone undiagnosed or improperly treated. This has become a major concern for the MOH. Because STIs are going untreated, it is impossible to monitor their prevalence in the country.

The pilot projects aimed to assess the feasibility of having family doctors provide confidential treatment and prevention services for the most common sexually transmitted infections close to people's homes. The pilots used the World Health Organization's (WHO) syndromic case management approach. This approach simplifies diagnosis and treatment, is far less expensive, does not require lab tests, and interrupts

infection as quickly as possible. By making confidential treatment services available on the primary care level, it was anticipated that people would be more willing to seek STI treatment. This would, in turn, reduce the spread of STIs and decrease the incidence of their most serious complications—including decreased female and male fertility, ectopic pregnancy, and even death. Moreover, because infection with another STI has been repeatedly shown to increase susceptibility to HIV, the early treatment of STI cases expected through this new strategy could also serve to reduce the spread of HIV/AIDS.



*Family doctors diagnose and treat STIs through pilot projects in the Kyrgyz Republic*

### **Design & Implementation of the Pilots**

The pilot sites were located in Tokmok, in the north, and in Jalal-Abad in the south. Each pilot provided treatment and prevention services free of charge on the primary health care level for the most common STI syndromes, including vaginal discharge, urethral discharge, and genital ulcers. Twenty-six family doctors completed training in the WHO syndromic case management approach for treatment and prevention of STIs, including

<sup>1</sup> The Tokmok pilot project was funded by the Soros Foundation through the Family Group Practices Association (FGPA) and by USAID through ZdravPlus. The Jalal-Abad pilot was funded by the World Health Organization (WHO) through the FGPA and by USAID through ZdravPlus.



The USAID-funded ZdravPlus Program provides technical assistance and training to improve the health of Central Asian populations by improving health delivery systems

representatives from the National Dermato-venereology Institute, the Kyrgyz State Medical Institute for Postgraduate Training and Retraining, and the Institute for Reproductive Health. Necessary medications for patients in the study were provided free of charge.

ZdravPlus and the National Health Promotion Center developed a public information campaign which included presentations by the participating family doctors at school assemblies and community group meetings. Brochures were distributed at schools, universities, outdoor markets, and offices of family group practices (FGPs); posters were displayed at bus stops and polyclinics; and newspaper ads provided the locations and phone numbers of the participating clinics. The public awareness campaign reached a broad audience and was successful in informing the public about the availability of services. Over 2,300 patients were treated during the six-month pilots.

Significant cost savings was shown for STI treatment, with the average cost per case using the WHO syndromic case management approach in a PHC setting approximately one third to one tenth the cost of treating a similar case in the dermatovenereology outpatient dispensary.

Additionally, the pilots revealed positive responses from patients. In Jalal-Abad, 629 patients completed an optional, anonymous survey before exiting the clinic and nearly all of them described their consultation as very good

(61.7 percent) or good (36.6 percent). Patients gave high marks to family doctors trained through the pilots for their knowledge regarding STIs, attention to confidentiality, tactfulness, and their provision of STI information. The majority of respondents stated that they would recommend STI care provided by family doctors to their friends.

These pilots also demonstrated that, by working together, dermatovenereologists and primary care physicians can effectively treat STIs—in contrast to the traditional view that STI treatment can only be provided by dermatovenereologists. As evidenced in the pilot settings, family doctors can care for the majority of routine STI patients suffering from common complaints such as vaginal discharge, urethral discharge, or genital ulcers. However, difficult cases with more serious complications must continue to be referred to dermatovenereologists, reinforcing the need for specialists in the field.

### ***Model for Nationwide Expansion***

Based on the pilots, the MOH and ZdravPlus are eager to integrate the WHO syndromic case management approach into PHC practices throughout the Kyrgyz Republic, while at the same time, working with the population to increase awareness and understanding of the signs and symptoms of STIs, the consequences of failure to treat them, and where to receive effective treatment in a confidential environment.

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