



FORUM: World Health Organization (WHO)

TOPIC: Reducing the Sexually Transmitted Infection (STI) rates in sub-Saharan Nations

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POSITION: Deputy President

PERSONAL INTRODUCTION

Dear delegates,

My name is Gymnopoulos Stefanos Rafail, I am 14 years old and I am a 9th Grade student in Anavryta Model Junior High School. It is my absolute honour to serve as the Deputy President of the WHO committee in AML MUN 2026.

Despite my young age I have participated in many conferences with my school, I have been awarded 5 times so far and this will be my second time chairing overall. Since I am from the school of Anavryta I am thrilled for this special opportunity and to experience something new and exciting. I look forward to personally meeting you all and I hope that we will have a fruitful and amazing debate!

In this study guide, you will find all the important information regarding our topic that you need to know. However, I strongly urge and suggest that you conduct your own research as well in order to be as prepared as possible.

If you have any questions do not hesitate to contact me via my email stgymnopoulos@yahoo.com

Best Regards,
Gymnopoulos Stefanos Rafail

TOPIC INTRODUCTION

Sexually transmitted infections (STIs) constitute one of the most critical and enduring public health crises across Sub-Saharan Africa. Geographically, Sub-Saharan Africa encompasses all African nations located either fully or partially south of the vast Sahara Desert. Within this broad geographical area, the sub-regions of Southern Africa and Eastern Africa are historically and continuously recording the highest STI prevalence rates.



The Sub-Saharan Region¹

Even though STIs represent one of the most urgent and severe health challenges that the Sub-Saharan region is facing today, the response to this crisis still remains severely underfunded. While the international global health community has overwhelmingly focused its attention and funding on HIV, there are numerous other STIs that are fully curable and manageable —such as syphilis, chlamydia, gonorrhea, and Human Papillomavirus (HPV)— that continue to spread and increase in numbers year after year.

The World Health Organization (WHO) currently estimates that the Sub-Saharan region experiences approximately 60 million new cases of these major curable STIs each year. These infections affect all segments of the population, but they are taking an exceptionally heavy toll on young women and adolescent girls. This ongoing epidemic is driven and sustained by several interconnected factors across multiple domains, including Limited Healthcare Infrastructure, Diagnostic Limitations and Gender Inequality.

Effectively reducing STI transmission across Sub-Saharan nations requires a comprehensive approach that integrates direct medical care with broad sexual health strategies. These strategies must combine proactive community education, accessible point-of-care diagnostics, affordable treatment, and widely available preventative services to successfully break the cycle of infection.

DEFINITION OF KEY TERMS

Vertical Transmission

“Vertical Transmission is the biological transfer of a pathogen from the mother to her baby during pregnancy, labor, or breastfeeding.”²

Antiretroviral Therapy (ART)

¹ Wikipedia Contributors. “Sub-Saharan Africa,” *Wikipedia*, 25 July 2026, https://en.wikipedia.org/wiki/Sub-Saharan_Africa#/media/File:Sahara_Sahel_sub-Saharan_Africa.svg. Accessed 29 July 2026.

² CDC. *Prioritizing Maternal and Child Health. Global HIV and TB*, 19 Sept. 2024, <https://www.cdc.gov/global-hiv-tb/php/our-approach/briefbook-pmtct.html> Accessed 22 July 2026.



“ART constitutes the lifelong, multi-drug medical treatment that stops the replication of a virus and restores immune function. In this way STIs become a manageable condition and sexual transmission is eliminated.”³

Pre-Exposure Prophylaxis (PrEP)

“PrEP is called the proactive intervention, which can be achieved via using on a daily basis pill or long-lasting injections to prevent STI-negative people from contracting the virus.”⁴

Post-Exposure Prophylaxis (PEP)

“PEP constitutes an emergency use of antiretrovirals that must begin within 72 hours of a discrete exposure event to prevent STIs from permanently integrating into the host's DNA. It usually lasts about 28 days.”⁵

Curable STIs

“Curable STIs are sexually transmitted infections that can be completely eradicated from the body, and are caused by bacteria, parasites, or protozoa.”⁶

Viral / Chronic STIs

“Viral / Chronic STIs are long-term or lifelong infections that cannot be fully cured but can be managed with medical treatment, and they are caused by viruses.”⁷

BACKGROUND INFORMATION

Historical Context

The current STI crisis in Sub-Saharan Africa is not completely a modern public health failure, rather a result of historical, economic, and social disruptions that occurred over the last 150 years.

The Colonial Era and Labor Migration (Late 1800s–1950s)

Before European colonization, many Sub-Saharan communities lived in mostly self-contained farming villages. There, traditional customs dominated and they tightly regulated marriage and sexual conduct.

³ Cleveland Clinic. *What Is Antiretroviral Therapy?* Cleveland Clinic, 18 Sept. 2023, <https://my.clevelandclinic.org/health/treatments/antiretroviral-therapy> Accessed 22 July 2026.

⁴ *Guidelines on Lenacapavir for HIV Prevention and Testing Strategies for Long-Acting Injectable Pre-Exposure Prophylaxis.* Who.Int, World Health Organization, 14 July 2025, <https://www.who.int/publications/i/item/9789240111608>. Accessed 22 July 2026.

⁵ CDC. “Preventing HIV With PEP.” *HIV*, 14 May 2024, <https://www.cdc.gov/hiv/prevention/pep.html>. Accessed 4 Aug. 2026.

⁶ ---. “Sexually Transmitted Infections (STIs).” *World Health Organization*, World Health Organization: WHO, 29 May 2025, <https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-stis>. Accessed 4 Aug. 2026.

⁷ National Institute of Allergy and Infectious Diseases. “Sexually Transmitted Diseases | NIH: National Institute of Allergy and Infectious Diseases.” *Nih.Gov*, 6 Aug. 2015, <https://www.niaid.nih.gov/diseases-conditions/sexually-transmitted-diseases>. Accessed 4 Aug. 2026.



However, colonial rule changed these long-standing social structures, mainly since they redirected local labor toward massive gold and diamond mines and farming crops strictly for trade. They further imposed hut and poll taxes, which forced millions of young men to leave their rural villages to earn cash wages in urban work camps.

Colonial laws often prohibited women from living near mines. This created highly male-dominated urban centers (sometimes ratios of 10 men to 1 woman)⁸ and left rural villages depopulated of young men. In order to cope with isolation and long absences from their families, migrant workers turned to informal commercial sex networks that emerged around the labor camps.

Through these networks men contracted infections in the cities and then during annual or seasonal leaves, when they returned to their villages, they infected their wives. When the men returned to the mines, the cycle repeated. As a result, a permanent web of transmission between cities and rural areas was created.⁹

Infrastructure Expansion and Transport Corridors (Mid-1900s)

The construction of big infrastructure projects, which were first made to get and move natural resources, had an unexpected effect - it turned trade routes into places where diseases could easily spread. When big highways were built into remote wilderness areas, they created networks that connected far-away places where resources were taken out of the ground to big cities with lots of people. This changed the way diseases were transmitted, making it easier for them to spread over long distances. As a result, trade routes that were once just about moving goods became hotspots for the spread of STIs.

The lives of long-haul truck drivers changed a lot with this new freedom. They would often be away from their families for weeks at a time. Due to this freedom in many small communities and villages, commercial sex rose and was developed in order to meet the demand of the truck drivers.¹⁰

Ultimately, these villages functioned as epidemiological multipliers. Drivers were infected at one place; however, they continued infecting others later on. As a result, they turn regional trade routes into hotspots for the transmission

⁸ Jochelson, K., et al. "Human Immunodeficiency Virus and Migrant Labor in South Africa." *International Journal of Health Services: Planning, Administration, Evaluation*, vol. 21, no. 1, 1991, pp. 157–173, <https://pubmed.ncbi.nlm.nih.gov/2004869/>. Accessed 27 July 2026.

⁹ Hunt, C W. "Migrant Labor and Sexually Transmitted Disease: AIDS in Africa." *Journal of Health and Social Behavior*, vol. 30, no. 4, Dec. 1989, pp. 353–73, <https://pubmed.ncbi.nlm.nih.gov/2689507/>. Accessed 27 July 2026.

¹⁰ Jochelson, K., et al. "Human Immunodeficiency Virus and Migrant Labor in South Africa." *International Journal of Health Services: Planning, Administration, Evaluation*, vol. 21, no. 1, 1991, pp. 157–173, <https://pubmed.ncbi.nlm.nih.gov/2004869/>. Accessed 27 July 2026.

of a disease, which worsened the situation and transformed it from localized health risks into a broad, cross-border health crisis.¹¹

Post-Independence Urbanization and Economic Shocks (1960s–1980s)

When African countries became independent in the middle of the 20th century, the strict rules that controlled people's movement, which were put in place by colonial powers, were removed. This sudden change led to a huge and unprecedented movement of people from rural areas to cities, as they searched for new ways to make a living. However, this shift in population soon coincided with severe economic problems in the 1970s and 1980s. Many African governments were heavily affected by global oil price increases, decreases in the value of exported goods, and rising national debt, which led to complete financial collapse. To get emergency loans, Western institutions like the International Monetary Fund (IMF) and the World Bank required African governments to implement Structural Adjustment Programs (SAPs), which forced them to make drastic cuts to spending on essential public services. As a result, these severe cuts had a devastating impact on public health, significantly changing the spread of sexually transmitted infections (STIs). The reduction in funding for healthcare services and programs made it difficult for governments to effectively prevent and treat STIs, leading to a rise in their spread.¹²

This had serious consequences for the health and wellbeing of individuals and communities, particularly in urban areas where the population was growing rapidly. The lack of access to proper healthcare and prevention measures exacerbated the problem, making it harder to control the spread of STIs.¹³ Furthermore, the economic turmoil and financial constraints faced by African governments limited their ability to invest in healthcare infrastructure, including the training of healthcare workers, the procurement of medical supplies, and the development of effective prevention and treatment programs. This perfect storm of factors created an environment in which STIs could spread quickly, with devastating consequences for individuals, communities, and the broader society.¹⁴

¹¹ Kaplan, Stephen, and Rachel Kaplan. "Health, Supportive Environments, and the Reasonable Person Model." *American Journal of Public Health*, vol. 93, no. 9, Sept. 2003, pp. 1484–1489, 10.2105/ajph.93.9.1484.

¹² Thomson, Michael, et al. "Structural Adjustment Programmes Adversely Affect Vulnerable Populations: A Systematic-Narrative Review of Their Effect on Child and Maternal Health." *Public Health Reviews*, vol. 38, no. 1, 10 July 2017.

¹³ Lurie, Mark N., and Brian G. Williams. "Migration and Health in Southern Africa: 100 Years and Still Circulating." *Health Psychology and Behavioral Medicine*, vol. 2, no. 1, Jan. 2014, pp. 34–40, <https://pmc.ncbi.nlm.nih.gov/articles/PMC3956074/>

¹⁴ Jochelson, K., et al. "Human Immunodeficiency Virus and Migrant Labor in South Africa." *International Journal of Health Services: Planning, Administration, Evaluation*, vol. 21, no. 1, 1991, pp. 157–173, <https://pubmed.ncbi.nlm.nih.gov/2004869/> Accessed 27 July 2026.

The HIV/AIDS Convergence (1980s–Present)

The arrival of Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) in the 1980s completely transformed health in Sub-Saharan Africa, with already really high rates of existing and other untreated STIs serving as a catalyst for the HIV epidemic to explode.

The Biological Part

Many infections, like Syphilis, cause open sores, creating in this way a direct pathway for HIV to enter the bloodstream, while other infections like Gonorrhea draw a high concentration of immune cells to the affected area. HIV specifically targets these cells. If a person had an untreated STI, it made them 3 to 5 times¹⁵ more likely to contract or transmit HIV.¹⁶

The Collapse

As HIV deaths increased dramatically, governments and donors shifted all funding, laboratories, and staff away from basic STI control to focus exclusively on HIV / AIDS. Additionally, clinics stopped expensive laboratory testing. Instead, they began treating STIs based only on visible symptoms, like pain or discharge. However, these actions caused even bigger problems, since up to 80% of STIs show zero symptoms.¹⁷ Thus, millions of infected people were sent home untreated and they continued to spread STIs, which further accelerated the HIV epidemic.¹⁸



Princess Diana shook hands with a man with AIDS at Middlesex Hospital in London in April 1987¹⁹

¹⁵ "Sexually Transmitted Diseases in the United States." Kff.Org, 2021, <https://www.kff.org/wp-content/uploads/2013/01/sexually-transmitted-diseases-in-the-united-states-fact-sheet-2.pdf>. Accessed 4 Aug. 2026.

¹⁶ Galvin, Shannon R., and Myron S. Cohen. "The Role of Sexually Transmitted Diseases in HIV Transmission." *Nature Reviews Microbiology*, vol. 2, no. 1, Jan. 2004, pp. 33–42, <https://www.nature.com/articles/nrmicro794> Accessed 27 July 2026.

¹⁷ "What STDs Are Asymptomatic? - Everlywell Blog | At-Home Health & Wellness Insights." *Everlywell.Com*, 2019, <https://www.everlywell.com/blog/sti-testing/what-stds-are-asymptomatic/>. Accessed 4 Aug. 2026.

¹⁸ Lisette, Van der Eem, et al. *Evaluation of Syndromic Management Guidelines for Treatment of Sexually Transmitted Infections in South African Women*. pp. 1–16, <https://repository.up.ac.za/server/api/core/bitstreams/5a1163f7-70b0-49cc-923f-238bd3dd78cb/content>.

¹⁹ Meera Senthilingam. "Prince Harry Follows Diana's Footsteps to Fight AIDS," *CNN*, 21 July 2016, <https://edition.cnn.com/2016/07/21/health/prince-harry-diana-aids-conference/>. Accessed 29 July 2026.

The Reality

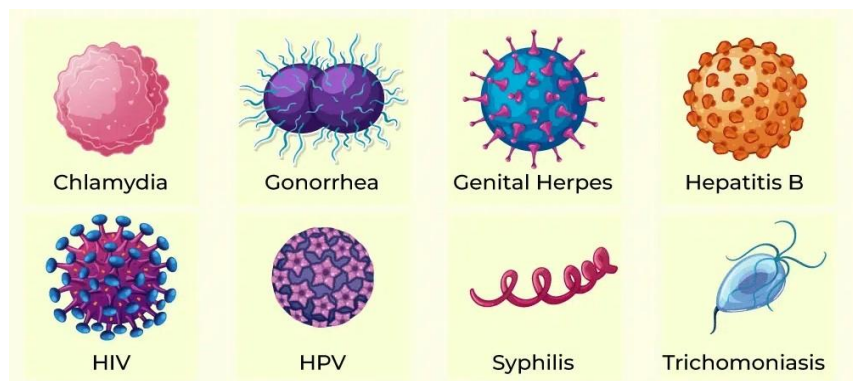
A massive population of young people was and is still entering their peak sexually active years without proper screening. All these decades of untreated STIs have caused high regional rates of chronic pelvic pain, ectopic pregnancies, and permanent infertility. Another problem is that frequent self-medication with incorrect antibiotics has created dangerous, drug-resistant strains of Gonorrhea (Antimicrobial Resistance).²⁰

Current Situation

Sub-Saharan Africa bears approximately 40% of the global burden of Sexually Transmitted Infections (STIs) making it the most disproportionately affected region in the world.²¹ Around 85% of women diagnosed with curable STIs in the region show zero symptoms, leading to delayed treatment and continuous transmission. Due to a lack of laboratory infrastructure, clinics treat patients based on visible symptoms rather than exact lab tests, missing asymptomatic infections. Untreated STIs cause 85% of infertility cases among women that are seeking care in Sub-Saharan Africa, alongside high rates of stillbirths and neonatal complications.²²

General Information

STIs are generally classified into 2 categories, the curable ones and the chronic or viral ones.



The structure of different STIs²³

²⁰ Goeman, J, and P Piot. "The Epidemiology of Sexually Transmitted Diseases in Africa and Latin America." *Seminars in Dermatology*, vol. 9, no. 2, June 1990, pp. 105–8, <https://pubmed.ncbi.nlm.nih.gov/2202406/>. Accessed 27 July 2026.

²¹ WHO. "Global Progress Report on HIV, Viral Hepatitis and Sexually Transmitted Infections, 2021." *Www.Who.Int*, 2021, <https://www.who.int/publications/i/item/9789240027077>. Accessed 4 Aug. 2026.

²² "Guidelines for the Management of Symptomatic Sexually Transmitted Infections." *Www.Who.Int*, 15 July 2021, <https://www.who.int/publications/i/item/9789240024168>. Accessed 4 Aug. 2026.

²³ "Essential Guide to Sexually Transmitted Infections (STIs)." *Dr. Queen Shaiyet Maikaje's Blog*, 17 Dec. 2024, <https://queenshaiyetmaikaje.blog/2024/12/16/essential-guide-to-sexually-transmitted-infections-stds/>. Accessed 29 July 2026.



Most common Curable STIs

- Trichomoniasis (*Trichomonas vaginalis*)
The most common curable STI in the region, with tens of millions of new cases annually, heavily affecting women.
- Gonorrhea (*Neisseria gonorrhoeae*)
Highly prevalent across all age groups. Rising antimicrobial resistance (AMR) to standard antibiotics is a critical threat.
- Syphilis (*Treponema pallidum*)
Sub-Saharan Africa faces some of the highest syphilis rates globally, which is causing severe cases really often in newborns.

Most common Viral / Chronic STIs

- HIV / AIDS
Sub-Saharan Africa is home to over 53% of the global population living with HIV, with young women and adolescent girls disproportionately affected.²⁴
- Human Papillomavirus (HPV)
Highly prevalent due to low historical vaccine coverage, making cervical cancer the leading cause of cancer death among women in the region.
- Genital Herpes (HSV-2)
Extremely widespread, acting as a primary biological driver for the ongoing HIV epidemic due to the open sores it creates.

MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

Nigeria

Nigeria deals with complex transmission patterns across a massive population by using surveillance data to target its response.²⁵ More specifically they epidemiological data to find high-burden zones and deploy resources where infections are most concentrated. Last but not least, they focus heavily on implementing routine STI screening into prenatal healthcare systems to reduce mother-to-child transmission rates.²⁶

South Africa

South Africa faces a severe regional STI burden but has one of the most advanced medical research and public health infrastructure in the region. They serve as the continent's

²⁴ "HIV/AIDS." WHO | Regional Office for Africa, 2025, <https://afro.who.int/health-topics/hivaids>. Accessed 4 Aug. 2026.

²⁵ "Family Health – Federal Ministry of Health and Social Welfare." Health.Gov.Ng, 2026, <https://health.gov.ng/family-health/>. Accessed 22 July 2026.

²⁶ M Oharume, Irikefe. "Knowledge, Sexual Behaviours and Risk Perception of Sexually Transmitted Infections Among Students of the Polytechnic, Ibadan, Oyo State." *African Health Sciences*, vol. 20, no. 1, 20 Apr. 2020, pp. 39–44, <https://pmc.ncbi.nlm.nih.gov/articles/PMC7750043/>



primary site for clinical trials, while pioneering rapid point-of-care testing technologies for resource-limited clinics.²⁷ Their government aims to integrate STI screening directly into its massive HIV care network, thus allowing patients to access multiple sexual health services simultaneously.²⁸

Sweden

Sweden is the global leader for the Sexual and Reproductive Health and Rights (SRHR) in Africa. Firstly, the Swedish International Development Cooperation Agency (SIDA) operates a dedicated regional SRHR strategy for Africa. Sweden has accumulated over 100 million dollars into the UN's "2gether 4 SRHR programme", which aims to lower STI incidences in East and Southern Africa.²⁹

Uganda

To reduce STI rates, Uganda has implemented a multi-pronged public health strategy that combines clinical, structural, and community-driven actions. The nation introduced nationwide Syndromic Case Management guidelines to allow health workers in resource-limited rural facilities to diagnose and treat STI symptoms immediately without waiting for lab results. Uganda has also mandated routine STI and syphilis screening for pregnant women within antenatal care to prevent mother-to-child transmission, established youth-friendly health clinics to lower social stigma and encourage testing among young people, distributed free and subsidized condoms through extensive public campaigns, and integrated partner notification slip systems into primary clinics to break transmission chains among partners.

United States of America

The U.S. constitutes the largest financial contributor to health infrastructure in Sub-Saharan Africa. First of all, via the initiative of PEPFAR (President's Emergency Plan for AIDS Relief), they finance the vast majority of local clinics where treatments and PrEPs regarding STIs take place. Furthermore, the CDC and the USAID deploy American epidemiologists to help African nations track data, optimize supply chains for antibiotics, and integrate rapid STI testing into routine prenatal care.³⁰

²⁷ SAMRC. *South African Medical Research Council*. South African Medical Research Council, 2022, <https://www.samrc.ac.za/>. Accessed 22 July 2026.

²⁸ National Department of Health *Undetectable Equals Untransmittable U=U Messaging Toolkit Consistently and Correctly Taking Treatment & Fostering Combination Prevention Services*. 2020, <https://www.health.gov.za/wp-content/uploads/2024/05/U-equals-U-Guidelines.pdf>. Accessed 22 July 2026.

²⁹ "2Gether 4 SRHR." *Openaid - Open Data about Swedish International Aid*, <https://openaid.se/en/contributions/SE-0-SE-6-10596>.

³⁰ "Pepfar Panorama Spotlight." *Data.Pepfar.Gov*, <https://data.pepfar.gov/>. Accessed 22 July 2026.



AVAC (Global Advocacy for HIV Prevention)

The official launch report of the AVAC Regional STI Advocacy Agendas fully documents Grassroots Advocacy Agendas, which detail civil society demands for better point-of-care diagnostics and vaccine access in Kenya, South Africa, and Zimbabwe.³¹

International Planned Parenthood Federation (IPPF)

IPPF outlines its work via the World Health Organization IRIS Database, which tracks data and lessons learned from its initiatives that integrate localized family planning systems with comprehensive STI diagnosis and counseling. They also use the Federal Centre for Health Education Reference Kit to track statistics regarding curable infections among adolescents and young adults in low-resource environments.

Team Europe (The European Union Coalition)

As it is fully detailed on the European Commission International Partnerships Hub, the multi-million-euro “Global Gateway initiative” is dedicated to improving sexual health clinical quality, supply backup systems and local regulatory strength across Sub-Saharan healthcare sectors.³²

TIMELINE OF EVENTS

DATE	EVENT
1976	The International Covenant on Economic, Social and Cultural Rights (ICESCR) was adopted
1980s	The arrival of Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS) worsens even more the STI epidemic
June 7 2011	The United Nations Security Council passes Resolution 1983
January 2002	The Global Fund to Fight AIDS, Tuberculosis and Malaria was established

³¹ “Regional Advocacy - STI Watch.” *STI Watch*, 4 Apr. 2026, <https://www.stiwatch.org/regional-advocacy/>. Accessed 22 July 2026.

³² *EU-Africa: Global Gateway Investment Package -Health Support to Vaccination Vaccine Supply*. 2023, https://international-partnerships.ec.europa.eu/system/files/2023-10/GG_Factsheet_Africa_Health.pdf. Accessed 22 July 2026.



May 27 2003	The President of the United States of America, George W. Bush, signs PEPFAR
November 25, 2005	The African Union creates the Maputo Protocol
January 2016	Target 3.3 of the Sustainable Development Goals (SDGs) came into force

RELEVANT UN TREATIES, CONVENTIONS AND RESOLUTIONS

Sustainable Development Goals (SDGs) – Target 3.3

SDGs are a global directive, which under Goal 3, aims to end the epidemics of AIDS, tuberculosis, and malaria while combating hepatitis and other STIs. Target 3.3 has contributed a lot towards facing STIs, as it forced Sub-Saharan nations to merge isolated HIV programs with broader STI and hepatitis care. This integration maximized the limited healthcare budgets and made all the efforts more efficient under a single system. This directive was adopted by UN Member States in September 2015, with official implementation starting on January 1, 2016.³³

UN Security Council Resolution 1983 (2011)³⁴

UNSC Resolution 1983 mandates that UN peacekeeping missions shall incorporate HIV/STI prevention and gender-based violence (GBV) medical responses into conflict and post-conflict operations. This effort had a significant contribution to the topic; however, it had some deficiencies. Even though it successfully brought STI and HIV prevention into conflict zones, its real-world impact was often affected by weak local enforcement and peacekeeper misconduct. This resolution was unanimously adopted by the UN Security Council on June 7, 2011.

International Covenant on Economic, Social and Cultural Rights (ICESCR)

The ICESCR is a legally binding treaty where Article 12 recognizes the right to the highest attainable standard of health, requiring states to prevent, treat, and control diseases, especially STIs. Even though ICESCR helped legally, it was limited in the financial domain. More specifically it gave local activists the legal ground to demand free STI testing and other PrEPs as a human right. However, its impact remained limited as LEDCs were and still are legally allowed to delay services if they lack the budget. ICESCR was adopted on December 16, 1966, and entered into force on January 3, 1976.³⁵

³³ “Strengthening STI Systems for Sustainable Development in Africa | Unesco.” <https://www.unesco.org/en/recommendation-science/sti-africa> 7 Dec. 2022.

³⁴ UNSCR. “Resolution 1983 (2011).” *Unscr*, 2011, <https://unscr.com/en/resolutions/1983/>. Accessed 22 July 2026.

³⁵ Geneva. *International Guidelines on Hiv/Aids and Human Rights 2006 Consolidated Version Second International Consultation on Hiv/Aids and Human Rights Third International Consultation on Hiv/Aids and Human Rights*. 1996, <https://www.ohchr.org/sites/default/files/Documents/Publications/HIVAIDSGuidelinesen.pdf>. Accessed 22 July 2026.



PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

Maputo Protocol (African Union)

The Maputo Protocol is a binding regional treaty created by the African Union to guarantee comprehensive reproductive health rights for women across Africa. This protocol was an important step towards a solution to the problem, since it empowered African women to legally protect themselves against STIs and HIV by ensuring their right to control their fertility and demand medical services. The Maputo Protocol was created in Maputo, Mozambique, on July 11, 2003, and entered into force on November 25, 2005.³⁶

U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

PEPFAR is a unilateral aid initiative by the United States government, which aims to fund and manage the global response to the HIV / AIDS and STI epidemics. PEPFAR helped significantly, however it has some structural weaknesses as well. Through this initiative, thousands of clinics were established and funded voluntary medical male circumcision, which drastically lowered STI rates (it can prevent STIs transmission by 60%). However, its strict funding rules originally restricted sexual education and condom distribution. The PEPFAR was signed by the U.S. President, George W. Bush on May 27, 2003, and launched operations in early 2004.³⁷

Global Fund to Fight AIDS, Tuberculosis and Malaria

This is an independent, international financing partnership that raises and invests billions of dollars in order to aid local health programs run by local experts. The Global Fund to Fight AIDS, Tuberculosis and Malaria provided the largest source of independent funding to buy STI test kits, treatment drugs, and billions of condoms for vulnerable populations across the continent. As a result, it had a significant contribution to the problem. This initiative was officially established in January 2002.³⁸

POSSIBLE SOLUTIONS

Modernized Sexual Education

Another solution is to invite certified healthcare professionals, such as nurses and doctors to schools. These professionals could host interactive speeches regarding the dangers of STIs and how we can prevent them, while students can also solve any questions they may

³⁶ African Union. *Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa Protocol to the African Charter ON Human and Peoples' Rights on the Rights of Women IN Africa*. 11 July 2003, https://au.int/sites/default/files/treaties/37077-treaty-charter_on_rights_of_women_in_africa.pdf. Accessed 27 July 2026.

³⁷ "Pepfar Panorama Spotlight." *Data.Pepfar.Gov*, <https://data.pepfar.gov/>. Accessed 22 July 2026.

³⁸ The Global Fund. "The Global Fund to Fight AIDS, Tuberculosis and Malaria." *Theglobalfund.Org*, 2024, <https://www.theglobalfund.org/en/>. Accessed 27 July 2026.



have. By introducing healthcare providers directly to the learning environment, the youth become informed and the proposed medical ways to prevent STIs can be trusted.

Diagnostics and Treatment

A possible solution is deploying multiplex rapid diagnostic tests (RDTs) that allow frontline community clinics to screen for multiple major infections using a single finger-prick blood drop. These tools deliver highly accurate results for HIV, Syphilis, and Hepatitis B within 20 minutes. By consolidating multiple screenings into one brief visit, healthcare systems prevent patients from being lost to follow-up and ensure immediate, comprehensive treatment.

Mobile and Telehealth Outreach Clinics

Another solution is expanding the use of mobile healthcare units and telehealth services to reach remote and rural populations. Equipped with basic medical supplies, diagnostic tools, and digital connectivity, these roving clinics can provide direct access to STI testing, counseling, and preventative resources like condoms and PrEP in areas with limited medical infrastructure. By bringing essential healthcare services directly to underserved communities and offering confidential virtual consultations, this approach removes transportation barriers, reduces social stigma, and ensures that isolated individuals receive timely care.

Community-Led Stigma Reduction and Peer Advocacy

A key solution is establishing peer-led educational and advocacy networks that work to destigmatize STI testing and treatment within local communities. Training local youth, community leaders, and trusted figures to act as health advocates allows for culturally sensitive conversations about sexual health in non-clinical spaces like youth centers, religious organizations, and local markets. By normalizing routine STI screenings through relatable, peer-to-peer engagement, this strategy breaks down cultural taboos, encourages open dialogue, and empowers individuals to seek medical care without fear of social judgment.

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“Comprehensive Sexuality Education.” *UNFPA South Sudan*, 2018, <https://southsudan.unfpa.org/en/topics/comprehensive-sexuality-education>. Accessed 22 July 2026.

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“Family Health – Federal Ministry of Health and Social Welfare.” *Health.Gov.Ng*, 2026, <https://health.gov.ng/family-health/>. Accessed 22 July 2026.

“Guidelines for the Management of Symptomatic Sexually Transmitted Infections.” *Www.Who.Int*, 15 July 2021, <https://www.who.int/publications/i/item/9789240024168>. Accessed 4 Aug. 2026.

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