WHO global research priorities for sexually transmitted infections

The WHO global STI research agenda prioritizes 40 research areas to inform STI policies and programmes by 2030 across four key domains: diagnosis, prevention, management and epidemiology.

**1. Diagnosis**
- Develop low-cost, rapid STI point-of-care tests:
  - for *N. gonorrhoeae* and *C. trachomatis* infections
  - to distinguish active syphilis from latent or past infection
  - for antimicrobial resistance in *N. gonorrhoeae* and *M. genitalium*.
- Evaluate implementation of STI testing (e.g. acceptability, feasibility, effectiveness, cost-effectiveness):
  - screening for *T. pallidum* infection
  - screening for *N. gonorrhoeae*, *C. trachomatis* and *T. vaginalis* infections
  - assessing STI symptoms with tests as opposed to syndromic management
  - self-sampling or self-testing for STIs.
- Develop multiplex platforms for diagnosing etiologies of STI syndromes.
- Develop other low-cost, rapid STI point-of-care tests for:
  - HSV infection
  - *T. vaginalis* infection
  - *M. genitalium* infection.
- Design improved tools for diagnosing pelvic inflammatory disease.

**2. Prevention**
- Design multipurpose prevention technologies to prevent STIs and pregnancy.
- Develop STI vaccines for:
  - *N. gonorrhoeae* infection (including group B meningitis vaccines)
  - HSV infection
  - *T. pallidum* infection
  - *C. trachomatis* infection.
- Develop communication strategies to increase STI awareness, prevention and service engagement.
- Evaluate screening and treatment for STIs to reduce adverse pregnancy outcomes.
- Evaluate pre- and post-exposure prophylactic strategies for STIs and their implementation.

**3. Management**
- Develop new therapeutics for *N. gonorrhoeae* infection at multiple anatomic sites.
- Identify oral alternatives to benzathine penicillin for treating syphilis during pregnancy.
- Evaluate the implementation of STI partner management, especially in LMICs.
- Develop improved STI therapeutic and management options for:
  - congenital syphilis, neurosyphilis and other syphilis complications
  - HSV infection, ideally curative treatment
  - *T. vaginalis* infection, including drug-resistant infections
  - *M. genitalium* infection, including drug-resistant infections.
- Design strategies to reduce stigma and adverse psychosocial consequences associated with STI diagnoses.

**4. Epidemiology**
- Estimate the prevalence and incidence of:
  - *T. pallidum* infection
  - *N. gonorrhoeae* and *C. trachomatis* infections
  - genital HSV infections.
- Assess patterns of STI healthcare-seeking behaviour in diverse populations.
- Evaluate STI antimicrobial resistance and treatment failures at different anatomic sites.
- Evaluate the burden of disease outcomes due to:
  - *T. pallidum* infection
  - *N. gonorrhoeae* and *C. trachomatis* infections
  - genital HSV infections.
- Evaluate quality of life effects, disability weights, and societal costs associated with STIs.
- Gain better understanding of STI transmission in populations using innovative methods.
- Investigate whether *M. genitalium* infections lead to important disease outcomes.
- Evaluate the interactions between STIs and the vaginal microbiome.

For more information on the WHO global STI research priority setting process and detailed results, please see: