Need based resource utilization: The key to successful syndromic management of sexually transmitted diseases in developing countries

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ABSTRACT

Syndromic management approach for treatment of Sexually Transmitted Diseases (STDs), although being an excellent tool, has been observed to have its own intrinsic limitations of scientific basis, applicability in the field level health care settings and thus derived ultimate benefits in terms of noticeable minimization of the STD events in the high risk groups including commercial sex workers. homosexuals, intravenous drug users and other vulnerable populations viz. migrant workers, truck drivers and casual laborers. The presence of widely scattered high risk population and their partners has a visible, although relatively delayed, impact on the prevalence and incidence of the STDs in the general population and therefore addressing the thus generated challenges is the need of the hour for existing health systems at the levels of government, semi government, private care providers and intersectoral partners. As a result, need based resource

mobilization for appropriate, justified and correct use of trained manpower directed towards syndromic management based health care service delivery mechanisms linked with specialized resources is the key to achieving long desired dream of having a sexually transmitted disease free healthy society in developing countries. Such efforts shall reap rich dividends in the form of prevention and control of sexually transmitted infections as well as in non observance of related complications among the cases and their contacts thereby facilitating increased productivity among work force for ensuring achievement of the developmental targets of the country including socio-economic well being.

Key words: Acquired immunodeficiency syndrome (AIDS), behavior change communication (BCC), epidemic, human immunodeficiency virus (HIV), sexually transmitted disease (STD), sexually transmitted infections (STIs), syndromic management; targeted intervention.

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