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SEAN SPRAGUE/PANOS PICTURES

SYNDROMIC MANAGEMENT TRAINING PROVIDES HEALTH WORKERS WITH THE ABILITY TO TREAT COMMON SEXUALLY TRANSMITTED DISEASES IN PLACES SUCH AS THE RURAL DOMINICAN REPUBLIC.

SYNDROMIC MANAGEMENT TRAINING: PAVING THE WAY FOR THE ADOPTION OF SEXUALLY TRANSMITTED INFECTION TREATMENT NORMS IN THE DOMINICAN REPUBLIC

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INTRODUCTION

Epidemiological analysis of the spread of HIV infections has shown that the primary route of HIV transmission in the Dominican Republic (DR) is sexual. Classic sexually transmitted infections (STIs), which manifest symptoms in the genital area and include syphilis, gonorrhoea, chancroid, herpes, and genital ulcer disease and HIV infection not only share the same predominant mode of transmission, but there is increasing evidence that the presence of an STI increases the transmissibility of HIV infection.

Prior to 1995, the DR public health sector took primarily a clinical approach to diagnosing and treating STIs. In some other health centres, diagnosis and treatment of STIs was based on the etiologic approach because of limited laboratory facilities and non-specialized physicians. There were no adequate national treatment norms, and a system for contact tracing was limited to only one reference centre in Santo Domingo, the capital city. Drugs for treatment were scarce and, when available, were very expensive. STI treatment protocols centred on antibiotics, for which many drug-resistant strains have emerged.

Based on this situation, syndromic management of STIs emerged as the most effective strategy for HIV/AIDS prevention in the DR.

It has been clearly demonstrated that timely and adequate treatment of STIs during the first patient visit can have a significant impact on the transmission of HIV. Thus, training service providers in syndromic management of STIs was crucial in decreasing the spread of HIV in the country.

PROGRAMME DESCRIPTION

In 1994 the local university, Instituto Tecnológico de Santo Domingo (INTEC), and the Dominican Dermatological Institute's STI Centre (CETS) entered into a partnership to implement a training programme on the syndromic management of STIs.

INTEC is considered one of the best universities in the Dominican Republic. It provides postgraduate research and continuing education, has one of the most complete libraries in the country and is linked with several computer networks. In the area of health, it is affiliated with the Federación Panamericana de Facultades y Escuelas de Medicina (FEPAFEM) and the Association of Universities of Public Health Administration (AUPHA), among others. The faculty of health has coordinated development and training programmes in community health with the Inter-American Foundation

and the Pan American Health Organization (PAHO), and it has coordinated health administration training with AUPHA and community health development with UNICEF.

CETS, on the other hand, is a national reference centre and laboratory for HIV/AIDS/STIs and is the foundation for important investigations carried out in the country. CETS has extensive experience in clinical education in STI. Medical and bioanalysis students from principal Dominican universities receive their theoretical and practical training in diagnosing and treating STIs at CETS. In addition, residents in dermatology and gynaecology must spend a three-month rotation in its STI clinics. The institute also has experience in providing speciality and continuing education courses in STIs.

INTEC's role in this project was to coordinate and manage the programme, supplying the necessary training facilities, audiovisual equipment, library and administrative services. CETS coordinated and supplied the necessary laboratory facilities for the clinical training.

This 18-month programme was implemented during 1995–1996 with technical guidance from the University of Washington, Seattle, Washington, USA. Funding and technical assistance was financed by the United States Agency for International Development (USAID) through its AIDS Control and Prevention (AIDSCAP) Project, implemented worldwide by Family Health International (FHI).

The programme had the official endorsement of the National AIDS Control Programme (Programa de Control de Enfermedades de Transmisión Sexual y SIDA, or PROCETS),

the Dominican Union for STI Control (UDOCETS) and the Dominican Medical Association (AMD).

Programme Goals, Objectives and Target

Audience The purpose of the programme was to improve the quality of STI services by training clinicians in the syndromic management of STIs, assuring that supplies and equipment necessary for prompt diagnosis and treatment were available and training non-clinical service providers to encourage STI care-seeking activities, partner referral and medication compliance. While clinics are not usually the most popular places to seek treatment for STIs due to reasons of confidentiality, among others, they were identified as the starting point for this initiative because they were providing STI services to the sub-populations targeted by AIDSCAP and the Dominican non-governmental organization (NGO) implementing its HIV/AIDS prevention programme in the country.

The programme aimed to train 300 clinicians, 500 non-clinicians and 15 laboratory technicians. Clinicians included physicians, nurses, other health care professionals and paramedical personnel providing patient care; non-clinicians consisted of social workers, health promoters, educators, counsellors and NGO staff working in these capacities.

Course participants (clinicians and non-clinicians) were those providing services in support of the NGO programmes financed by AIDSCAP. Other participants were those servicing PROCETS STI clinics, as well as those affiliated with family planning organizations supported by USAID and the Dominican Republic government.

PROJECT DEVELOPMENT AND IMPLEMENTATION

The first task accomplished by INTEC-CETS in developing the training programme was to design course contents and supporting materials. Several physicians from the private and public sectors, who had been trained in syndromic management of STIs and training-of trainers-techniques at the University of Washington, were selected to carry out this task. This training took place in 1993 through the sponsorship of AIDSCAP and the Infectious Disease Society of America. Other noted Dominican professionals, such as psychologists, educators and counsellors were recruited and integrated into the team. The multidisciplinary nature of this group of experts allowed for the development of an integral and cross-speciality training programme.

Courses for clinicians included: human sexuality, STI/HIV epidemiology in the DR, syndromic management of STIs, counselling as part of case management, and training techniques. These courses consisted of one week of theoretical training and one week of hands-on experience in clinic, laboratory and counselling-service provision.

Courses for non-clinicians included didactic training on the clinical manifestations of STIs and HIV/AIDS, counselling, human sexuality and training techniques. The focus of these courses, however, was to enable non-clinicians to recognize STIs and refer people for treatment, stressing messages of prevention and partner notification.

As noted previously, courses for clinicians and non-clinicians were structured to be training of trainers. This enabled them to share what they learned with their colleagues at their home

institutions in the future. Course materials were provided to support this replication.

Some of the programme's training materials were based on existing materials from the World Health Organization (WHO), the Nepal Medical Association and the universities of Nairobi in Kenya and Manitoba in Canada. These materials were reviewed and validated in geographical areas where the training sessions were to take place to assure quality, readability and usefulness in these settings.

Materials produced for clinicians included: a manual describing the complete training course, an implementation guide, a videotape of the course, a set of slides and transparencies used during the course, a pocket-sized card with clinical symptoms and treatment for clinicians describing five major syndromes, informational brochures and updated materials on STIs, condoms, STI drugs, etc. Materials developed and delivered to non-clinicians included a course manual and implementation guide, and supporting information on STIs, condoms and educational intervention techniques.

After the training programme was completed, an STI service referral guide was developed and distributed among all the participants. It includes a list of clinicians and non-clinicians who participated in the training programme and other noted health professionals in the DR utilizing the syndromic approach to STI management in order to facilitate referrals to appropriate and high-quality STI services in the country.

Training sessions were held in five different sites of the country, Santo Domingo, Puerto Plata, Santiago, Barahona and La Romana, where clinical facilities were adequate for training in

CETS clinics. This also facilitated access to training by clinicians established in those geographical areas.

Six months after the initial training, both clinicians and non-clinicians received a second training. The purpose of these “refresher” courses was to update participants on HIV/AIDS issues, given that the knowledge of HIV and the epidemic parameters is continually evolving, and obtain feedback from them on the challenges and constraints they had encountered during the period following the training.

EVALUATION METHODOLOGY

Qualitative and quantitative methodologies were used in this programme to assess progress in achieving its objectives. Progress was assessed using process, outcome and impact measures.

Process Evaluation Evaluation of this training programme was ongoing. Pre- and post-tests were conducted among participants during the initial training as well as the refresher course. The following areas were covered: knowledge of STIs, ability to utilize syndromic management techniques and the use of flowcharts.

Evaluations were also conducted among course participants to assess the overall quality of the courses. This included facilitator performance, schedules, adequacy of physical installations, etc.

Materials produced for training and/or dissemination were always validated with the target audience through focus group discussions during the production process. Their suggestions were incorporated into and guided the final production of materials.

Outcome Evaluation A midterm evaluation conducted in September 1995 showed that participants had attained significant improvements in knowledge about STIs and syndromic management as an approach. This evaluation showed that 84 per cent of participants had total comprehension of the course content.

RESULTS/TANGIBLE OUTCOMES

Training Programme The overall goal and objectives of the STI algorithm training programme were completed and surpassed in a timely and effective manner. A total of 325 clinicians were trained through 15 courses, and 529 non-clinicians through 21 courses. Sixteen laboratory technicians were also trained through the programme. Additionally, 35 refresher courses were offered to clinicians and non-clinicians.

As a result of this specialized training, 25 clinics and posts are participating in STI diagnosis, treatment and prevention using the syndromic management approach.

To improve the ability of participating institutions to deliver adequate STI services, the project strengthened and established CETS clinics of the Dominican Dermatologic Institute (DDI) as the reference clinics for both the referral of complicated cases and as STI-training sites. Furthermore, personnel on all levels of care were educated in the appropriate use of the treatment referral system, which included a telephone guide listing all those involved in providing STI treatment based on syndromic management.

The programme successfully established a standardized methodology for diagnosis and treatment of STIs as an HIV/AIDS-prevention method without relying on elaborate laboratory techniques. Trained service providers have

implemented these new skills throughout the DR where the existing health infrastructure is limited.

One of the biggest challenges of the programme was overcoming the strong resistance by participants to any training. In the DR, there is no tradition of continuing education, especially among physicians. However, the innovative and participatory training techniques used in the programme helped overcome this resistance. Most of those who participated became advocates of STI syndromic management.

The programme itself has evolved into sustainable postgraduate training totally coordinated by INTEC, with a continued link with the DDI's STI Department. The programme also received widespread recognition during presentations made on it at the 10th Latin American Congress on STDs and the IVth Pan American Conference on AIDS in Santiago, Chile, in 1995, and the XIth International Conference on AIDS in Vancouver, Canada, in 1996. Technical assistance provided by the University of Washington throughout all stages of the programme was undoubtedly key to the project's success.

The programme also generated the following important activities and results, which are described in detail:

STI Drugs This programme generated negotiations with the National Essential Drug Programme (PROMESE) for the inclusion and availability of adequate STI drugs. Supplies of drugs as specified for the syndromic approach have been made available at the 410 popular pharmacies, and official drug lists have been modified accordingly. Some health centres have even begun to establish a prepackaged therapy kit for the five syndromes.

National STI Guidelines One of the greatest achievements of this programme was that it opened the way for the adoption of STI syndromic management at a national scale in the Dominican Republic. The country's health authorities have endorsed syndromic management as the national approach for diagnosis and treatment for STIs. National guidelines for syndromic management of STIs were developed and are going through a final revision before implementation.

Other Ministry of Health (MOH) departments have acknowledged the importance of implementing the syndromic management approach to STIs in the Dominican Republic. Such is the case with the Epidemiological Surveillance Department at the MOH, which has changed its data collection system to register syndromes instead of etiologic diagnosis.

BEST PRACTICE CRITERIA

Relevance The DR is a resource-constrained country with a growing HIV/AIDS epidemic and limited technological resources at all levels of the public health system. The adoption of syndromic management as the official approach for diagnosis and treatment of STIs by the Ministry of Health (MOH) is of particular importance. This approach allows for improved STI services, thus making an impact on the HIV/AIDS epidemic.

Efficiency The project was strategic in using national resources efficiently to support implementation. The infrastructure for the theoretical and clinical training consisted of the existing facilities at CETS and INTEC. Training sessions were carried out in five different geographical areas of the country. This not only minimized

the travel and per diem costs for participants, but optimized exposure to different groups and cemented the validity and appropriateness of the training in the country. The existence of adequate and appropriate clinical facilities in these training sites as well as the opportunities for expanding local STI service delivery were also considered when selecting the training sites.

Effectiveness and Impact This programme has had profound impact in expanding the knowledge and skills level of all the trainees. Furthermore, at the time of production of the referral guide over 80 per cent of those trained were actively involved in providing STI management using the syndromic approach.

Even more important is the snowball effect of this training programme: it generated the national STI treatment guidelines (published in 2000), the development of a referral guide and the inclusion of STI syndromes in the newly revised national epidemiological reporting system. Also, the programme has become sustainable through the incorporation of training into the university's portfolio for continuing medical education and the official requirement to include syndromic management training in every project with STI services, regardless of the funding source.

To attain long-term impact related to biological indicators resulting from STI service improvement it is important that the training course be permanently replicated throughout the MOH public health care infrastructure and through residency programmes such as gynaecology and obstetrics, urology, dermatology, etc. Meanwhile, the MOH's National AIDS Control Programme (PROCETS) is currently planning to support the continuation of these courses nationwide. It will

also disseminate the national STI treatment guidelines based on syndromic management.

Due to a lack of resources, assessing the biological impact of this programme was not planned as part of the project. However, a second algorithm validation study may be useful in providing information on the use of the syndromic management approach to STI treatment in the Dominican Republic adopted by PROCETS based on this initiative. Without a doubt this training programme has made an impact on the spread of HIV in the DR, despite not having had the opportunity to put a system in place to quantify such impact.

Sustainability INTEC has fully incorporated syndromic management training into its medical curriculum, and it gave academic credits to physicians who completed the training. The project is now sustainable at a low cost since the materials have been developed and produced in Spanish already, and a cadre of trainers have been trained to train others. In addition, both INTEC and CETS have furthered their institutional links with other projects, based on this initial joint venture with the AIDSCAP Project.

Through the technical assistance provided by the University of Washington, a considerable transfer of expertise and skills took place in the DR and remains with Dominican professionals who are committed to improving STI services in the DR. The training programme not only trained a core group of highly capable professionals, but also helped to develop a committed group of advocates to assist with overcoming the obstacles to institutionlizing syndromic management as an appropriate STI treatment approach in the Dominican Republic.

From day one of this initiative, it received the support of PROCETS. Further, after the AIDSCAP Project ended in the DR, PROCETS reached agreement with a Dominican NGO to further STI syndromic management outreach and clinical service provision in the country.

LESSONS LEARNED

The institutionalization of the syndromic management approach to STI treatment requires a long-term commitment and continuous support. Institutional support is necessary to overcome health care provider resistance to obtaining additional training in a country where continuing medical education is not customary.

The routine dissemination of current, local data on STI trends can be instrumental in maintaining clinician interest in STI programmes. High turnover of clinic personnel is an additional reason why continual training is necessary to maintain adequate STI management services.

Syndromic management training also needs to be implemented for pharmacy clerks to be able to provide appropriate STI treatment to individuals not seeking clinical services.

Algorithms and risk assessments for the syndromic management of STI can be effectively modified for individual countries. STI monitoring needs to become a regular programmatic service provided by a good referral facility to observe and direct appropriate action to the development of antibiotic resistance as well as maintain national standards for adequate treatment of these infections.

Systematic STI data collection to guide decisions is key to developing more solid programmes and gaining physician endorsement

and involvement with continuing this programme successfully in the future.

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