Improving women's health through better diagnosis and management:
Lessons from an analysis of MSI's STI and heavy menstrual bleeding clinical records

The challenge

Across many low- and middle-resourced settings, women still face significant barriers to receiving accurate diagnosis and appropriate treatment for common reproductive health conditions, which impact their health, wellbeing, and lives. Sexually transmitted infections (STIs) are often managed based on symptoms rather than diagnostic testing, which enable immediate treatment but can also lead to both overtreatment and undertreatment or missed infections, while heavy menstrual bleeding (HMB) remains underdiagnosed and inconsistently managed. Understanding how these conditions are managed in routine service delivery can help identify opportunities to improve quality of care and client outcomes.

MSI analysed routine service delivery data from 2024 to review how STIs and HMB is identified, diagnosed, managed and treated in practice in our clinics across seven countries. This analysis enabled MSI to identify opportunities to strengthen service delivery while also generating lessons that can inform broader STI management practices across the sector.

1. Improving STI management through better access to diagnostics

The challenge

Globally, over 1 million curable STIs are acquired daily; in 2020, there were an estimated 374 million new infections of either chlamydia, gonorrhoea, syphilis, and trichomoniasis.[1] Many women presenting with symptoms such as vaginal discharge are managed using syndromic approaches (where treatment is based on symptoms rather than laboratory confirmation) due to challenges in accessing reliable, affordable, timely testing.

Syndromic management of STIs emerged in the 1970s and 1980s and was formally promoted by the WHO in the early 1990s as a pragmatic public health response to settings where laboratory testing was unavailable, unaffordable, or inaccessible. Rather than identifying the specific organism causing an infection, it relies on groups of symptoms and clinical signs, allowing providers to treat patients immediately at the first visit and avoid delays that could increase transmission and complications. This approach remains used in low-resource settings, where there is a lack of reliable diagnostics for infections such as chlamydia and gonorrhoea and where loss to follow-up is common. However, syndromic management has important limitations: symptoms are often non-specific, many infections, particularly in women, are asymptomatic, and the approach may result in both overtreatment and missed infections. In higher-resource settings, laboratory and point-of-care tests enable diagnosis based on the cause of the infection rather than symptoms alone - improving diagnostic accuracy, supporting antimicrobial stewardship, detecting asymptomatic infections, and strengthening surveillance. As affordable and reliable diagnostics become increasingly available, the role of syndromic management is evolving from being the only feasible option to serving as a temporary bridge where testing remains inaccessible.

What we did

We reviewed approximately 2,400 electronic health records from MSI clinics across seven countries in Africa and Asia to understand how women presenting with STI symptoms were diagnosed and treated during routine service delivery, to understand the potential impact of improved access to testing.

What we learned

- Diagnostic testing remained limited across all countries, with very low documented use of testing for chlamydia and gonorrhoea. This is associated with limited access to affordable point of care/rapid tests, and limited availability and/or high costs for laboratory performed tests.

- Around 53% of treatments aligned with recommended World Health Organization (WHO) protocols and national guidelines for syndromic management. Nearly half of all cases were managed in ways that did not adhere to WHO/national guidelines; they were either overtreated, undertreated, the incorrect treatment was provided, or no treatment was provided.
- Adherence to STI syndromic management guidance was highest for women presenting with vaginal discharge and cervicitis, but substantially lower for other symptoms associated with greater diagnostic uncertainty.

Why it matters

The findings demonstrate that syndromic management enables access to care but does not consistently ensure accurate diagnosis or treatment. Syndromic management also disproportionately disadvantages women, as women with key infections such as chlamydia and gonorrhoea are frequently asymptomatic.

Insufficient treatment may fail to clear infections, potentially causing severe long-term complications such as pelvic inflammatory disease (PID), ectopic pregnancies, and infertility. Incorrect treatment can create a false sense of security, leading individuals to believe they are fully cured or protected, which may result in ongoing transmission of infections. The use of inappropriate therapies can contribute to the rise of antimicrobial resistance, posing a significant global public health challenge. Misguided treatments can also disrupt the natural balance of vaginal and gastrointestinal microbiota, increasing susceptibility to additional infections. Women with chlamydia and gonorrhoea frequently do not present any symptoms, thus not receiving any treatment at all until a severe complication might arise.

A major barrier to improving STI care is the lack of reliable, affordable point-of-care diagnostics for both testing of symptomatic clients and screening of asymptomatic clients. Many rapid tests currently available on the market have variable performance and limited validation. Investment in affordable next generation STI tests that can combine laboratory level accuracy with same-visit results could strengthen the quality of care and experience for women, by reducing reliance on syndromic management, improving detection of asymptomatic infections, and enabling more targeted treatment, including reducing the likelihood of incorrect treatments and the need for and cost of repeat treatments.

2. Strengthening care for women experiencing heavy menstrual bleeding

The challenge

HMB is a common but under-addressed condition that affects women's health, wellbeing and quality of life, and may indicate other underlying reproductive health issues. It is estimated that at least one in three women will experience abnormal uterine bleeding during their reproductive years,[2] and recent survey-based studies indicate that HMB alone may in fact affect more than 50% of women of reproductive age.[3,4] However, there are no unifying global guidelines for the identification and management of HMB and management approaches often vary considerably between settings, particularly where access to diagnostic investigations and specialised services is limited.

What we did

We reviewed 740 client records from seven countries to understand how women presenting with HMB were assessed, investigated and treated in routine MSI service delivery, to identify areas for improvement. Records were classified by the likely cause of the HMB, and diagnostic tests and treatments provided were analysed.

What we learned

- Most cases were classified as having non-structural causes of abnormal uterine bleeding, such as endometrial or ovulatory conditions, although many diagnoses were poorly documented or remained unspecified.
- Ultrasound was documented as used for diagnosis in 64% of cases, while pregnancy testing and haemoglobin assessment were recorded in fewer than half. Hormonal tests were hardly used despite most of the diagnoses being non-structural.
- Treatment approaches varied across countries and settings. Combined oral contraceptives and oral progestins were the most used therapies. It's indicated that hormonal IUDs were used in very few cases of HMB, despite being a first line treatment for non-structural HMB. While the scope of this analysis did not include investigating why this is the case, availability and price of the device is a likely key factor.

Why it matters

HMB significantly impairs health-related quality of life - women report fatigue, anxiety, embarrassment, and disruption to work, education, and social life[5] as a

result of HMB – but it is frequently underreported, misdiagnosed, or poorly managed, especially in resource-constrained settings across Africa and Asia.

Conclusions

STIs and HMB are often neglected and/or misunderstood areas of women's health, even in healthcare settings with relatively high levels of resources and support. These analyses demonstrate how routine service-delivery data can identify practical opportunities to improve women's healthcare and have been shared with MSI's clinical teams on the ground for action. Strengthened use of available diagnostic tools and the introduction of affordable, accessible testing; availability of clear, universal protocols (especially for HMB); and provider support to understand and thoroughly document clinical decision-making for HMB and STIs could help deliver more consistent, client-centred care for these common but significant women's health challenges.

Sources

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