

NATIONAL REPRODUCTIVE TRACT INFECTIONS (RTIs) POLICY GUIDELINES

1.0 INTRODUCTION

Reproductive Tract Infections (RTIs) are being increasingly recognised as a global health problem with serious impacts on individual women and men, their families and communities. RTIs, generally seen as a ‘silent’ epidemic can have severe consequences including infertility, ectopic pregnancy, chronic pelvic pain, miscarriage, neonatal blindness, increased risk of HIV infection and even death. But the consequences of RTIs extend beyond the realms of health. The morbidity associated with RTIs affect economic productivity and the quality of life of many individual men, women and ultimately of whole communities.

The Health Sector of the Government of Ghana in collaboration with WHO and other Partners initiated a process in 2000 with the aim of assisting the Sector programme managers in prioritising interventions for addressing and repositioning RTIs.

A study on prioritisation of interventions for sexually transmitted and other Reproductive Tract Infections in Ghana has provided useful information for policy decisions and program management (GHS/HRU/HORIZONS/USAID and WHO, 2003). Although very little data was found to exist on RTIs as a whole, that for endogenous and iatrogenic infections was conspicuously absent. Another Study with a Background Paper on Reproductive Tract Infections (RTIs) in Ghana has also drawn the attention of the Health Sector to the paucity of relevant data on RTIs and the lack of population based prevalence and incidence data on RTIs (Gyapong et al, 2002).

1.2 The Burden of RTIs/STIs

RTIs/STIs are known to facilitate the acquisition and transmission of HIV. The World Health Organisation estimates that each year, there are over 333 million new cases of curable STIs. HIV/AIDS is a non-curable sexually transmitted infection. UNAIDS calculates that in year 2002 alone, 5 million people became infected with HIV (UNAIDS, 2002). RTIs that are not sexually transmitted are more common than the others and this explains why RTIs have now become globally a serious public health issue.

In Ghana specifically, a recent study by the HRU/GHS confirmed the existence of very little data on RTIs in Ghana. The reporting of STIs is, however, an integral part of the communicable diseases reporting system in Ghana.

Here as well, specific STIs figures are difficult to establish. For instance, the total reported STI cases were 1,089 and 2,906 in 1989 and 1990 respectively. But a study in Accra alone showed that pharmacists treated between 50,000 and 90,000 cases of STIs in one year (.....)⁵. The under reporting was partly because

the existing reporting form captured only gonorrhoea and was largely limited to the public sector facilities. With the inception of the use of the syndromic approach to the management of STIs, the disaggregation of STIs by aetiology became difficult. To address this drawback, an Integrated Disease Surveillance and Response Strategy (IDSR) has been introduced to facilitate universal reporting of two syndromes (genital ulcer and urethral discharge) for all health facilities. In addition, a sentinel surveillance system has been operationalized to capture in-depth data on all syndromes as well as some behavioural information.

A major issue in the control of STIs and the use of Syndromic Management is the rather large proportion of infections without symptoms. This is a particular problem for women in whom up to 75% of STIs are thought to be completely asymptomatic (Lush et al, 2003).

Definition: RTIs/STIs

Reproductive Tract Infections (RTIs) refer to three different types of infection which affect the reproductive tract, namely endogenous, iatrogenic and sexually transmitted infections, including HIV/AIDS.

Endogenous Infections are probably the most common RTIs worldwide. They result from an overgrowth of organisms normally present in the vagina. Endogenous infections include bacterial vaginosis and candidiasis. These can easily be treated and cured.

Iatrogenic Infections occur when the cause of infection, i.e., a bacterium or other micro-organism, is introduced into the reproductive tract through a medical procedure such as menstrual regulation, induced abortion, the insertion of an IUD or during childbirth. This can happen if surgical instruments used during the procedure have not been properly sterilized, or if an infection that was already present in the lower reproductive tract is pushed through the cervix into the upper reproductive tract.

Sexually Transmitted Infections are caused by viruses, bacteria, or parasitic micro-organisms that are transmitted through sexual activity with an infected partner. About 30 different sexually transmitted infections have been identified, some of which are easily treatable (Population Council, ...). Many others are, however, not treatable.

For clarity, in this Policy document the term “RTI is use only when referring to both STIs and endogenous or iatrogenic infections. In other instances, the term STI is use.

Data for RTIs/STI have so far not been collated effectively and not all RTIs/STIs are under ethiological surveillance. For example, the coverage of syphilis screening of antenatal women at MCH clinics is still low across all the sentinel sites through out the country.

Data collected at sentinel sites on syphilis seropositivity estimates prevalence at 0.5 percent among the sample population, ranging from zero percent in several sites to 3.2 percent in Agomanya (GHS/MOH, 2003).

In many low-income countries, other RTIs/STIs besides syphilis known to be fairly common

MAJOR RTI SYNDROMES AND LIKELY CAUSES*	
Syndrome	Likely causes
Urethral discharge (male)	Gonorrhea, chlamydia trichomoniasis
Genital ulcer (male and female)	Syphilis, chancroid, granuloma, inguinale, genital herpes**, lymphogranuloma venereum
Inguinal bubo (male and female)	Lymphogranuloma venereum, chancroid
Scrotal swelling (male)	Gonorrhea, chlamydia
Vaginal discharge (female)	In many cases, no discernible cause; however, trichomoniasis, yeast infection, and/or bacterial vaginosis are possible causes; some vaginal discharge may be cervical discharge caused by gonorrhea or chlamydia
Cervical discharge (female)	Chlamydia and/or gonorrhea
Lower abdominal pain (female)	Pelvic inflammatory disease caused by gonorrhea or chlamydia
* Regular monitoring by a reference laboratory should accompany all syndromic management programs; small studies of a few hundred patients can determine the most prevalent microbes and patterns of drug resistance	
** Genital herpes is a growing problem, especially in sub-Saharan Africa; there is no cure for herpes, but acyclovir can reduce symptoms. Although acyclovir is not part of official syndromic management protocols, it may be added in the near future (Population Council, 2003)	

are chlamydia, gonorrhea, chancroid and bacterial vaginosis.

Excluding HIV, 9% of the disease burden among adult men is attributed to RTIs/STIs (World Bank, 1993). As indicated already, RTIS/STIs can lead to infertility, abortion, neonatal blindness and sometimes death.

1.2 RTIs and HIV/AIDS

Unlike RTIs/STIs, data on HIV/AIDS are well documented. The prevalence of HIV/AIDS indicates an increase in Ghana. The cumulative number of AIDS cases increased from 42 cases in 1986 to 64,317 cases by December 2002 (39.1% males and 60.9% females). According to the NACP, this represents a reporting rate of 30 percent. The peak age group for females is 30-34 years and for males, 35-39 years. More than 85% of all cases were aged between 15-49 years.

Among select STI clinic attendees HIV prevalence amongst STI patients in one site in Accra rose from 2.1% in 1988 to 8.6% in 1991. More recent data covering the period 1998-1999 shows HIV prevalence of 27% and 39% among female STI clinic attendees in Accra and 6.3% in Kumasi (UNAIDS/UNICEF/WHO (2002).

The current National Health Sector response to HIV/AIDS has evolved strategies such as Advocacy, Information Education and Communication (IEC), Behaviour Change Communication (BCC), blood screening, epidemiological surveillance, clinical nursing and home based care, Voluntary Counselling and Testing (VCT), STI management and Prevention of Mother to Child Transmission (PMTCT). These are in line with the Draft National HIV/AIDS/STI Policy. The target groups have been young people, women and other high-risk groups.

RTIs, seen more as a 'silent epidemic' and STIs because of their direct relationship to HIV/AIDS are now compelling individuals and societies to re-evaluate their attitudes, prejudices and behaviours. This underscores the need for an enlightened public policy, which seeks to promote the prevention, control and management of RTIs and STIs in a holistic manner.

It is hoped that this policy document, directed first to the lead Health Sector and to all beneficiaries, including Ministries, Departments and Agencies (MDAs), the private sector, NGOs/CBOs, Religious bodies, the GAC, the NPC, our development partners etc., provides such a positive response in the provision of integrated RTI and STI including HIV/AIDS control and management services in Ghana.

2.0 THE POLICY FRAMEWORK

2.1 Guiding Principles

The National RTI Policy guidelines is:

Premised on the Draft National HIV/AIDS/STI Policy, the National Reproductive Health Policy and Standards, the Adolescent Reproductive Health Policy, the Revised National

Population Policy, and the Ministry of Health 5 Year Programme of Work (POW)
2002 – 2006.

Based on the principles of social justice and equity, and
Derived from the recognition that adequate health care is an inalienable right of every Ghanaian
including those infected and affected by RTIs and other STIs.

2.2 National Response – The RTIs Programme Environment

The Government of Ghana through the Ministry of Health and the Ghana Health Service have through its policies and programmes been to a limited extent directly influencing the management of RTIs. Notable among these is the introduction of Syndromic Management of STIs within the health sector institutions in 1994. Recent studies have also brought to the fore the medical and social ramifications of RTIs/STIs.

A fall out of the National Health Sector response to HIV/AIDS/STI and the Draft National HIV/AIDS/STI Policy is the recognition of RTI as a major public health problem, hence the urgent need for this policy.

2.3 Socio-Cultural and Demographic Challenges

2.3.1 The Cultural Context

Ghana's current status as a society in transition from a largely rural tradition-oriented family-based society to an urbanised modern society has presented its population especially the youth with a variety of new experiences and challenges.

In traditional society, the transition from one stage of life to the other such as from childhood to puberty or adolescence or from the latter to adulthood was clearly defined and ceremonially acknowledged with appropriate rituals which left the individual in no doubt as to the expectations of the group as far as his or her rights, obligations, duties, moral conduct and behaviour were concerned. With regard to sexual behaviour in particular most societies frowned upon and even prohibited premarital sex until the appropriate puberty rites had been performed. Punishment for the deviant ranged from ridicule and ostracism to banishment from the society.

In recent years however, a combination of several factors such as population increase, increasing migration, **urbanization**, education, disintegration of the extended family have combined to weaken the barriers or constraints which bound the individual particularly the youth to a firm set of normative behaviour.

For the youth in particular, a declining age of menarche and separation from the influence of the immediate family for prolonged periods because of schooling have lengthened the bio-

social gap between adolescence and adulthood. At the same time, the changed social environment has lessened the influence of family and kinsmen while enhancing the role of significant others such as peer groups and the media. In the search for new experiences, some of them are exposed to drugs, smoking and sexual activity. Foremost among the risks associated with the latter are frequent changes of partners, multiple partners, early pregnancy and child-bearing, abortions, sexually transmitted infections and infections with Human Immunodeficiency Virus (HIV).

2.3.2 Migration and Urbanisation

One of the factors which has undoubtedly created or facilitated the high-risk behaviour environment in which RTIs/STIs thrive is the phenomenon of labour migration from the rural areas in search of scarce jobs. The drift is often to particular areas such as the mines, ports or cities all of which have their peculiar social problems in terms of skills requirements, availability of housing and attendant amenities, living costs, job security etc. but in general those who adapt more quickly are the young, highly mobile, adventurous and without any family attachments, at least in the initial stages. These are the very conditions in which high-risk sexual behaviour including commercial sex work thrives.

There are other related occupations such as haulage truck drivers who spend a substantial part of their working days away from their spouses; for such persons, casual sex with professional sex workers is **nearly always the easier option.**

2.3.3 The Demographic Context

Ghana's fertility has been declining in the last few years with the TFR having declined from 6.7 in 1993 to 4.6 in 1998 according to GDHS reports. The high fertility of the recent past coupled with the fairly low mortality has however resulted in a fast growing population particularly of the youth segment. Between 1984 and 2002, the total population increased by almost half (49.7%) from 12.3 million to 18.9 million at an average annual rate of about 2.7 per cent which is high compared to 1.3 per cent for the whole world or the 2.0 per cent average for developing countries.

The proportion of the population under 15 declined slightly from 45.0 per cent in 1984 to 41.3 per cent in 2000. But what is significant is that because of the high fertility, the number of young people aged 15-24 that is the most sexually active component of the population increased from 1.4 million in 1970 to 2.1 million in 1984 and 3.5 million in the year 2000. Adolescents and young females aged 15-24 constitute almost 40 per cent of women of reproductive age.

When this factor of growing numbers of young people is combined with all the factors outlined earlier which promote high risk sexual behaviour for this group, such as increasing mobility and a disintegrating extended family system, the need for urgent attention to the threat to their reproductive health posed by the high prevalence of STIs becomes evident.

2.3.4 Poverty and Prevalence of RTIs

In view of its vast natural resources of gold, diamonds, bauxite, manganese and an ecological system which once made it the world's leading producer of cocoa, the potential for rapid economic modernisation in Ghana has been exceedingly high. But a number of factors such as economic mismanagement, political instability and the vagaries of the world economic order have so far made it difficult for the country to achieve any significant level of development. In terms of the basic indices of development such as income, levels of living, access to basic amenities and economic productivity, Ghana is still classified as a poor country by the U.N. Development Index, and in February 2001, Ghana formally opted for the enhanced Highly Indebted Poor Country Initiative (HIPC) which has allowed the Government to access additional funds from the Bretton Woods institutions to pursue its Poverty Reduction Strategy (GPRS).

Women are disproportionately over-represented in the poor population. About 40 per cent of households are also headed by women who struggle on a daily basis in a harsh economic environment to keep themselves and their children properly clothed and fed.

Adolescents and young girls are particularly vulnerable under these conditions. Girls are often taken out of school at tender ages to work or hawk on the streets thereby exposing them to various temptations and dangers. They are also sometimes forced or even encouraged by desperate parents to exchange sexual favours with older men in order to survive or obtain some of the fineries of modern living. In the process, the young ones are exposed to unwanted pregnancy, unsafe abortions or STIs.

Research evidence world-wide shows that poverty is closely associated with increased commercial sex activity. Young females who find themselves unemployable in the cities because they lack the requisite skills or education are easily lured into commercial sex work not only to survive but more often to send remittances to parents or siblings in the village.

An effective RTI management strategy needs to understand the social dimensions of this problem such as for example, the causative or promotive factors, the different categories or types of sex work and the areas of concentration in the cities. The type of commercial sex work practiced determines the frequency, number of partners and level of risks and are therefore important determinants to the epidemiology of RTIs/STIs. These social factors need to be well-

understood in order to devise the most appropriate interventions for dealing with the various issues arising out of the close interlinkage between commercial sex work and the incidence of RTIs.

2.4 Rationale of the Policy

Reproductive tract infections are increasingly becoming one of the most serious public health problem in many developing countries including Ghana. While this constitutes a serious threat in itself, there is added concern because RTIs/STIs are known to facilitate the transmission of HIV/AIDS especially where ulcerations or discharge are present.

Reproductive tract infections, which include STIs have many things in common with HIV control and management as far as women's reproductive health is concerned. Current research shows that the risk of transmission of HIV is about 8 to 10 times higher in the case of persons with RTIs/STIs compared to others. But even without the major complicating factor of HIV/AIDS, RTIs/STIs still pose a major health problem for several reasons, which have to be addressed in their own right.

Firstly, lack of knowledge may lead to poor health seeking behaviour, wrong diagnosis, mistreatment or partial treatment and resort to unconventional and often dangerous palliatives such as herbs, charms or prayers.

Secondly, unlike many other debilitating diseases, many RTIs/STIs can be hidden for long periods, sometimes without even the infected individual being aware of the infection and its consequences. The delay in detecting and treating RTIs may lead to an ever-widening circle of infected persons.

Thirdly, if untreated for long periods, RTIs/STIs can result in serious complications including sterility and even death. In certain cases, infected mothers may pass on the infection to their unborn babies. Based on these factors, the level of threat to the health of the population is often underestimated, hence the description of RTIs as the 'silent epidemic'.

Finally, the particular segments of the population, which are more prone to RTIs, usually constitute the backbone of the labour force in most countries. Apart from the effects on the health budget therefore, high RTIs prevalence affect more than health. The morbidity associated with RTIs also affects the economic productivity and quality of life of many individual women, men, the youth and consequently of whole communities.

2.5 Goals of the Policy

The ultimate goal of the RTI policy is to support existing related policies on HIV/AIDS, Adolescent Reproductive Health, National Reproductive Health, to ensure sustainable improvement in the health of the population in accordance with national objectives as outlined in various government policy documents.

This goal will be pursued through comprehensive pursuit of policies and programmes to minimise the rate of RTIs to all vulnerable groups and persons while at the same time reducing or eliminating the complex array of socio-economic conditions which tend to create or facilitate the conditions in which RTIs thrive.

An important related goal in support of the above goals is a national effort, starting with very young groups and using all available BCC, advocacy tools and means, to promote a healthy life-style and strong family values which are **anti-thetical** to the emerging **cultural ethos** in which high-risk behaviour thrives.

The policy aims at promoting a wide degree of awareness and consensus among all stakeholders to ensure that laws, policies, programmes or activities being pursued by other national, quasi-national or even private institutions or agencies are consistent in terms of their objectives and impact with the objectives outlined in this policy document.

Lastly, a fundamental goal of this policy is to foster and nurture close co-ordination and collaboration between the government and private sectors at all times in order to ensure wider access and optimal service to a greater number of people.

2.6 Objectives of the Policy

- To promote a conducive environment through advocacy, enactment of laws and provision of resources to ensure sustained political commitment and support for effective action against RTIs and ensure its incorporation into a comprehensive RTIs, HIV/AIDS/STI strategic framework in Ghana.
- To ensure that there is a consistent programme of behavioural change communication on RTIs among the general population especially among vulnerable groups such as the youth and women and among health professionals.
- To promote greater understanding or awareness about the serious health effects of untreated RTIs and the need for timely referral to appropriate health authorities whenever they occur.
- To promote appropriate health seeking behaviour in the prevention of RTIs within the community.

- To institute appropriate preventive measures against iatrogenic and endogenous infections of RTIs.
- To promote early RTIs and STIs diagnosis and management since they provide an opportunity for appropriate interventions.
- To ensure that those affected with RTIs and their partners are provided with adequate and affordable medical care including counselling in order to reduce self-medication, herbal insertions and reliance on unorthodox cures.
- To promote increased and systematic partner management (including education, counselling, and condom promotion) in both the public and private health sectors.
- To promote the use of dual method of protection in family planning in the prevention and control of RTIs and in the management of fertility.
- To decrease vulnerability to HIV/STIs and reduce stigmatisation and discrimination not only among the general population but even more importantly among health professionals.
- To ameliorate the socio-economic consequences of RTIs on the individual, his family, community and society and promote as a whole.
- To ensure that adequate resources are mobilised for RTI surveillance, research, monitoring and evaluation of the socio-economic conditions in which RTIs and HIV/AIDS thrive and the impact of any intervention programmes and projects.
- To ensure that adequate attention is paid to vulnerable groups such as sexually active youth, women, men, itinerant or mobile workers such as truck drivers, sailors and commercial sex workers.
- To promote a multi-sectoral and multi-disciplinary approach in the formulation and implementation of RTIs and HIV/AIDS/STI policies and programmes.
- To promote gender equity in RTI prevention and management.
- To ensure effective implementation, strategies and interventions shall be broad-based with specific responsibilities being assigned within a complementary framework to different partners – Government, development partners, international community, private sector, NGOs, communities, district assemblies, churches, traditional authorities, Parent-Teacher Associations, youth associations, employers and others.

3.0 IMPLEMENTATION STRATEGIES

3.1 Priority Interventions and Strategies

The main strategies and interventions put in place to ensure a reduction in the rate of infection of RTIs and reduce their impact on the individual, family and society at large include the following:

- Advocacy
- BCC, IEC and Counselling
- RTIs – Prevention and Management
- Epidemiological Surveillance
- Special emphasis and programmes for vulnerable groups such as young people, women, men, Commercial Sex Workers, Men who have Sex with Men (MSM), etc.

3.2 Specific Interventions

It is essential to develop and implement an integrated and multidisciplinary approach to RTI management in both public and private facilities. This should however be done within a comprehensive policy which recognises the close inter-linkage at all levels between RTIs and HIV/AIDS/STI and the need therefore for a holistic policy framework. This calls for the development of a national strategic plan which would incorporate all elements. Since a strategic framework document already exists for HIV/AIDS, it may be necessary to modify or adapt it to ensure that both objectives are rigorously pursued with due regard to the peculiar needs of each.

This plan as in the case of HIV/AIDS/STI policy framework details roles, relationships and co-ordinating mechanisms of the various stakeholders and ways by which they will relate to each other to ensure ownership and maximisation of scarce resources.

3.2.1 Advocacy

Advocacy for an effective national response to the problem of RTIs shall involve a wide range of actions directed at various categories of decision-makers, traditional authorities, school authorities and opinion leaders at various levels aimed at ensuring that all the resources and tools needed to support strategies, programmes and activities in furtherance of the objectives of the policy are provided on a continuous sustainable basis. These will include budget allocations, other financial provisions and specialised advocacy tools. Support from international donors will also be solicited.

3.2.2 Behaviour Change Communication

Behaviour Change Communication (BCC) is an interactive process with communities to develop tailor-made messages and approaches using a variety of communication channels to promote and sustain behaviour change. The results of many KAP surveys in Ghana on Family Planning and HIV/AIDS/STI, have shown a very wide gap between knowledge and practice in spite of the massive multi media IEC activities and infusion of resources over the years. There is therefore a need for a paradigm shift to more interactive communication processes in planning behaviour change activities in the health sector. Strategies for RTIs prevention are based on behaviour change. This Policy will therefore adopt effective BCC strategies in the prevention and control of RTIs.

3.2.2.1 Information, Education and Communication (IEC)

A comprehensive information, education and communication (IEC) strategy is considered central to the efforts to minimise the rate of reproductive tract infections (RTIs), as well as its treatment and management.

The IEC strategy will be guided by the following basic principles:

- All persons have the right to information, education and communication on RTIs and HIV/AIDS in a language or form they can easily understand or relate to and in a non-threatening or friendly manner.
- RTIs information on issues relating to sexual relationship shall also include ideals about personal health, hygiene and family values such as faithfulness, human rights, gender, love, care and respect for each other.
- **Appropriate IEC** materials and methods will be developed to address these misconceptions and promote a more scientific or realistic understanding of the issues and factors involved.
- The development of IEC materials **shall** be based on participatory and consultative methods and evidence-based, leading to the production of appropriate culturally sensitive materials for different groups or segments of the population. **These educational materials shall be pre-tested for content and presentation. Their effectiveness or suitability shall be constantly reviewed and modified when necessary.**
- Institutions or agencies whose particular mandates or functions provide them with special opportunities will be encouraged and assisted to design and implement suitable programmes on all aspects of RTIs/STIs for their clients. Thus educational institutions

will be assisted to incorporate IEC and BCC information in their school life skills and Family Health programmes. Similarly, churches and mosques will also be encouraged to incorporate information on RTIs in their Family Life and youth programmes.

3.2.2.2 Counselling

Counselling is based on the principle that the health care seeker who reports to a health facility for treatment has a need, which extends beyond his mere physical or medical ailment. In all cases, interpersonal interaction between the counsellor and the client enables him to talk about, share, cope and deal with these exogenous factors in an atmosphere of acceptance and trust.

This policy shall encourage counselling that will encompass supportive listening, clarification and empathy especially for deprived, marginalised or vulnerable communities, groups or individuals. The MOH/GHS and its partners shall ensure that all counsellors are given appropriate training according to national training guidelines.

3.3 RTIs – Prevention and Management

The NACP/GHS shall developed guidelines for various RTIs/STIs syndromes, which must be updated as new evidence emerges. The Essential Drug List and National Formulary (EDLNF) will be revised to include all drugs recommended in the RTI management guidelines. This shall be widely disseminated and circulated to all health facilities within the general health system including private providers.

Treatment and Management strategies of RTIs will be based on the three different types of infections that affect the reproductive tract namely, the Endogenous, Iatrogenic and Sexually Transmitted Infections.

Back up laboratory services programme for both the public and the private sector shall be instituted to support efficient treatment and management and quality care. The MOH/GHS shall ensure that all health workers will be trained based on national guidelines.

3.3.1 STIs Control and Management

Under existing MOH/GHS Policy, the syndromic approach to the management of STIs shall be monitored and enforced. The most effective drugs have been incorporated into the Essential Drug List and National Formulary of the MOH/GHS and treatment guidelines have been produced to guide all providers.

Comprehensive STIs control programmes shall involve (a) efficient surveillance system for RTIs/STIs (b) early diagnosis and effective treatment of STIs and their complications (c) counselling including VCT (d) partner management and condom promotion (e) programmes for vulnerable groups (f) formal and informal courses on STIs for all health workers including pharmacists and chemical sellers (g) BCC and promotion of dual protection, and (h) other innovative programmes to identify and manage asymptomatic STIs. Training in the syndromic management of STI shall be expanded and adapted to service providers, including family planning nurses, medical assistants, CHOs and the private sector. This approach will increase the opportunity to make RTIs/STI care more accessible to a wider segment of the population.

Access to RTIs/STIs care shall be expanded to all levels of the health delivery system and the provision of care shall be widened to enable medical assistants, community health officers (CHOs), the private sector, trained chemical sellers and others provide quality care.

All efforts shall be intensified to promote:

- Abstinence especially for the youth
- Mutual fidelity/faithfulness
- Correct and consistent use of condom
- Expansion of the practice of “dual protection” (simultaneous protection against pregnancy and STIs, including HIV).

3.3.2 Syndromic Management of STIs

Management of STIs through syndromic approach would be incorporated into the general health service at all levels. Once this integration has been formalised, STI clinics at regional and national levels would function as referral centres for the management of complications of STIs and RTIs referred from the peripheries. As specify in the safe motherhood guidelines, syphilis screening will be mandatory at all ANC sites. The antenatal clinic staff shall be trained in the use of the syndromic approach. Counselling services and partner management shall be an essential component of the syndromic management and this should include promotion and provision of condoms for the sexually active. Dual protection shall be provided at these sites for both STIs and pregnancy.

STI clinics at district, regional and teaching hospitals, including private providers shall be strengthened by providing technical equipment, reagents, drugs and appropriate specialised training and laboratory back up systems. They will also be encouraged to integrate operational research with the supervision of specialised STD clinics where complications of STIs

are treated. At the supervisory level, management of STIs should include a system for etiological surveillance and monitoring of antimicrobial strains of STIs as they develop and regular technical supervision of private clinics.

Appropriate guidelines, protocols and directives will be issued periodically by MOH/GHS to both government, quasi-government and private hospitals and clinics to ensure that standards are maintained as new evidence emerges.

3.3.3 Use of RCH Service Providers in Diagnosing and Treating RTIs

Reproductive and Child Health Service Providers (RCH) at the district shall be updated on RTI diagnosis, management and documentation as well as provided with skills for effective communication in advocacy, community mobilization and behaviour change communication. All RCH Service Providers shall be trained in the syndromic management of RTIs/STIs and appropriate referrals.

The primary preventive focus will be on educating people about personal risk and how to protect themselves and their partners from disease. The secondary focus will aim at shortening the duration of disease by promoting early detection and treatment and providing acceptable and effective care including referral.

3.3.4 Private Sector Management of RTIs

The MOH/GHS shall ensure that every effort is made to foster partnership with private providers using the goodwill of their professional associations such as the Ghana Medical Association (GMA), the Society of Private Medical and Dental Practitioners (SPMDP), the Ghana Registered Midwives Association (GRMA), the Ghana Registered Nurses Association (GRNA), the Ghana Pharmaceutical Association, Private Laboratories Association and others, to ensure that National protocols, directives and procedures already approved by the MOH and the GHS for the management of RTIs are complied with by private providers.

Additionally, taking cognisance of the inadequacies in the availability of modern health services especially in the remotest parts of the country and the fact that for many people in these areas dependence on chemical sellers is the only realistic option, a comprehensive national scheme to identify sufficiently educated chemical sellers and provide them with both theoretical and practical **training shall be encouraged. However, research to investigate the feasibility of chemical sellers using the Pre-Packed Therapy (PPT) will be carried out. Based on the**

evidence to be provided by such a study, advocacy shall be directed at ensuring that chemical sellers be allowed to diagnose and treat certain types of sexually transmitted infections using the PPT algorithm. Under such a broadened treatment regime, increased access to RTI/STI service would occur when individuals are able to choose and use providers especially pharmacists and chemical sellers that are adequately trained in the use of PPT in their communities whenever they need them. Clear directives on the use of approved drugs, testing procedures, epidemiological reporting, procedures for referrals, and code of ethics for dealing with patients shall be issued and put into practice.

Periodic pre-service and short-term or refresher training opportunities for those in the public and private sector should be encouraged to ensure familiarity with the latest techniques for the management of RTIs.

3.3.5 Nursing Care

It is expected that under normal conditions the vast majority of people with RTIs will be treated as out-patients. Where late diagnosis or other conditions result in complications however, hospital-based care is advisable to ensure optimal supervised management.

All care-givers shall be given the necessary training to observe universal safety procedures/infection control guidelines in the management of their patients, disposal of body fluids and other potentially infectious materials.

Nursing care shall be holistic, catering for the physical, psychological, social and spiritual needs of patients and families. As much as possible, the patient's need for privacy and confidentiality must be respected.

3.3.6 Traditional Remedies and Alternative Therapies

The various research studies undertaken so far on RTIs show quite clearly that a significant proportion of traditional herbalists and medicine men do believe that they can cure various types of STIs using various assortments of herbs and concoctions. While many of these claims have not been subjected to any stringent scientific tests, there are those especially in the rural areas who believe in these claims and prefer such treatment.

The available research evidence has shown that some of these herbal insertions and concoctions result in serious complications which if not properly managed can cause serious disabilities and even death. While acknowledging that some of these traditional remedies do indeed have biological response modifying properties and relieve certain symptoms, the available scientific evidence regarding efficacy levels of toxicity and side effects is not strong enough to

recommend their incorporation into the approved regimens for the management of STIs. Every effort will therefore be made through education and advocacy to discourage their use in their present form. The Primary Health Care delivery system which is essential in providing reliable accessible and cost-effective health care to all shall be expanded, strengthened and resourced as the Community Health Programme Services (CHPS) especially in the rural areas to become the reference point for the treatment of RTIs.

The National Centre for Plant Medicine at Mampong-Akwapim shall be encouraged and resourced to intensify its collaboration with traditional herbalists or practitioners in its on-going research into the efficacy and potency of traditional alternatives for the treatment and management of RTIs.

3.4 Promotion of Safe Sexual Practices

The only proven effective strategy for preventing most of the RTIs is the adoption of safe sexual habits by the individual since it is generally known that the majority of RTIs occur through sexual activity. Safe sexual behaviour includes abstinence, proper use of condoms and fidelity to one's regular sexual partner.

Since different groups of the population have different sexual needs, a comprehensive advocacy and educational programme which addresses the needs of different groups shall be instituted.

For the adolescent in school for example, the emphasis should be on abstinence as the best option for this particular category of people. For other adolescents who are caught in social environments where sexual activity is inevitable, a message which promotes and facilitates the correct use of condoms is quite clearly necessary.

The Government will thus work with other agencies and institutions including NGOs and CBOs to raise public awareness about using condoms consistently and correctly in all high-risk sexual encounters. Such IEC activities will stress the importance of condoms in the prevention of sexually transmitted infections, including HIV/AIDS.

The Ministry of Health and the Ghana Health Service will ensure the availability, affordability, proper storage and distribution of both male and female condoms through the country in co-operation with other interested agencies such as The Ghana Social Marketing Foundation, private hospitals, clinics and Maternity Homes, pharmacies, chemical sellers, the hospitality industry etc. Special efforts will be made during these educational campaigns to popularise the use of the female condom especially among the extremely vulnerable groups such as street corner youth, commercial sex workers and adolescent girls and the practice of "dual protection".

To ensure a fair degree of national consensus and support for the condom strategy, the MOH and the Ghana Health Service shall work in concert with other stakeholders such as the National Population Council, The Ghana AIDS Commission, traditional bodies, **concerned parents and professional associations, the private sector and civil society to revised existing strategies and take into account demographic, cultural, religious and other differences.**

The Government shall also support the importation and manufacture of good quality condoms and facilitate their availability at places and times they are needed e.g. hospitals, clinics, counselling centres, private clinics, youth centres.

Lastly, the social marketing of condoms shall be expanded nation-wide to ensure their availability in remote areas and in popular facilities such as community drug stores, hotels, night-clubs and workers canteens.

3.5 Young People and RTIs

Sexually active adolescents and young people between the ages of 10 and 24 are particularly susceptible to Reproductive Tract Infections. They are vulnerable for both physical and social reasons and often suffer serious long-term consequences. As a group however, they are often neglected in programme efforts and health policy. As a result they are less likely to be able to protect themselves from infection or seek appropriate diagnosis and treatment. Social taboos and stigma have tremendous impact on young people. Adolescents who do not control the circumstances of their sexual activity, such as victims of sexual coercion and abuse, are at risk of recurrent STIs even if they are able to seek treatment the first time. Adolescents, particularly young women, who become infertile as a result of an RTI may be stigmatised or abandoned in cultures where fertility is closely associated with women's perceived worth.

Young people need accurate information about RTIs and their need to seek health care. Evidence from many countries shows that when appropriate sex education is provided, it does not encourage early experience or increase sexual activity among adolescents. Indeed, sexual education may delay the age of sexual initiation, and is associated with safer sex behaviours. This policy therefore recognises that investing in such young people in order to learn and internalise appropriate moral and sexual behaviour will contribute significantly to a reduction in Reproductive Tract Infections and STIs.

The Policy will therefore encourage;

- The establishment or review of all national policies, programmes and activities that are likely to reduce the vulnerability of young people to RTIs.

- Promotion of young peoples' genuine participation in expanding national responses to RTIs prevention and control.
- The provision of accurate information to adolescents and the youth.
- The provision of support to peer and youth groups in the community to contribute to local and national responses to RTIs prevention and control.
- Mobilisation of parents, policy-makers, the media and religious organisations to influence public opinions and policies with regard to RTIs such as improving the quality and coverage of in-school and out-of-school programmes that include HIV/AIDS/STIs and related issues.
- Expansion of access of young people in both urban and rural areas to youth-friendly health care services including counselling and provision of condoms, HIV and RTI prevention, treatment and management.

3.6 RTIs and Pregnancy Outcomes

Reproductive Tract Infections can cause many diverse pregnancy outcomes, including spontaneous abortion, premature rupture of membranes, premature delivery and consequent low birth weight, and stillbirth. In addition, many RTIs can be passed from mother to infant during pregnancy, childbirth and breast feeding, resulting in serious morbidity and even death for the neonate. Infections can also lead to infertility. Almost all RTIs can cause adverse pregnancy outcomes. STIs tend to have the most serious effects including vertical transmission and ophthalmia neonatorum, which can lead to blindness if not treated promptly. The problem with syphilis during pregnancy is one of the most widespread. In developing countries, between 1-19% of pregnant women test positive for syphilis. In Ghana the figure is 3.2% in Agomenya¹⁰⁹. Any infection that can result in pelvic inflammatory disease (PID) including iatrogenic infections can predispose a woman to ectopic pregnancy. Gonorrhoea and chlamydia can also increase the risk of postpartum infection.

Prevention of RTIs is the best method of reducing their effects on pregnancy. Screening for pre existing infection can be done cost effectively in some cases, most notably syphilis.

The Policy will therefore ensure:

- The routine testing for syphilis and Hepatitis B of all pregnant women at ante natal clinics
- The provision of resources for early detection, treatment and management of RTIs and STIs of all pregnant women
- Availability and accessibility of quality care at all ante natal clinics

- The development of a strategic plan for an intensive education on RTIs and STIs for both health providers and the general public
- The development of appropriate educational materials in sensitising the public on the prevention and control of RTIs/STIs.
- The prevention of iatrogenic infections: RCH facilities would provide counselling services and health promotion messages that will help prevent unsafe abortions, provide post-abortion care and counselling, and adhere to infection prevention in the health facility.

3.7 Gender and RTIs

A distinctive feature of the Ghanaian social system, which has important implications and consequences for sexual behaviour is male dominance. This dominance is discernible in every sphere of life whether political, social, economic or intra-family relations. No where is this dominance more clearly seen or expressed than in spousal and sexual relations where even in matters relating to basic issues as to when to have sex, size of family, number of sexual partners or even whether to use a condom, women generally have to defer or submit to the dictates or decisions of the men.

The norms are so deeply entrenched in the cultural psyche that even the modern educated woman may protest feebly but still end up deferring to the dictates of her partner when crucial decisions regarding sex, marriage and family are being made.

With increasing education and modernisation there is a gradual on-going appraisal of the respective roles and rights of men and women, but it has not reached a level where most women can take positive decisions to protect their sexual rights and reproductive health. This makes young girls and women particularly vulnerable in matters relating to sexual behaviour, the incidence of RTIs/STIs and HIV/AIDS. In this, they are not even helped by nature, since their physiological vulnerability to infections is increased by social factors.

A man is more likely to infect his partner and several other women through the practice of polygamy, casual sex or mere exhibition of his machoism. The reverse of course happen occasionally particularly in the case of commercial sex workers, but in general it is the exception rather than the rule. Women therefore suffer disproportionately from RTIs and their complications.

Strategies to address gender perspective in the management of RTIs must take this important factor into account. This applies to all areas such as counselling, partner management, advocacy, BCC strategies, provision of resources for the management of RTIs, and enactment or

review of legislation to empower women especially in the area of sexual and reproductive health rights.

3.8 RTIs Surveillance

3.8.1 Epidemiological Surveillance

An epidemiological surveillance system shall be instituted to monitor the trend of RTIs and other types of infection to be reported at all the levels of the health system. The specialised STIs clinics, Private hospitals and clinics (including Maternity Homes) and pharmacies will also be encouraged to submit periodic returns on the number and types of such cases treated or referred to specialised hospitals. Standardised forms for such reporting purposes will be instituted at all levels. The Integrated Disease Surveillance and Response strategy (IDSR) of the MOH/GHS will continue to be supported and strengthened.

3.8.2 Behavioural Surveillance

Behavioural surveillance shall be conducted periodically among various vulnerable high-risk groups such as long-distance drivers, students, street children (including 'kaaya ye'), commercial sex workers, men who have sex with men (MSM), etc., in order to determine appropriate policy and programme modifications.

4.0 RESEARCH

An effective RTIs prevention and management strategy can only succeed if it is supported and linked to a comprehensive programme of research. Research on RTIs shall in conjunction with research in all aspects of STIs and HIV/AIDS, be viewed as a cross-cutting intervention to inform policy. Such research shall be action-oriented, interdisciplinary, multifaceted, cost-effective and undertaken whenever feasible in collaboration with similar-interest institutions world-wide.

The success of the national research effort will depend on available expertise, research capacity, resources and willingness to undertake the research through government and private sector support. Critical research gaps already identified in on-going programmes are the following: the need to study the changing patterns of anti-microbial susceptibility to STIs, in-depth study to clarify and explain the issues of risk perception and use of preventive methods, study on health seeking behaviour to determine the level and where symptomatic RTIs patients seek care, studies to understand local perceptions and beliefs on reproductive morbidity, need for a follow up study on pricing and availability of STIs drugs with the view to making them

accessible and studies on the cost analysis and disease burden to determine the impact of complications of RTIs in Ghana among many others.

The GHS' Health Research Unit (HRU) shall be a focal point for all such research in collaboration with other national and international research Institutions. The active collaboration with other institutions such as the Universities is particularly important in broad-based social studies, which focuses on understanding or explaining the socio-economic and cultural milieu in which certain behaviour patterns such as high-risk sexual behaviour occur.

4.1 Non-discrimination in Research

Respect for equal rights requires policy makers and others involved in research to observe the principle of non-discrimination in the determination of who shall benefit or suffer as a result of decisions pertaining to research. The principle requires that the selection of regions and districts shall be based solely on scientific criteria and not on prejudice or the pursuit of other interests. There is need to pay particular attention to ethical issues, specifically confidentiality, informed consent and safe-guarding of human rights.

4.2 Equitable Distribution of the Benefits of Research

Respect for the right of everyone to the highest attainable standard of health and the principle of autonomy requires that all people have access to the conclusions of research which have a bearing on their own circumstances in order that they might make informed decisions regarding their own health and well-being. These are enshrined in Article 15 of the International Convention on Economic, Social and Cultural Rights.

Respect for these rights and principles further obliges States to ensure that the benefits of research are accessible to all, and that any products developed are distributed equitably. In this regard, Government shall assist Ghanaian researchers to patent their findings and collaborate actively with renowned institutions world-wide in the search for drugs and other related products that will assist in the treatment and management of RTIs.

The Government of Ghana has initiated the process for the ratification of the International Convention on Economic, Social and Cultural Rights and other international instruments. It is expected that Parliament shall complete the process. Once the instruments have been ratified, it will be necessary for Government to initiate action on amending legislation and/or introducing new legislation that would incorporate the contents of these instruments.

5.0 LEGAL, ETHICAL AND CULTURAL ISSUES

5.1 Provision of Public Health Act

Ghana does not have specific laws on RTIs. There are however in the statute books Laws and ACTS concerning children, adolescents, adults and crimes such as rape, defilement, harmful traditional practices and others that impact on the health of Ghanaians. Another law that impacts on RTIs, is the law that makes it illegal to solicit for sex in exchange for money thus making commercial sex work illegal. These need to be reviewed and updated in light of current major public health problems and emergent issues, into a comprehensive Public Health Act that must guide all health activities in the country and be reviewed periodically.

This Policy therefore will ensure;

- The review and update of laws such as,
 - The Criminal Code (Amendment) ACT 458 of 1993 – An Amendment that provides harsher punishment for physical crimes against females,
 - ACT 484 1994 – An Amendment that relates to the offence of female circumcision and for related practices.
 - The Children’s ACT 560 of 1998,
 - The Criminal Code (Amendment) ACT 544 of 1998 – that deals with sexual offences of consent, abduction, and the provision of the necessities of life to children by parents or guardians,
 - The Criminal Code (Amendment) Law, 1985 on abortion,
 - The introduction or review of legislation relating to the use of electronic mail/internet/media to lure, influence, coerce or procure women and minors to act in ways which are likely to expose them to the risks of exposure to RTIs and HIV.
 - Laws to protect indigenous populations, adolescents, minors etc. at tourist attraction points, public places such as beaches, hotels.

Other issues such as Gender Violence and STIs/RTIs, the use of Pre Packed Therapy by chemical sellers in the treatment of STIs, HIV and wilful transmission, will form part of the update and review exercise in the enactment of the National Public Health ACT.

- The inclusion of the Public Health ACT in the curricula of all health providers
- Development of a strategic plan for the national dissemination of the Public Health ACT

5.2 Partner Management

The national response to STI management recognised partner management as one of the key activities in the treatment of STIs. The current process has not been very effective and there is the need for a strategic approach which should include the effective training, supervision, monitoring of the reporting system and targeted multi media public education.

5.3 Confidential Information Shared With Other Professionals

The need for a more aggressive research into RTIs has already been established. The outcomes of the research activities need to be shared with other professionals in order to attain the Programme goals for the prevention and control of RTIs. There is however the need to pay particular attention to ethical issues, specifically confidentiality, informed consent, respect for the rights of patients and safe-guarding of human rights.

5.4 Regulation of Laboratory Practice

Medical laboratory practice was introduced in Ghana during the plague outbreak in 1904. Since then, the role of laboratory services in the health care delivery system has been firmly established. Presently, the numbers of medical laboratory facilities have multiplied both within the public and private sectors. Various developments in the health sector have led to a marked increase in the need for technical support. The health laboratories have experienced a tremendous growth in demand, which has not been entirely satisfied either qualitatively or quantitatively. In spite of the many strides made by the National Health Laboratory Services, their activities have not been guided by a formal policy nor ACT. Critical issues such as quality assurance, laboratory safety, accreditation of health laboratories, administration and functions of the health laboratory services, networking and linkages between levels of laboratories and the proliferation of private laboratories call for policy guidelines that should be reflected in the National Public Health ACT.

5.5 National Health Insurance and RTIs

A national Health Insurance Scheme which aims at improving financial access to health care especially for the poor and vulnerable has recently been established by Government. This Policy will advocate that the full and appropriate management of RTIs and STIs are covered under all the Health Insurance Schemes and that those affected with RTIs and their partners are provided with adequate and affordable medical care including counselling in order to reduce self-medication and reliance on unorthodox cures.

6.0 INSTITUTIONAL FRAMEWORK

Reproductive Tract Infections (RTIs) are infections of increasing public health importance because of their wide-ranging impact on the population. This Policy will ensure a holistic approach to its prevention and control strategies.

6.1 Co-ordinating Body – The Ministry of Health and the Ghana Health Service

Because of its direct mandate to deal with the complex medical aspects of the RTIs, the MOH and the GHS will coordinate and collaborate with both the NPC and the GAC in the aspects of policy formulation and strategic planning but will function as the "technical lead ministry" in RTIs and STIs prevention and management. MOH and GHS roles are:

- To lead the development and refinement of strategies for prevention and care, in collaboration with other sectors, NGOs and the private sector.
- To provide technical support to other ministries and sectors as they develop and implement their STIs/AIDS prevention and care activities.
- To revise the implementation of health-sector based interventions that prevent the endogenous, iatrogenic and sexually transmitted infections of RTIs including MTCT.
- To provide routine testing for syphilis and Hepatitis B of all pregnant women at ante natal clinics
- To provide culturally sensitive Information, Education and Communication programmes.
- To adopt and provide Behaviour Change Communication Strategies in the prevention of RTIs.
- To prevent and manage the spread of Sexually Transmitted Infections
- To promote the proper use of both the male and female Condoms
- To set policy guidelines for the National Laboratory Services.
- To expand the cadre of health providers for RTIs prevention and management
- To initiate/reactivate action and finalize the development of the National Public Health ACT.
- To monitor, advise and provide guidelines to all MDAs, NGOs and related organisations providing supportive or complementary services for the management and treatment of RTIs.

6.2 Decentralized Institutions of the Ghana Health Service

Decentralization within the Ghana Health Service has played a major role in the implementation of Ghana's Primary Health Care (PHC) Programme, in improving access and the quality of health care at the District and sub district level. District Directorate of Health Services

(DDHS) will collaborate with the political and administrative units of the country, especially District Assemblies, to implement and monitor RTIs and HIV/AIDS/STI programmes. The DDHS will take advantage of the decentralisation and the unique position of District Assemblies, the Districts Common Fund allocation to HIV/AIDS and the Ghana Poverty Reduction Strategy (GPRS), to expand the national response and mobilise additional resources from the local level.

6.3 Training and Institutional Capacity Building

The availability of trained personnel for the management of all components of RTIs and STIs prevention and care programmes is a pre-requisite for any successful control of this silent epidemic in Ghana. In this respect, the Ministry of Health and the Ghana Health Service will:

- Ensure the effective transfer of skills and the institutionalisation of in-country capabilities in RTIs and STIs advocacy.
- Decentralise expertise in support of multi-sectoral decision making at all levels including MDAs and NGOs.
- Ensure the integration of a National RTIs and STIs response into all pre-service and educational training programmes of MOH and the GHS.
- Update regularly the knowledge of physicians, nurses/midwives and other health professionals so as to ensure optimal management and care for RTIs and STIs cases.

6.4 Funding - General Resources for RTIs Prevention and Control Including International Cooperation

The Government pledges its full support for a National response to combat RTI and STI/HIV/AIDS. International donors and agencies, bilateral and international NGOs are expected to play an important role as partners in the national response to combat this silent epidemic. The Government of Ghana, donors and NGOs will therefore be the major actors in providing resources for the RTIs and STIs prevention and control activities.

Specifically, Government agencies and institutions will ensure increased collaboration in sourcing resources and technical assistance necessary for the implementation of programmes and interventions throughout the country. Local NGOs, which have specific technical expertise will be encouraged to provide care and support programmes in the communities. In view of the varied strength and weaknesses of NGOs, the National programme will assess the preferences and capabilities of these NGOs and judge the comparative advantages of donor and NGO assistance in addressing specific interventions or a range of interventions under the programme.

The necessary funding requirement for a multi-sectoral expanded response to HIV/AIDS will require a broad donor base as well as significant Government of Ghana inputs. The selected MDAs will need to develop budget lines for specific sector(s) and the National approved RTIs and STIs activities. Similarly, District Assemblies will be mandated to support district level activities. Additional assistance will be sought from multilateral and bilateral partners/donors, international organisations and corporate foundations amongst others.

6.5 The Role of the NPC and the GAC

The coordinating roles of the two national establishments in Reproductive Health Programmes, are critical in the prevention and control of RTI as a ‘silent epidemic’ of major public health importance. In this policy, the NPC and the GAC will:

- Collaborate with the MOH/GHS and advise the Government on policy issues relating to RTIs including STIs
- Monitor and evaluate trends of on-going RTIs and STIs activities
- Identify and mobilise various resources for programmes especially in the Private Sector and NGOs

6.6 Role of Private Sectors and NGOs

Private sector-organisations and NGOs in RH, including those representing the infected and the affected will be encouraged to formulate and implement appropriate programmes on RTIs including STIs.

In this regard, it is expected that the Society of Private Medical and Dental Practitioners (SPMDP) and other private associations in the health field will collaborate actively with the MOH and GHS to ensure their optimal contribution to the management and treatment of RTIs.

6.7 Role of Civil Society and Communities

In implementing the RTIs and/STIs programme, the role of civil society is crucial. Efforts will be made to involve Civil Society in general, especially traditional rulers, opinion leaders, youth groups and various church and professional bodies and associations at all levels.

6.8 Role of Selected Ministries, Departments and Agencies

Selected Government Ministries, Departments and Agencies are encouraged to design, implement, monitor and evaluate sector specific RTIs and STIs education and prevention programmes. In this respect:

The Ministry of Education, Youth and Sports, is to:

- Integrate relevant RTIs and STIs information into the GES Population and Family Life Education (POP FLE) Programme
- Integrate RTIs and STI/HIV/AIDS education into all levels and institutions of education, starting at primary school level and extending to tertiary and teacher training and non-formal institutions.
- Involve parents, through Parent-Teacher Associations and other appropriate organisations, in discussion of school-based RTIs and STI/ HIV/AIDS education and other programmes or activities.
- Ensure that other services related to RTIs and STIs control and care are accessible to students in need.
- Review the Adolescent Youth Policy to include prevention and control strategies for RTIs and STIs.

The Ministry of Communication and the Information Services Department, are to:

- Play an active role in information and education on RTIs and STIs through the development and broadcasting of programmes, spots and advertisements on various aspects of RTIs, STIs and HIV/AIDS
- The Information Services Department is also to reactivate its mobile cinema Programme and collaborate with the MOH/GHS, NGOs and CBOs to strengthen capacity for effective public media involvement in RTI and STI/HIV/AIDS prevention.

The Ministry of Employment and Manpower Development is to:

- Review criteria for eligibility for destitute support to include “kaya yei and hii” (adolescent street porters) enable families caring for people with RTIs and orphaned children access to the support.
- Develop programmes and mechanisms for the provision of welfare support to ensure that the basic needs of children affected through MTCT of RTIs are met, including facilitation of fosterage where needed.
- Develop and implement RTIs and STIs prevention programmes for relevant groups within the Ministry's purview, e.g. women, out-of- school youth, orphans and other institutions.
- Develop a comprehensive workplace policy covering the prevention and control of RTIs and STIs and regarding the rights of HIV-infected individuals to employment, social welfare, and compensation where relevant.

- Implement RTIs and STIs prevention and care activities in collaboration with the Ministry of Health, through the District Assemblies and under the District Response Initiative and through CBOs and NGOs.
- Implement RTIs, and STIs prevention through the Ministry's extension and outreach services for other target groups.
- Mobilise the community, through existing and new structures, for its involvement at all stages of the development and implementation of RTIs and STI/HIV/AIDS prevention and care programmes and activities.

The Ministry of Justice and The Law Reform Commission are to:

- Review ACTS and Laws on reproductive health including laws on commercial sex work. This will facilitate the implementation of programmes targeted at sex workers.
- Collaborate with the MOH and the GHS in the development and finalization of the Public Health ACT and
- In the development of a strategic plan for the national dissemination of the Public Health ACT

Other Government Ministries and Agencies including the Ministry of Local Government and Rural Development are to:

- Develop relevant policy guidelines on RTIs and STI/HIV/AIDS prevention, to guide implementation of activities at all levels.
- Plan for, and allocate resources for the implementation of RTIs and STI/HIV/AIDS prevention activities for staff, as well as for target groups reached through the ministries' routine activities.
- Implement, co-ordinate and monitor RTIs and STI/HIV/AIDS prevention activities under the District Response Initiative.
- Utilise mechanisms and instruments, which will be developed for the co-ordination and evaluation of the national response to the silent epidemic.

Religious Bodies should:

- Continue with their pre-eminent role in inculcating and strengthening family and strict moral values in their members and the wider society.
- Identify and serve as an advocate for vulnerable groups in society, eg., young women and orphaned and street children subject to sexual exploitation or abuse.
- Develop IE&C messages and programmes that stress the importance of family and moral values in curbing the silent epidemic

National House of Chiefs and Traditional Authorities should:

- As custodians of our national cultural heritage, uphold our cherished traditional family values and ensure that these are taught to young people
- Use influence of position to oppose discrimination against RTIs and STIs infected and affected persons.
- Support appropriate intervention measures.

7.0 CONCLUSION

Government of Ghana and the Ministry of Health/Ghana Health Service are committed to doing all they can to curb the medical, social and economic impact of Reproductive Tract Infections as a major public health problem in the country.

This Policy guideline on RTIs is the first step in the efforts to tackle this silent epidemic in Ghana. It is hoped that the Policy guidelines will help to define the strategic and administrative framework for the management and control of RTIs/STIs in the country as well as create the necessary environment for all stakeholders to make a commitment towards creating awareness within the populace especially among the youth on the epidemic.

The Policy guidelines also aim at encouraging employers, other stakeholders and members of society to clearly identify their roles in the prevention and control of RTIs/STIs. There is a need for commitment on the part of all stakeholders including donors, the private sector, community associations and civil society to play their part in ensuring that the Policy guidelines are translated into action for the benefit of all Ghanaians.
