



**Republic of Zambia
Ministry of Health**

2025 – 2030

National Operational Plan For the Prevention and Control of Sexually Transmitted Infections

August 2025



2025 – 2030

National Operational Plan for the Prevention and Control of Sexually Transmitted Infections

This page was intentionally left blank

Table of Contents

List of Figures	i
Foreword	ii
Acknowledgements	iii
Acronyms and Abbreviations	iv
Glossary	v
Background	1
Situational Analysis	2
Factors contributing to High Burden of Sexually Transmitted Infections	12
Strengths and Opportunities	13
Gaps and Barriers to Implementation of Prevention and Control Interventions	15
Strategic Direction 1: Create an Environment that Enables Individuals to Comfortably Talk about their Sexual Health.....	18
Strategic Direction 2: Scale up Primary Prevention and increase Access to Screening for STIs	21
Strategic Direction 3: Increase Access to High-quality, People-centered Case Management of STIs	22
Strategic Direction 4: Integration of STI Services with SRH, Family Planning, Adolescent Health and HIV Prevention Services	25
Strategic Direction 5: Ensure sufficient financing for STI Services	27
Strategic Direction 6: Strengthen the Capacity of National Health Information Systems	28
Strategic Direction 7: Engage Empowered Communities and Civil Societies	30
Multisectoral Implementation Approach	33
Service Delivery Platforms by Line Ministry	34
Resource Mobilization	37
Monitoring and Evaluation	37
STI Monitoring Framework.....	38
References	40
Appendix 1	45

List of Figures

Figure 1: Trends in annual cases of STIs from 2021 to 2023 by Province (MoH HMIS) .	2
Figure 2: Trends in epidemiology of STIs by District from 2021 to 2023 (MoH HMIS)	2
Figure 3: Trends in new Syphilis infections by age and sex from 2021 to 2023 (MoH HMIS).....	3
Figure 4: Trends in Syphilis among pregnant women between 2018 and 2024.....	4
Figure 5: ANC attendees screened for Syphilis (DHIS2 2023, 2024).....	5
Figure 6: Map showing Syphilis ANC Screening Coverage by District (HMIS)	5
Figure 7: Syphilis Testing and Treatment Cascade for pregnant women for 2024.....	6
Figure 8: ANC reactive Syphilis and Treatment	7
Figure 9: HBsAg Prevalence in children before and after introduction of HepB3 Vaccine	8
Figure 10: Hepatitis B Testing and Treatment Cascade for 2024.....	9
Figure 11: Cases of Genital Ulcer of Vulva, Vaginal and Urethral Discharge from 2021 to 2024	9
Figure 12: Trends in Pelvic Inflammatory Disease from 2021 to 2024	10
Figure 13: Hepatitis B, active Syphilis and HIV Co-infection among MSM.....	10
Figure 14: Active Syphilis and Hepatitis B among PWIDs	11
Figure 15: Prevalence of active Syphilis, Hepatitis B among FSW disaggregated by study site.....	11
Figure 16: Condom use among young people aged 15-24 years (ZDHS 2007, 2014, 2018).....	12

Foreword



Zambia has continued to record high numbers of sexually transmitted infections (STIs) over the past five years. STIs are a cause of significant morbidity, especially among young people. They increase the susceptibility to HIV infection and can lead to other adverse outcomes such as infertility and congenital abnormalities.

Over the years, the National STI prevention and control program has faced several challenges which include lack of adequate financing, weakened coordinating mechanisms and inability to adequately estimate prevalence rates of individual STIs. The aim of this document is to enable implementation of effective, comprehensive, and sustainable responses to these challenges. The 2025-2030 national operational plan for prevention and control of sexually transmitted infections emphasizes the need for a well-coordinated multisectoral STI response that targets adolescent girls and young women, as well as adolescent boys and young men. The document emphasizes the need to provide STI services on various platforms, thereby overcoming structural barriers that may limit access. One of the strategic interventions focused on is the implementation of chlamydia and gonorrhoea testing at all tertiary hospitals. Another strategy is the inclusion of hepatitis B, chlamydia and gonorrhoea testing during routine medical examinations for young adults aged 18 to 25 years and not just syphilis screening; as has been the case in the past. Increased access to the Human Papillomavirus (HPV) and Hepatitis B vaccines are additional interventions aimed at controlling the surge of these infections in Zambia.

The Ministry of Health and National HIV/AIDS/STI/TB Council will work with cooperating partners and international organizations, Non-Governmental Organizations, Civil Society Organizations and advocacy groups working in STI prevention and Control.

A handwritten signature in blue ink, likely of Hon. Dr. Elijah J. Muchima, MP.

Hon. Dr. Elijah J. Muchima, MP
Minister of Health

Acknowledgements



The Ministry of Health would like to extend its appreciation to all the stakeholders that contributed towards the development of this document. Special appreciation goes to the Directorate of Infectious Diseases at the Ministry of Health, and the World Health Organization; without whom the finalization of this document would not have been possible. Finally, I thank the following editorial team:

Name

Ireen Bwalya
Lloyd Mulenga
Priscilla Lumano-Mulenga
Chimuka Sianyinda
Jojo Mbonyiwe
Davies Kampamba
Lubasi Sindano
John Mutukwa
Chimika Mirriam Goma
Lastone Chitembo
Sten Sibanda
Owen Ngalamika
Peggy Bubala Buumba
Clacious Chandwa
Rhoda Mkandawire
Omega Chituwo
Monica Chibesakunda
Mwenya Mubanga
Violet Kunda
Vakachani Banda
Chilufya Hampongo
Henry Muzuwandile
Rita Kalamatila
Katongo Silwizya
Nyewani Soko
Edward Chigaga
Chilimbikitso Zulu
Emmanuel Mwamba
Eric Mpoyi Mulumba
Estella Chanda Sinkala
Robert Banda

Organization

Ministry of Health
Ministry of Health
Ministry of Health
Ministry of Health
Ministry of Health
Ministry of Health
Ministry of Health
Ministry of Health
Ministry of Health
World Health Organization
University Teaching Hospital
University of Zambia
NAC/ZNPHI
NAC/ZNPHI
MoH/LDHO/Kanyama Subdistrict
CDC
CIDRZ
CIDRZ
CIDRZ
CIDRZ-CHECK UP
TALC
LATU
NAC
NAC
NAC
NAC
NAC
LPHO
AHF
LMMU
UNICEF

Dr. Kennedy Lishimpi
Permanent Secretary – TS
Ministry of Health

Acronyms and Abbreviations

ABYM	Adolescent Boys and Young men
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
AYP	Adolescents and Young People
CPs	Cooperating Partners
CSOs	Civil Society Organizations
EIMC	Early Infant Male Circumcision
GBV	Gender-based Violence
GUD	Genital Ulcer Disease
HCT	HIV Counselling & Testing
HIV	Human Immunodeficiency Virus
HBsAg	Hepatitis B surface Antigen
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HCW	Health Care Workers
HPV	Human Papilloma Virus
IPs	Implementing Partners
MoE	Ministry of Education
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
NAC	National HIV/AIDS/STI/TB Council
NASF	National AIDS Strategic Framework
NGOs	Non-governmental Organizations
PBFW	Pregnant and Breast-feeding Women
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
SSA	Sub Saharan Africa
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TV	Trichomonas Vaginalis
TWG	Technical Working Group
UNAIDS	United Nations Joint Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization
ZAMPHIA	Zambia Population-Based HIV Impact Assessment

Glossary

Brief Sexuality-Related Communication

Brief sexuality-related communication (BSC) is a communication strategy recommended for reducing risky sexual behaviour and preventing STIs behaviour among adolescents. Components include asking sexual health questions, providing information about STIs and sexual health, empowering young people with skills to make decisions that promote healthier sexual and reproductive health lifestyles recommended for the prevention of sexually transmitted infections among adults and adolescents in primary health Services.

Chancere

A small, round, painless ulcer that appears at the site of infection during primary syphilis. It usually occurs on the genitals but can also occur on the mouth or anus.

Chancroid

A bacterial sexually transmitted infections STI caused by *Hemophilus ducreyi*. It presents with painful genital ulcers and swollen inguinal lymph nodes in men and women.

Chlamydia

A sexually transmitted infection caused by *Chlamydia trachomatis*. It usually presents with urethral or vaginal discharge.

Community Led Monitoring (CLM)

Community Led Monitoring is a process where communities take the lead to routinely monitor issues that affect them.

Condom

Prophylactic A product used during sex (including vaginal, anal, or oral sex) to prevent the transmission of sexually transmitted diseases, such as HIV, and/or the likelihood of pregnancy. The male condom is a thin cover that fits over a man's erect penis. The female condom is a nitrile pouch that fits inside the vagina.

Contagious Disease

A communicable disease that can spread rapidly from person to person through direct contact (touching a person who has the infection), indirect contact (touching a contaminated object), or droplet contact (inhaling droplets made when a person who has the infection coughs, sneezes, or talks).

Differentiated Service Delivery Approach

Differentiated service delivery is a client-centered approach that simplifies and adapts HIV services across the cascade to better serve individual needs and reduce unnecessary burdens on the health system.

Discrimination

Discrimination is the unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age or other quality/characteristics.

Etiologic Treatment of Sexually Transmitted Infections

This refers to treatment of sexually transmitted infection (STI) based on causative organism identified by laboratory tests.

Genital Warts

A sexually transmitted disease caused by the human papillomavirus. Genital warts appear as raised pink or flesh-colored bumps on the surface of or the tissue surrounding the vagina, cervix, tip of the penis, or anus. Most genital warts are caused by human papilloma virus (HPV) types 6 and 11.

Gonorrhoea

A sexually transmitted disease caused by the bacterium *Neisseria gonorrhoea*. A mother with gonorrhoea may also pass the infection to her child during delivery. Gonorrhoea often has mild or no symptoms. However, if left untreated, gonorrhoea can lead to infertility, and it can spread into the bloodstream and affect the joints, heart valves, and brain. Gonorrhoea increases the risk of sexual transmission of HIV.

Hepatitis B Virus Infection (HBV)

HBV can be transmitted through blood, semen, or other body fluids during sex or injection drug use. HBV infection progresses more rapidly in people with HBV/HIV co-infection than in people who have HBV infection alone.

Herpes Simplex Virus 1 Infection

An infection caused by herpes simplex virus 1 (HSV-1) and usually associated with lesions on the lips, mouth, and face. HSV-1 is very contagious and is transmitted by direct contact, including sexual contact, with someone who has the virus (even if lesions are not visible). Treatment cannot completely clear HSV-1 from the body, but antiviral therapy can shorten and prevent outbreaks and reduce the risk of transmission. People who have both HIV and HSV-1 have a higher risk of transmitting HIV to a partner who does not have HIV during sexual contact.

Herpes Simplex Virus 2 (HSV-2) Infection

An infection caused by herpes simplex virus 2 (HSV-2) and usually associated with lesions in the genital or anal area. HSV-2 is very contagious and is transmitted by direct contact, including sexual contact, with someone who has the virus (even if lesions are not visible). Treatment cannot completely clear HSV-2 from the body, but antiviral therapy can shorten and prevent outbreaks and reduce the risk of transmission. People who have both HIV and HSV-2 have a higher risk of transmitting HIV to a partner who does not have HIV during sexual contact.

High Risk Populations

This refers to groups of individuals that have been found to have disproportionately high prevalence of HIV infection. They also experience barriers in accessing HIV prevention, testing and treatment. They include female sex workers (FSW), Men who have sex with men (MSM), Transgender women (TGs), people who inject drugs (PWIDs) and prisoners.

Pre-Exposure Prophylaxis (PrEP)

An HIV prevention method for people who are HIV negative and at high risk of HIV infection. Pre-Exposure Prophylaxis (PrEP) involves taking a specific combination of HIV medicines daily. PrEP is even more effective when it is combined with condoms and other prevention tools (Holmes *et al.*, 2004).

Post Exposure Prophylaxis (PEP)

This refers to the administration of antiretroviral drugs to a person who has been exposed to HIV; either through occupational exposure or sexually; to prevent HIV infection. In order for PEP to be effective, it has to be administered within 72 hours. Antiretroviral drugs given during PEP are given for 28 days.

Doxy-PEP

This refers to the administration of Doxycycline to a person who has been exposed to STIs in order to prevent the establishment of the STI. It has been shown to protect Men who have sex with men (MSM), transgender women and bisexual men from syphilis and chlamydia and to a smaller extent gonorrhoea. For Doxy-PEP to be effective, it has to be administered within 72 hours.

Sexually Transmitted Infection (STI)

An infection that spreads from person to person during sexual contact. Sexually transmitted diseases, such as syphilis, trichomoniasis, and HIV infection are caused by bacteria, parasites, and viruses.

Stigma

Negative attitude or unfair beliefs that a society or group of people have about something or someone

Syphilis

An infectious disease caused by the bacterium *Treponema pallidum*, which is typically transmitted through direct contact with a syphilis sore, usually during vaginal, anal, or oral sex. Syphilis can also be transmitted from a mother to her child during pregnancy. Syphilis sores (chancres) occur mainly on the genitals, anus, and rectum, but also on the lips and mouth. Genital sores caused by syphilis increase the risk of sexual transmission of HIV.

Syndromic Treatment

The treatment of STI based on identified STI syndrome, not on etiological diagnosis.

Human Papilloma Virus (HPV) Infections

HPV infections are usually asymptomatic, and the vast majority clear up on their own within months to 2 years, although a small proportion persist. If the infections persist, several HPV types can cause cancers of the cervix, vulva, vagina, anus, penis, and oropharynx, as well as genital warts. Most significantly, HPV 16 and 18 cause approximately 70 percent of cervical cancers and precancerous cervical lesions globally.

Background

The global burden of sexually transmitted infections continues to rise; and they have significant impact on morbidity and mortality. The largest burden of STIs is in Africa (Stewart *et al.*, 2020; He *et al.*, 2019). Although there are more than 30 pathogens that cause STIs, the greatest burden is caused by *Treponema pallidum*, *Chlamydia trachomatis*, *Neisseria gonorrhoea*, *Trichomonas vaginalis*, Herpes Simplex Virus, Hepatitis B Virus, Human Immunodeficiency Virus (HIV) and Human Papilloma Virus (HPV). STIs can be transmitted through vaginal, anal and oral sex. They can also be transmitted vertically from mother-to-child, during pregnancy, childbirth and breastfeeding (World Health Organization, 2022).

In 2020, there were 374 million new cases of the curable STIs globally in individuals aged between 15 to 49 years with one of the four STIs being: chlamydia, gonorrhoea, syphilis and trichomoniasis. It is estimated that one million new STIs are acquired daily. The number of cases of the individual STIs were estimated as follows: chlamydia (129 million), gonorrhoea (82 million), and trichomoniasis (156 million). An estimated eight million new cases of syphilis were acquired among individuals aged 15 to 49 years in the year 2022. In the same year, 1.1 million pregnant women acquired syphilis: resulting in over 390,000 adverse birth outcomes. Congenital syphilis accounts for 300,000 infant and neonatal deaths every year. It is estimated that there are 500 million people in the age group 15 to 49 that are infected with herpes simplex virus type 2 (HSV-2). An estimated 291 million women were infected with human papilloma virus (World Health Organization, 2017). HPV causes an estimated 311,000 cervical cancer related deaths every year. STIs increase the infectiousness of HIV infected persons by increasing viral replication, and the concentration of HIV virus in genital secretions (Cohen *et al.*, 2019; Mayer *et al.*, 2011). STIs such as chlamydia and gonorrhoea may cause pelvic inflammatory disease, leading to tubal blockage and infertility. Hepatitis B infection can lead to cirrhosis and hepatocellular carcinoma. In 2022, there were 1 million deaths from cirrhosis and hepatocellular carcinoma. There has been a re-emergence of neglected STIs such as lymphogranuloma venereum (LGV). In addition, there have been emerging outbreaks of other pathogens that can be acquired by sexual contact. They include mpox virus, *Shigella sonnei*, *Neisseria meningitidis*, ebola virus and zika virus. These novel STI pathogens introduce additional challenges in the diagnosis and treatment of STIs. In sub-Saharan Africa, it has been shown that STIs mainly affect women in the reproductive age group (Van Gerwen *et al.*, 2022; Stewart *et al.*, 2020). STIs are also more common in women with HIV infections (Jarolimovar *et al.*, 2022; McClelland *et al.*, 2005). Recently, there has been a growing burden of STIs among Men who Have Sex with Men (MSM), People Who Inject Drugs (PWIDS) and Female Sex Workers (FSWs) (Wytowich *et al.*, 2025; ICAP, 2023 and 2024).

Situational Analysis

Burden of Sexually Transmitted Infections in Zambia

The burden of sexually transmitted infections in Zambia has continued to increase over the last three years. The total number of new cases reported across the country were 303,280 cases in 2021, increasing to 325,090 cases in 2022. There was an additional increase in new cases between 2023 and 2024; from 408,137 to 475,291. The increase in new cases of STIs in Zambia occurred in all the 10 provinces. The largest increase in the number of new cases were in Central, Eastern, Copperbelt, Lusaka and Southern provinces as illustrated in the figure below:

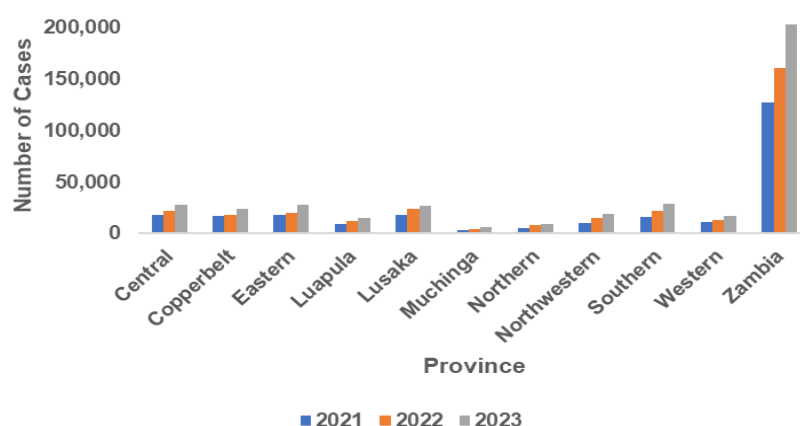


Figure 1: Trends in annual cases of STIs from 2021 to 2023 by Province (MoH HMIS)

More districts in Zambia are recording more than 3000 cases monthly. In 2021, only about five districts had recorded more than 3,000 cases of STIs. This increased to nine districts in 2022. In 2023, there were 20 districts reporting more than 3,000 new cases of STIs every year. This is illustrated in the maps below:

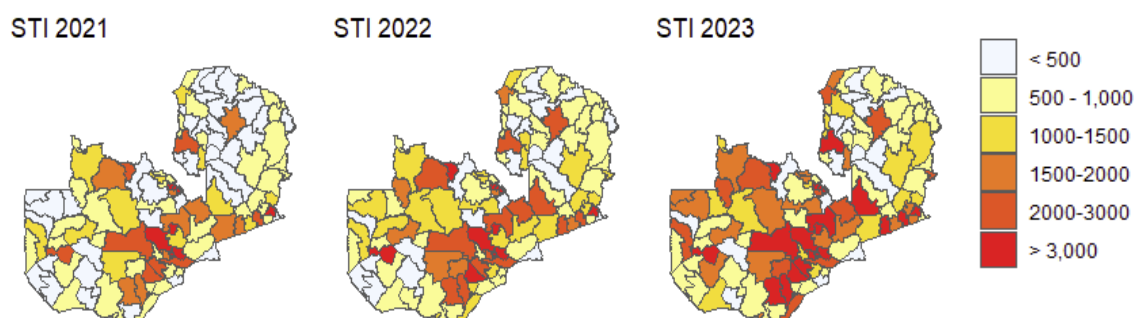


Figure 2: Trends in epidemiology of STIs by District from 2021 to 2023 (MoH HMIS)

The increase in STIs has affected people living with HIV (PLHIV) more than HIV negative individuals. According to the 2016 Zambia Population-Based HIV Impact Assessment (ZAMPHIA), among adult PLHIV, 7.0% of men and 3.5% of women reported having a sexually transmitted infection diagnosed by a medical professional.

This was much higher than the proportion of HIV negative adults who reported having an STI 12 months previously (3.4% of men and 1.3% of women).

Syphilis in the General Population

According to the 2016 Zambia population-based HIV impact assessment survey (ZAMPHIA), the overall prevalence of syphilis was 3.0%. The prevalence of syphilis was higher among females (3.4%) as compared to males (2.7%). Active syphilis was lower among HIV negative (2.1%) as compared to HIV positive (9.6%) individuals. 6.8% of HIV positive adults aged 15 to 59 reported ever having been infected with syphilis as compared to 2.1% of HIV negative individuals. The prevalence of syphilis was higher among HIV positive participants (16.6%) as compared to HIV negative participants (5.5%). The percentage of people with an active syphilis infection varied by province. In Eastern Province, this was 1.2%, whereas in Western Province, it was 5.2%. Provincial differences also existed in the percentage of people who said they had ever had syphilis. In Eastern Province, this was 2.9%, whereas in Western Province, it was 10.9%.

The number of new syphilis cases has more than doubled between 2021 and 2024. Most of the new cases of STIs are occurring in young adults aged between 15 to 25 years as highlighted in the graph below:

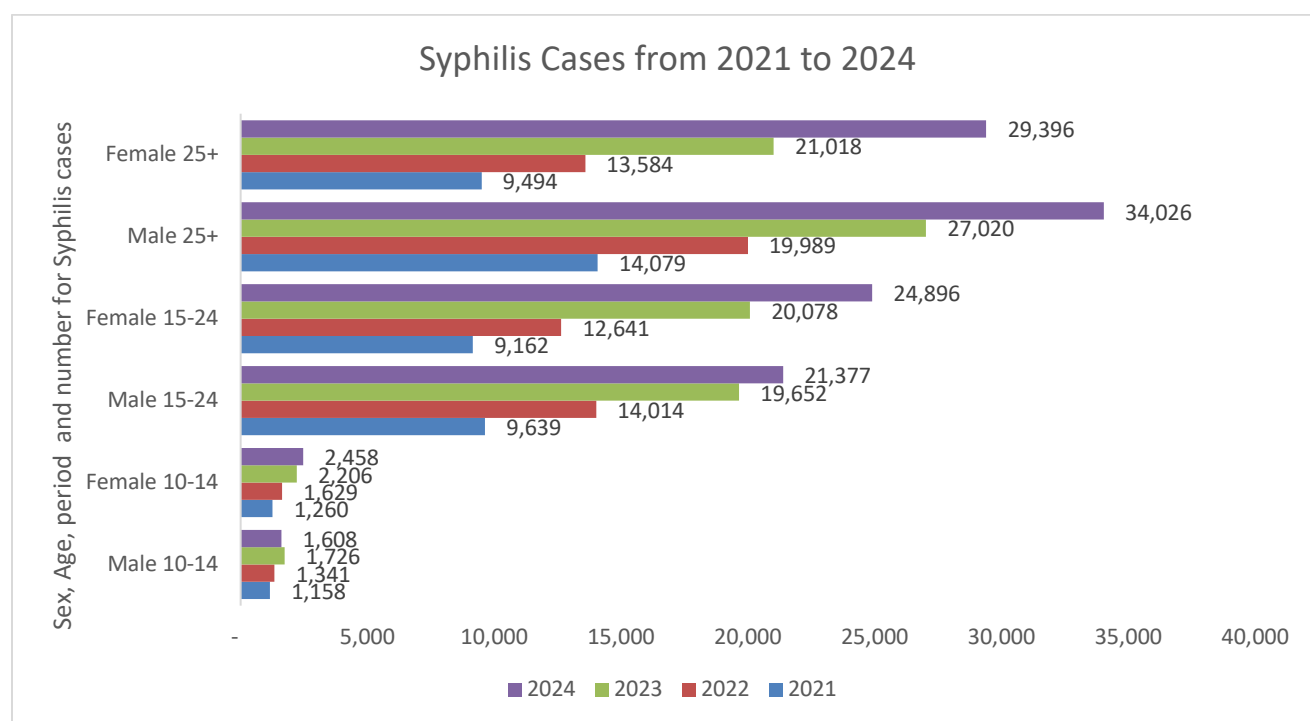


Figure 3: Trends in new Syphilis infections by age and sex from 2021 to 2023 (MoH HMIS)

Syphilis in Pregnant Women

Data from the Ministry of Health showed that between 2018 and 2021, the number of syphilis cases in pregnant women declined by 40%. The syphilis positivity rate reduced from 4.9% in 2018 to 3.4% in 2021. However, between 2022 and 2024, the positivity rate increased from 3.6% to 6.7%. Syphilis cases in pregnant women increased from 469, 255 in 2022 to 592, 7120 in 2024. This is shown in the graph below:

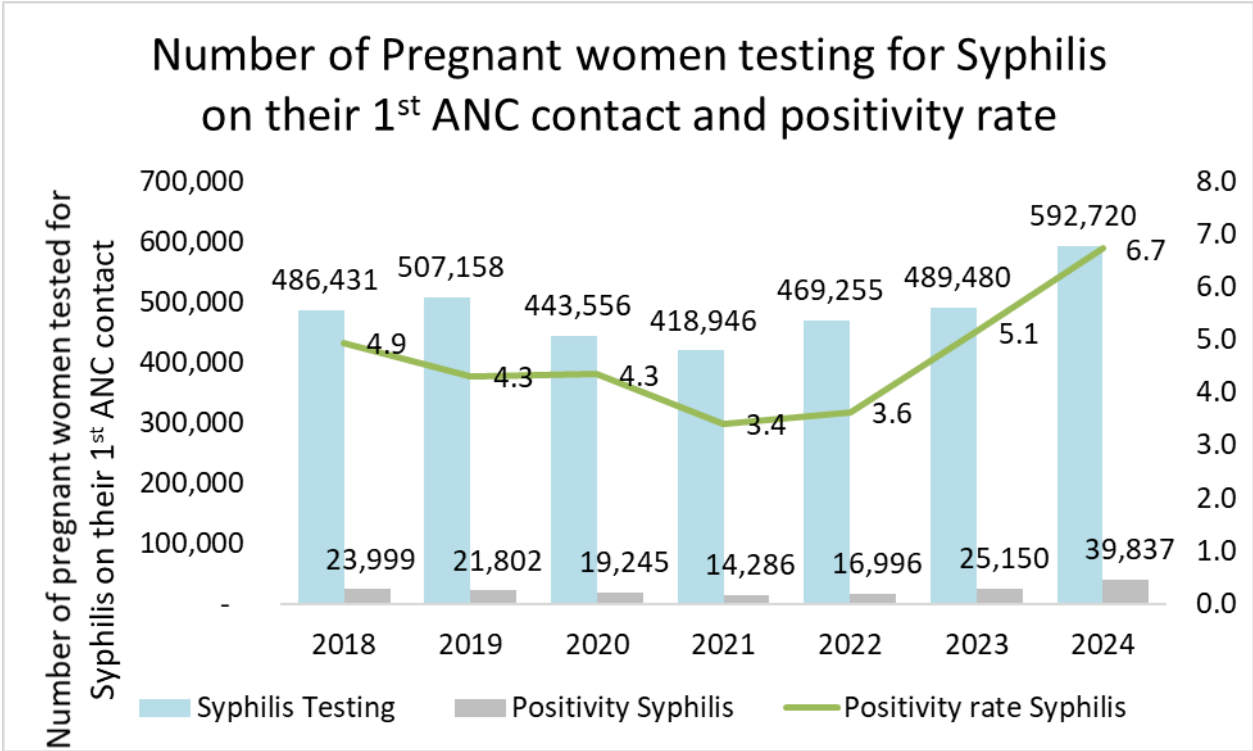


Figure 4: Trends in Syphilis among pregnant women between 2018 and 2024

The average percentage of pregnant women screened for syphilis on their first ANC contact increased from 46% in 2023 to 71% in 2024. This is highlighted in the graph below:

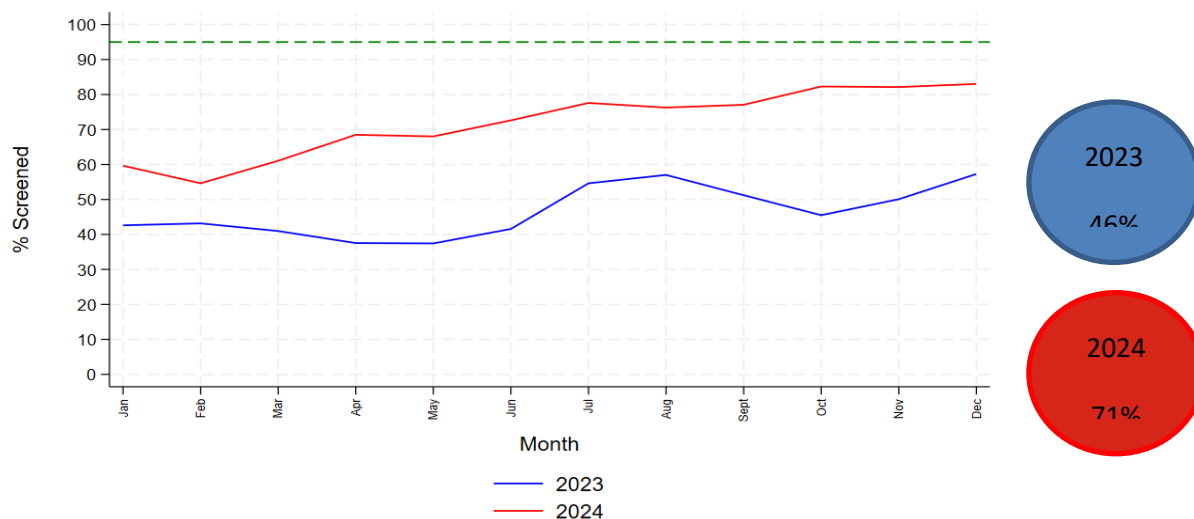


Figure 5: ANC attendees screened for Syphilis (DHIS2 2023, 2024)

There have been significant challenges in testing pregnant women in antenatal clinics (ANC). ANC syphilis coverage is below 50% for most parts of the country. Less than 10 districts in Zambia have ANC syphilis coverage rates above 90%. There are variations within provinces and districts. This is highlighted in the map below:

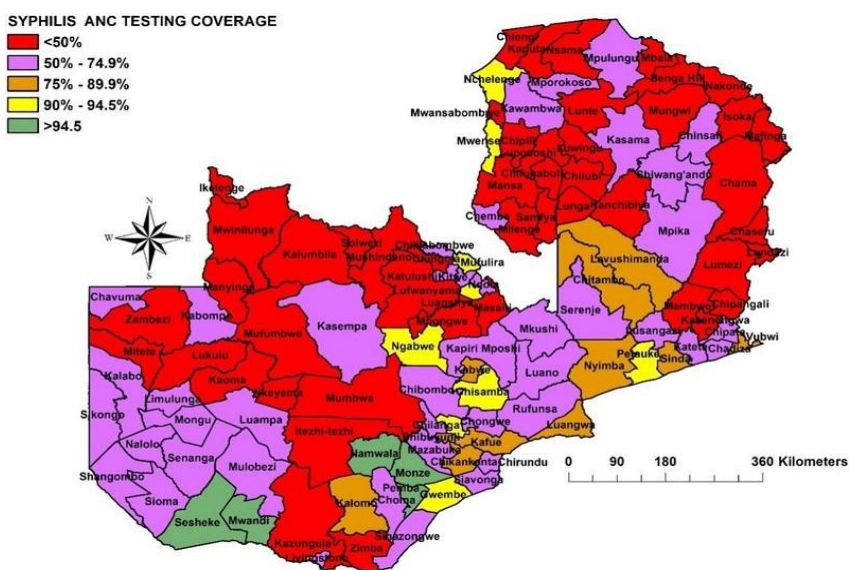


Figure 5: Map showing Syphilis ANC Screening Coverage by District (HMIS)

Syphilis testing and treatment cascade for pregnant women in 2024.

The syphilis testing and treatment cascade for pregnant women in 2024 showed improved testing and treatment coverage, as compared to the 2023 cascade. In 2024, 93% were screened for syphilis either on their 1st ANC contact or subsequent ANC contact. Of those who were tested, about 6% were positive and 98% were started on treatment. The above information is summarized in the graph below:

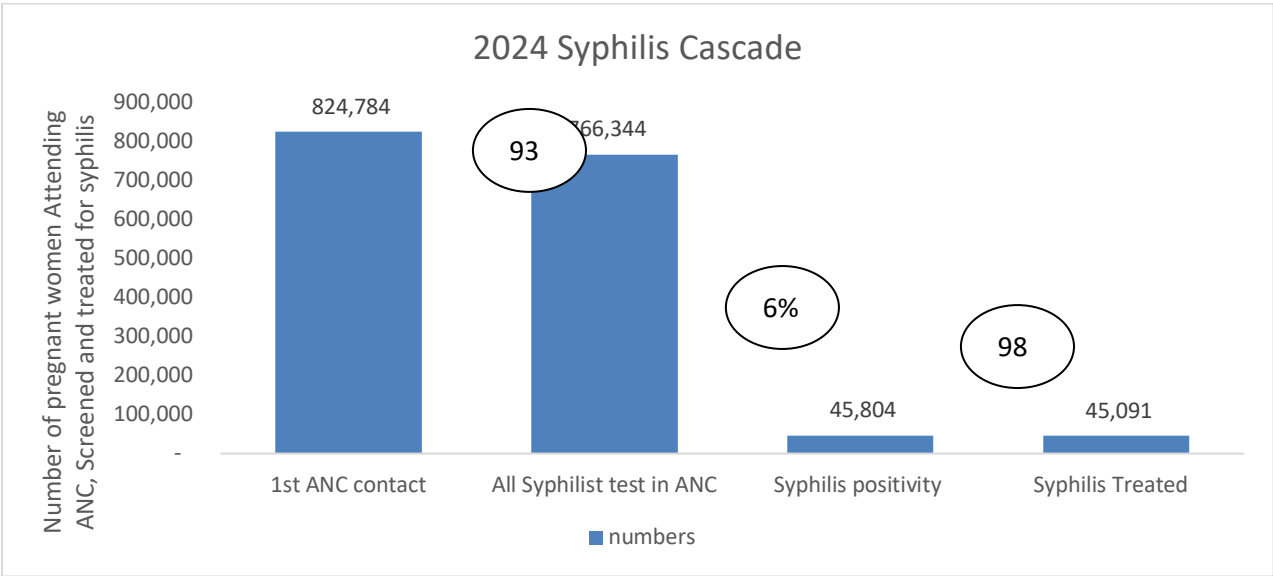


Figure 7: Syphilis Testing and Treatment Cascade for pregnant women for 2024

Data for 2023 shows that only 60% of ANC attendees were tested for syphilis. However, there are provincial variations in syphilis screening rates. This is highlighted in figure 8 below:

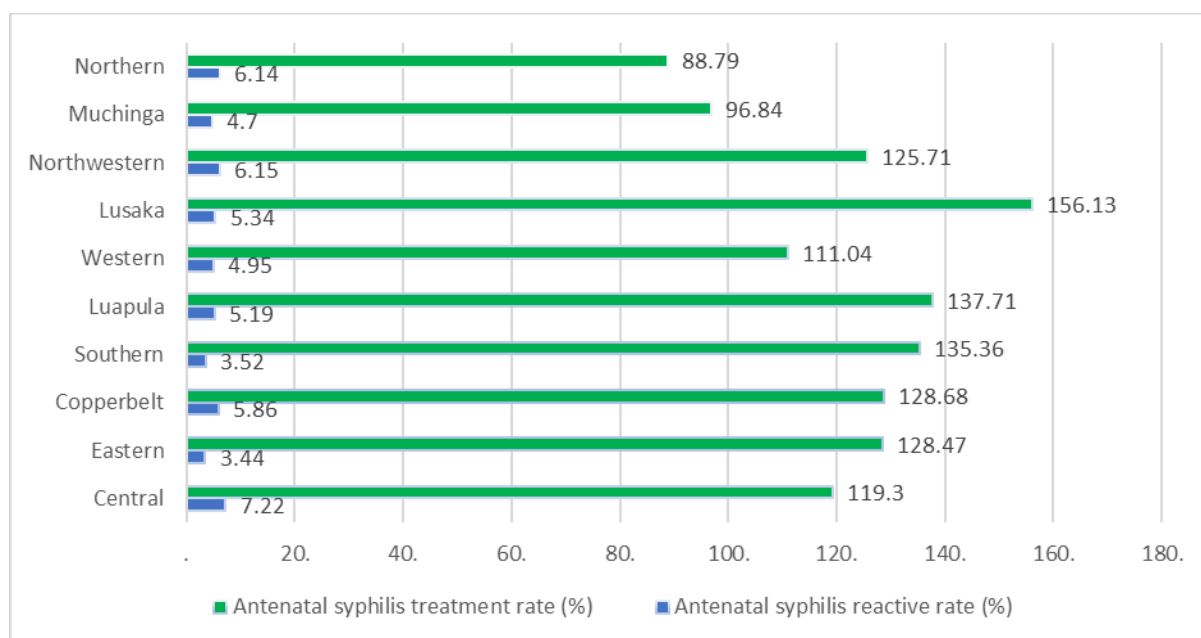


Figure 8: ANC reactive Syphilis and Treatment

Syphilis positivity ranges from 3-7% across the provinces. Treatment rates across the provinces are also variable. There is considerable variation in treatment rates among the provinces. The treatment rate of greater than 100% may suggest the inclusion of second or third dose treatments for pregnant women as well as partner treatment being considered as part of the "treated."

Congenital syphilis

In 2023, there were 293 cases of congenital syphilis out of the 674,134 live births (Global AIDS monitoring report, 2023).

Hepatitis B in the General Population

According to the ZAMPHIA 2016, the prevalence of hepatitis B in the age group 0-59 years was 3.5%. The prevalence of hepatitis B was four times higher among those aged 15-59 years (5.6%) as compared to those aged 0-14 years (1.3%). The prevalence of hepatitis B among HIV-positive participants in the age group 15-59 years was 7.1% (nearly double among males, at 10.2%, when compared with females, at 5.2%). This was much higher than that among HIV negative participants in the same age group (5.4% overall; 6.9% among males, 3.9% among females). Among those aged 0-14 years, the prevalence of hepatitis B was nearly five times higher in those who were HIV positive (5.9%) than in those who were HIV negative (1.2%).

According to ZAMPHIA 2016, the prevalence of hepatitis B surface antigen (HBsAg) among children under 5 years was 1.32%. This suggests that the extensive coverage of hepatitis B vaccination has significantly reduced the prevalence of hepatitis B in Levels

of hepatitis B surface antigen in children born after the policy went into effect are much lower. This is highlighted in figure 9 below:

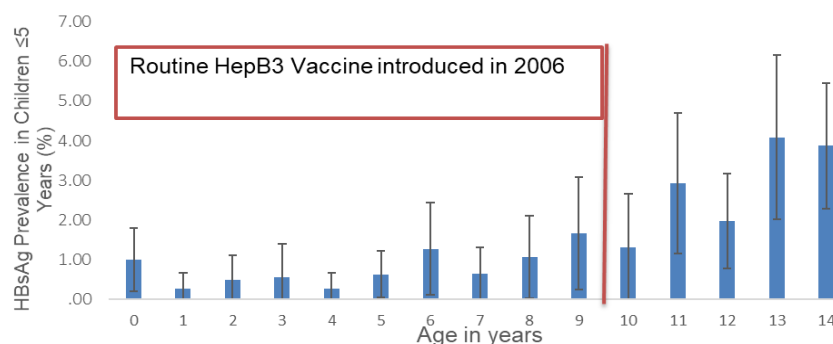


Figure 9: HBsAg Prevalence in children before and after introduction of HepB3 Vaccine

Hepatitis B vaccination for under-fives was scaled-up in 2006. Most individuals who were born before 2006 are not fully vaccinated against hepatitis B. Zambia has included the hepatitis B birth dose (HepB-BD) in its operational plan towards the elimination of vertical transmission of HIV, syphilis and hepatitis B. However, this has not yet been implemented. We are now in the process of developing and validating comprehensive guidelines and standard operating procedures (SOPs) for the administration of HepB-BD.

Hepatitis B in Pregnant Women

There have been significant challenges in testing pregnant women for hepatitis B. This is due to lack of access to Hepatitis B test kits and reagents. Consequently, most pregnant women are not tested routinely for hepatitis B in ANC. Currently, all districts have reported testing coverage of less than 50%, highlighting an urgent need to scale up testing and prevention measures to protect the health of pregnant women and their newborns.

In 2024, only 14% of women attending ANC were tested for hepatitis B. HBsAg positivity among pregnant women was 2%. Of those who tested positive to Hepatitis B, 77% were started on treatment. Limited vaccination of women in child bearing age; reduced ANC testing coverage for hepatitis B for pregnant women; and low hepatitis B treatment coverage has resulted in 1.32% HBsAg positivity among children below 5 years. This is higher than the global average of 0.94% (World Health Organization, 2024).

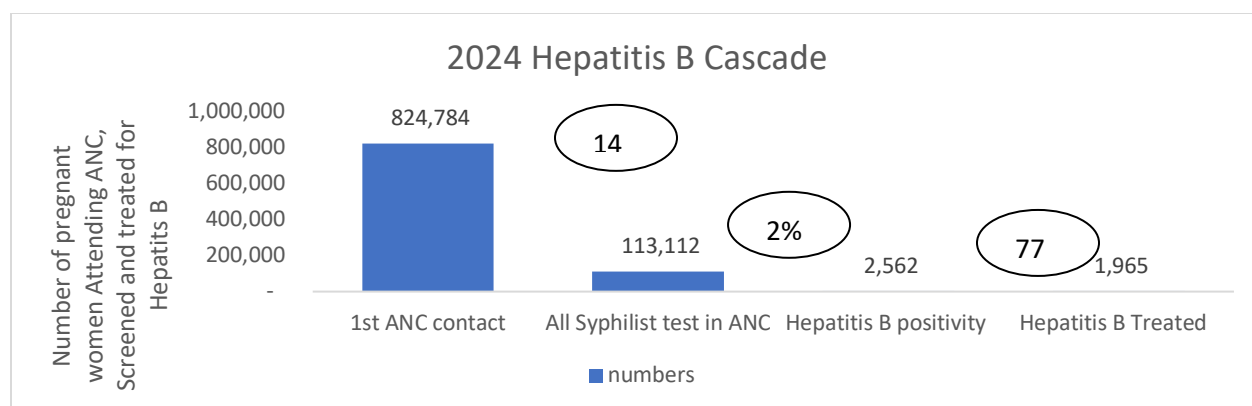


Figure 10: Hepatitis B Testing and Treatment Cascade for 2024

STI Syndromes in the General Population

According to the Ministry of Health HMIS 2021-2023 data, the most prevalent STI syndromes recorded were male urethral discharge syndrome (MUDS); vaginal discharge syndrome (VDS); and genital ulcer disease (GUD). Trends in MUDS, VDS and GUD are highlighted in figure 11 below:

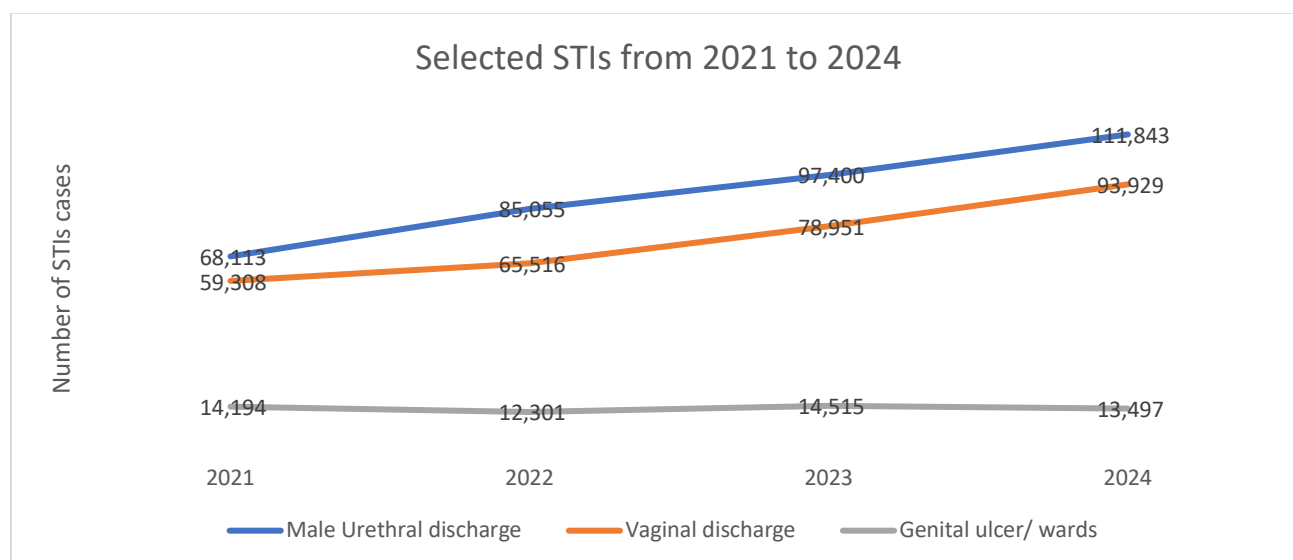


Figure 11: Cases of Genital Ulcer of Vulva, Vaginal and Urethral Discharge from 2021 to 2024

The graph shows an increase in cases of urethral discharge syndrome from 68,113 in 2021 to 111,843 in 2024. The cases of vaginal discharge syndrome increased from 59,308 in 2021 to 93,929 in 2022. The number of new cases of Genital ulcers/ warts decreased from 14,194 in 2021 to 13,497 in 2024. The validation study that was done in 2016 showed that most cases of genital ulcers were due to Herpes simplex virus types 2 (41%). Syphilitic chancres were less frequent (6%). Herpes Simplex type 1 accounted for 2% of genital ulcers. The study showed that the pathogens most associated with vaginal and urethral discharge were *Gadnerella vaginalis*, *Ureaplasma urealyticum*,

Neisseria gonorrhoea and *Trichomonas vaginalis*. *Chlamydia trachomatis* and *Mycoplasma genitalium* did not occur as frequently as the other pathogens (Ministry of Health, 2016).

Lower Abdominal Pain/Pelvic Inflammatory Disease

The number of cases of pelvic inflammatory disease has increased from 68,371 in 2021 to 113,638 in 2024 as shown in figure 12 below:

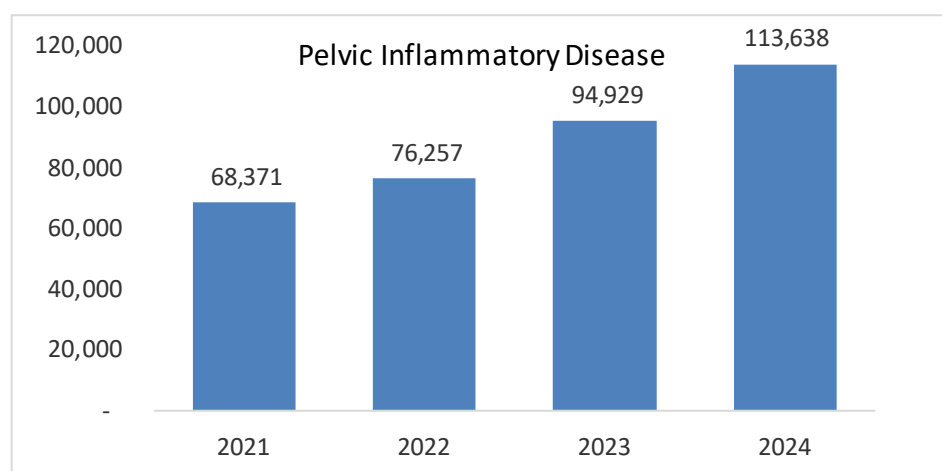
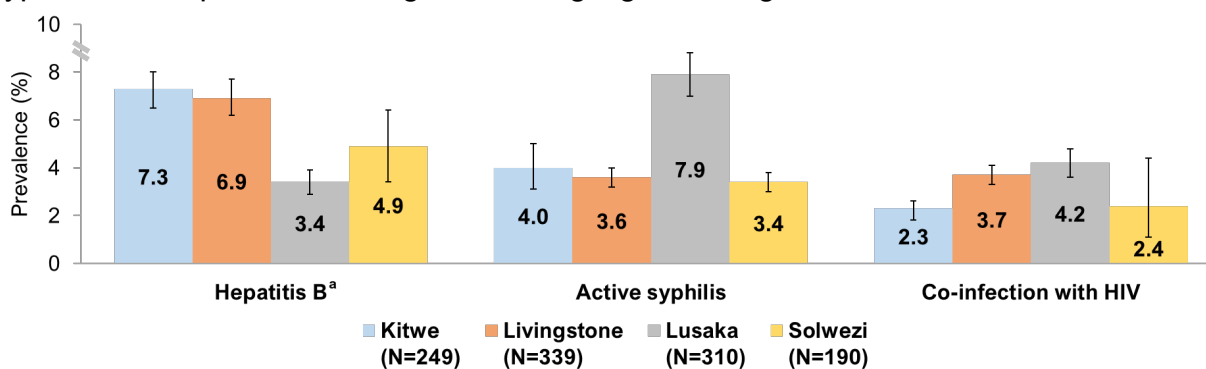


Figure 12: Trends in Pelvic Inflammatory Disease from 2021 to 2024

STIs among High-Risk Populations

From May to November 2021, a bio-behavioural survey (BBS) among men who have sex with men (MSM) was conducted in four cities in Zambia showed that there was high prevalence of both HIV and STIs among MSM. HIV prevalence among MSM ranged from 6 to 41% among MSM, depending on the site and age. Viral load suppression (VLS) among MSM living with HIV ranged from 50.7% to 91%. The prevalence of syphilis and hepatitis B among MSM is highlighted in figure 13 below:



^a Testing hepatitis B antigen.

Figure 13: Hepatitis B, active Syphilis and HIV Co-infection among MSM

The prevalence of HIV among all PWID was highest in Ndola (21.3%), compared to Livingstone (12.2%), and Lusaka (7.3%). There was a high prevalence of syphilis among PWIDs. Syphilis prevalence was highest among PWID in Ndola (10.8%) compared to Livingstone (3.7%) and Lusaka (4.2%). This is much higher than the overall prevalence of syphilis 3% that was estimated during ZAMPHIA 2016. The prevalence of HBV was highest in Lusaka (4.5%) followed by Ndola (2.6%) and Livingstone (1.9%). Similarly, there was a high prevalence of active syphilis and hepatitis B among PWID's. This is highlighted in figure 14 below:

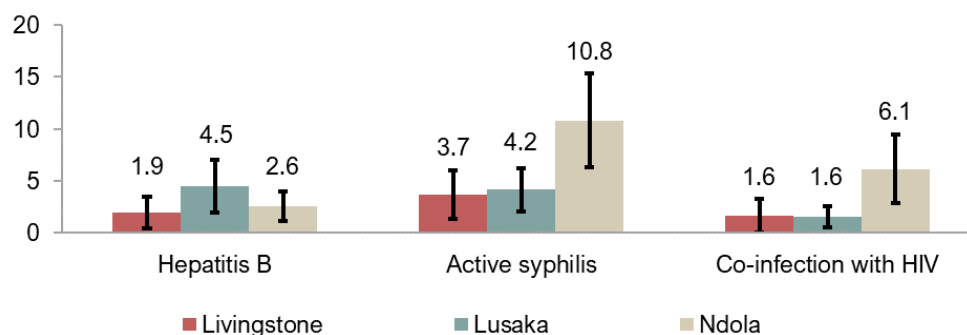


Figure 14: Active Syphilis and Hepatitis B among PWIDs

The BBS for female sex workers (FSW) was concluded in 2023. This survey found high prevalence of HIV among FSW as compared to the general population. There were also high rates of hepatitis B and syphilis among FSW. Syphilis prevalence was highest in Chipata (14.4%) and lowest in Mazabuka (5.5%). HBV prevalence ranged from 2.8% in Lusaka to 6.9% in Solwezi. Co-infection of HIV ranged from 3.1% in Mazabuka to 9.7% in Solwezi as highlighted in figure 15 below:

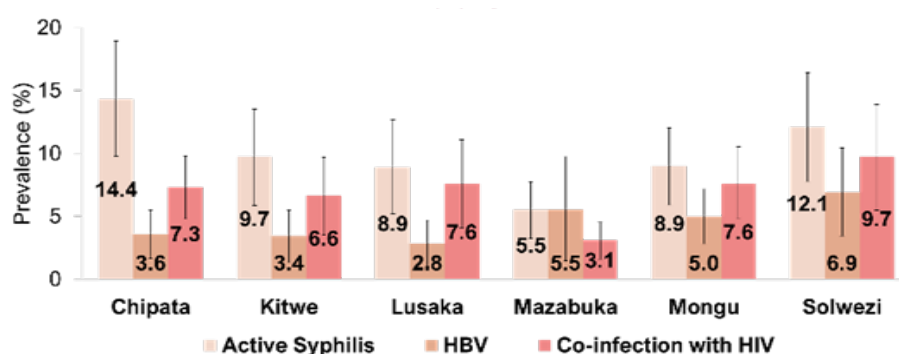


Figure 15: Prevalence of active Syphilis, Hepatitis B among FSW disaggregated by study site

Factors contributing to High Burden of Sexually Transmitted Infections

High Risk Sexual Behaviors

The ZDHS of 2018 showed that 2% of females and 15% of males reported aged 15 to 49 years reported having 2 or more sexual partners in the 12 months preceding the survey. Multiple and concurrent partnerships have all been shown to be associated with increased likelihood of acquiring STIs.

Low Condom Use

According to the 2018 Zambia Demographic and Health Survey, 83 percent of women and 87 percent of men in Zambia know that HIV can be prevented by using condoms during sexual intercourse. Despite such high knowledge levels, condom usage is quite low; as only 33% of women and 56% of men reported using a condom during their most recent sexual intercourse. The proportions are even lower among young people with only 34% of females and 49% of males aged 15-24 used a condom at last high-risk sex with a non-regular partner (ZDHS, 2018). Of concern is the declining trend in condom use among young people aged 15 to 19 years; and those aged 20 to 24 years; as shown in figure 16 below:

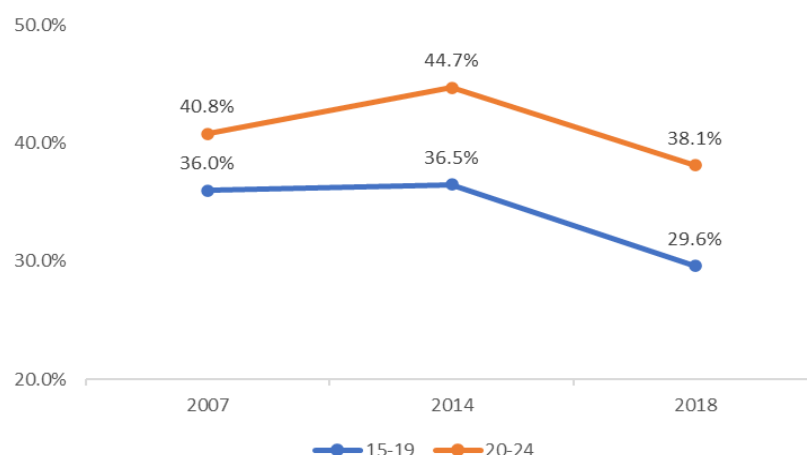


Figure 16: Condom use among young people aged 15-24 years (ZDHS 2007, 2014, 2018)

Acceptability and uptake of female condoms have been poor. Some of the reasons for this include pain, discomfort and noise during intercourse; high costs of female condoms and limited availability (Mantell *et al.*, 2011).

Socio-economic drivers of STIs

Urbanization, unemployment, poverty, commercial sex work, marginalization, social and sexual networks have all been shown to foster the spread of sexually transmitted infections (Changalucha *et al.*, 2002; Shendre *et al.*, 2002; Semogwerere *et al.*, 2021).

Strengths and Opportunities

Service Delivery

Sexually transmitted infections services can be readily accessed from any of the public or private institutions in the country. Zambia is utilizing Youth friendly spaces and other service delivery platforms to target various high risk and vulnerable populations. This has helped to overcome some of the structural barriers that individuals frequently encounter when accessing services. In addition, modern approaches such as social media and internet-based approaches are also being used for hard-to-reach populations. STI screening and treatment has been integrated with HIV prevention and treatment services (Wilson et al. 2017 and 2019).

Implementation of Dual HIV/Syphilis testing in ANC

As of June 2025, 1854 ANC sites were implementing dual syphilis/HIV testing with a total number of 20,933 service providers trained. A total of 968,964 dual HIV/syphilis tests have been conducted (778,991 initial tests and 189,973 follow-up tests), out of which 56,919 tested reactive. The rollout plan is designed to implement the training program in a three phased approach, ensuring efficient and effective coverage across all 10 provinces.

Hepatitis B Vaccination Policy

Results from the 2016 ZAMPHIA suggest the extensive coverage of Hepatitis B vaccination in recent children has significantly reduced the prevalence of hepatitis B in children from 2.7% among those born before 2006 (aged 10-14 in 2016) to 0.7% among those born from 2006 (aged 0-9 years). The vaccination policy is having a positive effect.

Commodities and Supplies

There has been significant investment in securing supplies for STI prevention and control. Implementing partners support condom procurement and distribution. Rapid tests for dual HIV/ syphilis have been procured for use in ANC. However, there are still gaps especially with regards to Hepatitis B testing. Testing of partners of pregnant women who test positive for syphilis remains problematic. Follow up testing for hepatitis B and syphilis is not always available. There are still stock outs of benzathine penicillin in some facilities.

STI Surveillance

The Ministry of Health, National HIV/AIDS/STI/TB Council and Zambia National Public Health institute are working with implementing partners to strengthen STI surveillance and preventing antimicrobial resistance. The national multi-pathogen diagnostic platform that has been set up in selected health facilities across the country will improve diagnosis and management of various STIs.

Capacity Building of Health Workers

Over the years, the ministry of health has been training infectious disease experts. They are an integral part of the STI prevention and control program. They provide clinical care, technical assistance and mentorship to junior doctors, nurses and clinical officers. The MoH HIV Extension for Community Health Outcomes (ECHO) platform has been used to provide training and mentorship to clinicians in clinical and programmatic management of STIs. The simplified syndromic management algorithms have facilitated capacity building of health workers. This has allowed task shifting of care from doctors to clinical officers, further increasing the number of health workers providing services to STI patients.

Utilization of STI Data for Planning

Previously, there was limited utilization of STI data from DHIS 2 for planning. More recently, data from the STI program is reviewed much often.

Operationalization of the National Condom Strategy

Condoms are the most effective intervention for preventing STIs. Zambia currently has a comprehensive condom programming strategy.

Addressing Needs of underserved and Priority Populations

To address the unique needs of underserved populations, facilities should provide DSD services in various settings that cater will to these unique needs.

Nationwide Scale-up of VMMC

VMMC has been shown to have an impact on reducing the incidence of some STIs such as HPV and chancroid (Mehta *et al.*, 2021; Yuan *et al.*, 2019; Auvert *et al.*, 2005 and 2009; Bailey *et al.*, 2007).

Revised National STI Treatment Guidelines

Zambia currently has an up-to-date clinical guideline for management of STIs. Apart from detailed guidance on syndromic management of STIs and the syndromic management algorithms, there is relevant clinical information about the etiological and clinical diagnosis of STIs.

Gaps and Barriers to Implementation of Prevention and Control Interventions

The following are some of the barriers that have prevented successful and effective implementation of STI interventions:

Poor Resource Allocation for STI Prevention and Control

There have been significant gaps in resource allocation for STIs. Budgetary allocations towards STI prevention and control remain low, despite the growing burden of STIs. Most of the donor support has been towards HIV/TB and Malaria. There has been limited donor support for STIs. There is need to engage government and donors to prioritize funding allocation towards STI prevention and control; as STIs facilitate transmission of HIV; and result in significant morbidity.

Limited Diagnostic Testing for STIs for Young People

In a recent behavioral survey among AYP in Lusaka, Zambia, we found that only 12% of sexually active AYP reported testing for an STI, other than HIV, in the last 12 months (Hensen *et al.*, 2023). Young men aged 20-24 in particular had inequitable access, driven by a complex interplay of behavioral and structural factors, with only 24% reporting ever testing for an STI compared to 32% of women (Cohen *et al.*, 2019). There is need to prioritize the purchase of point-of care tests; and their inclusion in the testing algorithms; as they can facilitate same day diagnosis and treatment of STIs.

Inadequate Partner Notification and Tracing

Most health facilities do not have access to internet facilities, mobile phones or transportation, to facilitate partner notification. This can delay diagnosis and treatment of infected sexual contacts and facilitate continued transmission of infection within communities. There is need to allocate resources that will facilitate prompt notification of partners to curb further spread of STIs and reduce morbidity.

Limited implementation of combination HIV and STI prevention services

Over the years, there has been more focus on HIV prevention with oral PrEP; rather than combination HIV and STI prevention. This has contributed to rising number of STI cases globally. There have been several reports of increased STIs among PrEP users. This calls for more emphasis on combination HIV and STI prevention; to prevent onward transmission of both HIV and STIs (Nguyen *et al.*, 2018).

Inadequate Multisectoral Involvement in STI Prevention and Control

The Ministry of Community Development Mother and Child Health, Ministry of Education, Ministry of Youth, Sports and Arts and the Ministry of Tourism have not been adequately engaged on leveraging the diversity of platforms, strategies and

interventions, and infrastructure to produce comprehensive, patient centered STI services.

Lack of Complete and Accurate STI Data

Not all public and private health facilities report STIs. This has resulted in incomplete and inaccurate data.

Limited STI Research

Limited STI research has prevented us from having adequate knowledge and understanding about the actual epidemiology of STIs in Zambia. There is need to prioritize STI related research. We need to establish collaborations with other research institutions to improve the quality of STI related research.

Vision, Goal, and Strategic Directions

Vision

A nation free from sexually transmitted infections, where all people have equitable access to prevention, care, and treatment, and live with dignity, free from stigma and discrimination.

Goal

The goal is to end the epidemic of sexually transmitted infections by 2030.

Strategic Directions

1. Create an environment that enables individuals to comfortably talk about their sexual health, adopt safer sexual practices and seek treatment for STIs
2. Scale up primary prevention and increase access to screening for STIs
3. Increase access to high-quality, people-centered case management of STIs delivered by public, private and non-governmental service providers
4. Increase the integration of STI services with primary health care, sexual and reproductive health, family planning, adolescent health and HIV services
5. Ensure sufficient financing for STI services as part of national health financing mechanisms
6. Strengthen the capacity of national health information systems to ensure the timely collection and analysis of disaggregated data to inform health policies, treatment guidelines and resource allocation
7. Engage Empowered Communities and Civil Societies

Strategic directions highlight the priority areas that STI prevention and control efforts should focus on. The key strategic shifts and interventions that fall under each of the strategic directions are listed in the tables below:

Strategic Direction 1: Create an Environment that Enables Individuals to Comfortably Talk about their Sexual Health

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
Addressing stigma and Discrimination	Develop/revise training package for both in-service and pre-service healthcare providers to address stigma and discrimination	MoH/UNZA/LMMU/CBU	Ongoing
	Training of both in-service and pre-service healthcare providers on addressing stigma and discrimination (collaborate with regulatory bodies, training institutions and academia) (Nyblade <i>et al.</i> , 2019)	MoH/UNZA	Ongoing
	Sensitization of communities on stigma and discrimination/STIs	NAC/CSOs/CBO/NHCs	Ongoing
	Development/review and distribution of printed IEC material in communities to disseminate information that discourages stigma. (Braille, vernacular, videos, info graphics, animations, podcasts, drama, debate, write-ups)	MoH/NAC/CSOs	Ongoing
	Build capacity and address bottlenecks in knowledge on stigma and discrimination through CMEs, research meetings and various educational platforms	MoH	Ongoing
	Develop integrated SOP to mitigate stigma and discrimination	MoH/IPs	Ongoing
	Support the development of policies that reduce stigma and discrimination	MoH	Ongoing
	Review/revise training package for service delivery for high risk and underserved populations	MoH	Ongoing
Promote STI treatment seeking behavior	Develop and disseminate age appropriate, focused messages on STIs on social media, print and electronic media	MoH	Ongoing
	Translate and disseminate STI messages into local languages	MoH/NAC/IPs	Ongoing
	Demand creation for STI screening and treatment among PrEP and ART clients	MoH/IPs/CSOs	Jan 2025
	Operationalization of the web-based applications to facilitate STI service delivery	MoH/NAC/IPs	July 2026
	Collaborate with MoE/MYSA/MCDSA and local authorities to implement life skills and health education (LSHE) to disseminate information for both in-,	MoH/MoE/NAC	Feb 2025

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
	and out-of-school children		
	Addressing long queues and long waiting times by fast tracking and DSD approaches	MoH	Ongoing
	Widespread SBC to raise awareness of STIs and the availability of screening and testing services	MoH/CSOs/IPs	Ongoing
	Facilitate widespread use of YouthWyzé app to allow young people to access SRH information including where to seek services	MoH/NAC/IPs	Ongoing
	Use DSD models that address unique needs of, high risk and vulnerable populations	MoH/IPs	Jan 2025
Address gender inequalities that prevent access to screening and treatment for STIs	Promote gender equality by upholding the rights of women, AGYW and ABYM	MoH/NAC/CSOs/IP	June 2025
	Utilize gender specific messages that address varying risk factors and societal expectations	MoH/IPs	Ongoing
	Collaborate with MoHA and other stakeholders in dealing with Gender based Violence which increases vulnerability to STIs	MoH/MoHA	Ongoing
	Ensure provision of high-quality health care services for survivors of sexual violence, including antibiotics for STI prevention	MoH/IPs	Ongoing
	Promote male involvement in sexual and reproductive health services including testing and partner notification	MoH/IPs/NAC	Ongoing
	Train health care providers on gender equity	MoH/MoE	Ongoing
	Scale up the establishment of men's clinics in each district	MoH/IPs	Ongoing
	Disseminate guidance on Gender and Sexual Based Violence	MoH	Ongoing
	Support Community Organizations that empower women to make informed decisions about their sexual and reproductive health	MoH/IPs	Ongoing
Address the needs of People with Disabilities	Utilize population-based channels to provide STI messages for people living with disabilities	CSOs/NAC	Ongoing
	Train people living with disability to be peer supporters for others with disabilities	MoH/CSO/NAC/IPs	Ongoing
	Promote leadership by people with		

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
	disabilities in health governance	MoH/NAC	Ongoing
	Modify health settings to ensure that people living with disabilities are able to access sexual and reproductive health services and care for STIs where needed	MoH/CSO/NAC/IPs	Ongoing
	Engagement of people living with disability in planning, monitoring and evaluation of STI services	MoH/CSO/NAC/IPs	Ongoing
	Conduct national surveys to collect and analyze sex, age and disability aggregated data	MoH/CSO/NAC/IPs	Ongoing
	Establish linkage to rehabilitation services, physiotherapy, occupational therapy and other services as required	MoH/IPs	Ongoing
	Use disability disaggregated data to inform inclusive service delivery and resource allocation	MoH/IPs	Ongoing
	Train health workers on disability awareness, inclusive communication and respectful care	MoH	Jan 2025
Improve the clinical encounter of clients seeking STI services	Capacity building for health workers to conduct comprehensive sexual health assessment	MoH/NAC	Ongoing
	Implement risk-reduction counselling (brief sexuality -related communication-BSC) techniques for reducing risky sexual behaviour and preventing STIs behaviour among adolescents (WHO, 2015)	MoH	Ongoing

Strategic Direction 2: Scale up Primary Prevention and increase Access to Screening for STIs

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
Increase coverage of STI related vaccines	Develop an orientation package for the STI operational plan	MoH/CSO/IPs	Mar 2025
	Increasing Hepatitis B vaccine coverage for all populations at high risk	MoH/IPs	Feb 2025
	Increase HPV vaccine coverage	MoH/IPs	Feb 2025
	Expand implementation of HPV vaccine to boys	MoH/IPs	Ongoing
	Engage stakeholders to support procurement of Hep B and HPV vaccines	MoH/NAC	Ongoing
	Universal screening of PBFW for hepatitis B and syphilis	MoH/IPs	Ongoing
Optimization of STI diagnosis and treatment	Expand dual syphilis/HIV, and Hepatitis B testing for partners of pregnant women within ANC	MoH/IPs	Mar 2025
	Introduce dual HIV/Syphilis tests in men's clinics, VMMC clinics, youth friendly spaces	MoH/IPs	Mar 2025
	Facilitate prompt treatment of hepatitis B or syphilis in PBFW	MoH/IPs	Jan 2025
	Prompt diagnosis and treatment of STIs following syndromic guidelines	MoH	
	Implement syphilis self-testing for AYPs and other priority populations	MoH/IPs	Ongoing
	Introduce dual treponemal/non treponemal tests into the Zambia syphilis testing algorithm	MoH/IPs	Ongoing
	Facilitate the implementation of the HIV/Syphilis/Hepatitis B triple test in ANC	MoH/IPs	Ongoing
	Implementation and expansion of pharmacy-based DSD models for both STI and PrEP	MoH/IPs	Mar 2025
	Standardize and scale up of screening for STIs among -KPs, PPs, AGYW and PBFW	MoH/IPs	Jan 2025
	Social network testing for KPs and PPs	MoH/IPs	Ongoing
	Enhance STI screening and treatment facilities in prisons	MoH/IPs	Jan 2025
	Establish and maintain robust mechanisms for ensuring prompt linkage to care for individuals with symptoms of STIs if the service is not available at that facility	MoH/IPs	Ongoing
	Family and household testing for pregnant and breast-feeding women diagnosed with either syphilis, HBV or HIV	MoH/IPs	Ongoing
	Develop/review/update curriculum to train in-service and pre-service health care workers on STIs	MoH/UNZA/HPCZ	Ongoing
Capacity building for the health workforce	Mobilize resources for Hepatitis B birth dose vaccination of all exposed children (also, scale up sensitization in communities for buy-in)	MoH/IPs	Ongoing

Strategic Direction 3: Increase Access to High-quality, People-centered Case Management of STIs

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
Using innovative platforms for STI service delivery	Use of facilities and infrastructure in other line ministries such as education, youth and sport to provide SRH and STI information; and access to STI screening and testing	MoH	Sep 2025
Health systems strengthening for STI services	Engaging Tele-Doctor services to suit the needs of AYPs	MoH/IPs	Ongoing
	Offer Doxy-PEP for eligible individuals as prophylaxis against STIs	MoH/IPs	Ongoing
	Develop/update workplace-based testing for STIs and HIV	MoH/IPs/Line ministries	Ongoing
	Facilitate access to self-collected swabs for chlamydia and gonorrhoea at primary health care facilities	MoH/IPs	Ongoing
	Provide simplified guidelines and algorithms that will facilitate treatment of STIs by healthcare workers	MoH/CSOs	Sep 2025
	Strengthen referral systems between wellness centers, private and public facilities	MoH/IPs	Ongoing
	Increase the availability of etiological testing for STIs at referral hospitals	MoH/CDC/PEPFAR/GF	Ongoing
	Establish and enforce standardized stock management protocols at all healthcare facilities and distribution points	MoH/IPs	Jan 2025
	Increase the number of youth friendly spaces in government facilities	MoH/MoE/MoYS	Ongoing
	Legal, regulatory and policy reform to allow young people below 16 to access STI screening and treatment	MoH/IPs	Ongoing
	Upgrade laboratories in Primary care facilities	MoH/CDC/PEPFAR/GF	Ongoing
	Optimize service delivery for migrant and mobile populations through outreaches, pharmacy-based DSD models	MoH/IPs	Ongoing
	Establish community health posts that can disseminate IEC materials, screen and offer treatment for STIs	MoH/IPs	March 2025
	Establish and enforce standardized stock management protocols at all	MoH	Ongoing

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
	healthcare facilities and distribution points		
	Implement extended service delivery times and weekend services for STI screening and treatment	MoH/IPs	Ongoing
Screening and prompt diagnosis for STIs	Symptomatic screening for STIs for all priority populations at each encounter	MoH/IPs	Ongoing
	Integrate STI screening and treatment into all wellness centres	MoH/IPs	Ongoing
	Strengthen STI screening in men's clinics	MoH/IPs	Ongoing
	Ensuring access to STI screening and treatment during pandemics and other health emergencies through use of DSD, phone and internet-based service delivery platforms	MoH/IPs	Ongoing
	Develop SOPs for use of GeneXpert for STI diagnosis	MoH/IPs	Ongoing
	Strengthen supply chain system for STI diagnostic supplies and medications	MoH	Ongoing
Enhancing contact tracing and referral	Use online and social media-based apps to link contacts to testing and treatment	MoH/IPs	Ongoing
	Use social networking approaches to identify persons exposed to STIs, including partners of KPs	MoH/IPs	Ongoing
	Develop and disseminate SOPs on partner notification services	MoH/IPs	Mar 2025
	Utilize micro planning approaches to enhance care for AYPs	MoH/IPs	Ongoing
	Consider adoption of expedited partner delivered Treatment for STIs (EPT) as treatment strategy for STIs, especially in remote areas (Refer to Annex 1)	MoH	Jan 2025
	Establish partner notification systems that will be able identify persons exposed to STIs and link them to care	MoH/IPs	July 2025
Increase access to condoms	Strengthen condom and lubricant distribution in youth friendly spaces	ZAMMSA/MoH/IPs	Ongoing
	Enhance public private partnerships to increase condom distribution, e.g. hotels and lodges	MoH/NAC/IPs	Ongoing
	Utilize innovative approaches to access condoms like online purchase, apps and home delivery	MoH/NAC/IPs	Ongoing
	Expand distribution of condom	MoH/NAC/IPs	Ongoing

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
	dispensers to include markets, bus stations, bars, restaurants, colleges and universities		
	Improve last mile condom distribution to hotspots	MoH/IPs/NAC	Ongoing
	ensure uninterrupted supply of condoms at all high STI transmission locations; including sports events, traditional ceremonies, music festivals and other gatherings	MoH/IPs	Ongoing
	Expand combination HIV prevention in all PrEP service delivery points	MoH/NAC/IPs	Ongoing
Increase Uptake of Voluntary Medical Male Circumcision (VMMC)	Mobile circumcision services to AYP high STI transmission areas	MoH/IPs	Ongoing
	Improve referrals and linkages between wellness centres and mother facilities	MoH/IPs	Jan 2025
	Utilize social media and internet-based consultations to facilitate scheduling for VMMC services	MoH/IPs	June 2025
	Health providers to highlight other benefits of VMMC such as prevention of HSV, HPV and Chancroid	MoH	Ongoing
	Embark on nationwide demand creation for male circumcision	MoH/IPs	March 2025
	Facilitate the implementation of weekend and after hours VMMC services	MoH/IPs	Ongoing
	Improve tracking and distribution of VMMC commodities	ZAMMSA	Ongoing

Strategic Direction 4: Integration of STI Services with SRH, Family Planning, Adolescent Health and HIV Prevention Services

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
Integration of STI services with primary health care	Engaging facility staff on the importance of integration	MoH/IPs	Jan 2025
	Develop SOPs to facilitate integration of STI services in other areas (Policy and SOPs)	MoH/IPs	Nov 2025
	Integrate STI, (HIV and Hep B testing) in OPD, MCH, in-patient wards, ART	MoH/IPs	Ongoing
	Introducing prevention services (Oral PrEP, CAB-LA, Hep B and syphilis) in all STI clinics	MoH/IP	Immediate and ongoing
	Expanding STI screening and treatment to family planning clinic, PrEP clinics and centres, TB Clinics	MoH/IPs	Ongoing
	Integrate STI testing services within existing VCT testing centres and health facility-based HIV testing rooms	MoH/IPs/CBOs	Ongoing
Strengthening Human Resource for Health	Health work force strengthening through mentoring and continuous professional development	MoH/ IPs	Jan 2025
	Recruitment of additional health workers	MoH/ IPs	Ongoing
	Training in health workers in the use of the STI module of SmartCare to enhance data quality	MoH	Immediately
	Provision of job aids and anatomical models to facilitate condom demonstrations	MoH/IPs	Ongoing
	Revision of the pre-service and in-service STI training packages	MoH, HPCZ, Higher Education Authority	Jan 2025
Strengthening governance/leadership for STI program	Integrate the National STI TWG within the main HIV TWG	MoH	Mar 2025
	Engage Key stakeholders in MoH to prioritize STIs on the National Health agenda	MoH	Ongoing
	Operationalize the position of National STI coordinator (Crowley et al., 2021)	MoH	Ongoing
	Establishment of TORs for national and subnational TWGs	MoH	Ongoing
	Engage provincial and district HIV/TB officers to provide leadership for STI prevention and control efforts	MoH/CSO/IPs	Ongoing

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
	Activate sub-national STI TWGs	MoH	Ongoing
	Train program managers on STI leadership, strategic planning and public health governance	MoH	Ongoing
	Appoint STI focal point persons for all health facilities, community health posts	MoH	Ongoing
	Disseminate STI treatment guidelines	MoH/IPs/CSOs	Ongoing
	Integrate STI policies into broader Sexual and Reproductive Health Frameworks and policies	MoH	Ongoing
	Strengthening multi-sectoral partnerships between MoH, NGOs, CSOs, CDC, PEPFAR, GF	MoH/NAC/CSOs	Ongoing
	Empower youth leaders to advocate for STI awareness and prevention	MoH/NAC/IPs/Youth Organizations	Ongoing
	Strengthen district and community level coordinating structures to implement and coordinate SBCC interventions.	NAC	Ongoing
Leverage HIV program resources to address weaknesses in the STI program	Include forecasting of STI test kits, reagents and benzathine penicillin in the bi-annual forecasting for HIV treatment and prevention supplies	MoH/IPs	Ongoing
	Capacity building of HIV mentors, CBVs, Nurse Practitioners, Clinical Officers in STI management	MoH/IPs	Ongoing
	Utilize partner notification strategies and systems being used in the HIV program for STI partner management.	MoH/IPs	Ongoing
	Strengthen communication and collaboration between STI program and HIV program	MoH/IPs	Ongoing

Strategic Direction 5: Ensure sufficient financing for STI Services

Key Strategic Shifts	Strategic Interventions	Responsible Institution	Start Date
Increase resource allocation	MoF to increase budgetary allocation to MoH to ensure adequate resources for STI prevention and control	MoH	Ongoing
	Engage donors and implementing partners to support procurement of GC and CT NAT tests for use on GeneXpert machines	MoH	Feb 2025
	Consider cost sharing approaches for willing clients for specific services such as home visits, pharmacy drug pick ups	MoH/IPs	Ongoing
	Facilitate the adoption of QuantiPrEP to facilitate the quantification of STI diagnostic and therapeutic commodities at the same time as the quantification for PrEP	MoH/IPs	Ongoing
	Explore innovative financing mechanisms such as public-private partnerships, social contracting mechanisms or domestic resource mobilization to improve financial sustainability (deliberate appropriate budgeting for domestic funding)	MoH/CSOs	Mar 2025
	Develop resource mobilization strategy brief to facilitate mobilization of resources for etiological testing for STIs and other STI commodities evidence-based advocacy; sin tax (tourism, AIDS fund,	MoH/CSOs	Mar 2025
	Utilize existing resources at provincial and district levels for demand creation for STI services	MoH	June 2025
	Strengthen supply systems to ensure that antibiotics for treating STIs are always available at health care facilities	MoH	Ongoing

Strategic Direction 6: Strengthen the Capacity of National Health Information Systems

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
Revise HMIS and Data collection tools	Improve data collection, especially in the community, health posts and clinics	MoH/NAC/IPs/C SOs	Jan 2025
	Enhance quality of community data using tablets/laptops.	MoH/NAC/IPs/C SOs	Ongoing
	Capacity building of health workers to improve quality of data entry	MoH/NAC/IPs/C SOs	Ongoing
	Capacity building of health workers in data analysis and in the routine use of data for planning and resource mobilization	MoH/NAC/IPs	Ongoing
	Development of weekly and monthly dashboards for STIs.	MoH/NAC/PHOs/DHOs	Ongoing
	Incorporate STI performance review in the quarterly HIV data review meetings	MoH/NAC/IPs	Ongoing
	Facilitate interoperability of various data collection systems	MoH/NAC/IPs	Ongoing
	Create platforms for implementing partners to share all relevant STI data with MoH	MoH/NAC/IPs	Ongoing
	Provide computers, laptops, and tablets to facilitate the use of SmartCare for STI	MoH/IPs	Ongoing
	Conduct regular data quality audits of STI related data	MoH/IPs	Ongoing
Optimize collection of STI related data	Optimize reporting of STI data to include data on linkage to HIV testing and PrEP	MoH/ IPs	Jan 2025
	Revision of STI registers to ensure all the relevant data elements are captured	MoH	Jan 2025
	Develop and disseminate data quality standards and tools for STI data quality assurance	MoH	Ongoing
	Midterm review of operational plan	MoH/IPs/CSOs	June 2025
	Final review of operational plan	MoH/IPs/CSOs	Dec 2028
	Integrate STI prevalence studies into existing surveys including ZAMPHIA, DHS, BBS	MoH/ZAMSTATS /IPs	Ongoing
Strengthening the use of routinely collected public sector data	Establish and disseminate standard procedures for collecting STI data in public and private facilities	MoH/IPs	2026-2030
	Promote the use of data for policy formulation and resource allocation	MoH/IPs	Ongoing
	Monitor implementation and adherence to SOPs	MoH/IPs	Ongoing
	Promote the use of routinely collected data for operational research		
	Capacity building to ensure that health workers can collect, collate, analyze and	MoH/IPs	Ongoing

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
	interpret data		
	Improve the use of data at the national and subnational levels for planning, quality improvement, forecasting, policy formulation, research	MoH/IPs	Ongoing
Expand data collection beyond the public sector	Establish policies that mandate all private clinics, private pharmacies, private laboratories, NGOs, CSOs, IPs, to report STI data to national STI program	MoH/IPs	Ongoing
	Ensure data managers in private facilities have access to national STI data collection tools	MoH/IPs	Ongoing
	Establish systems for community STI surveillance	MoH/IPs	Ongoing
Expand Surveillance activities	Expand and strengthen laboratory surveillance	MoH/IPs	Ongoing
	Identify opportunities to expand person-centered surveillance	MoH/IPs	Ongoing
	Conduct health facility surveys or assessments	MoH/IPs	Ongoing
Support accelerated research and development on prevention technologies, diagnostics, treatments and vaccines for STIs	Conduct population-based biological and behavioral studies; especially in high-risk populations	MoH/IPs	Ongoing
	Collaborate with regional and international researchers to develop vaccine against gonorrhoea and chlamydia	MoH/NAC/CDC/TDR/UNZA/GF/IPs	Ongoing
	Conduct 2 yearly national and sub-national STI prevalence studies	MoH/NAC/CDC/TDR/UNZA/GF/IPs	2025-2027
	Conduct annual STI drug resistance surveillance	MoH/NAC/CDC/TDR/UNZA/GF/IPs	2025
	Carry out STI validation studies to determine the etiological causes of genital ulcer and genital discharge syndromes to guide revision of syndromic management guidelines	MoH/NAC/CDC/TDR/UNZA/GF/IPs	2026
	Perform sociocultural and market research in order to identify and understand the social, legal and cultural factors that influence sexual behavior and also treatment seeking behavior for STIs	MoH/NAC/CDC/TDR/UNZA/GF/IPs	2026-2028

Strategic Direction 7: Engage Empowered Communities and Civil Societies

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
Widespread community-based Social and Behavior change communication (Mayaud <i>et al.</i> , 2004)	Revise the social and behavior change strategy to include innovative approaches that target young people	NAC	Ongoing
	Targeted SBCC messages to promote abstinence, consistent condom use, avoiding risky sexual practices, accessing HPV vaccination and voluntary STI screening	MoH/CSOs/NAC	Ongoing
	Establish information booths in communities where members can obtain information about STIs and HIV	MoH/IPs	Ongoing
	Use of social media influencers to raise awareness about STIs	MoH/CSOs/NAC	Ongoing
	Use of role play, drama and cultural displays to address issues related to gender, early sexual debut, harmful gender norms and practices that facilitate spread of STIs	MoH/CSOs/NAC/IPs	Ongoing
	Support the commencement of peer led STI and SRH discussions at colleges and Universities and among migrant workers, FSs (Febres-Cordero <i>et al.</i> , 2018)	MoH/Private and Public colleges and Universities/IPs/CBOs	Ongoing
	Engagement of local communities, ward councilors, traditional leaders, young people's organizations, youth leaders, businessmen, religious leaders and politicians and other gate keepers in social and behavior change communication to change cultural norms	NAC/CSOs	Ongoing
	Engaging local artists to compose audio visual messages that address SRH and STIs	MoH/NAC/WHO	Ongoing
	Use of social media to disseminate targeted messages to young people	MoH/IPs	Ongoing
	Use debates and school-based clubs/school health program as a platform for disseminating messages on STIs	MoH/MoE	Ongoing
	Include STI talks in traditional	CSOs/MoH	Ongoing

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
	ceremonies like Mukanda		
Enhanced community engagement (Rhodes <i>et al.</i> , 2021; Centres for Disease Control and Prevention, 2019)	Empower community-based organizations and CSOs to advocate for SRH services for communities	MoH/CSOs/NAC	Jan 2025
	Engage community-based organizations and CSOs in policy making, service delivery, system strengthening and monitoring and evaluation of STI services	MoH/CSOs/IPs	Ongoing
	Inclusion community leaders in planning, resource mobilization peer-education, and monitoring and evaluation of STI prevention and control efforts	MoH/ IPs	Ongoing
	Expand community led monitoring to include STI prevention and control	MoH	Immediately
	Expand the role of Neighborhood health committees to include STI prevention and control	MoH/NAC/CSOs/IPs	Jan 2025
	Support inclusive community dialogue and meetings with councilors, civic and traditional leaders to promote STI treatment seeking behaviors	MoH/NAC/CSOs/IPs	Ongoing
	Engage traditional, religious leaders and gatekeepers on STIs	MoH/NAC/CSOs	
	Capacity building for community health workers in STI screening, management, and partner notification strategies	MoH/IPs	Ongoing
	Engage Civic and community leaders to lead discussions on the myths and misconception surrounding condom use in women	CSOs	Ongoing
	Strengthening community referral networks to ensure STI patients and their partners are linked to appropriate services	MoH/IPs/CSOs/NAC	Ongoing
	Strengthen community leadership to guide community STI prevention and control efforts	MoH/IPs/CSOs/NAC	Ongoing
	Enhance linkages to social empowerment to address poverty, unemployment, and other socioeconomic drivers of STIs	MoH/IPs/CSOs/NAC	Ongoing
	Expand community service	MoH/CSOs	Ongoing

Key Strategic Shifts	Interventions	Responsible Institution	Start Date
	delivery models for VMMC to increase access to STI services		
	Support safe traditional male circumcision with the training of traditional providers in wound care, infection prevention, provision of sterile supplies and referral to health facilities to ensure client safety	MoH/IPs	Ongoing
	Community engagement with civic, traditional leaders and other stakeholders to address stigma and discrimination that affects STI treatment seeking behavior	NAC/CSOs	Ongoing
	Convene District and Provincial level Meetings to highlight STIs as a priority, along with HIV	MoH/NAC/CSOs	Ongoing
	Engage STI/HIV focal point persons at universities and colleges	NAC/CSOs	Ongoing
	Promote abstinence and delayed sexual debut among AYP through community dialogue	MoH/NAC/CSOs	Jan 2025
	Launch community outreach programs to raise awareness among AGYW in colleges, their partners, and community members about STI symptoms and the importance of being screened and treated	MoH/NAC/CSOs	Immediate
	Create awareness of the harmful effects of drugs and alcohol, especially in schools, colleges and communities	MoH/CSO/MoE	Mar 2025
	Setting up a system of monitoring and evaluation of implemented community interventions	MoH/IPs/NAC/CSOs	Ongoing

Multisectoral Implementation Approach

A multisectoral approach that extends beyond the Ministry of Health is critical for prevention and control of sexually transmitted infections. Poverty, lack of access to education, legal and regulatory frameworks, lack of access to information can all affect one's vulnerability to STIs; as well as access to STI treatment and prevention services. The various ministries can be engaged in disseminating information about STIs, distribution of condoms, and linkage of employees to STI and HIV testing and treatment services. The education sector plays a critical role in shaping knowledge and attitudes about STIs, especially in adolescents and young people. Schools and universities are vital for delivering sexual health education, reducing stigma, and promoting safe behaviors among young people. Schools and universities can also be used to provide condoms, STI testing and HIV testing. The Ministry of Community Development Mother and Child Health, Ministry of Education, Ministry of Youth, Sports and Arts and the Ministry of Tourism are important stakeholders in driving STI prevention and control efforts. However, they have not been adequately engaged previously. By adopting a multisectoral approach, we will leverage the diversity of platforms, strategies and interventions, and infrastructure offered by the various ministries to produce comprehensive, client centered STI services.

By adequately engaging line ministries community organizations in the fight against STIs, resources can be mobilized more effectively, pooled into a common STI response, and reallocated to critical and priority areas that will drive scale up and foster a more sustainable response. By establishing a more coordinated multisectoral response, STI services can be provided by multiple players on a variety of platforms. The following are proposed service delivery platforms by various line ministries:

Service Delivery Platforms by Line Ministry

Ministry	Desired Output	Prevention & Control Interventions	Service Delivery Platform
Ministry of Youth Sports and Arts	• Demand creation for condoms and STI services • All youths and adolescents offered STI and HIV screening • Referral systems between recreational facilities and health facilities established	• Distribution of IEC materials • Condom distribution • STI screening • HIV testing • Linkage to PrEP, VMMC, STI treatment and ART • Use sports to address stigma and discrimination	Sports and recreational facilities
Ministry of Information	Demand created for condoms and STI screening and treatment services	• Raising awareness about STIs, creating demand for STI services • Condom demand creation • Enforce regulation that mandates all radio and TV stations to allocate 10% of radio and TV time for STIs, HIV and other health related topics	Radio, Television, Newspaper, Policies and regulations
Ministry of communication and transport	Demand created for condoms and STI screening and treatment services	• Posting STI and condom promotion messages on buses, trucks, taxis • Ensuring that audio messages on STIs and condoms play on all public transport • Engagement of private taxis and buses for condom distribution • Condom dispensers to be installed in bus stations, stadiums, markets • IEC materials, posters and billboards to be posted at bus stations, markets, stadiums	Buses, trucks, private taxis, bus stations
Ministry of Tourism	Demand created for condoms and STI screening and treatment services	• Condoms to be offered in hotel rooms • IEC materials on STI and condoms to be available at reception and in guest rooms	Hotels, lodges, restaurants, bars, recreational facilities

Ministry	Desired Output	Prevention & Control Interventions	Service Delivery Platform
Ministry of Education	- STI awareness campaign launched in Primary and Secondary schools - Comprehensive IEC campaign at all universities and colleges - Condom dispensers installed at universities and colleges - Linkage to STI screening and treatment established	- Comprehensive sex education to include STIs and HPV, and Hep B vaccination - Use of sports and drama to raise awareness about STIs - Posters, billboards at strategic institutions of learning - Distribution of condoms in universities and colleges	Primary, secondary schools, colleges and Universities
Ministry of Foreign Affairs	All eligible travellers screened for chlamydia, gonorrhoea and hepatitis B	Mandatory Hepatitis B, chlamydia and gonorrhoea testing for all travellers aged 18 to 25 years	Medical Examinations, travel offices, ports of entry
Ministry of Home Affairs		Screening for syphilis, hepatitis B, chlamydia and	Police training colleges
Ministry of Mines and Minerals Development	Demand created for condoms, Dispensers at all mines	- Distribution of IEC materials - Condom distribution - STI screening - HIV testing - Linkage to PrEP, VMMC, STI treatment and ART	All mines, including
Commerce, Trade and Industry	- Demand created for condoms, Dispensers at all mines - STI screening services offered at market places and malls - All clients linked to other services	- Enforce regulation that mandates market places and malls have space for setting up health information centres - Establishment of market place and mall STI screening services - Condom distribution in markets and malls - STI screening - HIV testing - Linkage to PrEP, VMMC, STI treatment and ART	Market places, shopping malls, restaurants and shops

Ministry	Desired Output	Prevention & Control Interventions	Service Delivery Platform
Ministry of Agriculture	Demand created	• Distribution of IEC materials • Condom distribution • STI screening • HIV testing • Linkage to PrEP, VMMC, STI treatment and ART	Agriculture training colleges, seasonal farms
Ministry of Finance	Funds allocated to STI program from National budget	Domestic financing and social contracting for STI program	Policies. Laws and regulations
Ministry of Lands	Land allocation for establishment of recreational facilities that will be platforms for	Allocation of land for recreational facilities that can be used for disseminating IEC materials, distributing condoms, screening for STIs and linking to HIV testing, PrEP, VMMC in each district	Nationwide, provincial and district land allocation, Policies and regulations
Chiefs and traditional rulers	Communities sensitized Myths dispelled	Chiefs and traditional rulers to engage in sensitizing communities about STIs and the need to seek attention in health facilities and not traditional medicines	Policies, laws and regulations
Ministry of Infrastructure and Housing	Resources allocated to national STI program Sustainability of STI program assured	• Redirect some of the HIV funding linked to road projects towards STI prevention and control' • Enforcing laws and regulations that allow non-hospital government infrastructure to be used	• Capital projects, road construction • Laws and regulations
Ministry of Labour	Increased testing for chlamydia and gonorrhoea, Increased uptake of Hep B	• Mandatory Hepatitis b vaccination for all job applicants • Medical examinations to include Hepatitis B, chlamydia and Gonorrhoea screening	Hospitals, cabinet office

Resource Mobilization

In line with calls for sustainable financing of the STI program, the Ministry of Health will work with the Ministry of Finance to ensure that the budgetary allocation towards health, including STIs is increased. National HIV/AIDS/STI/TB Council will coordinate discussions among key stakeholders that will strengthen advocacy towards increased funding for the Ministry of Health. Furthermore, engagement of social contracting mechanisms is essential to re-direct some of the funds allocated towards the Constituency Development Fund towards STI prevention and control. The funds can be used to strengthen primary health care facilities to facilitate the integration of STI care into various entry points. The funds can also be used to develop community DSD models for STI prevention and treatment. There is need to strengthen private sector engagement in the provision of STI testing, counseling, and treatment services. The Ministry of Health will collaborate with the mining companies in provision of services for prevention and treatment of STIs among the workforce and communities where they operate.

Achievement of these strategies requires a well-functioning strategic information system for rallying political commitment and for building a strong case for investment in STI services. It will enable us to define and develop a budget for an effective package of interventions and services, decide on the most appropriate allocation of resources across the levels of the health system, and identify potential and reliable sources of funding.

Monitoring and Evaluation

Regularly collecting strategic information on sexually transmitted infection from all service delivery and administrative levels is crucial for informing programme and policy decisions. This includes data on access to services as well as surveillance data on clinical case reporting, infection prevalence, the causes of STI syndromes and monitoring antimicrobial resistance. The STI monitoring framework is structured by impact targets and programme coverage targets.

STI Monitoring Framework

Indicators		Baseline		Milestones & Targets						Required Desegregation	Frequency	
		Data Source	2023	2025	2026	2027	2028	2029	2030			
	Impact targets											
Cases of new cases of Chlamydia per 100,000 population of people 15–49 years old per		DHIS2	-	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender,	Annually	
Cases of new cases of Trichomoniasis per 100,000 population of people 15–49 years old		DHIS2	-	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender,	Annually	
Cases of new cases of Syphilis per 100,000 population of people 15–49 years old		DHIS2	904.6	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender,	Annually	
Number of new cases of Gonorrhoea per 100,000 population of people 15–49 years old		DHIS2	68.3	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender,	Annually	
Cases of new cases of Congenital Syphilis per 100,000 live births		DHIS2	TBA	247	205	168	121	79	37	Sex	Annually	
Percentage of Infants aged 12 months who received Pentavalent 3 (Hepatitis B dose 3)		DHIS2	82	85	87	89	91	93	95	Sex	Annually	
	Programme coverage targets											
Percentage of girls fully vaccinated with Human Papillomavirus Vaccine by 15 years of age (%)		DHIS2	52	50	58	66	74	82	90	Sex	Annually	
Percentage of Pregnant Women attending ANC who tested for HIV		DATIM	98	98	98	99	99	99	99	No disaggregation	Annually	
Percentage of Pregnant Women attending ANC whose partners were tested for HIV		DHIS2	17.5	70	75	80	85	90	95	No disaggregation	Annually	
Percentage of Pregnant Women attending ANC who tested positive to HIV		DHIS2	1.7	7	6.6	6.2	5.8	5.4	5	No disaggregation	Annually	
Percentage of Pregnant Women attending ANC who were HIV positive and were on ART		DHIS2	91	85	87	89	91	93	95	No disaggregation	Annually	
Percentage of pregnant women attending ANC who were tested at least once for syphilis.		DHIS2	77	81	84	88	91	95	98	No disaggregation	Annually/quarterly	
Percentage of pregnant women attending ANC who tested positive for Syphilis.		DHIS2	5.1	7	6.6	6.2	5.8	5.4	5	No disaggregation	Annually/quarterly	
Percentage of Pregnant Women attending ANC who tested positive for Syphilis and received treatment.		DHIS2	85	88	90	93	95	98	100	No disaggregation	Annually/quarterly	
Percentage of Pregnant Women attending ANC who tested Hepatitis B Virus		DHIS2	14	28	41	55	68	82	95	No disaggregation	Annually/quarterly	
Percentage of Pregnant Women attending ANC who tested positive to		DHIS2	3.4	7	6.6	6.2	5.8	5.4	5	No disaggregation	Annually/quarterly	

Indicators	Baseline		Milestones & Targets						Required Desegregation	Frequency
	Data Source	2023	2025	2026	2027	2028	2029	2030		
Hepatitis B Virus										
Percentage of Pregnant Women attending ANC who tested positive to Hepatitis B Virus and received treatment for Hepatitis	DHIS2	97	98	98	99	99	100	100	No disaggregation	Annually
Percentage of women screened for cervical cancer using a high-performance test by age 35 years and 45 years	DATIM	17.7	20	30	40	50	60	70	No disaggregation	Annually
Percentage of women screened for cervical cancer and identified as having pre-cancer treated or invasive cancer managed	DATIM	4.27	5.4	6.6	7.7	8.9	5.4	10	No disaggregation	Annually
Number of Condoms distributed	NACMIS	TBA	1491139 08	17174342 0	1943806 20	21748 8773	2399469 43	TBA	Sex/Gender,	Annually
Cases of Male Urethral discharge per 100,000 population of people 15–49 years old	DHIS2	1948 .5	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender	Annually
Cases of Pelvic Inflammatory Disease per 100,000 population of people 15–49 years old	DHIS2	1833 .7	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender,	Annually
Cases of Vaginal Discharge per 100,000 population of people 15–49 years old	DHIS2	1545 .6	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender,	Annually
Cases of Orchitis/Epididymitis (swelling of testes) per 100,000 population of people 15–49 years old	DHIS2	105. 3	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender,	Annually
Cases of Genital Warts per 100,000 population of people 15–49 years	DHIS2	117. 3	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender,	Annually
Cases of Chancroid per 100,000 population of people 15–49 years old	DHIS2	54.5	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender,	Annually
Cases of Anogenital Herpes simplex per 100,000 population of people 15–49 years old	DHIS2	40.8	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender,	Annually
Cases of Inguinal Bubo per 100,000 population of people 15–49 years old	DHIS2	40.1	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender,	Annually
Cases of Genital ulcer per 100,000 population of people 15–49 years old	DHIS2	366. 3	812.3	669.04	525.78	382.52	239.26	95.7	Age, Sex/Gender,	Annually

References

- Auvert B, Taljaard D, Lagarde E, Sobngwi-Tambekou H, Sitta R and Puren A. Randomized controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 trial. *PLoS medicine*. 2005; 2(11):e298.
- Auvert B, Sobngwi-Tambekou J, Cutler E, Nieuwoudt M, Lissouba P, Pure A et al. Effect of male circumcision on the prevalence of high-risk human papillomavirus in young men: results of a randomized controlled trial conducted in Orange Farm, South Africa. *J Infect Dis*. 2009; 199: 14-19.
- Bailey RC, Moses S, Parker CB, Agot K, Maclean I, Krieger JN et al. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. *Lancet*. 2007; 24:369(9562): 643-56.
- Centres for Disease Control and prevention. Community approaches to reducing STD's: Community Engagement Toolkit. Atlanta: U.S. Department of Health and Human Services, Centres for Disease Control and Prevention, National Centre for HIV/AIDS, Viral Hepatitis, STDs, and TB prevention, Division of STD Prevention, Office of Health Equity; 2019.
- Changalucha J, Gavyole A, Grosskurth H, Hayes R and Mabey D. STD/HIV intervention and research program Mwanza region, NW Tanzania. *Sexually Transmitted Infections*. 2002; 78(suppl 1): i91-i96.
- Cohen MS, Council OD and Chen JS. Sexually transmitted infections and HIV in the era of antiretroviral treatment and prevention: the biologic basis for epidemiologic synergy. *J Int AIDS Society*. 2019; 22(suppl 6); e25355.
- Crowley JS, Geller AB, Vermund SH, editors. Sexually Transmitted Infections: Adopting a Sexual Health Paradigm. Washington (DC): National Academies Press (US); 2021 Mar 24. 8, Psychosocial and Behavioral Interventions. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK573151/>
- Febres-Cordero B, Brouwer KC, Rocha-Jimenez T, Fernandez-Casanueva C, Morales-Miranda S, Goldenberg SM. Influence of peer support on HIV/STI prevention and safety amongst international migrant sex workers: A qualitative study at the Mexico-Guatemala border. *PLoS One*. 2018; 13(1):e0190787. doi: 10.1371/journal.pone.0190787. PMID: 29304164; PMCID: PMC5755897.
- He D, Wang T and Ren W. Global burden of pelvic inflammatory disease and ectopic pregnancy from 1990 to 2019. *BMC Public Health*. 2023; 23; 1894. Available at: <https://doi.org/10.1186/s12889-023-16663-y>. Accessed 18th June 2025.

Holmes KK, Levine R and Weaver M. Effectiveness of condoms in preventing sexually transmitted infections. *Public Health Reviews*. 2004; 82: 454-461.

ICAP Global health. Bio-behavioural Survey Among Men who have Sex with Men. Available at: https://icap.columbia.edu/tools_resources/biobehavioral-survey-among-men-who-have-sex-with-men-in-zambia/. Accessed 17th August, 2024

ICAP Global health. Bio-behavioural Survey among Female Sex Workers and Sexually Exploited Girls. Available at: https://icap.columbia.edu/tools_resources/biobehavioral-survey-among-female-sex-workers-and-sexually-exploited-girls-in-zambia/. Accessed 17th August, 2024.

Jarolimovar J, Platt LR, Curtis MR, Philpotts LL, Bekker LG, Morroni C et al. Curable sexually transmitted infections among women with HIV in sub-Saharan Africa. *AIDS*. 2022; 36(5): 697-709.

Mantell JE, Smit JA, Exner TM, Mabude Z, Hoffman S, Beksinska M et al. Female Condom Use among Female University Students in KwaZulu-Natal, South Africa: Results of a Randomized Behavioral Trial. *AIDS Behav*. 2015; 19(7): 1129–1140. doi:10.1007/s10461-014-0860-6

Mayer KH and Venkatesh KK. Interactions of HIV, other sexually transmitted diseases, and genital tract inflammation facilitating local pathogen transmission and acquisition. *American Journal of reproductive immunology*. 2011; 65:308-316.

Mayaud P and Mabey D. Approaches to the control of sexually transmitted infections in developing countries: old problems and modern challenges. *Sexually Transmitted infections*. 2004; 80: 174-182.

McClelland RS, Lavreys L, Katingima C, Overbaugh J, Chohan V, Mandaliya K *et al*. Contribution of HIV-1 infection to acquisition of sexually transmitted disease: a 10 year prospective study. *Journal of Infectious Diseases*. 2005; 191(3): 333-338.

Mehta KS, Marfatia YS, Jain AP, Shah DJ, Baxi DS. Male circumcision and Sexually Transmitted Infections - An update. *Indian J Sex Transm Dis AIDS*. 2021 Jan-Jun; 42(1):1-6. doi: 10.4103/ijstd.ijstd_20_21

Nguyen VK, Greenwald ZR, Trottier H, Cadieux M, Goyette A, Beauchemin M, Charest L, Longpré D, Lavoie S, Tossa HG, Thomas R. Incidence of sexually transmitted infections before and after preexposure prophylaxis for HIV. *AIDS*. 2018 Feb 20; 32(4):523-530. doi: 10.1097/QAD.0000000000001718. PMID: 29239887; PMCID: PMC5865505.

Nyblade L, Stockton MA, Giger K, Bond V, Ekstrand ML, McLean R *et al.* Stigma in health facilities: why it matters and how we can change it. BMC Medicine. 2019; 17:25. Available at: <https://doi.org/10.1186/s12916-019-1256-2>.

Regional Committee for Africa, 67. (2017). Global health sector strategy on sexually transmitted infections 2016–2021: implementation framework for the African Region. World Health Organization. Regional Office for Africa. <https://apps.who.int/iris/handle/10665/260232>

Rhodes SD, Daniel-Ulloa J, Wright SS, Mann-Jackson L, Johnson DB, Hayes NA *et al.* Critical Elements of Community Engagement to Address Disparities and Related Social Determinants of Health: The Centers of Disease Control and Prevention Community Approaches to Reducing Sexually Transmitted Disease Initiative. Sex Transm Dis. 2021; 48(1):49-55.

Semogwerere M, Dear N, Tunnage J, Reed D, Kibuuka H, Kiweewa F *et al.* Factors associated with sexually transmitted infections among care seeking adults in the African cohort study. BMC Public Health. 2021; 21. Available at: <https://doi.org/10.1186/s12889-021-10762-4>.

Shendre MC and Tiwari RR. Social risk factors for sexually transmitted diseases. Indian Journal of Dermatology, venerology and Leprology. 2002; 68(1): 25-27.

Shewarega ES, Fentie EA, Asmamaw DB, Negash WD, Fete SM, Teklu RE *et al.* Sexually transmitted infections related care-seeking behaviour and associated factors-among reproductive age women in East Africa: a multilevel analysis of demographic and health surveys. BMC Public Health. 2022; 22: 1714. <https://doi.org/10.1186/s12889-022-14120-w>.

Scheinfeld E. Shame and STI's: An exploration of emerging adult students' felt shame and stigma towards getting tested for and disclosing sexually transmitted infections. Int J Environ Res Public Health. 2021; 18(3): 7179.

Sleeman AN, Hoban C and Koutoubi S. Sexually Transmitted Infections in Pre-Exposure Prophylaxis Patients. International Journal of Translation medical research and Public Health. 2023, 7(2): 1-8.

Stewart J, Bukusi E, Celum C, Delany-Moretlwe S and beaten J. Sexually Transmitted Infections among African Women: an un-derecognized epidemic and an opportunity for combination STI/HIV prevention. AIDS. 2020; 34(5): 651-658.

Tapera R, Abotseng D, Mhaka-Mutepfa M, Baemedi L, Patience E and Mbongwe B. Factors contributing to the upsurge of sexually transmitted infections in Gaborone, Botswana. *Medical Journal of Zambia*.2019; 46(3): 197-208.

UNAIDS. Social and behavior change programming: A guidance note. Available at: https://www.unaids.org/sites/default/files/media_asset/social_and_behaviour_change_programming_en.pdf. Accessed 12 September, 2023.

UNAIDS and WHO. Voluntary Medical Male Circumcision: Progress Brief. Remarkable progress in the scale up of VMMC as an HIV prevention intervention in 15 ESA countries. Available at: <https://apps.who.int/iris/bitstream/handle/10665/330010/WHO-CDS-HIV-19.50-eng.pdf>. Accessed 12 September, 2023.

UNICEF and WHO. Implementation brief: Improving the quality of pre-exposure prophylaxis implementation for adolescent girls and young women in Eastern and Southern Africa. 2021. Available at <https://www.unicef.org/esa/reports/improving-quality-prep-implementation-adolescent-girls-and-young-women>. Accessed 19th August 2023.

Van Gerwen OT, Muzny CA, Marrazzo JM. Sexually transmitted infections and female reproductive health. *Nat Microbiol*. 2022; 7(8):1116-1126. doi: 10.1038/s41564-022-01177-x.

Wilson E, Free C, Morris TP, Syred J, Ahamed I et al. Internet accessed sexually transmitted infection (e-STI) testing and results service: A randomised, single-blind controlled trial. *PLoS Medicine*. 2017; 14(12): e1002479.

Wilson E, Leyrat C, Baraitser P and Free C. Does internet-accessed STI (e-STI) testing increase testing uptake for chlamydia and other STIs among a young population who have never tested? Secondary analyses of data from a randomized controlled trial. *Sex Transm Inf*. 2019; 95: 569-574.

World Health Organization. Global health sector strategy on sexually transmitted infections 2016-2021 -towards ending STIs. Available at: <https://www.who.int/publications/i/item/WHO-RHR-16.09>. (Accessed 28th June 2023).

World Health Organization. Brief Sexuality-Related Communication: Recommendations for a public health approach. 2015. Available at: https://apps.who.int/iris/bitstream/handle/10665/170251/9789241549004_eng.pdf?sequence=1&isAllowed=y. Accessed 22nd August, 2023.

World Health Organization. Sexually Transmitted Infections. 2022. Available at: [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)) (Accessed 28th June 2023).

Woytowich D, McIntyre AF, Solomon H, Hanunka B, Chelu L, Nkumbula T, et al. (2025) Local data for local programming: Results from an HIV biobehavioral survey among people who inject drugs in Livingstone, Lusaka, and Ndola, Zambia, 2021. PLoS One 20(5): e0323919. <https://doi.org/10.1371/journal.pone.0323919>

Yuan T, Fitzpatrick T, Ko PN, Cai PY, Chen PY, Zhao J et al. Circumcision to prevent HIV and other sexually transmitted infections in men who have sex with men: a systematic review and meta-analysis of global data. The LANCET Global Health. 2019; 7(4): E436-E447.

Zambia Statistics Agency. Zambia Demographic Health Survey. 2018; 226, 242.

Appendix 1

Partner notification strategies for Sexually Transmitted Infections

Delayed provider referral (also known as contract referral, provider-assisted delayed referral or delayed assisted partner services): A patient with possible or confirmed STIs enters into an agreement with a trained health worker to disclose their diagnosis or the potential exposure to their sexual partner(s) by themselves and to suggest that the partner(s) seek STI testing within an agreed period. If a partner does not access STI testing services or contact the health worker within that period, the health worker will contact the partner directly and offer STI testing.

Enhanced patient referral (also known as enhanced partner referral): A trained provider uses various support tools to facilitate disclosure and the offer of testing by patients with possible or confirmed STIs to their sexual partners. These tools may include providing written information, leaflets and a referral slip or card for a partner, use of web-based messaging platforms to inform a partner anonymously. STI self-collection kits could also be provided to patients to give to partners to collect a sample for testing.

Expedited Partner Therapy (EPT): The clinical practice of treating the sex partners of patients diagnosed with one or more STIs by providing prescriptions or medication to these patients to give to their partners without the health worker first examining the partners.

Patient referral (also known as simple patient referral, passive referral or partner referral): A trained health worker encourages a patient with possible or confirmed STIs to disclose their diagnosis or the potential exposure to their sexual partner(s) by themselves and to suggest that the partner(s) seek testing. Patient referral involves advice from the trained health worker regarding the need for partner(s) to get tested, strategies for safely disclosing one's diagnosis and information about where and how the partner(s) can access STI testing services.

Provider-assisted referral (also known as assisted partner notification or provider-assisted partner services): A trained provider (health worker) asks people with possible or confirmed STIs about their sexual partners and then, with the consent of the patient, informs the partners of their potential STI exposure. The provider then offers STI testing to partners.

Provider–patient referral: A process whereby a trained health worker accompanies and provides potential exposure to an STI to the patient's partner(s). The health worker then offers STI testing to the partner(s). This can be useful when the patient prefers to disclose their diagnosis or potential exposure to a partner but needs support from a provider.

Adapted from the World Health Organization. Updated recommendations for the treatment of Neisseria gonorrhoea, Chlamydia trachomatis and Treponema pallidum (syphilis), and new recommendations on syphilis testing and partner services.

This page was intentionally left black

