

# Global reporting on viral hepatitis, HIV, and STIs 2025

Last updated: 10 July 2025

## Questionnaires

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# 1. Global reporting on viral hepatitis 2025



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## GLOBAL REPORTING ON VIRAL HEPATITIS 2025

The Seventy-fifth World Health Assembly (WHA) mandated WHO to work with countries on the strategies covering the period 2022-2030 and requested regular reports on progress. We therefore are pleased to invite you to report your country viral hepatitis data for year 2024. This data will be included in the preparation of the mid-term review of the strategies to be published early 2026 and presented at the Seventy-ninth WHA (2026).

The online reporting tool is available at [GLOBAL REPORTING ON VIRAL HEPATITIS 2025](#). An offline copy of the questionnaire for paper-based reporting can be shared directly upon request.

To support countries and ensure complete reporting, we have collected available country estimates (which the WHO regional office will make available) that you can use to fill gaps in reporting where program data is unavailable.

We suggest the following stepwise process for reporting which prioritizes country program data for reporting:

1. **Country data** – if you have validated country program data, please include this in the form. Country validated data is prioritized for development of the cascade of care and disease burden estimates.
2. **Country data already validated with WHO Regional Offices** – if the WHO regional office has completed an exercise with countries to validate hepatitis data, please include that data.
3. **WHO country estimates** – if there are major gaps in data, please review the 2022 hepatitis country estimates available on the WHO Global Health Observatory, as well as latest 2024 estimates which the WHO regional office will make available. If program data is unavailable for the relevant indicator, use the 2024 WHO estimates in the reporting form if you validate this data. Please include comments on any differences you find.
4. **Gaps in reporting** – as there would be gaps in information, we would prefer data to be filled in from the sources above. Please do not leave blanks. However, if there are gaps in the data where you do not find the above sources useful, you can leave the reporting cell empty and include a comment in the comments box. As a priority, please complete data on the cascade of diagnosis and treatment and comment on the burden data.

To facilitate the reporting, focal points are invited to attend virtual webinars on the reporting process on 25 June, 25 July, and 25 August 2025. Please reach out to your regional WHO Hepatitis and/or Strategic Information focal points for support in completing the data and for any validation and surveillance strengthening support.

On behalf of WHO HQ, Regional Office and country office, we would like to express our appreciation to you for supporting global hepatitis validation and reporting by **30 September 2025**.

Please address any questions to your country or regional WHO Hepatitis and/or Strategic Information focal points.

Thank you very much for your contribution.

Respondent information	
Name/s	-----
Organization/s	-----
Email/s	-----
Country	-----

WHO data policy
<input type="checkbox"/> I have read and accept <a href="#">the WHO personal data protection policy and WHO policy on the use and sharing of data collected by WHO in Member States outside the context of public health emergencies</a> .

## Programme data

Ref	Burden of infection – Estimated prevalence, incidence and mortality	Use WHO estimates	Report national data	Data & Year of data	
1.1	<b>Estimated</b> total number of people with chronic HBV infection (HBsAg positive) in the country by the end of 2024 (or latest year with data available)	<input type="checkbox"/>	<input type="checkbox"/>	Value Year	----- -----
1.2	<b>Estimated</b> total number of people with chronic HCV infection (HCV RNA or HCV core antigen) in the country by the end of 2024 (or latest year with data available)	<input type="checkbox"/>	<input type="checkbox"/>	Value Year	----- -----
1.3	<b>Estimated</b> HBsAg prevalence (%) among children five years or younger for the years 2020,2022, and 2024	<input type="checkbox"/>	<input type="checkbox"/>	2020 2022 2024	----- % ----- % ----- %
		<b>Data available</b>	<b>Data unavailable</b>		
1.4	<b>Estimated HDV</b> (anti-HDV IgG) prevalence amongst HBsAg-positive individuals in the country by the end of 2024 (or latest year with data available)	<input type="checkbox"/>	<input type="checkbox"/>	Value Year	----- % -----
		<b>Use WHO estimates</b>	<b>Report national data</b>		
1.5	Number of new HBV infections diagnosed in <b>2024</b>	<input type="checkbox"/>	<input type="checkbox"/>	Value Start month and year End month and year	----- ---/------ ---/------
1.6	Number of new HCV infections diagnosed in <b>2024</b>	<input type="checkbox"/>	<input type="checkbox"/>	Value Start month and year End month and year	----- ---/------ ---/------
1.7	Number of people initiated on HBV treatment in <b>2025</b>	<input type="checkbox"/>	<input type="checkbox"/>	Value Start month and year End month and year	----- ---/------ ---/------
1.8	Number of people initiated on HCV treatment in <b>2025</b>	<input type="checkbox"/>	<input type="checkbox"/>	Value Start month and year End month and year	----- ---/------ ---/------
1.9	Number of deaths from HCC, cirrhosis and chronic liver diseases attributable to chronic HBV or HCV in 2024	<input type="checkbox"/>	<input type="checkbox"/>	Value Start month and year End month and year	----- ---/------ ---/------

Ref	Cascade of care indicators for Hepatitis B	Use WHO estimates	Report national data	Data &Year	
2.1	Number of people living with chronic HBV infection who have <b>ever been diagnosed</b> (HBsAg positive) by end of 2024 (or latest year with data available)	<input type="checkbox"/>	<input type="checkbox"/>	Value Year of data	----- -----
2.2	Number of people with chronic HBV infection who have <b>ever been initiated</b> on antiviral treatment by end of 2024 (or latest year with data available)	<input type="checkbox"/>	<input type="checkbox"/>	Value Year of data	----- -----
2.3	Number of people ever diagnosed with chronic HBV infection and <b>are currently receiving</b> antiviral treatment by end of 2024 (or latest year with data available)	<input type="checkbox"/>	<input type="checkbox"/>	Value Year of data	----- -----

Ref	Cascade of care indicators for Hepatitis C	Use WHO estimates	Report national data	Data &Year	
<b>3.1</b>	Number of people <b>ever diagnosed</b> with chronic HCV infection (HCV RNA or HCV core antigen) by the end of 2024 (or latest year with data available)	<input type="checkbox"/>	<input type="checkbox"/>	Value Year of data	----- -----
<b>3.2</b>	Number of people with chronic HCV infection (HCV RNA) who have <b>ever been initiated</b> on treatment by the end of 2024 (or latest year with data available)	<input type="checkbox"/>	<input type="checkbox"/>	Value Year of data	----- -----

Ref	PMTCT of Hepatitis B Indicators	Data available	Data unavailable	Data & Period	
4.1	<b>Estimated</b> number of pregnant women attending antenatal care services in the year 2024* (*1 <sup>st</sup> ANC can be used as an alternative)	<input type="checkbox"/>	<input type="checkbox"/>	Value Start month and year End month and year	----- ---/------ ---/------
4.2	Number of pregnant women attending antenatal care services who <b>were tested for HBsAg</b> in the year 2024	<input type="checkbox"/>	<input type="checkbox"/>	Value Start month and year End month and year	----- ---/------ ---/------
4.3	Number of pregnant women attending antenatal care services who <b>tested positive for HBsAg in 2024</b>	<input type="checkbox"/>	<input type="checkbox"/>	Value Start month and year End month and year	----- ---/------ ---/------
4.4	Number of HBsAg-positive pregnant women who received hepatitis B antiviral therapy in the year 2024	<input type="checkbox"/>	<input type="checkbox"/>	Value Start month and year End month and year	----- ---/------ ---/------
4.5	Number of births to women with chronic hepatitis B in the previous 12 months (infants of HBsAg-positive mothers)	<input type="checkbox"/>	<input type="checkbox"/>	Value Start month and year End month and year	----- ---/------ ---/------
4.6	Number of infants newly infected with HBV in the previous 12 months from vertical transmission	<input type="checkbox"/>	<input type="checkbox"/>	Value Start month and year End month and year	----- ---/------ ---/------

Please enter any additional information.

## Viral hepatitis national policy and guidelines adoption status

5	Does your country currently have a national hepatitis strategic/ action plan which includes prevention, testing and treatment? (Select HBV and/or HCV as appropriate. Leave blank if country doesn't not have one.)	<b>HBV</b>	<b>HCV</b>	
	<ul style="list-style-type: none"> <li>The national strategic/ action plan has been <b>written</b></li> <li>The national action plan has been approved</li> <li>The national action plan has been implemented</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.a	The national hepatitis action/strategic plan is fully costed (if the plan is available/in draft)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
6	Does your country have a national plan for the elimination of vertical transmission of HBV as part of Triple elimination of HIV, Syphilis and HBV?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7	In your country, which of these costs for HBV and HCV services are covered/subsidized by the government (e.g. national/district/provincial governments, MoH, public insurance schemes). Select HBV and/or HCV as appropriate. Leave blank if not applicable i.e, expenses are paid out of pocket by patients.	<b>HBV</b>	<b>HCV</b>	
	<ul style="list-style-type: none"> <li>Testing and screening (HBsAg or Anti HCV) - for all populations.</li> <li>Testing and screening (HBsAg or Anti HCV) - for specific populations eg migrants, pregnant women, PWID, PLHIV</li> <li>Diagnosis and disease staging (HCV RNA/core antigen, HBV DNA)- for all populations.</li> <li>Antiviral medications - for all populations.</li> <li>Hospitalization and cancer treatment for all populations.</li> </ul>	<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"/>	
7a	<b>Impact on funding disruptions to programmes in 2025.</b> Please identify which areas, if any, have been affected in 2025 as a result of funding disruption for public health sectors in 2025:			
	<input type="checkbox"/> <i>Laboratory services</i> – Procurement of Hepatitis B diagnostics/ test kits <input type="checkbox"/> <i>Laboratory services</i> – Procurement of Hepatitis C diagnostics/ test kits <input type="checkbox"/> <i>Treatment services</i> – Procurement of drugs for Hepatitis B drugs <input type="checkbox"/> <i>Treatment services</i> – Procurement of drugs for Hepatitis C drugs	<input type="checkbox"/> <i>Human resource</i> – Staff salaries in hepatitis program/activities <input type="checkbox"/> <i>Hepatitis surveillance and M&amp;E</i> – routine reporting and surveys <input type="checkbox"/> <i>Other program activities</i> – supervision visits, training		
8	<b>HBV treatment guidelines</b> Are there national guidelines for the treatment and management of chronic hepatitis B?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.a	If Yes, state the year of publication/last update	Year: -----		
8.b	If No, state which guidelines are used for treatment of chronic hepatitis B in the country <input type="checkbox"/> WHO 2024 HBV guidelines <input type="checkbox"/> EASL <input type="checkbox"/> APSAL <input type="checkbox"/> Other (specify) -----			
9	Does the existing national HBV treatment guidelines in your country recommend treatment among all adults and adolescents (aged > 12) with:	<b>Yes</b>	<b>No</b>	<b>NA</b>
	<ul style="list-style-type: none"> <li>Fibrosis (≥F2) /APRI score &gt;0.5 regardless of HBV DNA or ALT</li> <li>HBV DNA&gt;2000 IU/mL and ALT above the upper limit</li> <li>Persistent abnormal ALT if no access to HBV DNA</li> <li>Co-infected with HIV</li> <li>Co-infected with HDV</li> <li>Co-infected with HCV</li> <li>Family history of liver cancer or cirrhosis</li> <li>Immunosuppression (long-term steroids, organ or stem transplant)</li> <li>Comorbidities eg diabetes, steatotic liver diseases</li> <li>Extrahepatic manifestation regardless of APRI score, HBV DNA or ALT levels</li> <li>All HBsAg positive women regardless of HBV DNA/disease progression</li> </ul>	<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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10	Which of the following regimens are used in the public sector for treatment of HBV	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
	<ul style="list-style-type: none"> <li>Tenofovir disoproxil fumarate (TDF)</li> <li>Entecavir (ETV)</li> <li>Tenofovir + Lamivudine (TDF+3TC)</li> <li>Tenofovir + Emtricitabine (TDF + FTC)</li> <li>Tenofovir alafenamide fumarate (TAF)</li> <li>Pegylated interferon</li> <li>Other</li> </ul>	<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"/> <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"/> <input type="checkbox"/>
11	Are all people who are diagnosed with HBV (HBsAg positive), tested for hepatitis D virus (HDV)? <input type="checkbox"/> Yes (HDV test done in all people with HBV) <input type="checkbox"/> No (HDV test done in specific groups of people with HBV) <input type="checkbox"/> NA (HDV test not done)			
11a	If yes, what is the number of HBsAg positive individuals who are co-infected with HDV?	-----		
12	<b>HCV treatment guidelines:</b> Are there national guidelines for the treatment and management of chronic hepatitis C?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12.a	If Yes, state the year of publication.	Year: -----		
12.b	If No, state which guidelines are used <input type="checkbox"/> WHO 2022 HCV guidelines <input type="checkbox"/> EASL <input type="checkbox"/> APSAL <input type="checkbox"/> Other (specify) -----			
13	Does your country have a national policy recommending HCV self-testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
14	Which of the following regimens are used in the public sector for HCV treatment?	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
	<ul style="list-style-type: none"> <li>Sofosbuvir/daclatasvir (SOF/DCV)</li> <li>Sofosbuvir/velpatasvir (SOF/VEL)</li> <li>Glecaprevir/pibrentasvir (G/P)</li> <li>Sofosbuvir/ledipasvir</li> <li>sofosbuvir/velpatasvir/voxilaprevir</li> <li>Interferon alpha</li> <li>Pegylated interferon</li> <li>Ribavirin</li> </ul>	<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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

15	Which of the following PMTCT policies are adopted in your country?				
	<input type="checkbox"/> Screening of all pregnant women for HBV (HBsAg testing) <input type="checkbox"/> Universal timely Hepatitis B birth dose (All newborn) <input type="checkbox"/> HBeAg or HBV DNA testing among all HBsAg positive pregnant women <input type="checkbox"/> Targeted timely Hepatitis B birth dose (Exposed newborn) <input type="checkbox"/> Provision of HBV antiviral therapy during pregnancy among HBV infected pregnant women <input type="checkbox"/> HCV screening among pregnant women <input type="checkbox"/> HBV immunoglobulin recommended to all HBV exposed infants				
15a	If your country has a policy on testing women for HBV during pregnancy, what is the status of implementation in public antenatal clinics?				
	<input type="checkbox"/> Implemented in few (<50%) <input type="checkbox"/> Implemented in many (50–95%) <input type="checkbox"/> Implemented countrywide (>95%) <input type="checkbox"/> NA (Policy not in place)				
16	Are the following adult populations covered by the hepatitis B vaccination policy?				
	<input type="checkbox"/> Healthcare workers <input type="checkbox"/> People who inject drugs <input type="checkbox"/> Military personnel <input type="checkbox"/> Commercial sex workers <input type="checkbox"/> Travelers <input type="checkbox"/> Men who have sex with men <input type="checkbox"/> People living with HIV <input type="checkbox"/> People with chronic HCV <input type="checkbox"/> Other persons at high risk (Specify) -----				
17	<b>Service integration</b>	<b>NO (services not integrated)</b>	<b>In few</b>	<b>Widely</b>	<b>NA (services not available)</b>
	<ul style="list-style-type: none"> <li>Are HBV testing services integrated within existing HIV services? e.g. HIV prevention centers, PrEP, ART treatment clinics</li> <li>Are HBV treatment services integrated within existing HIV services? e.g. HIV prevention centers, PrEP, ART treatment clinics</li> <li>Are HCV testing services integrated within existing HIV services? Including HIV prevention centers, PrEP, ART treatment centers</li> <li>Are HCV treatment services integrated within existing HIV services? Including HIV prevention centers, PrEP, ART treatment centers</li> <li>Are HCV services (testing or treatment) offered as part of needle and syringe programs?</li> <li>Are HCV services (testing or treatment) offered as part of opioid agonist therapy?</li> </ul>	<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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18	<b>Service decentralization</b>	<b>NO (services not decentralized)</b>	<b>In few</b>	<b>Widely</b>	<b>NA (services not available)</b>
	<ul style="list-style-type: none"> <li>Are HBV <b>testing</b> services offered in primary health care centers?</li> <li>Are HBV <b>treatment and care</b> services offered in primary health care centers?</li> <li>Are HCV <b>screening tests</b> offered in primary health care centers?</li> <li>Are HCV <b>diagnosis confirmatory tests</b> offered in primary health care centers?</li> <li>Are HCV <b>treatment and care</b> services offered in primary health care centers?</li> </ul>	<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"/>	<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"/>
19	<b>Task-sharing:</b> Which professionals are allowed to treat and care for hepatitis patients?			<b>HBV</b>	<b>HCV</b>
	<ul style="list-style-type: none"> <li>Trained community members/peers/NGOs</li> <li>General doctors (non-specialist doctors)</li> <li>Specialist doctors - Infectious diseases specialists, gastroenterologists/hepatologists etc.</li> <li>Nurses</li> <li>Others</li> </ul>			<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"/>
20	Year of the last nationally representative HBV prevalence survey – in the general population			Year: -----	
21	Year of the last nationally representative HBV prevalence survey-among children aged five years or younger			Year: -----	
22	Year of the last nationally representative HCV prevalence survey			Year: -----	
23	<b>Mortality surveillance:</b> Is there a cancer registry in your country? <input type="checkbox"/> Yes (with national coverage) <input type="checkbox"/> Yes (with only partial coverage) <input type="checkbox"/> No (No cancer registry)				
24	<b>Mortality surveillance:</b> What International Coding of Disease (ICD) does your country currently use? <input type="checkbox"/> ICD 10 <input type="checkbox"/> ICD 11 <input type="checkbox"/> In transition from ICD 10 to ICD 11				
25	<b>Raising awareness:</b> Did your government hold events for World Hepatitis Day in 2024 or 2025?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please enter any additional information.**

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## 2. Global reporting on HIV 2025

### GLOBAL REPORTING ON HIV 2025

Respondent information	
Name/s	-----
Organization/s	-----
Email/s	-----
Country	-----

WHO data policy
<input type="checkbox"/> I have read and accept <a href="#">the WHO personal data protection policy</a> and <a href="#">WHO policy on the use and sharing of data collected by WHO in Member States outside the context of public health emergencies</a> .

#### 1. Assessment of disruptions as a result of cuts in foreign aid

1.0	Have HIV services been disrupted over the last 3 months (July – September 2025) due to cuts in foreign aid?							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
1.0.a	Can we publish the national data provided as part of WHO reporting?							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
1.1.a	Identify any of the listed <b>services that have been disrupted</b> over the last 3 months (July – September 2025):							
		>50%	25–50%	5–25%	<5%	Not disrupted	Don't know	Not applicable
	HIV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Continuation of established ARV treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Initiation of new ARV treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.1.b	What are the other services disrupted over the last 3 months (July – September 2025)? <i>(select all that apply)</i>							
		>50%	25–50%	5–25%	<5%	Not disrupted	Don't know	Not applicable
	CD4 testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cervical cancer screening for women living with HIV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Community-based services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Condom and lubricant distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Data and health information systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency referrals for time-sensitive conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Health promotion and prevention services (e.g. counselling, screening tests etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Key and vulnerable population services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Needle and syringe programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Opioid substitution therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pediatric services for children with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PEP (Post-exposure prophylaxis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PrEP (pre-exposure prophylaxis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Services related to PMTCT of HIV, syphilis and HBV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Viral load monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VMMC (voluntary medical male circumcision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>* Information on disruptions on hepatitis B and C services are requested in question 25 of the Global reporting for viral hepatitis.</i>							
1.1.c	If Other, please specify: _____							
1.2.	Have disruptions affected the implementation <b>(as opposed to adoption)</b> of a <b>treat all policy</b> regardless of CD4 count, over the last 3 months (July – September 2025)?							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
1.2.a	What is the current status of implementation?							
	<input type="checkbox"/> Implemented in few (<50%) treatment sites <input type="checkbox"/> Implemented in many (50–95%) treatment sites <input type="checkbox"/> Implemented countrywide (>95% of treatment sites) <input type="checkbox"/> Not implemented in practice <input type="checkbox"/> Other (specify): _____							
1.3.	Percentage of treatment sites that had a stock-out of major ARV drugs or regimens (TLE/TEE/TLD) in 2025.							
	<input type="checkbox"/> >50% <input type="checkbox"/> 25–50% <input type="checkbox"/> 5–25% <input type="checkbox"/> <5% <input type="checkbox"/> No stock-outs <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable							
1.4.	ARV stocks availability for major ARV drugs or regimens (TLE/TEE/TLD) for current patients							
	<input type="checkbox"/> <1 month <input type="checkbox"/> 1–3 months <input type="checkbox"/> 3–6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable							
1.5.	What is the status of implementing (as opposed to adopting) the policy on the frequency of ARV pick-up for adults who are established on antiretroviral therapy?							
	<input type="checkbox"/> <3 months <input type="checkbox"/> 3–6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable							

## 2. Mitigation measures for service provision, including availability of antiretroviral medicines and diagnostics

2.1.	What immediate measures have been taken to mitigate the impact of the freeze on foreign aid on <b>service provision</b> ? ( <i>select all that apply</i> )								
	<input type="checkbox"/> Reorienting and/or reprioritizing models of care (e.g., reorienting referral pathways) <input type="checkbox"/> Redirecting patients to alternate care sites <input type="checkbox"/> Expansion of facility hours to accommodate surge in settings that have remained open <input type="checkbox"/> Expansion of availability of primary care services in settings that have remained open <input type="checkbox"/> Integration of affected services into other routine services <input type="checkbox"/> Enhanced use of digital technologies including telemedicine <input type="checkbox"/> Implemented partnerships with non-governmental organizations and civil society organizations <input type="checkbox"/> Engagement of private sector facilities to deliver cancelled or suspended services <input type="checkbox"/> Re-allocating resources from one area to cover another area <input type="checkbox"/> Others (specify): _____ <input type="checkbox"/> None <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable								
2.2.	What immediate measures have been taken to mitigate the impact of the freeze on foreign aid on <b>supply chain functioning and availability of antiretroviral medicines</b> ? ( <i>select all that apply</i> )								
	<input type="checkbox"/> Sought alternative international donors for antiretroviral medicines <input type="checkbox"/> Increased domestic production or procurement of antiretroviral medicines <input type="checkbox"/> Strengthened public-private partnerships for distribution of antiretroviral medicines <input type="checkbox"/> Implemented cost-sharing programmes to reduce the financial burden on patients <input type="checkbox"/> Others (specify): _____ <input type="checkbox"/> None <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable								
2.3.	To what extent have gaps as a result of the freeze on foreign aid been filled by Ministry of Health resources, in terms of:								
		>75%	50–75%	25–50%	5–25%	<5%	Gaps have not been filled	Don't know	Not applicable
	HIV financing (reduction in funding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HIV treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HIV prevention services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Health workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Data systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HIV data server functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3.a	Comments (if any)								
	HIV financing (reduction in funding)	_____							
	HIV treatment services	_____							
	HIV prevention services	_____							
	Health workers	_____							
	Data systems	_____							
	HIV data server functionality	_____							
2.4.	Which HIV services are provided in primary health care centers?								
	<input type="checkbox"/> Antiretroviral therapy for adults and adolescents <input type="checkbox"/> Antiretroviral therapy for children <input type="checkbox"/> HIV testing <input type="checkbox"/> TB treatment for the duration of TB treatment <input type="checkbox"/> None <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable								



### 3. Data and health information system functions

This section will assess disruptions to cross-cutting health information system and data functions for HIV, hepatitis and STIs over the last 3 months (July – September 2025).

3.1.	<p>Are there disruptions to the running of national data and health information systems over the last 3 months? <i>(select all that apply)</i></p> <p> <input type="checkbox"/> Access to health information systems  <input type="checkbox"/> Server access/operations  <input type="checkbox"/> Data entry  <input type="checkbox"/> Data cleaning  <input type="checkbox"/> Data analysis  <input type="checkbox"/> Forecasting for commodities and supplies  <input type="checkbox"/> Other (specify) : _____  <input type="checkbox"/> None  <input type="checkbox"/> Don't know  <input type="checkbox"/> Not applicable         </p>
3.2.	<p>At what level are health information system disruptions occurring? <i>(select all that apply)</i></p> <p> <input type="checkbox"/> Service level (e.g. clinic, facility)  <input type="checkbox"/> Community  <input type="checkbox"/> Sub-national (e.g. a particular district/province/region)  <input type="checkbox"/> National  <input type="checkbox"/> None  <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Don't know  <input type="checkbox"/> Not applicable         </p>
3.3.	<p>Have there been human resource disruptions that have impacted data and health information system functioning over the last 3 months? <i>(select all that apply)</i></p> <p> <input type="checkbox"/> Data entry staff  <input type="checkbox"/> Data analysis staff  <input type="checkbox"/> IT/infrastructure maintenance staff  <input type="checkbox"/> Laboratory services  <input type="checkbox"/> Community health workers  <input type="checkbox"/> Program managers  <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> None  <input type="checkbox"/> Don't know  <input type="checkbox"/> Not applicable         </p>
3.4.	<p>What digital health information systems are currently in use in your country for aggregating HIV data (e.g. DHIS2)? <i>(list all that apply)</i></p> <p>_____</p> <p>_____</p>
3.5.	<p>What electronic medical record software/system(s) are in use in your country (e.g. OpenMRS)? <i>(list all that apply)</i></p> <p>_____</p> <p>_____</p>
3.6.	<p>What is the coverage of electronic medical records in HIV service delivery points?</p> <p> <input type="checkbox"/> &gt;95%   <input type="checkbox"/> 75–95%   <input type="checkbox"/> 50–75%   <input type="checkbox"/> 25–50%   <input type="checkbox"/> &lt;25%   <input type="checkbox"/> No coverage   <input type="checkbox"/> Don't know   <input type="checkbox"/> Not applicable         </p>
3.7.	<p>Is there a secure master patient index of uniquely identifiable individuals available, accessible and current for use for health-related purposes?</p> <p> <input type="checkbox"/> Yes – available and accessible   <input type="checkbox"/> No – a master patient index is not available  <input type="checkbox"/> Yes – available, currently not accessible   <input type="checkbox"/> Don't know  <input type="checkbox"/> Partially available in some facilities (not national)         </p>
3.8.	<p>Does the private sector report HIV data to the national government?</p> <p> <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Don't know   <input type="checkbox"/> Not applicable         </p>
3.9.	<p>Are there national digital health / health information standards for data exchange, transmission, messaging, security, privacy, and hardware?</p> <p> <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Don't know   <input type="checkbox"/> Not applicable         </p>

#### 4. HIV case surveillance policies

4.1.	Is HIV a nationally notifiable condition (by law or policy)?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
4.2.	Is there a standard national HIV case definition?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
4.3.	Is there a standard HIV case report form?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
4.3.a	If yes, please attach a copy.
4.4.	Does the country have a national HIV case surveillance data reporting system?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
4.4.a	If yes, does this national surveillance system include data from ( <i>select all that apply</i> )
	<input type="checkbox"/> Electronic medical record system <input type="checkbox"/> Aggregated health information system (e.g., DHIS2) <input type="checkbox"/> Laboratory databases <input type="checkbox"/> HIV testing services <input type="checkbox"/> HIV treatment services <input type="checkbox"/> ANC services <input type="checkbox"/> HIV prevention services <input type="checkbox"/> Pharmacy data <input type="checkbox"/> Vital statistics/death registries <input type="checkbox"/> Other (specify) : _____
4.4.b	If yes in 4.4, does the national HIV case surveillance system include the following ( <i>select all that apply</i> )?
	<input type="checkbox"/> Individual-level data for each person diagnosed with HIV <input type="checkbox"/> Collection of data from different sources (laboratories, testing and treatment records) to promote completeness of data on each HIV case <input type="checkbox"/> Linkage of individual-level data to remove duplicate records <input type="checkbox"/> CD4 count at HIV diagnosis <input type="checkbox"/> Initiation of antiretroviral therapy <input type="checkbox"/> First and follow-up viral load test results <input type="checkbox"/> Pregnancy in women living with HIV <input type="checkbox"/> Death <input type="checkbox"/> Cause of death (AIDS or non-AIDS related)
4.4.c	Does the country have standard dashboards for data output? ( <i>select all that apply</i> )
	<input type="checkbox"/> No <input type="checkbox"/> Yes, within DHIS2 <input type="checkbox"/> Yes, in the electronic medical record system at facility level <input type="checkbox"/> Yes, other software: specify _____
4.5.	Which software do you use for the analysis of routinely collected HIV data?
	_____
4.6.	Which methods of unique identification does your country use? ( <i>select all that apply</i> )
	<input type="checkbox"/> National ID <input type="checkbox"/> National health ID <input type="checkbox"/> National programme ID (e.g. ARV number for HIV services) <input type="checkbox"/> National health insurance ID <input type="checkbox"/> Biometric based ID (e.g. fingerprint or iris scan) <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> None <input type="checkbox"/> Don't know

# 3. Global reporting on STIs 2025

## Global reporting on sexually transmitted infections (STIs) 2025

In 2022, the World Health Assembly noted with appreciation the Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections (STIs) for the period 2022–2030 and requested a mid-term review of the strategies in 2026. To support the preparation of the mid-term review, the Department of HIV, Hepatitis and STIs (HHS) is planning to conduct three disease specific surveys. The data collected from these surveys will also be used in global and regional reports and incorporated into dashboards.

The STI global reporting survey has been designed to complement other data collection efforts including the Global AIDS monitoring system (GAM). The questionnaire is focused on 4 STIs – syphilis, gonorrhoea, chlamydia and trichomoniasis, and three STI related syndromes – genital ulcer disease, urethral discharge syndrome and vaginal discharge syndrome. The survey also collects some information related to congenital syphilis. There are a number of other STIs but they fall outside of the scope of this survey.

The survey is divided into three sections:

- STI surveillance: case reports and surveillance activities
- STI guidelines: case management and testing
- Other: availability of BPG and disruptions of STI services in 2025

There is an online portal for accessing the survey available at \*\*. Each country has its own unique identification. A paper copy of the form is also available but we would prefer if you entered your information using the online form. If you would like a copy of the paper form please contact: \*\*\*

The online survey does not need to be completed in one session. If you want to save the data you have entered please press the button “Resume later” that can be found at the bottom of each page. At the bottom of each page you will also find the question index which allows you to move between the three sections of the questionnaire.

In order to facilitate the completion of the questionnaire you may want to collate the following materials in advance:

- STI case reports (infections and syndromes) for 2022, 2023 and 2024
- STI case definitions
- Case management guidelines for symptomatic infections (syndromic management)
- Treatment guidelines for STIs

If you have any questions about this survey, please contact your country or regional WHO STI and/or Strategic Information focal points.

Respondent information	
Name/s	_____
Organization/s	_____
Email/s	_____
Country	_____

WHO data policy
<input type="checkbox"/> I have read and accept <a href="#">the WHO personal data protection policy and WHO policy on the use and sharing of data collected by WHO in Member States outside the context of public health emergencies</a> .

## A: STI surveillance: case reports and surveillance activities

### 1.a. Number of reported cases

1.1	Please provide data on the total number of cases reported nationally of the following STIs and STI related syndromes. If no data are available, please enter ND.			
		2022	2023	2024
	Syphilis	_____	_____	_____
	Gonorrhoea	_____	_____	_____
	Chlamydia	_____	_____	_____
	Trichomoniasis	_____	_____	_____
	Congenital syphilis	_____	_____	_____
	Genital ulcer disease	_____	_____	_____
	Urethral discharge	_____	_____	_____
	Vaginal discharge	_____	_____	_____

1.1.1	For each infection where there is at least one entry in 2022, 2023 or 2024			
		<b>Have there been any changes in reporting practices between 2022 and 2024 (e.g. increase in clinics reporting or change in definition)?</b>	<b>How representative of the country are the data (e.g. primarily represent individuals attending STI clinics, data are from sentinel clinics)</b>	<b>Do the reported figures include data from private sector</b>
	Syphilis	-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Gonorrhoea	-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Chlamydia	-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Trichomoniasis	-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Congenital syphilis	-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Genital ulcer disease	-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Urethral discharge	-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vaginal discharge	-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 1.b STI case reporting systems

1.2	Which of the following STIs and STI-related syndromes are nationally notifiable conditions by law?			
		<b>Yes</b>	<b>No</b>	<b>Don't know</b>
	Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drug resistant gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Congenital syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Is there a published national case definition for the following STIs and STI-related syndromes?			
		<b>Yes</b>	<b>No</b>	<b>Don't know</b>
	Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trichomoniasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Congenital syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Genital ulcer disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Urethral discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vaginal discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.1	If Yes to at least one item in 1.3, please upload copies of the national case definitions.			
	Or provide web links to the documents -----			
1.4	What type of health management information system (HMIS) is used to collect data on reported cases of STIs from public sector health facilities ( e.g. DHIS 2)? -----			
1.5	Which of the following types of public health care clinics regularly report STI cases through the national HMIS ( <i>select all that apply</i> )			
	<input type="checkbox"/> STI clinics <input type="checkbox"/> PHC clinics <input type="checkbox"/> HIV clinics <input type="checkbox"/> Sexual health clinics <input type="checkbox"/> Key population services (including services providing PrEP) <input type="checkbox"/> Youth clinics <input type="checkbox"/> ANC clinics <input type="checkbox"/> Other (specify): ----- <input type="checkbox"/> Not applicable			

1.6	How are data on reported cases of STIs collected from the private sector?
	<input type="checkbox"/> Not collected <input type="checkbox"/> Clinics report through the national HMIS <input type="checkbox"/> Other (specify): ----- <input type="checkbox"/> Don't know
1.7	Does your country have any sentinel surveillance system in place for STIs?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
1.7.1	If Yes, please specify which STIs, how many sites and how were they selected.
	-----
1.8	Has your country generated estimates of the number of national cases of one or more of the four STIs and their related syndromes for 2022 or later?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
1.8.1	If Yes, for which infections or syndromes and how were the estimates generated?
	-----
1.9	Please provide any additional information you think would be helpful for interpreting the case report data.
	-----
	-----
	-----

## 2. Etiological assessments of STI syndromes

2.1	Have any etiologic assessment of the following STI syndromes been conducted in your country <u>since 1 January 2022</u> ? <i>An etiological assessment is an analysis of the distribution of pathogens that are associated with a particular STI syndrome.</i>				
		<b>No assessment performed</b>	<b>Assessment conducted by national reference laboratory or equivalent</b>	<b>Assessment conducted by another organization</b>	<b>Don't know</b>
	Genital Ulcer disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Urethral discharge syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vaginal discharge syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. Prevalence and incidence studies

3.1	Have any STI prevalence or incidence studies been conducted in and of the following populations <u>since 1 January 2022</u> in the country. Please include studies done by the government and by other organizations.			
		<b>Yes - prevalence</b>	<b>Yes - incidence</b>	<b>Don't know</b>
	Household based surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Men who have sex with men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Female sex workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Youth or adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Transgender people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People living with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People on PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People in prisons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify): -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. Drug susceptibility (antimicrobial resistance) testing

4.1	Is gonococcal drug antimicrobial resistance testing available in country?
	<input type="checkbox"/> Yes, for clinical cases (i.e., to test in case of clinical treatment failure) <input type="checkbox"/> Yes, for annual surveillance of resistance <input type="checkbox"/> Yes, for clinical cases and annual surveillance of resistance <input type="checkbox"/> Not available <input type="checkbox"/> Don't know

### B: STI Guidelines: case management and testing

#### 5. Syndromic management and treatment guidelines

5.1	Are there published national guidelines for the <u>case management of symptomatic STIs</u> (also known as syndromic management)?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under development <input type="checkbox"/> Don't know		
5.1.1	If yes, when were the guidelines last updated	-----	
5.1.2	If yes, do the guidelines include guidance on the management of treatment failures?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
5.2	Does your country have national treatment guidelines for the following STIs? <i>(select all that apply)</i>		
	<input type="checkbox"/> Syphilis <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> Chlamydia <input type="checkbox"/> Trichomoniasis <input type="checkbox"/> None of the above		
5.2.1	For each infection selected in 5.2, please specify:		
		<b>Year of last update</b>	<b>Guideline current being updated or plan to update in 2025</b>
	Syphilis	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Chlamydia	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Gonorrhoea	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Trichomoniasis	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5.2.2	If your country has national treatment guidelines for gonorrhoea, what is the recommended first line treatment for uncomplicated urogenital gonorrhoea infection in the national treatment guidelines? <i>(select one)</i>		
	<input type="checkbox"/> Cefixime 400 mg (with or without azithromycin) <input type="checkbox"/> Cefixime 800 mg (with or without azithromycin) <input type="checkbox"/> Ceftriaxone 250 mg (with or without azithromycin) <input type="checkbox"/> Ceftriaxone 500 mg (with or without azithromycin) <input type="checkbox"/> Ceftriaxone 1 g (with or without azithromycin) <input type="checkbox"/> Other (specify): ----- <input type="checkbox"/> Don't know		
5.2.3	Do the gonorrhoea treatment guidelines include guidance on the management of treatment failures?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
5.3	Please upload copies of:		
	(1) national STI syndromic management guidelines and (2) national STI treatment guidelines.		
	Or alternatively provide web links to the documents		
	-----		
	-----		
	-----		

## 6. STI Testing guidelines

6.1	Does your country have any national recommendations or policies on routine testing of asymptomatic individuals from the following populations for one or more STIs?					
		<b>Yes</b>	<b>No</b>	<b>Don't know</b>		
	Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Men who have sex with men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Female sex workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Youth or adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Transgender people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	People living with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	People on PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	People in prisons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Other (specify): -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.1.1	If Yes, which infections are included in the testing recommendation/policy and does the recommendation/policy include provision of testing and treatment services to partners of individuals who test positive? <i>Please check all that apply.</i>					
		<b>Syphilis</b>	<b>Gonorrhoea</b>	<b>Chlamydia</b>	<b>Trichomoniasis</b>	<b>Includes provision of testing as part of partner services</b>
	Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Men who have sex with men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Female sex workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Youth or adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Transgender people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People living with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People on PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People in prisons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2.	Has your country adopted or included dual HIV/syphilis rapid diagnostic tests as a national policy or plan?					
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know					
6.2.1	If Yes, for which populations? ( <i>Please list all</i> )					
	-----					

## 7. Syphilis testing and treatment in pregnancy

7.1	Does your country have a have a national policy for routinely screening pregnant women for syphilis?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
7.1.1	If Yes in 7.1, what is the national testing algorithm for the routine screening of pregnant women for syphilis?
	<input type="checkbox"/> Rapid treponemal test only (either syphilis only or dual HIV/syphilis test) <input type="checkbox"/> Laboratory-based treponemal test only (e.g. Treponema pallidum haemagglutination assay [TPHA], T. pallidum particle agglutination assay [TPPA], or enzyme immunoassay) <input type="checkbox"/> Non-treponemal test only (e.g. venereal disease research laboratory [VDRL] or rapid plasma reagin [RPR]) <input type="checkbox"/> Rapid treponemal test followed by non-treponemal test <input type="checkbox"/> Laboratory-based treponemal test followed by non-treponemal test <input type="checkbox"/> Non-treponemal test followed by treponemal test <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Don't know

7.1.2	If Yes in 7.1, does the policy include retesting of pregnant women for syphilis during pregnancy or at delivery? <input type="checkbox"/> Yes, retesting during pregnancy <input type="checkbox"/> Yes, retesting at delivery <input type="checkbox"/> Yes, retesting during pregnancy and delivery <input type="checkbox"/> Policy does not include retesting <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Don't know														
7.1.2.1	If Yes in 7.1.2, who is eligible for retesting? <table border="1" style="width: 100%;"> <tr> <td>Yes, retesting during pregnancy</td> <td>_____</td> </tr> <tr> <td>Yes, retesting at delivery</td> <td>_____</td> </tr> <tr> <td>Yes, retesting during pregnancy and delivery</td> <td>_____</td> </tr> </table>			Yes, retesting during pregnancy	_____	Yes, retesting at delivery	_____	Yes, retesting during pregnancy and delivery	_____						
Yes, retesting during pregnancy	_____														
Yes, retesting at delivery	_____														
Yes, retesting during pregnancy and delivery	_____														
7.2	Does your country have national guidelines on the treatment of pregnant women with syphilis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know														
7.2.1	If Yes, is BPG the first line of treatment recommended in the national policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know														
7.2.1.1	If Yes in 7.2.1, who can administer BPG? <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input type="checkbox"/> Other (specify): _____														
7.3	Where can a pregnant woman who tests positive for syphilis receive treatment? <input type="checkbox"/> Available in all ANC facilities <input type="checkbox"/> Only available at referral level ANC facilities <input type="checkbox"/> Women referred to external pharmacy <input type="checkbox"/> Women referred to specialist clinic <input type="checkbox"/> Other (specify): _____														
7.4	Is there a national recommendation on when to start treatment for pregnant women who test positive for syphilis? <input type="checkbox"/> No recommendation <input type="checkbox"/> Yes, treat immediately <input type="checkbox"/> Yes, wait for confirmation before starting treatment <input type="checkbox"/> Don't know <input type="checkbox"/> Other (specify): _____														
7.5	Are pregnant women attending public sector ANC services expected to pay for syphilis testing or treatment? <table border="1" style="width: 100%;"> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> <tr> <td>Syphilis testing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Syphilis treatment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				Yes	No	Don't know	Syphilis testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syphilis treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Don't know												
Syphilis testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Syphilis treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7.6	Are pregnant women attending private sector ANC services expected to pay for syphilis testing or treatment? <table border="1" style="width: 100%;"> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> <tr> <td>Syphilis testing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Syphilis treatment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				Yes	No	Don't know	Syphilis testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syphilis treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Don't know												
Syphilis testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Syphilis treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7.7	Does your country have a national policy on the clinical follow up of infants born to syphilis positive mothers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know														
7.7.1	If Yes, please upload a copy of the policy on the clinical follow up of infants born to syphilis positive mothers Or provide a web link to the document _____ _____ _____														



## C: Other

### 8. Availability of benzathine benzylpenicillin, also known as benzathine penicillin G (BPG)

8.1	Has your country experienced any difficulties in procuring BPG since 1 January 2024 (last 18 months)?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Don't know
8.1.1	If Yes or Not applicable, please explain.  <hr/> <hr/> <hr/>
8.2	What mechanisms does the public sector use to procure BPG? <i>(select all that apply)</i>  <input type="checkbox"/> Not applicable as public sector doesn't procure BPG <input type="checkbox"/> Decentralized or sub-national bids <input type="checkbox"/> Centralized or national bids through central medical stores <input type="checkbox"/> Centralized or national bid not through central medical stores <input type="checkbox"/> Pooled multi-country bids or procurement <input type="checkbox"/> International donor programme or agreement (e.g., UNICEF, UNFPA, Global Fund) <input type="checkbox"/> Emergency procurement <input type="checkbox"/> Other (specify): ----- <input type="checkbox"/> Don't know
8.3	Has your country experience national level stock-outs of BPG in the public sector since January 2024? <i>(select all that apply)</i>  <input type="checkbox"/> Current stock-outs <input type="checkbox"/> Stock-outs in 2025 <input type="checkbox"/> Stock-outs in 2024 <input type="checkbox"/> No stock-outs since January 2024 <input type="checkbox"/> Not applicable <input type="checkbox"/> Don't know
8.3.1	If stock-outs have been experienced since January 2024, please explain the causes of the shortages (e.g. unexpected increase in demand, shortage of funding).  <hr/> <hr/> <hr/>

### 9. Assessment of disruption in STI services as a result of cuts in foreign aid funding

9.1	Is your country affected by the cuts in foreign aid funding in 2025  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
9.1.1	If Yes, Have the recent cuts in funding for global health had an impact on the provision of any of the following STI related services in 2025? <i>(select all that apply)</i>  <input type="checkbox"/> No disruptions <input type="checkbox"/> STI treatment services <input type="checkbox"/> Services related to prevention of vertical (mother-to-child) transmission of syphilis <input type="checkbox"/> Procurement of medicines for STI treatment <input type="checkbox"/> Procurement of STI diagnostics and reagents <input type="checkbox"/> Condom and lubricant distribution <input type="checkbox"/> STI data and information services <input type="checkbox"/> Other (specify): -----

## 4. WHO data policy

### Personal Data Protection Policy

The [World Health Organization's Personal Data Protection Policy](#) entered into force on 15th April 2024. It marks WHO's commitment to protect Personal Data held by WHO to continue upholding the trust of Member States and collaborating partners.

The collection, analysis, publication and dissemination of health-related data are core elements of WHO's mandate, in line with [WHO data principles](#). WHO must transfer and receive personal data to and from third parties in its daily operations in pursuit of this mandate.

The policy outlines the rules and principles relating to the processing of Personal Data held by WHO. The rights of the data subjects are outlined in the policy with clear mechanisms to manage possible data breaches, underscoring the roles and responsibilities of WHO's Data Protection and Privacy Officer. The full text can be found [here](#).

This Policy should be read in conjunction with other existing internal policies of WHO outlined in the data section of WHO's eManual, notably:

- I) [Policy on Use and Sharing of Data Collected in Member States by WHO Outside the Context of Public Health Emergencies](#),
- II) [Policy statement on Data Sharing by WHO in the Context of Public Health Emergencies](#);
- III) [Information Disclosure Policy](#)
- IV) [WHO's policy on sharing and reuse of research data](#)
- V) [WHO Staff Regulations and Staff Rules](#) and
- VI) [WHO Code of Ethics and Professional Conduct](#).

### WHO policy on the use and sharing of data collected by WHO in Member States outside the context of public health emergencies

Data are the basis for all sound public health actions and the benefits of data-sharing are widely recognized, including scientific and public health benefits. Whenever possible, WHO wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data. The purpose of the policy is to clarify current policy and practice on use and sharing of data collected in Member States by WHO. This page summarizes the principles and requirements of the policy. The full text of the policy can be accessed [here](#).

### Policy Statement

The policy applies to the use and sharing of data collected by WHO in, and/or provided to WHO by, Member States (see [Annex](#)), outside the context of public health emergencies. The policy allows, but places no obligation on, WHO or Member States to collect, anonymize, analyse or share other health data than those already being collected, anonymized, analysed and shared.

1. **Terms applicable to the provision of data to WHO by Member States** (see [Annex](#))  
The text in the Annex hereto should be included in all data collection forms in all data collection tools (paper-based, electronic or other) used by WHO to collect data from Member States. By providing data to WHO pursuant to these terms, Member States confirm that the data (including but not limited to the types listed in Table 1) have been collected in accordance with applicable national laws, including data protection laws to protect the confidentiality of identifiable persons.

2. **Terms applicable to the use of the data by WHO** (see [Annex](#))

By providing data to WHO pursuant to the terms contained in the Annex hereto, Member States agree that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of the country:

- to use and publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as “the Data”) and make the Data available to any interested party on request on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
- to use, compile, aggregate and analyse the anonymized data and publish the results in conjunction with WHO’s work and in accordance with WHO’s policies and practices.

3. **Measures to ensure the ethical and secure use of data**

Such measures are required to protect privacy and confidentiality and avoid stigmatization or exclusion of people or communities as a result of data collection. In cases where the compilation, analysis and sharing of aggregated data raise ethical concerns or present risks with regard to confidentiality, WHO will:

- use anonymization and other tools, as appropriate;
- comply with informed consent agreements where such consent is needed and respect assurances about ways in which the data (anonymized or otherwise) would be used, shared, stored or protected; and
- adopt appropriate security measures to foster public trust.

In addition, any platforms established to share data should have an explicit ethical framework governing data collection and use.

4. **Security of data at WHO**

Information security at WHO is based on the ISO 27001 standard. WHO has formal and comprehensive information security policies with respective implementation guidelines. Policies cover information security, access to information and systems, cloud computing, application security, information classification and related security standards. As international civil servants, all WHO staff are required to adhere to confidentiality as detailed in Staff Regulation 1.6.

5. **Additional safeguards**

As an additional safeguard to WHO, to Member States and to individuals, an independent data review committee will be established at WHO to consider, on a case-by-case basis and in consultation with relevant departments in WHO, any instances where the current policy provides inadequate guidance on data-sharing.

**Practical Information**

The policy was introduced on 1 January 2018 and will be monitored and evaluated over a 12-month transition period (at least one data collection cycle for technical programmes in WHO). Subsequent modifications may be made taking into account the views of technical departments at WHO (compiling and analysing data), Member States (providing data) or third parties (receiving data). The policy will not be applied retrospectively to data already provided by Member States to WHO, and/or which have already been shared by WHO with third parties.

The policy:

- covers the use and sharing of data only, not biological samples;

- excludes data shared in the context of public health emergencies, including officially declared public health emergencies of international concern (PHEICs) under the International Health Regulations (2005);
- excludes data and reports from clinical trials<sup>1</sup>

## Text for inclusion in data collection forms in all data collection tools (paper-based, electronic or other) used by WHO to collect data from Member States

Data are the basis for all sound public health actions and the benefits of data-sharing are widely recognized, including scientific and public health benefits. Whenever possible, the World Health Organization (WHO) wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

As used in this data collection tool, the term "Data provider" means a duly authorized representative of the governmental body with authority to release health data of the country to WHO (i.e. the Ministry of Health or other responsible governmental authority). The recipient of this data collection tool is responsible for ensuring that he/she is the Data provider, or for providing this data collection tool to the Data provider.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the Data provider:

- confirms that all data to be supplied to WHO (including but not limited to the types listed in Table 1) hereunder have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons;
- agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of the country:
  - i. to publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as "the Data") and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
  - ii. to use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO's work and in accordance with the Organization's policies and practices.

Except where data-sharing and publication are required under legally binding instruments (International Health Regulations (2005), WHO Nomenclature Regulations 1967, etc.), the Data provider may in respect of certain data opt out of (any part of) the above, by notifying WHO thereof in writing at the following address, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt-out.

Director Strategy, Policy and information (SPI)  
World Health Organization  
20, Avenue Appia  
1211 Geneva  
Switzerland

<sup>1</sup> WHO's existing position is that:

(i) all clinical trials are to be prospectively registered in a clinical trial registry meeting international standards <http://www.who.int/ictpr>; and  
(ii) at a minimum, a summary of results from the clinical trial are to be made publicly available within 12 months of study completion <http://www.who.int/ictpr/results/reporting/en>

**Table 1. List types of data provided to WHO (non-exhaustive)**

<b>Data types</b>	<b>Examples</b>
WHO-supported household surveys	WHO Strategic Advisory Group of Experts (SAGE) on Immunization, WHO STEPwise approach to surveillance (STEPS), World Health Survey
Unit record mortality data	(Not currently collected by WHO headquarters, but by the WHO Regional Office for the Americas/Pan American Health Organization)
Aggregated mortality data	WHO Mortality Database
Aggregated health facility data	DHIS 2.0 data (not currently collected by WHO headquarters, but hospital data are collected by the WHO Regional Office for Europe)
Case-based health facility data	WHO Global Burn Registry data <sup>2</sup>
Health expenditure data	WHO Global Health Expenditure Database (National Health Account indicators)
Health facility surveys	Availability of medicines and diagnostics
Health research data (other than clinical trials) <sup>3 4</sup>	Case-control investigations, prospective cohort studies
Key informant surveys	Existence of national road traffic laws
National survey reports	Prevalence of hypertension or tobacco use
Disease surveillance data	HIV prevalence in pregnant women or tuberculosis treatment outcomes
Surveillance of notifiable diseases	Total number of cases of plague

<sup>2</sup> Note: Case-based health facility data collection such as that in the WHO Global Burn Registry does not require WHO Member State approval.

<sup>3</sup> The world health report 2013: research for universal coverage. Geneva: World Health Organization; 2013 ([http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837_eng.pdf), accessed 21 February 2018).

<sup>4</sup> WHO statement on public disclosure of clinical trial results: Geneva: World Health Organization; 2015 (<http://www.who.int/ictrp/results/en/>, accessed 21 February 2018).