Most Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) infections in men who have sex with men (MSM) are not in the urethra. This has been confirmed often since it was shown by Kent and colleagues, in 2 clinics in San Francisco, (J. Infect. Dis. 2008). All of these studies have been made possible by the use of highly sensitive and specific nucleic acid amplification tests (NAATs) that are currently recommended for routine diagnosis of CT/GC infections. The increment in sensitivity for NAATs compared to culture is greater with pharyngeal and rectal specimens than with cervical and urethral specimens; doubling the number of rectal or pharyngeal infections detected.

In MSM attending STD clinics the prevalence of rectal or urethral CT and GC is often in the 7–10% range. GC is found in the oropharynx at about the same level, but CT is less common there, typically 1–2%. Most STD clinics’ routine has been to test urethral specimens when evaluating males, with rectal or oropharyngeal specimens tested in symptomatic MSM. We need a paradigm shift: in MSM routine testing of oropharyngeal and rectal sites, as well as urethra, must become the norm. Whether testing should be based on a history of sex practices needs more research.

Unfortunately, no NAATs have received FDA clearance for pharyngeal or rectal specimens. But CDC, recognising the superior performance of NAATs with these specimens, took an unusual step; in 2010 WHO convened an expert consultation to formulate recommendations and strategic directions for sexual health. Two specific recommendations, derived from the consultation were: (a) to develop a conceptual framework on sexual health that clearly outlines the elements of sexual health and how it overlaps and differs from reproductive health and the role of sexuality; (b) to develop, operationalize and promote sexual health indicators.

Method The WHO Department of Reproductive Health and Research established consultative processes, including a review of the existing evidence, conducted interviews with key informants and held expert consultations to address the aforementioned recommendations.

Results Two documents; Towards a conceptual framework for sexual health: understanding and improving sexual health for all and Core Set of Sexual Health Indicators were developed during 2011–2013.

The conceptual framework outlines the central role that key sexual health concepts of autonomy, individual choice and protection of human rights play in achieving health and development outcomes. The document proposes new ways of ‘framing’ sexual health in order to reach the widest audience, which in turn can influence and deliver positive approaches for ensuring sexual health for all.

The proposed indicators cover the following areas of sexual health: adolescent sexual health, family planning, harmful practices, healthy sexuality, sexual dysfunctions and concerns, STI/HIV, and sexual violence. Indicators range from policy, to services (access) to outcome/impact. Most of the proposed indicators have previously been validated, however some new population-based survey indicators have been submitted for validation through special surveys among men who have sex with men and people who inject drugs, to be conducted throughout 2012/2013 in the WHO European region. Preliminary validation results are available.