World Health Organization

Evaluation of the Global STI Strategy: Country STI Survey STI Activities Assessment at Country Level

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PROJECT ID:

A 6	5	9	9	6
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Date form completed:

Day		Ν	Month			Year		
					2	0	1	9

This questionnaire will take approximately 30 minutes to complete. Thank you for taking the time.

This information is essential for the assessment of interventions and activities that have taken place since the launching of the Global Strategy on Sexually Transmitted Infections (STI). The information will not only assist WHO in compiling its report to the World Health Assembly, but also countries themselves to understand what has been happening around the prevention and control of STI. The questionnaire will give a high level assessment of STI prevention and control efforts, and identify areas in need of strengthening to achieve maximum coverage of STI prevention and care activities.

1. Name of Country:
2. Name of Person or Persons Completing this Form:
3. Job titles/description:
1= National STI programme director or manager
2= National HIV programme director or manager
3= National sexual and reproductive health officer or director
4= National programme officer for maternal and child health
5= National disease surveillance coordinator
6= National laboratory surveillance officer or manager
7= WHO country programme officer
8= Other UN agency HIV, STI or sexual and reproductive health officer (UNICEF, UNAIDS, UNFPA)
9= Other
3a) If <i>Other</i> , please specify:
4. Address:
5. Telephone number:
6. Mobile number:
7. E-mail address:
To be completed by Responder (the responder will consolidate the information if more than one person is involved in the process):
Name:
Signature:
Day Month Year Date: 2 0 1 9



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Organization	STI Activities Assessment a	t Country Level	V1.0 (11 Jun 2019)
PROJECT ID: A 6 5 9 9 6 Name of Country:			2 ar
·			
1	ave a copy or have the link to) the WHO GI d Infections, 2016-2021? 2= No	obal Health Sector Strategy	
2. Does the country have a 1= Yes	n official National STI Strategy? 2= No (<i>Go to</i> Q3)		
2a) When was it last up 9999 if Don't know	dated? (year) or <i>Data not available</i>		
2b) Please provide the '2b1) Provide WEB L	WEB link of National STI Strategy: ink if <i>Available</i> :		
,	if WEB link is Not available:		
2c) Is the National STI S 1= Yes, separate 2= No, integrated w 3= Do not have an S		tional HIV Strategy/Programm	e?
	al Health Sector Strategy on Sexually Transvelop or to update the National STI Strate 2= No 3= Don't ki	gy or Programme?	e
2e) Has your National S 1= Yes	TI Strategy/Programme been disseminated 2= No, not formally distribu		
2e1) Posted on web 1= Yes 2e1s) If Yes , ple	site: 2= No (<i>Go to</i> Q2e2) ase provide the link:		
2e2) Email distribut 1= Yes	ion: 2= No (<i>Go to</i> Q2e3)		
2e2b) District 2e2c) Clinics 2e2d) Clinicia	tional (provinces/states) ts ins/care providers other organizations	Yes	No
1= Yes If Yes , to whom,	2= No (<i>Go to</i> Q2e4) /at what level:	Yes	No.
2e3a) Sub-na 2e3b) Distric 2e3c) Clinics	tional (provinces/states) ts		

2e3d) Clinicians/care providers2e3e) NGOs/other organizations



4c5) NGOs/other organizations

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Organization	311 Activities Assessment at country Level	V1.0 (11 Juli 2015)
PROJECT ID:	Date form complete	d:
A 6 5 9 9 6	Day Month	Year
		0 1 9
Name of Country:		
STI stratogy (Continue	ad l	
- STI strategy (Continue	:u)	
2e4) Trainings/oral բ	presentations or other forms of face-to-face meetings:	
1= Yes	2= No (<i>Go to</i> Q2e5)	
If Yes , to whom,		
2.4.) 6 1	F	Yes No
	tional (provinces/states)	\dashv \vdash
2e4b) District	i.S	\dashv H
2e4c) Clinics	ans/care providers	\dashv \vdash
<u> </u>	other organizations	\dashv
2646/ 11003/		
2e5) Other:		
1= Yes	2= No (<i>Go to</i> Q3)	
	/es, please provide a short description of the process:	
8. Has the WHO Global Hea	alth Sector Strategy on Sexually Transmitted Infections 2016 been use	ed
to guide any new or upo	dated STI policies or programmatic activities?	
1= Yes	2= No 3= Don't know 4= Data not a	vailable
	alth Sector Strategy on Sexually Transmitted Infections 2016 been	
disseminated within you	•	
1= Yes	2= No, not formally distributed (<i>Go to</i> Q5)	
4a) Posted on website:		
1= Yes	2= No (G o to Q4b)	Ш
4as) If Yes , please p		
, ,, ,,		
4b) Email distribution:		
1= Yes	2= No (Go to Q4c)	
If Yes , to whom/at v	what level:	
		Yes No
4b1) Sub-national (p	provinces/states)	
4b2) Districts		
4b3) Clinics		\dashv H
4b4) Clinicians/care	· •	\dashv \vdash
4b5) NGOs/other or	ganizations	
1a) Hard copies distribu	ıtadı.	
4c) Hard copies distribu 1= Yes	2= No (G<i>o to</i> Q4d)	
If Yes , to whom/at v	·	
ii 163, to wildiii/dt \		Yes No
4c1) Sub-national (p		
4c2) Districts	. o missey states y	⊣ ⊢
4c3) Clinics	ļ ,	⊣ ⊢
4c4) Clinicians/care	providers	7 H
•	- L	



6c6s) If *Other= Yes* , please specify:

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PROJECT ID:			Date form complete	<u>d:</u>	
A 6 5 9 9 6			Day Month	Year	
_			2	0 1 9	
Name of Country:					
L STL strategy / Continue	nd \				
I - STI strategy (Continue	:a)				
4d) Trainings/oral pres	entations or other forn	ns of face-to-face meet	ings:		
1= Yes	2= No (G o to	o Q4e)			
If Yes , to whom/at	what level:				
			, -	Yes N	<u>No</u>
4d1) Sub-national (p	provinces/states)				
4d2) Districts					
4d3) Clinics					
4d4) Clinicians/care	providers				
4d5) NGOs/other or	ganizations				
				_	
4e) Other:					
1= Yes	2= No (G o to	o Q5)			
4es) If Other= Yes , ;	please provide a short o	description of the proce	ess:		
U. CTI 1					
II - STI treatment guideli	nes				
5. Are you familiar with (ha	ave copies or have the I	inks to) the 2016 WHO	STI Treatment Guidelin	ies?	
,	•	,			No
5a) Neisseria gonorrhoe	eae (gonorrhoea)				
5b) Chlamydia trachom	· -				
5c) Herpes simplex viru	s: (Genital herpes)				
5d) Treponema pallidur	n (syphilis)			-	
			·		
6. Does the country have for	ormal national STI treat	tment guidelines?			
1= Yes	2:	= No (<i>Go to</i> Q6d)		_	
If Q6= Yes, Complete Q		o Q7.			
If Q6= No, Complete Q	5d and Go to Q7.				
6) 15 6 6 14 1		,			_
6a) If Q6= Yes , when w	•	ar)			
9999 if Don't know	or Data not available				
61.7.16.00.11	22451441255		6 6 11 1	г	_
6b) If Q6= Yes , were th		ment guidelines used a	s a reference for the de	velopment	
· ·	tional STI guidelines?	2 5 1:1	4.5.		
1= Yes	2= No	3= Don't know	4= Data not a	vailable	
Calle OC Van annait.			a da alamanatian al CTLA		
6c) If Q6= Yes , specify	which reference docum	nents nave been used t	•	_	
Cody Mail Contraction	mont quidalina -		ı	Yes N	No
6c1) WHO STI treatr				⊣ ⊦	\dashv
6c2) US CDC STD tre	<u> </u>	ha		⊣ ⊦	_
· · · · · · · · · · · · · · · · · · ·	guidelines from a neigh	•		⊣ ⊦	_
<u> </u>	Inion of STI treatment g			⊣ ⊦	\dashv
	nes - British Association	n for Sexual Health and	HIV	⊣ ⊦	_
6c6) Other				L	
i					



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PROJECT ID:			Date form complete	ed:	
A 6 5 9 9 6			Day Month	Year	
			2	0 1 9	
Name of Country:					_
II CTI trootmont quidoli	nos (Continued)				
II - STI treatment guideli	which documents are use	ed to guide treatment o	of STIs?		
out if QU - 110, specify w	vineri adeaments are asc	ed to guide treatment o	7 5115:	Yes N	No
6d1) WHO STI treatr	nent guidelines			Ď Ė	Ī
6d2) US CDC STD tre	•				
•	guidelines from a neighb	our country			
	nion of STI treatment gu	•			
6d5) BASHH Guidelir	nes - British Association	for Sexual Health and H	IIV		
6d6) Other					
6d6s) If Other= Y	'es , please specify:				_
7 CT			. 11 2	Г	_
7. Have any STI treatment g				L	
1= Yes	2= NO, NOT 10	rmally distributed (Go t	0 (18)		
7a) Posted on website:		1= Yes	2= No (<i>Go to</i> Q7	'b)	
7as) If Yes , please p	rovide the link:		. (٠, ـ	
, , , ,					_
7b) Email distribution:		1= Yes	2= No (Go to Q7	'c)	
If Yes , to whom/at v	what level:				
				Yes N	No
7b1) Sub-national (p	rovinces/states)				_
7b2) Districts					_
7b3) Clinics					_
7b4) Clinicians/care	•				_
7b5) NGOs/other or	ganizations				
7c) Hard copies distribu	ted·	1= Yes	2= No (Go to Q7	/d)	\neg
If Yes , to whom/at w		1- 103	2 110 (00 10 Q)	ω <i>γ</i>	
ii res, to whom, at v	Wilde level.			Yes N	No
7c1) Sub-national (p	rovinces/states)			rii i	Ä
7c2) Districts	, , , , , , , , , , , , , , , , , , , ,				_
7c3) Clinics					
7c4) Clinicians/care	providers				
7c5) NGOs/other org	•				
					_
	entations or other forms		gs:	L	
1= Yes	2= No (<i>Go</i>	o to Q7e)			
If Yes , to whom/at w	what level:				
= 14) 0 1 17				Yes N	No
7d1) Sub-national (p	rovinces/states)			\vdash	_
7d2) Districts				\vdash	\dashv
7d3) Clinics	providors			\vdash	\dashv
7d4) Clinicians/care				\vdash	\dashv
7d5) NGOs/other or	gailleations				
7e) Other:		1= Yes	2= No (Go to Q8	з) Г	\neg
	olease provide a short de		· ·		
. 55, 11 5 11 1 1 1 5 7		and the proces			_



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Organization	STI Activities As	sessment at	t Country Level		V1.0 (11 Jun 201	19)
PROJECT ID: A 6 5 9 9 6				m completed: Wonth Y 2 0	ear	
Name of Country:					-	_
II - National STI prioritie						
	ority level of each of these inte programme implementation (H				•	:
INTERVENTION		HIGH	MEDIUM	LOW	NOT A PRIORITY OR NOT DONE	
8a) Elimination of moth of HIV & syphilis	er-to-child Transmission					
8b) HPV Vaccine for you	ung women					
8c) Condom distribution	1					
8d) STI syndromic mana	gement					
8e) STI surveillance and	monitoring					
8f) Antimicrobial resista of gonococcal isolates	ince monitoring					
8g) STI screening among populations of MSM and						
8h) STI screening condu	cted among persons with HIV					
8i) Provision of STI servi	ices for adolescents					
V - Location of STI care	services					
). Sexually transmitted infe	ection care services are provide	ed in which o	of the following	clinical settin	gs?	
	are services is defined as presondromic or etiological), treatm		-	•	•	
					ated percentage of a ivered in this setting	
9a) Primary care clinics		Yes	No		ow or Data not availabl	_
9b) Reproductive health	n clinics					
9c) HIV clinics	. cilines					
9d) Family planning clin	ics					
9e) Antenatal/postnata					——————————————————————————————————————	
9f) Specialized STI clinic						
	ices (MSM, sex workers)				%	
9h) Adolescent healthca		_ 			 T%	
9i) Prison settings						



1= Yes

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Organization	STI A	STI Activities Assessment at Country Level					V1.0 (11 Jun 2019				
PROJECT ID:						Date for	m comp	leted:			
A 6 5 9 9 6							Month	Ye	ar		
								2 0	1 9		
Name of Country:											
' - Surveillance systems											
0. Is STI surveillance or mo	onitoring being don	e in vo	ur cour	ntrv?							
1= Yes	0 0	•	o (Go t	•)						
10a) If Yes , Which surve	eillance or monitori	ng eler	ments a	are incl	uded?			,			NI.
10a1) Periodic STI pr	revalence survev an	nong g	eneral :	and his	h risk p	opulation	S	ſ	Yes		No
10a2) Etiologic asses					, ,	•		•			
10a3) STI case repor	ting										
10b) If Q10a3= Yes , wh	ich STIs are reporte	d at di	fferent	levels	of the h	nealth syst	em?				
		a- Univ	ersal	b- STI	Clinics	c- Sentine	l Sites	d- Privat	e Sector	e- Lab	oratories
		Yes	No	Yes	No	Yes	No	Yes	No		
10b1) Syndrome: Ur	ethral discharge			Ш	Ш	Ш			Ш		
10b2) Syndrome: Ge	enital Ulcer Disease										
10b3) Syndrome: Va	ginal discharge										
										Vos	No
10b4) Etiologies: Syp	philis		\Box							Yes	No
10b5) Etiologies: Go	norrhoea				Ш	Ш	Ш			Ш	
10b6) Etiologies: Chl	amydia										
10b7) Etiologies: Trio	chomoniasis										
10b8) Etiologies: Syp	ohilis in										
pregnant women											
10c) Is STI surveillance o	or monitoring integ	rated v	vithin t	he nati	onal he	alth inforr	mation s	vstem (NHIS)?		
1= Yes	or mornioning integr	2= N		ne nati	onar ne		114610113	ystem (
10d) Is the surveillance	data disaggregated	l by:									
								, Г	Yes		No
10d1) age:									\dashv		H
10d2) sex: 10d3) location:									\dashv		H
10d3) location: 10d4) population:									\dashv		
_cc.i, populationi								Ļ			ш

11. Is the country entering HIV indicators into the UNAIDS Global AIDS Monitoring System?

2= No (Go to Q13)



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A 6 5 9 9 6			Day	Month	Year]
					2 0 1 9	1
Name of Country:				-		-
V - Surveillance systems (Continue	ed)					
12. Is the country entering STI indicate			_	•		
1= Yes (<i>Complete</i> Q12a to Q12h a	nd <i>Go to</i> Q13)	2= No (G	o to Q1	2i)		
If Q12= Yes , check which STI indica	ators are entered into the	UNAIDS Glo	obal AID	S Monito	ring System:	
Q22 165, encon which six maner	neoro are entered into the	. 011, 1120 010	, Dai 7 11 D		Yes	No
12a) Syphilis screening coverage a	mong pregnant women ir	n antenatal d	care clin	ics		
12b) Syphilis positivity among preg						
12c) Syphilis treatment coverage a						
antenatal care clinics	. 61 -6	0				
12d) Congenital syphilis case rate						
12e) Syphilis screening and positiv	ity in MSM					
12f) Syphilis screening and positivi	•					
12g) Urethral discharge case rate i	•					
12h) Gonorrhoea case rate in men						
·						
12i) If Q12= No , why?						
VII Flimingtion of Bookhoute Chile	I Tura u consideration and LUNG.	al C la :1: a				
VI - Elimination of Mother to Child	i transmission of HIV a	ına Sypnilis	•			
13. Is there a national strategy for the	Elimination of Mother-to	-Child Trans	micciar	of HIV a	nd Synhilic?	
	No (<i>Go to</i> Q14)				only (<i>Go to</i> Q	114)
1- 163	10 (00 to Q14)	3-	163, bu	t ioi iiiv	only (Go to Q	,± + /
13a) If <i>Yes</i> , add and/or provide lin	k to the CS case definition	n				
13b) If <i>Yes,</i> is the country planning	to validate elimination o	of vertical tra	ınsmissi	on of bot	h HIV and syp	hilis or
Path to Elimination?						
1= Yes	2= No					
13c) If <i>Yes,</i> which year is country i		O validation				
of elimination (EMTCT) or Path						2 0
99 if Don't know or Data not c	ıvailable					
14. Is there a national policy for scree		r HIV?				
1= Yes 2= 1	No (<i>Go to</i> Q15)					
14a) If Was In account in a saluming	a the average of					
14a) If <i>Yes</i> , how many times durin	g the pregnancy:					<u> </u>
14b) If Yes, is the country screenin	a at delivery?					
	g at delivery: 2= No					
1- 162	2- INU					
15. Is there a national policy for scree	ning nregnant women fo	r synhilic?				
1= Yes 2=		a syprims:				
15a) If Yes , how many times durin	g the pregnancy?					
and the second s	0 10					
15b) If <i>Yes,</i> is the country screenin	g at delivery?					
	_ ,					

2= No

1= Yes



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	Organization	Sī	TI Activities Assess	ment at Cou	ntry Level		V1.0 (11 J	lun 2019)
PRO	DJECT ID:				Date form c	ompleted:		
Α	6 5 9 9 6				Day Mor			
						2 0	1 9	
Nar	ne of Country:							
VI - Eli	mination of Moth	er to Child Tra	nsmission of HIV	and Syphili	s (Continuea	()		
				/ [-		,		
16. Are	e pregnant women r	outinely screene	ed for any of the fo	llowing STIs?)			
						Yes		No
) HIV							Ш
) Syphilis							
) Gonorrhoea							Ш
) Chlamydia							
) Trichomoniasis	(,,,,,,)						
	Human papillomav	irus (HPV)						
_) Genital herpes							Н
) Hepatitis B							H
-	Hepatitis C) Other							H
1011) Other							
	16hs) If <i>Other= Yes</i> ,	please specify:						
	rapid syphilis tests		·	5?				
1= 1	Yes	2= No (<i>G</i>	io to Q18)					
17a) If your country use	s rapid syphilis t	tests in ANC have v	ou experienc	ced stockouts	of test kits?		
	1= Yes	2= No	•	·				
18. Are	dual HIV/syphilis te	sts used in ante	enatal care (ANC) c	linics?				
1=			io to Q19)					
182) If <i>Yes,</i> please spec	ify brand:						
100	, 11 763, pied36 3pee	iry brana.						
18b) If <i>Yes,</i> please spec	ify price:						
VII - Sc	reening, Diagnosi	s, and Treatme	ent of STIs					
19. Are	key populations of	men who have s	sex with men (MSN	=		ed for any of		_
				1- M			2- Sex v	
100) LIIV			Yes	No		Yes	No
) HIV) Syphilis			\mathbf{H}			Н	-
) Gonorrhoea						\vdash	
) Chlamydia			H			H	H
) Trichomoniasis			H	H		H	\vdash
	Human papillomav	irus (HPV)						
) Genital herpes	(/		H	H		H	H
_) Hepatitis B			H	\square		H	H
	Hepatitis C			Н			П	\Box
	Other							
								
	19js) If Other= Yes ,	please specify:						



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PROJECT ID:				
PROJECTID.		Date form comple	eted:	
A 6 5 9 9 6		Day Month	Year	٦
[A] 0 3 3 5 0			2 0 1 9	,
Name of Country:			2 0 1 3	_
ivanie of Country.				
VII - Screening, Diagnosis	s, and Treatment of STIs (Contin	nued)		
O , O	•	•		
20. Which of the following	diagnostic tests are available for ST	ΓΙ diagnosis for the general popu	ulation?	
_	_		Yes	No
20a) HIV				
20b) Syphilis				
20c) Gonorrhoea				
20d) Chlamydia				
20e) Trichomoniasis				
20f) Human papillomavi	irus (HPV)			
20g) Genital herpes				
20h) Hepatitis B				
20i) Hepatitis C				
20j) Other				
,,				
20js) If Other= Yes ,	please specify:			
21. Have any studies been o	conducted in the country to identif	y the common etiologies of STI	syndromes	
(urethral discharge, vag	inal discharge, genital ulcer disesas	se)?		
1= Yes	2= No (<i>Go to</i> Q22)			
21a) Year of the latest v	version of the study:			
9999 if Don't know	or Data not available			
2414) 5				
21b1) Provide WEB Link				
·	Available .			
OR				
OR	WEB link is Not available:			
OR 21b2) Check the box if V	WEB link is Not available:	al discharge?		
OR 21b2) Check the box if V		ıl discharge?	Yes	
OR 21b2) Check the box if V 22. What are the recomme	WEB link is Not available:	ıl discharge?	Yes	No
OR 21b2) Check the box if N 22. What are the recomme 22a) Acyclovir	WEB link is Not available:	ıl discharge?	Yes	No
OR 21b2) Check the box if N 22. What are the recomme 22a) Acyclovir 22b) Azithromycin	WEB link is Not available: ended medications used for urethra	ıl discharge?	Yes	No
OR 21b2) Check the box if N 22. What are the recomme 22a) Acyclovir 22b) Azithromycin 22c) Benzathine penicill	WEB link is Not available: ended medications used for urethra	ıl discharge?	Yes	No
OR 21b2) Check the box if N 22. What are the recomme 22a) Acyclovir 22b) Azithromycin 22c) Benzathine penicill 22d) Ceftriaxone	WEB link is Not available: ended medications used for urethra	ıl discharge?	Yes	No
OR 21b2) Check the box if No. 22. What are the recomme 22a) Acyclovir 22b) Azithromycin 22c) Benzathine penicill 22d) Ceftriaxone 22e) Cefixime	WEB link is Not available: ended medications used for urethra	ıl discharge?	Yes	No
OR 21b2) Check the box if N 22. What are the recomme 22a) Acyclovir 22b) Azithromycin 22c) Benzathine penicill 22d) Ceftriaxone 22e) Cefixime 22f) Doxycycline	WEB link is Not available: ended medications used for urethra	ıl discharge?	Yes	No
OR 21b2) Check the box if No. 22. What are the recomme 22a) Acyclovir 22b) Azithromycin 22c) Benzathine penicill 22d) Ceftriaxone 22e) Cefixime	WEB link is Not available: ended medications used for urethra	ıl discharge?	Yes	No
OR 21b2) Check the box if No. 22. What are the recomme 22a) Acyclovir 22b) Azithromycin 22c) Benzathine penicill 22d) Ceftriaxone 22e) Cefixime 22f) Doxycycline 22g) Metronidazole 22h) Other	WEB link is Not available: ended medications used for urethra	ol discharge?	Yes	No
OR 21b2) Check the box if N 22. What are the recomme 22a) Acyclovir 22b) Azithromycin 22c) Benzathine penicill 22d) Ceftriaxone 22e) Cefixime 22f) Doxycycline 22g) Metronidazole	WEB link is Not available: ended medications used for urethra	ıl discharge?	Yes	No
OR 21b2) Check the box if No. 22. What are the recomme 22a) Acyclovir 22b) Azithromycin 22c) Benzathine penicill 22d) Ceftriaxone 22e) Cefixime 22f) Doxycycline 22g) Metronidazole 22h) Other	WEB link is Not available: ended medications used for urethra	Il discharge?	Yes	No
OR 21b2) Check the box if No. 22. What are the recomme 22a) Acyclovir 22b) Azithromycin 22c) Benzathine penicill 22d) Ceftriaxone 22e) Cefixime 22f) Doxycycline 22g) Metronidazole 22h) Other	WEB link is Not available: ended medications used for urethra	ol discharge?	Yes	No
OR 21b2) Check the box if No. 22. What are the recomme 22a) Acyclovir 22b) Azithromycin 22c) Benzathine penicill 22d) Ceftriaxone 22e) Cefixime 22f) Doxycycline 22g) Metronidazole 22h) Other	WEB link is Not available: ended medications used for urethra	Il discharge?	Yes	No
OR 21b2) Check the box if No. 22. What are the recomme 22a) Acyclovir 22b) Azithromycin 22c) Benzathine penicill 22d) Ceftriaxone 22e) Cefixime 22f) Doxycycline 22g) Metronidazole 22h) Other	WEB link is Not available: ended medications used for urethra	Il discharge?	Yes	No
OR 21b2) Check the box if No. 22. What are the recomme 22a) Acyclovir 22b) Azithromycin 22c) Benzathine penicill 22d) Ceftriaxone 22e) Cefixime 22f) Doxycycline 22g) Metronidazole 22h) Other	WEB link is Not available: ended medications used for urethra	ol discharge?	Yes	No



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	,,,,,,	(
PROJECT ID:	Date form completed	:
A 6 5 9 9 6		Year
		0 1 9
Name of Country:		
VII - Screening, Diagnosis	s, and Treatment of STIs (<i>Continued</i>)	
22 What are the recomme	nded medications used for vaginal discharge?	
23. What are the recomme	nded medications used for vaginal discharge?	es No
23a) Acyclovir		
23b) Azithromycin	-	┥ ⊢
23c) Benzathine penicill	in	┥ ⊢
23d) Ceftriaxone	""	┥ ⊢
23e) Cefixime	-	┥ ⊢
23f) Doxycycline	-	┥ ⊢
23g) Metronidazole		1
23h) Other		1
23hs) If Other= Yes ,	please specify:	
24. What are the recomme	nded medications used for genital ulcer disease?	os No
24a) Acyclovir		es No
24b) Azithromycin	-	┥ ⊢
24c) Benzathine penicill	in	┥ ⊢
24d) Ceftriaxone	···	┥ ⊢
24e) Cefixime	-	┥ ⊢
24f) Doxycycline	-	┥ ⊢
24g) Metronidazole		1
24h) Other		1
24hs) If Other= Yes ,	please specify:	
25. Which medications are	on the national formulary or procurement list for treatment of STIs?	
	<u>Y</u> .	es No
25a) Acyclovir		4 4
25b) Azithromycin		4 4
25c) Benzathine penicill	in	4 4
25d) Ceftriaxone		
25e) Cefixime	_	
25f) Doxycycline	_	
25g) Metronidazole	_	
25h) Other	L	
25hs) If <i>Other= Yes</i> ,	please specify:	



28b) Name of test method:

Evaluation of the Global STI Strategy: Country STI Survey STI Activities Assessment at Country Level

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Organization	STI Activities Assessment at	V1.0 (11 Jun 2019)	
PROJECT ID: A 6 5 9 9 6 Name of Country:		Date form completed: Day Month Y 2 0	ear
	s, and Treatment of STIs (Continued)		
6. Has the country experie	enced stockouts of STI medications?	If Yes , year when	stockout was identified
			v or Data not available)
26a) Acyclovir	Yes	No First identified	Last identified
26b) Azithromycin			
26c) Benzathine penicill	in \square		
26d) Ceftriaxone			
26e) Cefixime			
26f) Doxycycline			
26g) Metronidazole			
26h) Crystalline penicilli	n		
26i) Other			
26is) If <i>Other= Yes</i> , please specify:			
III - Surveillance for An	timicrobial Resistance (AMR) in Gonor	rhoea/Gonococcal isolate	s
7. Is antimicrobial suscept 1= Yes	ibility testing performed by your national i 2= No (<i>Go to</i> Q29)	reference lab?	
1= Yes	ceptibility testing for gonorrhoea perform 2= No (<i>Go to</i> Q29) vide name of national reference lab:	ed by your national reference	e lab?
27 d3) 11 123) pred3e) pre	vide name of national reference last		
27b) If <i>Yes,</i> were the res 1= Yes	sults used to inform treatment schemes? 2= No		
8. Is surveillance of gonoc 1= Yes	occal antimicrobial susceptibility conducte 2= No (<i>Go to</i> Q29)	d in your country?	
	eudy of susceptibility testing: ow or <i>Data not available</i>		



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PROJECT ID:					
Α	6	5	9	9	6

Date form completed:

Month 0 1 Name of Country: IX. HPV vaccination, screening, diagnosis, and treatment 29. Is the human papillomavirus (HPV) vaccine included in the national immunization schedule? 1= Yes 2= No (**Go to** Q30) 29a) If Q29= Yes, please provide the WEB link of National immunization schedule: 29a1) Provide WEB link if Available: OR 29a2) Check the box if WEB link is Not available: 29b) If Q29= Yes, to whom and at what age? 29b1) Adolescent girls: 2= No 1= Yes 29b2) Adolescent girls and boys: 1= Yes 2= No 29b3) Age range for HPV vaccine: 99 if Don't know 29b4) Is the human papillomavirus (HPV) vaccine for PLHIV included in the national immunization schedule? 29b4a) If Yes, what is the age range for PLHIV: 99 if Don't know 29b5) Is the human papillomavirus (HPV) vaccine for MSM included in the national immunization schedule? 1= Yes 2= No 29b5a) If Yes, what is the age range for MSM: 99 if Don't know 30. Does your country have a national cancer registry that includes cervical cancer? 2= No (**Go to** Q31) 1= Yes 30a) Population based 30b) Hospital based 30c) National 30d) Sub-National 31. Is screening for cervical cancer available for general populations of women between the ages of 35 and 55? 2= No (*Go to* Q33) 1= Yes



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PROJECT ID: A 6 5 9 9 6	Date form completed: Day Month Year 2 0 1 9	
Name of Country:		
IX. HPV vaccination, screening, diagnosis, and treatme	nt (Continued)	
32. If cervical cancer screening is available, which tests are u	sed? Yes No	
32a) PAP smear/test		
32b) HPV test		
32bs) If <i>HPV test=Yes</i> , please provide which HPV test	is used:	
32c) Acetic acid testing		
32d) Visual inspection only		
32e) Other		
32es) If <i>Other= Yes</i> , please specify:		
33. What treatments are used for patients with abnormal ce	- "	
33a) Thermo ablation	Yes No	
33a) Thermo ablation 33b) Cryotherapy (liquid nitrogen)	H H	
33c) Loop Electrosurgical Excision Procedure or conizatio	, Н Н	
33d) Surgical removal with other procedure	" H H	
33e) Other	H H	
33es) If Other= Yes , please specify:		
Socsy ii Other – res, please speeliy.		
X - Technical assistance		
34.Is the country in need to WHO technical assistance?		
1= Yes 2= No (<i>Go to</i> Q31)		
If Yes , on which areas?	Yes No	
34a) Development of National STI strategy		
34b) Development of National STI treatment guidelines	П П	
34c) STI care services	П П	
34d) STI surveillance	П П	
34e) EMTCT of HIV and syphilis	П П	
34f) Screening, diagnosis and treatment		
34g) Surveillance in AMR resistance in Gonorrhoea	П П	
34h) HPV vaccination, screening, diagnosis and treatment		
35.What other technical partners / agencies are supporting y	you in the STI provention	
and control services, and in which particular area?		
26 What is the main source of funding support for implemen	station of CTI related	
36. What is the main source of funding support for implemen	itation of Sti-Telateu	
prevention and control programmes in country? (Date and Sign questionnaire)		
To be completed by Responder:	To be completed by Data Entry Operator:	
To be completed by Responder.	To be completed by Data Littly Operator.	
Name:	Name:	
Signature:	Signature:	
<u> </u>		
Day Month Year	Day Month Year	
Date: 2 0 1 9	Date: 2 0 1 9	