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TOPIC B

STDs Situation

WHO
World Health Organization

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World Health Organization

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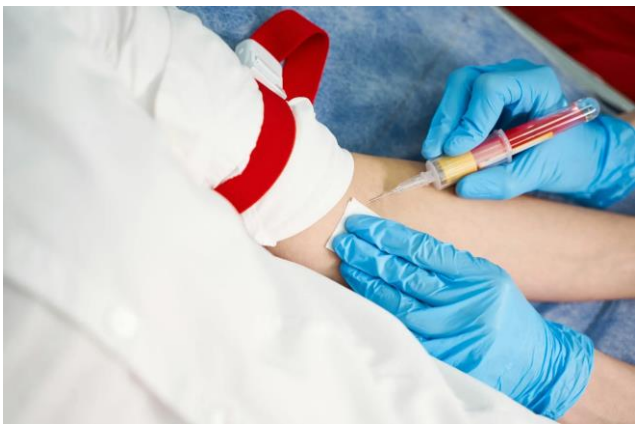
Introduction

Every day, *1 million new STD infections occur worldwide*, equivalent to 12 people infected every second. Despite medical advancements, rates of HIV, syphilis, gonorrhea, chlamydia, trichomoniasis, HVP, herpes, and much more persist at alarming levels, aggravated by *inequalities in healthcare access and sexual education*. But STDs not only generate an unhealthy population–they disproportionately affect women, youth, low-income regions, and marginalized groups, fueling cycles of poverty and discrimination due to the severe health, economic, and social consequences generated by STDs. For decades, governments and organizations like the *WHO* and *UNAIDS* have worked to control STD transmission through education, testing, and treatment campaigns. However, *fragmented policies, cultural barriers, and funding gaps persist*.



Definition of Key Terms

- **Sexually Transmitted Diseases/Infections (STDs/STIs)**
  The general term used for infections that are passed from one person to another through sexual contact (including vaginal, oral or anal sex).

- **Bacterial STDs**
  Infections caused by bacteria that are curable with antibiotics. Known for their capacity to develop a resistance to antibiotics. If left untreated, it can cause life-long damage (e.g. infertility from chlamydia, organ damage from syphilis).

- **Viral STDs**
  Infections caused by viruses. Most are not curable, but some of them can be prevented through vaccines, and the symptoms can be managed with certain treatments (e.g. acyclovir for herpes, antiretroviral therapy for HIV).

- **Parasitic & Other STDs**
  Infections caused by parasites or protozoa. Usually curable with antiparasitic or antimicrobial drugs. They are often overlooked but contribute to discomfort and increased HIV risk.

- **Asymptomatic Transmission**
  When an infected person shows no symptoms but can still spread the disease. This is a current factor in many STDs.

- **Congenital/Vertical Transmission**
  When an STD passes from mother to baby during pregnancy, birth, or breastfeeding.

- **PEPFAR (President's Emergency Plan For AIDS Relief)**
  A United States government initiative launched in 2003 to combat HIV/AIDS globally. It provides funding for prevention, treatment, and care programs, primarily in Africa, and has saved millions of lives. It is the largest global health program focused on a single disease.

- **PrEP (Pre-Exposure Prophylaxis)**
  A preventive HIV treatment where high-risk HIV-negative people take antiretroviral drugs to reduce their risk of infection.

Background information

- **Current Global Situation**

  STDs remain a major global health concern, with millions of new infections each year despite available treatments. In 2020, the WHO estimated *374 million new cases* of curable STDs—chlamydia, gonorrhea, syphilis, and trichomoniasis. Syphilis alone causes around *200,000 stillbirths and neonatal deaths annually*.

  The key populations at most risk include women and girls aged 15–24, pregnant women, LGBTQ+ individuals, sex workers, people who inject drugs, incarcerated people, and marginalized communities with limited healthcare access. Also, Sub-Saharan Africa, Asia, and Latin America are especially affected hotspots, reflecting global health inequalities.

  The chart below outlines some key facts about the most impactful STDs:

STD	**Prevalence in the population** (in % or millions)	**New cases per year**
HIV/AIDS (Viral STD)	39.9 million	1.3 Million
Syphilis (Bacterial STD)	0.6% in both, male and female populations	8 million
Gonorrhea (Bacterial STD)	0.7% of male population 0.8% of female population	82 million
Chlamydia (Bacterial STD)	2.5% of male population 4% of female population	129 million
Trichomoniasis (Parasitic STD)	0.5% of male population 4.9% of female population	156 million
HPV (Viral STD)	80% of sexually active adults	690,000 cases of HPV-derived cancer
Herpes (HSV-1 & HSV-2) (Viral STD)	846 million	42 million

- **Causes and Risk Factors**

  Despite advances in medicine and public health, STDs continue to spread worldwide, often *silently and preventable*. It is a combination of *behavioral, social, and political factors* that influence the spread of these diseases, and understanding these causes and risk factors is essential to addressing the global burden of STDs.

  Practicing safe sex can reduce the likelihood of transmission by *50% to 90%* (depending on the infection), being more effective against those transmitted through sexual fluids, and less so for those spread via skin-to-skin contact, such as HPV.

  Still, *asymptomatic transmission* remains a major challenge, as it allows infections to go unnoticed and untreated, further complicating control and diagnosing efforts.

  In many regions, people grow up with *limited, inaccurate, or no sex education*. This lack of knowledge fuels widespread misconceptions, ignorant/risky behaviors, and a general lack of awareness of the importance of regular testing. When combined with the *stigma* that continues to surround STDs, it creates an environment in which prevention is weakened, and early diagnosis is less likely. These problems are also aggravated by systemic barriers: limited access to healthcare, the limitations of poverty, and armed conflict.

- **Health, Economic, and Social Consequences**

  The health effects of STDs can be both immediate and long-term. Chlamydia and gonorrhea are leading causes of *infertility worldwide*, while HPV is closely linked to *cervical cancer* and other malignancies. Infections like syphilis can be congenitally transmitted, resulting in miscarriage, stillbirth, or severe congenital disorders. In addition, the presence of untreated STDs significantly *increases biological susceptibility to HIV*, which raises health risks and complicates treatment outcomes.

  The economic impact of STDs is felt at both the individual and systemic levels. Patients may face *significant medical expenses*, especially when complications arise from delays in diagnosis or treatment. On a broader scale, public health systems must absorb the costs of ongoing testing,

treatment, and education, while lost productivity due to illness or long-term consequences *further burdens communities and economies*.

Social consequences of STDs are profoundly determined by *existing inequalities*. Women often face harsher stigma, blame, and even violence due to entrenched gender norms, which can deter them from seeking care. Beyond gender, marginalized groups such as LGBTQ+ individuals, sex workers, and those in poverty frequently encounter discrimination and limited access to health services. These barriers reinforce a cycle where those most at risk are also least able to receive adequate support.

- **Challenges in Addressing STDs**

  Efforts to address STDs face several enduring challenges that go *beyond medical solutions*. Stigma, religion, and cultural taboos often make it difficult to talk openly about sexual health, limiting education, communication, and early intervention. Many communities, particularly in rural or low-income areas, lack consistent access to *affordable, non-discriminatory health care,* making marginalized groups such as LGBTQ+ people and sex workers *especially vulnerable.* At the same time, *insufficient funding* for public health campaigns, testing, and treatment programs impedes long-term progress. Without sustained investment and inclusive strategies, these obstacles continue to undermine global efforts to control the spread of STDs.

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Major Parties Involved

- **South Africa**

With 7.8 million HIV cases (20% adult prevalence), South Africa has the world's largest HIV epidemic despite running its massive ART program (5.5 million treated). Migrant labor systems and gender inequality drive transmission, while PEPFAR provides crucial support. Rural healthcare gaps and persistent stigma remain major challenges in Africa's most industrialized nation.

- **Nigeria**

Accounting for 25% of global mother-to-child HIV transmission, Nigeria faces rising syphilis cases alongside its HIV crisis. Like South Africa, PEPFAR also supports on treatment, but weak rural healthcare and religious opposition to sex education block prevention efforts. Africa's most populous nation needs urgent prenatal screening improvements.

- **United States of America**

The United States faces an increase in antibiotic-resistant syphilis and gonorrhea, as well as racial disparities in health care. While PEPFAR is funded worldwide (more than $100 billion invested since its creation), national prevention suffers from clinic closures and gaps in PrEP access. The alternation of prevention policies in the United States shows how politics influences public health outcomes.

- **Brazil**

Latin America's HIV leader (960,000 cases) pioneered free universal treatment but sees rising congenital syphilis. Brazil pioneered free universal HIV treatment and distributed 500 million condoms in 2013 through its famous Carnival campaigns that battle conservative threats to sex education. Brazil demonstrates how progressive policies can succeed despite inequality challenges.

- **United Kingdom**

Even as a global leader in HPV vaccination programs (87% fewer cervical cancers), the UK faces an increase in gonorrhea and syphilis. As a major donor to the Global Fund, the UK balances its historic role in antimicrobial innovation with the current challenges, including PrEP access gaps and clinic wait times, and aid cuts.

Previous Attempts to Solve the Issue

The WHO's Global Strategy for STI Prevention (2016–2021) was an attempt to reduce syphilis and gonorrhea by 90% and eliminate congenital syphilis by 2030. The initiative promoted rapid testing, single-dose penicillin treatments, and integrated HIV/STI screening in clinics. While it helped reduce congenital syphilis by 30% in priority countries, rising antibiotic-resistant gonorrhea exposed gaps in long-term solutions.

However, there have also been cases of joint forces, such as the "LINKAGES" project: The Global Fund and PEPFAR's Joint Assessments (2018–2020) aimed to harmonize HIV services for key populations across eight countries (Malawi, Cameroon, Swaziland, Haiti, Angola, Nepal, Côte d'Ivoire, and Botswana). The initiative established unified testing and treatment protocols and trained clinics in stigma-free care. Although it aligned better with the "UNAIDS 95-95-95" targets, its full implementation was hindered by the ongoing criminalization in certain countries.

Possible Solutions

Given the complex nature of STD transmission and its links to social inequality, access to healthcare, and stigmatization, addressing the problem requires more than single interventions. Although treatment and prevention technologies exist, their impact remains limited without comprehensive coordination and integrative strategies.

A viable response could include expanding universal access to testing and treatment, while removing the legal and social barriers faced by key populations. In parallel, an international framework for sexual health education, tailored to cultural contexts but based on scientific evidence, could help normalize prevention and reduce stigmatization.

Governments can also be urged to implement harm reduction strategies, such as condom distribution, mobile clinics and clean needle programs, especially in high-risk regions. Finally, ensuring informed consent and non-discriminatory care is essential to protect vulnerable communities and encourage treatment seeking.

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