The global outbreak of human immunodeficiency virus (HIV) in the 1980s invigorated the academic research on the role of the classical sexually transmitted infections (STIs), such as gonorrhoea, syphilis and chlamydia, in the transmission and acquisition of HIV infection.

The community-based studies conducted in Africa on STI interventions to control HIV infection brought about seemingly conflicting results which put STIs on the back burner. However, ongoing data demonstrate that interactions between HIV and the other STIs cannot be ignored.

The control of STIs is not simple and straightforward, however – the determinants and drivers of STIs are very diverse from one setting to another and from one population sub-group to another.

Also, not to be forgotten, are the characteristics of the sexually transmitted pathogens themselves, ranging from transmissibility, the symptomless nature of some of the pathogens, their ability to become resistant to standard treatments and the lack of affordable diagnostic tools to detect them.

A coordinated response is required but, in terms of the global response, the syndemics between HIV and the other STIs were not fully grasped, resulting in competing priorities for funding the responses.

HIV treatment has been justifiably prioritised to save millions of lives, and new HIV infections are falling, albeit not fast enough. On the other hand, the other STIs are not showing the same trend as HIV. What is common to both HIV and the other STIs is that prevention services for both HIV and other STIs are not delivered to scale to reach the most vulnerable people who need them.

The presentation will summarise the consequences of such a diversity of the response and highlight the status of HIV/STI infections in the five regions of the International Union against Sexually Transmitted Infections.

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