

PROJECT ID:

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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 **Other**, 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: _____

Date:

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I - STI strategy (Continued)

2e4) Trainings/oral presentations or other forms of face-to-face meetings:

1= Yes 2= No (**Go to** Q2e5)

If **Yes**, to whom/at what level:

2e4a) Sub-national (provinces/states)

2e4b) Districts

2e4c) Clinics

2e4d) Clinicians/care providers

2e4e) NGOs/other organizations

Yes

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

No

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

2e5) Other:

1= Yes 2= No (**Go to** Q3)

2e5s) If Other= **Yes**, please provide a short description of the process: _____

3. Has the WHO Global Health Sector Strategy on Sexually Transmitted Infections 2016 been used to guide any new or updated STI policies or programmatic activities?

1= Yes 2= No 3= Don't know 4= Data not available

4. Has the WHO Global Health Sector Strategy on Sexually Transmitted Infections 2016 been disseminated within your country and how?

1= Yes 2= No, not formally distributed (**Go to** Q5)

4a) Posted on website:

1= Yes 2= No (**Go to** Q4b)

4as) If **Yes**, please provide the link: _____

4b) Email distribution:

1= Yes 2= No (**Go to** Q4c)

If **Yes**, to whom/at what level:

4b1) Sub-national (provinces/states)

4b2) Districts

4b3) Clinics

4b4) Clinicians/care providers

4b5) NGOs/other organizations

Yes

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

No

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

4c) Hard copies distributed:

1= Yes 2= No (**Go to** Q4d)

If **Yes**, to whom/at what level:

4c1) Sub-national (provinces/states)

4c2) Districts

4c3) Clinics

4c4) Clinicians/care providers

4c5) NGOs/other organizations

Yes

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

No

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>



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II - STI treatment guidelines (Continued)

6d) If **Q6= No**, specify which documents are used to guide treatment of STIs?

Yes

No

6d1) WHO STI treatment guidelines

6d2) US CDC STD treatment guidelines

6d3) STI treatment guidelines from a neighbour country

6d4) International Union of STI treatment guidelines

6d5) BASHH Guidelines - British Association for Sexual Health and HIV

6d6) Other

6d6s) If **Other= Yes**, please specify: _____

7. Have any STI treatment guidelines been disseminated in your country and how?

1= Yes

2= No, not formally distributed (**Go to** Q8)

7a) Posted on website:

1= Yes

2= No (**Go to** Q7b)

7as) If **Yes**, please provide the link: _____

7b) Email distribution:

1= Yes

2= No (**Go to** Q7c)

If **Yes**, to whom/at what level:

Yes

No

7b1) Sub-national (provinces/states)

7b2) Districts

7b3) Clinics

7b4) Clinicians/care providers

7b5) NGOs/other organizations

7c) Hard copies distributed:

1= Yes

2= No (**Go to** Q7d)

If **Yes**, to whom/at what level:

Yes

No

7c1) Sub-national (provinces/states)

7c2) Districts

7c3) Clinics

7c4) Clinicians/care providers

7c5) NGOs/other organizations

7d) Trainings/oral presentations or other forms of face-to-face meetings:

1= Yes

2= No (**Go to** Q7e)

If **Yes**, to whom/at what level:

Yes

No

7d1) Sub-national (provinces/states)

7d2) Districts

7d3) Clinics

7d4) Clinicians/care providers

7d5) NGOs/other organizations

7e) Other:

1= Yes

2= No (**Go to** Q8)

7es) If **Other= Yes**, please provide a short description of the process: _____



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III - National STI priorities

8. Please designate the priority level of each of these interventions in your country for STI control and prevention. Choose one priority level for programme implementation (High, Medium, Low, Not a Priority or Not Done) per intervention:

INTERVENTION	HIGH	MEDIUM	LOW	NOT A PRIORITY OR NOT DONE
8a) Elimination of mother-to-child Transmission of HIV & syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b) HPV Vaccine for young women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8c) Condom distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8d) STI syndromic management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8e) STI surveillance and monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8f) Antimicrobial resistance monitoring of gonococcal isolates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8g) STI screening among high-risk populations of MSM and sex workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8h) STI screening conducted among persons with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8i) Provision of STI services for adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV - Location of STI care services

9. Sexually transmitted infection care services are provided in which of the following clinical settings?

Note: Presence of STI care services is defined as presence of a health professional capable of STI management, including diagnosis (syndromic or etiological), treatment, counseling, and partner management

If **Yes**, estimated percentage of all STI care delivered in this setting
999 if **Don't know** or **Data not available**

	Yes	No	
9a) Primary care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
9b) Reproductive health clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
9c) HIV clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
9d) Family planning clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
9e) Antenatal/postnatal care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
9f) Specialized STI clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
9g) Key population services (MSM, sex workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
9h) Adolescent healthcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
9i) Prison settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> %



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V - Surveillance systems

10. Is STI surveillance or monitoring being done in your country?

1= Yes

2= No (**Go to** Q11)

10a) If **Yes**, Which surveillance or monitoring elements are included?

- 10a1) Periodic STI prevalence survey among general and high risk populations
- 10a2) Etiologic assessment of STI syndromes
- 10a3) STI case reporting

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

10b) If **Q10a3= Yes**, which STIs are reported at different levels of the health system?

	a- Universal		b- STI Clinics		c- Sentinel Sites		d- Private Sector		e- Laboratories	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10b1) Syndrome: Urethral discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10b2) Syndrome: Genital Ulcer Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10b3) Syndrome: Vaginal discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10b4) Etiologies: Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10b5) Etiologies: Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10b6) Etiologies: Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10b7) Etiologies: Trichomoniasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10b8) Etiologies: Syphilis in pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10c) Is STI surveillance or monitoring integrated within the national health information system (NHIS)?

1= Yes

2= No

10d) Is the surveillance data disaggregated by:

- 10d1) age:
- 10d2) sex:
- 10d3) location:
- 10d4) population:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

1= Yes

2= No (**Go to** Q13)



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V - Surveillance systems (Continued)

12. Is the country entering STI indicators into the UNAIDS Global AIDS Monitoring System?

1= Yes (**Complete** Q12a to Q12h and **Go to** Q13)

2= No (**Go to** Q12i)

If **Q12= Yes**, check which STI indicators are entered into the UNAIDS Global AIDS Monitoring System:

	Yes	No
12a) Syphilis screening coverage among pregnant women in antenatal care clinics	<input type="checkbox"/>	<input type="checkbox"/>
12b) Syphilis positivity among pregnant women in antenatal care clinics	<input type="checkbox"/>	<input type="checkbox"/>
12c) Syphilis treatment coverage among pregnant women testing positive in antenatal care clinics	<input type="checkbox"/>	<input type="checkbox"/>
12d) Congenital syphilis case rate	<input type="checkbox"/>	<input type="checkbox"/>
12e) Syphilis screening and positivity in MSM	<input type="checkbox"/>	<input type="checkbox"/>
12f) Syphilis screening and positivity in sex workers	<input type="checkbox"/>	<input type="checkbox"/>
12g) Urethral discharge case rate in men	<input type="checkbox"/>	<input type="checkbox"/>
12h) Gonorrhoea case rate in men	<input type="checkbox"/>	<input type="checkbox"/>

12i) If **Q12= No**, why? _____

VI - Elimination of Mother to Child Transmission of HIV and Syphilis

13. Is there a national strategy for the Elimination of Mother-to-Child Transmission of HIV and Syphilis?

1= Yes

2= No (**Go to** Q14)

3= Yes, but for HIV only (**Go to** Q14)

13a) If **Yes**, add and/or provide link to the CS case definition _____

13b) If **Yes**, is the country planning to validate elimination of vertical transmission of both HIV and syphilis or Path to Elimination?

1= Yes

2= No

13c) If **Yes**, which year is country planning to apply for WHO validation of elimination (EMTCT) or Path to Elimination?

2	0		
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99 if **Don't know** or **Data not available**

14. Is there a national policy for screening pregnant women for HIV?

1= Yes

2= No (**Go to** Q15)

14a) If **Yes**, how many times during the pregnancy?

14b) If **Yes**, is the country screening at delivery?

1= Yes

2= No

15. Is there a national policy for screening pregnant women for syphilis?

1= Yes

2= No

15a) If **Yes**, how many times during the pregnancy?

15b) If **Yes**, is the country screening at delivery?

1= Yes

2= No



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VII - Screening, Diagnosis, and Treatment of STIs (Continued)

20. Which of the following diagnostic tests are available for STI diagnosis for the general population?

20a) HIV

Yes

No

20b) Syphilis

20c) Gonorrhoea

20d) Chlamydia

20e) Trichomoniasis

20f) Human papillomavirus (HPV)

20g) Genital herpes

20h) Hepatitis B

20i) Hepatitis C

20j) Other

20js) If **Other= Yes**, please specify: _____

21. Have any studies been conducted in the country to identify the common etiologies of STI syndromes (urethral discharge, vaginal discharge, genital ulcer disease)?

1= Yes

2= No (**Go to** Q22)

21a) Year of the latest version of the study:

9999 if **Don't know** or **Data not available**

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21b1) Provide WEB Link if **Available**: _____

OR

21b2) Check the box if WEB link is **Not available**:

22. What are the recommended medications used for urethral discharge?

22a) Acyclovir

22b) Azithromycin

22c) Benzathine penicillin

22d) Ceftriaxone

22e) Cefixime

22f) Doxycycline

22g) Metronidazole

22h) Other

Yes

No

22hs) If **Other= Yes**, please specify: _____



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VII - Screening, Diagnosis, and Treatment of STIs (Continued)

23. What are the recommended medications used for vaginal discharge?

	Yes	No
23a) Acyclovir	<input type="checkbox"/>	<input type="checkbox"/>
23b) Azithromycin	<input type="checkbox"/>	<input type="checkbox"/>
23c) Benzathine penicillin	<input type="checkbox"/>	<input type="checkbox"/>
23d) Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>
23e) Cefixime	<input type="checkbox"/>	<input type="checkbox"/>
23f) Doxycycline	<input type="checkbox"/>	<input type="checkbox"/>
23g) Metronidazole	<input type="checkbox"/>	<input type="checkbox"/>
23h) Other	<input type="checkbox"/>	<input type="checkbox"/>

23hs) If **Other= Yes**, please specify: _____

24. What are the recommended medications used for genital ulcer disease?

	Yes	No
24a) Acyclovir	<input type="checkbox"/>	<input type="checkbox"/>
24b) Azithromycin	<input type="checkbox"/>	<input type="checkbox"/>
24c) Benzathine penicillin	<input type="checkbox"/>	<input type="checkbox"/>
24d) Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>
24e) Cefixime	<input type="checkbox"/>	<input type="checkbox"/>
24f) Doxycycline	<input type="checkbox"/>	<input type="checkbox"/>
24g) Metronidazole	<input type="checkbox"/>	<input type="checkbox"/>
24h) Other	<input type="checkbox"/>	<input type="checkbox"/>

24hs) If **Other= Yes**, please specify: _____

25. Which medications are on the national formulary or procurement list for treatment of STIs?

	Yes	No
25a) Acyclovir	<input type="checkbox"/>	<input type="checkbox"/>
25b) Azithromycin	<input type="checkbox"/>	<input type="checkbox"/>
25c) Benzathine penicillin	<input type="checkbox"/>	<input type="checkbox"/>
25d) Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>
25e) Cefixime	<input type="checkbox"/>	<input type="checkbox"/>
25f) Doxycycline	<input type="checkbox"/>	<input type="checkbox"/>
25g) Metronidazole	<input type="checkbox"/>	<input type="checkbox"/>
25h) Other	<input type="checkbox"/>	<input type="checkbox"/>

25hs) If **Other= Yes**, please specify: _____



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VII - Screening, Diagnosis, and Treatment of STIs (Continued)

26. Has the country experienced stockouts of STI medications?

If **Yes**, year when stockout was identified
(9999 if *Don't know* or *Data not available*)

	Yes	No	First identified	Last identified
26a) Acyclovir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
26b) Azithromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
26c) Benzathine penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
26d) Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
26e) Cefixime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
26f) Doxycycline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
26g) Metronidazole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
26h) Crystalline penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
26i) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

26is) If **Other= Yes**, please specify: _____

VIII - Surveillance for Antimicrobial Resistance (AMR) in Gonorrhoea/Gonococcal isolates

27. Is antimicrobial susceptibility testing performed by your national reference lab?
1= Yes 2= No (**Go to** Q29)

27a) Is antimicrobial susceptibility testing for gonorrhoea performed by your national reference lab?
1= Yes 2= No (**Go to** Q29)

27as) If **Yes**, please, provide name of national reference lab: _____

27b) If **Yes**, were the results used to inform treatment schemes?
1= Yes 2= No

28. Is surveillance of gonococcal antimicrobial susceptibility conducted in your country?
1= Yes 2= No (**Go to** Q29)

28a) Year of latest study of susceptibility testing:
9999 if **Don't know** or **Data not available**

28b) Name of test method: _____

