

<b>World Health Organization</b>	<b>Evaluation of the Global STI Strategy: Country STI Survey</b> <b>STI Activities Assessment at Country Level</b>	CPG Page 1/1 V1.0 (11 Jun 2019)
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**PROJECT ID:**  

A	6	5	9	9	6
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**Date form completed:**  

Day	Month	Year
1	1	0 7 2 0 1 9

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

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

  

1. Name of Country: Georgia

2. Name of Person or Persons Completing this Form: Ketevan Goginashvili

3. Job titles/description: 9

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 Head o

3a) If **Other**, please specify: Head of Health Policy Division, Ministry of Internally Displaced Persons from the Occupied Territories, Labour, health and Social Affairs

4. Address: 144 Tsereteli ave., Tbilisi, Georgia

5. Telephone number: +9955322510038 / 1102

6. Mobile number: +995577717984

7. E-mail address: kgoginashvili@moh.gov.ge

**To be completed by Responder (the responder will consolidate the information if more than one person is involved in the process):**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: 

Day	Month	Year
1	1	0 7 2 0 1 9



PROJECT ID:

A 6 5 9 9 6

Date form completed:

Day	Month	Year
1	1	0 7
2	0	1 9

Name of Country: Georgia

I - STI strategy

1. Are you familiar with (have a copy or have the link to) the WHO Global Health Sector Strategy on Sexually Transmitted Infections, 2016-2021? 1  
1= Yes 2= No
2. Does the country have an official National STI Strategy? 2  
1= Yes 2= No (*Go to Q3*)
  - 2a) When was it last updated? (year) [ ][ ][ ][ ]  
9999 if *Don't know* or *Data not available*
  - 2b) Please provide the WEB link of National STI Strategy:  
2b1) Provide WEB Link if *Available* : \_\_\_\_\_  
**OR**  
2b2) Check the box if WEB link is *Not available*: ☐
  - 2c) Is the National STI Strategy/Programme separate from the National HIV Strategy/Programme? ☐  
1= Yes, separate  
2= No, integrated with HIV strategy  
3= Do not have an STI programme
  - 2d) Was the WHO Global Health Sector Strategy on Sexually Transmitted Infections 2016 used as a reference to develop or to update the National STI Strategy or Programme? ☐  
1= Yes 2= No 3= Don't know 4= Data not available
  - 2e) Has your National STI Strategy/Programme been disseminated and how? ☐  
1= Yes 2= No, not formally distributed (*Go to Q3*)
    - 2e1) Posted on website: ☐  
1= Yes 2= No (*Go to Q2e2*)  
2e1s) If *Yes*, please provide the link: \_\_\_\_\_
    - 2e2) Email distribution: ☐  
1= Yes 2= No (*Go to Q2e3*)  
If *Yes*, to whom/at what level:
 

	Yes	No
2e2a) Sub-national (provinces/states)	<input type="checkbox"/>	<input type="checkbox"/>
2e2b) Districts	<input type="checkbox"/>	<input type="checkbox"/>
2e2c) Clinics	<input type="checkbox"/>	<input type="checkbox"/>
2e2d) Clinicians/care providers	<input type="checkbox"/>	<input type="checkbox"/>
2e2e) NGOs/other organizations	<input type="checkbox"/>	<input type="checkbox"/>
    - 2e3) Hard copies distributed: ☐  
1= Yes 2= No (*Go to Q2e4*)  
If *Yes*, to whom/at what level:
 

	Yes	No
2e3a) Sub-national (provinces/states)	<input type="checkbox"/>	<input type="checkbox"/>
2e3b) Districts	<input type="checkbox"/>	<input type="checkbox"/>
2e3c) Clinics	<input type="checkbox"/>	<input type="checkbox"/>
2e3d) Clinicians/care providers	<input type="checkbox"/>	<input type="checkbox"/>
2e3e) NGOs/other organizations	<input type="checkbox"/>	<input type="checkbox"/>



PROJECT ID:

A 6 5 9 9 6

Date form completed:

Day	Month	Year
1	1	0 7
2	0	1 9

Name of Country: Georgia

### 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

No

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

No

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

No



PROJECT ID:

A 6 5 9 9 6

Date form completed:

Day	Month	Year
11	07	2019

Name of Country: Georgia

I - STI strategy (Continued)

4d) Trainings/oral presentations or other forms of face-to-face meetings:

1= Yes

2= No (Go to Q4e)

2

If Yes, to whom/at what level:

4d1) Sub-national (provinces/states)

4d2) Districts

4d3) Clinics

4d4) Clinicians/care providers

4d5) NGOs/other organizations

Yes

No



4e) Other:

1= Yes

2= No (Go to Q5)

4es) If Other= Yes, please provide a short description of the process:

II - STI treatment guidelines

5. Are you familiar with (have copies or have the links to) the 2016 WHO STI Treatment Guidelines?

5a) Neisseria gonorrhoeae (gonorrhoea)

5b) Chlamydia trachomatis (chlamydia)

5c) Herpes simplex virus: (Genital herpes)

5d) Treponema pallidum (syphilis)

Yes

No

1
1
1
1


6. Does the country have formal national STI treatment guidelines?

1= Yes

2= No (Go to Q6d)

1

If Q6= Yes, Complete Q6a, Q6b, Q6c and Go to Q7.

If Q6= No, Complete Q6d and Go to Q7.

6a) If Q6= Yes, when was it last updated? (year)

9999 if Don't know or Data not available

2 0 1 0

6b) If Q6= Yes, were the 2016 WHO STI treatment guidelines used as a reference for the development or update of the national STI guidelines?

1= Yes

2= No

3= Don't know

4= Data not available

2

6c) If Q6= Yes, specify which reference documents have been used to develop national STI treatment guidelines?

6c1) WHO STI treatment guidelines

6c2) US CDC STD treatment guidelines

6c3) STI treatment guidelines from a neighbour country

6c4) International Union of STI treatment guidelines

6c5) BASHH Guidelines - British Association for Sexual Health and HIV

6c6) Other

Yes

No

1


6c6s) If Other= Yes, please specify:



PROJECT ID:

A 6 5 9 9 6

Date form completed:

Day	Month	Year
11	07	2019

Name of Country: Georgia

II - STI treatment guidelines (Continued)

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

6d1) WHO STI treatment guidelines

Yes

No

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)

1

7a) Posted on website:

1= Yes

2= No (Go to Q7b)

1

7as) If Yes, please provide the link:

7b) Email distribution:

1= Yes

2= No (Go to Q7c)

2

If Yes, to whom/at what level:

7b1) Sub-national (provinces/states)

Yes

No

7b2) Districts

7b3) Clinics

7b4) Clinicians/care providers

7b5) NGOs/other organizations

7c) Hard copies distributed:

1= Yes

2= No (Go to Q7d)

2

If Yes, to whom/at what level:

7c1) Sub-national (provinces/states)

Yes

No

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)

1

If Yes, to whom/at what level:

7d1) Sub-national (provinces/states)

Yes

No

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:



PROJECT ID:

A 6 5 9 9 6

Date form completed:

Day	Month	Year
11	07	2019

Name of Country: Georgia

### 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**

	Yes	No	If Yes, estimated percentage of all STI care delivered in this setting 999 if Don't know or Data not available
9a) Primary care clinics	<input type="checkbox"/>	<input type="checkbox"/>	05 %
9b) Reproductive health clinics	<input type="checkbox"/>	<input type="checkbox"/>	5 %
9c) HIV clinics	<input type="checkbox"/>	<input type="checkbox"/>	10 %
9d) Family planning clinics	<input type="checkbox"/>	<input type="checkbox"/>	5 %
9e) Antenatal/postnatal care clinics	<input type="checkbox"/>	<input type="checkbox"/>	2 %
9f) Specialized STI clinics	<input type="checkbox"/>	<input type="checkbox"/>	60 %
9g) Key population services (MSM, sex workers)	<input type="checkbox"/>	<input type="checkbox"/>	2 %
9h) Adolescent healthcare services	<input type="checkbox"/>	<input type="checkbox"/>	10 %
9i) Prison settings	<input type="checkbox"/>	<input type="checkbox"/>	2 %



PROJECT ID:

A 6 5 9 9 6

Date form completed:

Day	Month	Year
11	07	2019

Name of Country: Georgia

## V - Surveillance systems

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

1= Yes

2= No (Go to Q11)

1

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

1  
1

No

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

10b1) Syndrome: Urethral discharge

1

1

1

10b2) Syndrome: Genital Ulcer Disease

1

1

1

10b3) Syndrome: Vaginal discharge

1

1

1

10b4) Etiologies: Syphilis

1

Yes

No

10b5) Etiologies: Gonorrhoea

1

10b6) Etiologies: Chlamydia

1

10b7) Etiologies: Trichomoniasis

1

10b8) Etiologies: Syphilis in  
pregnant women

1

1

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

1= Yes

2= No

1

10d) Is the surveillance data disaggregated by:

10d1) age:

10d2) sex:

10d3) location:

10d4) population:

Yes

1  
1  
1  
1

No

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

1= Yes

2= No (Go to Q13)

1



PROJECT ID:

A 6 5 9 9 6

Date form completed:

Day	Month	Year
1	1	0 7
2	0	1 9

Name of Country: Georgia

### 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)

1

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

12a) Syphilis screening coverage among pregnant women in antenatal care clinics

Yes

1

No

12b) Syphilis positivity among pregnant women in antenatal care clinics

1

12c) Syphilis treatment coverage among pregnant women testing positive in antenatal care clinics

1

12d) Congenital syphilis case rate

1

12e) Syphilis screening and positivity in MSM

1

12f) Syphilis screening and positivity in sex workers

1

12g) Urethral discharge case rate in men

1

12h) Gonorrhoea case rate in men

1

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)

2

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?

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

2 0

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

1= Yes

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

1

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

1

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

1

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

1

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

1= Yes

2= No

1





PROJECT ID:

A 6 5 9 9 6

Date form completed:

Day	Month	Year
11	07	2019

Name of Country: Georgia

## VI - Elimination of Mother to Child Transmission of HIV and Syphilis (Continued)

16. Are pregnant women routinely screened for any of the following STIs?

	Yes	No
16a) HIV	<input type="checkbox"/>	<input type="checkbox"/>
16b) Syphilis	<input type="checkbox"/>	<input type="checkbox"/>
16c) Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>
16d) Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>
16e) Trichomoniasis	<input type="checkbox"/>	<input type="checkbox"/>
16f) Human papillomavirus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>
16g) Genital herpes	<input type="checkbox"/>	<input type="checkbox"/>
16h) Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
16i) Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
16h) Other	<input type="checkbox"/>	<input type="checkbox"/>

16hs) If **Other= Yes** , please specify: \_\_\_\_\_

17. Are rapid syphilis tests used in antenatal care (ANC) clinics?

1= Yes

2= No (**Go to Q18**)

☐

17a) If your country uses rapid syphilis tests in ANC have you experienced stockouts of test kits?

1= Yes

2= No

☐

18. Are dual HIV/syphilis tests used in antenatal care (ANC) clinics?

1= Yes

2= No (**Go to Q19**)

☐

18a) If **Yes**, please specify brand: \_\_\_\_\_

18b) If **Yes**, please specify price: \_\_\_\_\_

## VII - Screening, Diagnosis, and Treatment of STIs

19. Are key populations of men who have sex with men (MSM) and sex workers screened for any of the following STIs?

1- MSM 2- Sex workers No Yes No

	Yes			
19a) HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19b) Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19c) Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19d) Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19e) Trichomoniasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19f) Human papillomavirus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19g) Genital herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19h) Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19i) Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19j) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19js) If **Other= Yes** , please specify: \_\_\_\_\_



PROJECT ID:

A 6 5 9 9 6

Date form completed:

Day		Month		Year	
1	1	0	7	2	0
				1	9

Name of Country: Georgia

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

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

	Yes	No
20a) HIV	1	
20b) Syphilis	1	
20c) Gonorrhoea		
20d) Chlamydia		
20e) Trichomoniasis		
20f) Human papillomavirus (HPV)		
20g) Genital herpes		
20h) Hepatitis B		
20i) Hepatitis C	1	
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 diseases)?

2

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**

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?

	Yes	No
22a) Acyclovir		
22b) Azithromycin	1	
22c) Benzathine penicillin		
22d) Ceftriaxone	1	
22e) Cefixime		
22f) Doxycycline	1	
22g) Metronidazole	1	
22h) Other		

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



PROJECT ID:

A 6 5 9 9 6

Date form completed:

Day	Month	Year
11	07	2019

Name of Country: Georgia

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

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

- 23a) Acyclovir
- 23b) Azithromycin
- 23c) Benzathine penicillin
- 23d) Ceftriaxone
- 23e) Cefixime
- 23f) Doxycycline
- 23g) Metronidazole
- 23h) Other

Yes

1
1

No


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

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

- 24a) Acyclovir
- 24b) Azithromycin
- 24c) Benzathine penicillin
- 24d) Ceftriaxone
- 24e) Cefixime
- 24f) Doxycycline
- 24g) Metronidazole
- 24h) Other

Yes

1
1
1
1
1

No


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

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

- 25a) Acyclovir
- 25b) Azithromycin
- 25c) Benzathine penicillin
- 25d) Ceftriaxone
- 25e) Cefixime
- 25f) Doxycycline
- 25g) Metronidazole
- 25h) Other

Yes

1

No


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



PROJECT ID:

A 6 5 9 9 6

Date form completed:

Day	Month	Year
11	07	2019

Name of Country: Georgia

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

26. Has the country experienced stockouts of STI medications? No

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:

Lugary Laboratory

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: \_\_\_\_\_



PROJECT ID:

A 6 5 9 9 6

Date form completed:

Day		Month		Year			
1	1	0	7	2	0	1	9

Name of Country: Georgia

### IX. HPV vaccination, screening, diagnosis, and treatment

29. Is the human papillomavirus (HPV) vaccine included in the national immunization schedule? ☐

1= Yes

2= No (Go to Q30)

29a) If Q29= Yes , please provide the WEB link of National immunization schedule:

29a1) Provide WEB link if **Available** :

OR

29a2) Check the box if WEB link is **Not available**: ☐

29b) If Q29= Yes , to whom and at what age?

29b1) Adolescent girls:

1= Yes

2= No

29b2) Adolescent girls and boys:

1= Yes

2= No

29b3) Age range for HPV vaccine:

99 if **Don't know**

29b4) Is the human papillomavirus (HPV) vaccine for PLHIV included in the national immunization schedule? ☐

1= Yes

2= No

29b4a) If **Yes**, what is the age range for PLHIV:

99 if **Don't know**

29b5) Is the human papillomavirus (HPV) vaccine for MSM included in the national immunization schedule? ☐

1= Yes

2= No

29b5a) If **Yes**, what is the age range for MSM:

99 if **Don't know**

30. Does your country have a national cancer registry that includes cervical cancer? ☐

1= Yes

2= No (Go to Q31)

30a) Population based

30b) Hospital based

30c) National

30d) Sub-National

Yes

<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"/>

31. Is screening for cervical cancer available for general populations of women between the ages of 35 and 55? ☐

1= Yes

2= No (Go to Q33)



PROJECT ID:

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Date form completed:

Day	Month	Year
1	1	0 7
2	0	1 9

Name of Country: Georgia

**IX. HPV vaccination, screening, diagnosis, and treatment (Continued)**

32. If cervical cancer screening is available, which tests are used?

32a) PAP smear/test

Yes

1

No

32b) HPV test

32bs) If **HPV test=Yes**, please provide which HPV test is used:

32c) Acetic acid testing

32d) Visual inspection only

32e) Other

32es) If **Other= Yes**, please specify:

33. What treatments are used for patients with abnormal cervical screening results (pre-cancerous lesions)?

33a) Thermo ablation

Yes

1

No

33b) Cryotherapy (liquid nitrogen)

1

33c) Loop Electrosurgical Excision Procedure or conization

1

33d) Surgical removal with other procedure

1

33e) Other

33es) If **Other= Yes**, please specify:

**X - Technical assistance**

34. Is the country in need of WHO technical assistance?

1= Yes

2= No (Go to Q31)

1

If **Yes**, on which areas?

34a) Development of National STI strategy

Yes

1

No

34b) Development of National STI treatment guidelines

1

34c) STI care services

34d) STI surveillance

34e) EMTCT of HIV and syphilis

34f) Screening, diagnosis and treatment

1

34g) Surveillance in AMR resistance in Gonorrhoea

1

34h) HPV vaccination, screening, diagnosis and treatment

1

35. What other technical partners / agencies are supporting you in the STI prevention and control services, and in which particular area? WHO, UNFPA

36. What is the main source of funding support for implementation of STI-related prevention and control programmes in country? Global Fund, Government, Out-of-Pocket

(Date and Sign questionnaire)

To be completed by Responder:

To be completed by Data Entry Operator:

Name: Ketevan Goginashvili

Name:

Signature:

Signature:

Date:

Day	Month	Year
1	1	0 7
2	0	1 9

Date:

Day	Month	Year
1	1	0 7
2	0	1 9