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# **A Tool for Strengthening STI Surveillance at the Country Level**

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# Acknowledgements

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# Acronyms

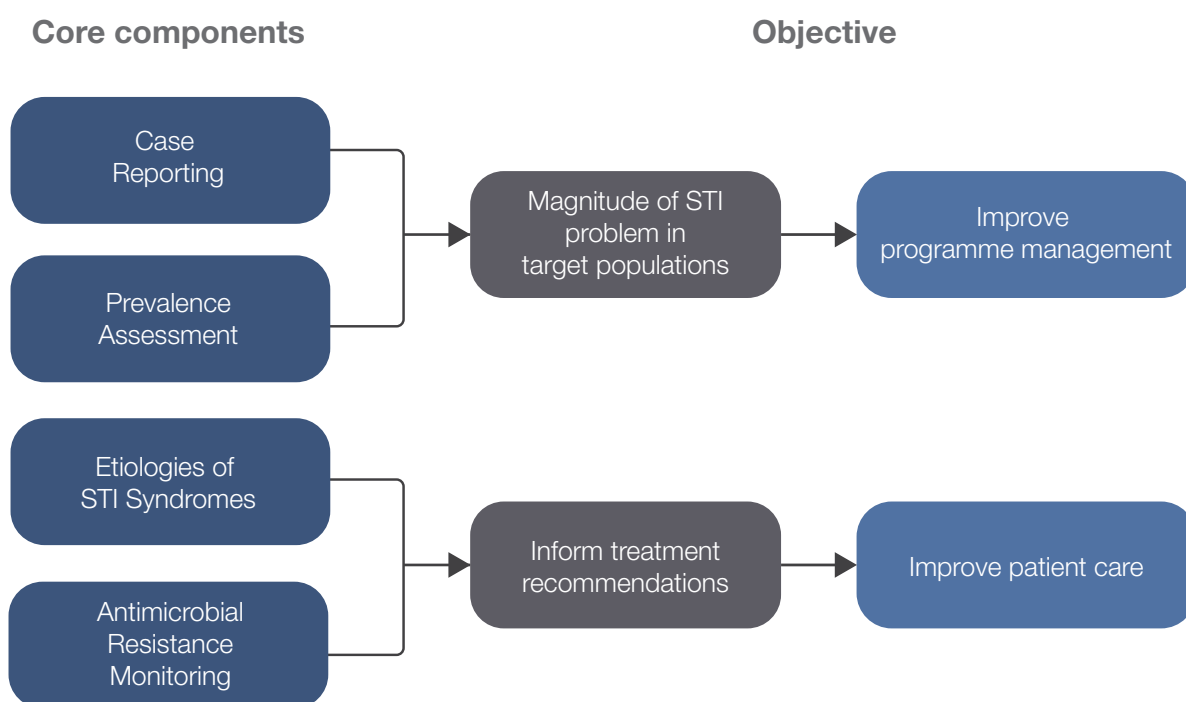
<b>AMR</b>	antimicrobial resistance
<b>ANC</b>	antenatal care
<b>CS</b>	congenital syphilis
<b>DFA-TP</b>	direct fluorescent antibody- <i>Treponema pallidum</i> test
<b>GARPR</b>	Global AIDS Response Progress Reporting
<b>GASP</b>	gonococcal antimicrobial surveillance programme
<b>GHO</b>	Global Health Observatory (of WHO)
<b>GUD</b>	genital ulcer disease
<b>HSV</b>	herpes simplex virus
<b>LAP</b>	lower abdominal pain
<b>MoH</b>	Ministry of Health
<b>MSM</b>	men who have sex with men
<b>NAAT</b>	nucleic acid amplification test
<b>NGO</b>	nongovernmental organization
<b>PCR</b>	polymerase chain reaction
<b>RPR</b>	rapid plasma reagin (test for syphilis)
<b>RTI</b>	reproductive tract infection
<b>STI</b>	sexually transmitted infection
<b>SW</b>	sex worker
<b>TPPA</b>	<i>Treponema pallidum</i> particle agglutination assay
<b>UD</b>	urethral discharge
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>US CDC</b>	United States Centers for Disease Control and Prevention
<b>VD</b>	vaginal discharge
<b>WHO</b>	World Health Organization

# Overview

Among the communicable diseases, sexually transmitted infections (STI) remain major causes of morbidity and mortality. Yet, many STI-related illnesses and complications are preventable with feasible and effective interventions and services. Continuous collection of timely and accurate data on STI incidence and prevalence are crucial for understanding the epidemiology of STIs, monitoring interventions and informing treatment guidelines. Moreover, these data also provide useful markers of the sexual transmission of HIV and can be used to assess the effectiveness of STI/HIV prevention programmes (1).

In 2012, the World Health Organization (WHO) released updated STI surveillance guidelines that outlined how to conduct STI surveillance and identified four core components: case reporting, prevalence monitoring, etiological assessment of STI syndromes, and gonococcal antimicrobial resistance (AMR) monitoring (Figure 1) (2).

**Figure 1: Core components and objectives of STI surveillance**



*Source:* Strategies and laboratory methods for strengthening surveillance of sexually transmitted infection 2012. Geneva: WHO; 2012.

However, many countries struggle to identify which STI surveillance activities to prioritize. As the cornerstone of STI surveillance, routine reporting uses readily available data on patients seen at health facilities to monitor incidence and prevalence trends of common STIs. The incidence of new infections is estimated from monthly case reports of symptomatic patients, while monitoring of prevalence relies primarily on data from routine screening programmes or sentinel surveillance. As a starting point for all countries, WHO recommends reporting of new cases of syphilis and gonorrhoea (and their related syndromes) and prevalence monitoring of syphilis among pregnant women, sex workers (SWs) and men who have sex with men (MSM). Minimal disaggregation by sex and age groups (15–24 and  $\geq 25$  years) is recommended to ensure feasibility while providing relevant information to improve programmes. Since 2014, countries have been asked to report globally through the Global AIDS Response Progress Reporting (GARPR) system on these key indicators (3).

It is important to help countries to determine how to prioritize and support these critical surveillance activities through the development of simple and standardized reporting forms and operational tools. This assessment tool is intended to assist countries in conducting an STI surveillance assessment to identify how to best optimize and strengthen existing systems, monitor trends and interpret data to improve STI control programmes. This assessment tool complements the recent WHO guidance on how to evaluate national HIV surveillance systems, which includes a brief mention of the key aspects of STI surveillance (4). In the current assessment tool, the emphasis is on strengthening systems for routine STI case reporting and prevalence monitoring. Guidance on etiological assessments and gonococcal AMR monitoring is outlined in other WHO documents (2).

By strengthening routine STI reporting, countries can expect a number of benefits. These include reliable data on syphilis trends among different population groups, and on the incidence of gonorrhoea and common STI syndromes. Such data, which reflect trends in sexual transmission and the effectiveness of STI/HIV prevention efforts, can be triangulated with behavioural and HIV data as recommended for second generation HIV surveillance. Finally, reliable reporting of routinely collected STI data and prevalence monitoring provides a platform on which countries can add other important STI surveillance components, such as monitoring of STI etiologies and AMR patterns.

At the regional and global levels, more complete and reliable STI data from countries will enable more accurate estimations of STI burden and trends, and inform progress towards achieving the goals and objectives of the Global strategy for the prevention and control of sexually transmitted infections, the Global health sector strategy on HIV/AIDS and the Global strategy to eliminate congenital syphilis (5,6,7).

## Who will use this assessment tool

This tool is designed for use by anyone involved in decision- or policy-making for national or subnational STI surveillance programmes, including consultants and those in programme management. This may be a part of national strengthening of STI and/or HIV control, as outlined in the programme guidance tool for strengthening control of reproductive tract and sexually transmitted infections (8).

## How to use this assessment tool

This tool has two purposes. It helps countries

- 1) to assess their current STI surveillance activities, and
- 2) to facilitate planning for strengthening STI surveillance.

Figure 2 illustrates a possible sequence for assessing and strengthening STI surveillance: pre-assessment preparation; assessment, including review of STI indicators, surveillance methods, and how data are used; and post-assessment follow up. These steps can be adapted as needed to the specific country context.

The pre-assessment and assessment checklists (Annexes A and B) are intended to serve as tools to be

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