PRÉVENTION ET LUTTE CONTRE LES IST, Y COMPRIS LA CHLAMYDIOSE GÉNITALE, CHEZ LES JEUNES DE 15 À 24 ANS : COMPARAISON ANALYSE FFOM- MATRICE TOWS AU MALI ET AU BURKINA FASO.

Prevention And Control Of STIs, Including Genital Chlamydia, Among Youths Aged 15–24: A Comparative SWOT–TOWS Analysis In Mali And Burkina Faso.

Modibo Sangaré[1,2], Emile Badiel[3,4], Romain Dena[1], Adama Ouedraogo[3], Theophile W Ouedraogo[4], Bekaye Coulibaly[1], Désiré Tassembedo[4], Mamady Traore[5], Madina Konaté[6], Fatoumata Traore[7], Mariam Toure[8], Oumar Sidibé[8], Modibo Kouyate[9], Fatoumata Doumbia[1,10], Kassoum Alou Ndiaye[1,10], Aissatou Soumana Billo[11], Privat Agniwo[8,12], Christelle Fatondji[12], Ichiaka Moumine Koné[2], Ousmane Traore[2], Hama Diallo[1,2], Boulaye Sanogo[2], Ousmane Maiga[1], Abdrahamane Anne[1], Kassoum Kayentao[8], Sory Ibrahim Diawara[1], Souleymane Dama[8], Sekou Bah[8], Boureima Guindo[8,13], Fumiko Shibuya[14], Jun Kobayashi[14].

[1]Faculty of Medicine and Odontostomatology (FMOS), USTTB, Bamako, Mali ; [2]Executive Secretariat of the High National Council for the Fight against AIDS (SEHCNLS), Bamako, Mali ; [3]Réseau national pour une grande implication des personnes infectées dans la lutte contre le VIH/ sida au Burkina Faso (REGIPIV-BF) ; [4]Permanent Secretariat of the National Council for the Fight against AIDS and STIs (SP/CNLS-IST), Ouagadougou, Burkina Faso ; [5]Health Sector Programme for the Fight against AIDS and Sexually Transmitted Infections and Viral Hepatitis (PSSLS-IST/HV), Ouagadougou, Burkina Faso ; [6]Sectoral Unit for the Fight against AIDS, Tuberculosis and Viral Hepatitis (CSLS-TBH), Ministry of Health and Social Development (MSDS), Bamako, Mali ; [7]NGO Enda Mali, Bamako, Mali ; [8]Faculty of Pharmacy (FAPH), USTTB, Bamako, Mali ; [9]Centre of Excellence in Bioinformatics (ACE-B), USTTB, Bamako, Mali ; [10]Association Malian Network for Health, Research, Education and Development (MNREHD Association), Bamako, Mali ; [11]Samu Social, Niamey, Niger ; [12]Savè-ouèssè Zone Hospital, Parakou, Benin ; [13]National Institute of Public Health (INSP), Bamako, Mali. BP: 1771 ; [14]Department of Global Health, Graduate School of Health Sciences, University of the Ryukyus, 1076 Kiyuna, Ginowan, Okinawa, 901-2725, Japan.

Corresponding author: Modibo SANGARE, MD, PhD. Associate Professor, Faculty of Pharmacy (FAPH)/Faculty of Medicine and Odontostomatology (FMOS), USTTB, Bamako, Mali E-mail : mouadib313@yahoo.com

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ABSTRACT

Objective: To conduct a SWOT analysis and develop a TOWS matrix for the prevention and control of genital chlamydia among youth in Mali and Burkina Faso. **Methods**: From January to November 2025, we conducted a SWOT analysis and TOWS matrix on STI/genital chlamydia among youths aged 15–24. Twelve national and international stakeholders filled out an 18-item questionnaire in April-September 2025. We analyzed responses to identify country-specific strengths, weaknesses, opportunities, and threats, which were cross-referenced using the TOWS matrix to develop a 4-pillar action plan. **Results**: Mali demonstrated strong institutional support, while Burkina Faso showed a dynamic community-based approach. Both countries face structural and sociocultural challenges in STI prevention among youths. Opportunities include the use of digital technologies and strengthened public–private–community partnerships. Key weaknesses were limited human and financial resources and restricted service access - particularly in rural and unstable areas. **Discussion**: The contrasting strengths identified in Mali and Burkina Faso suggest that combining robust institutional leadership with strong community engagement may enhance the effectiveness of youth STI prevention programs. It is essential to address persistent resource constraints and barriers to service access. Digital health innovations and multisectoral partnerships offer promising avenues to improve outreach, service delivery, and program sustainability. **Conclusion**: Strengthening STI prevention among youth requires integrated strategies leveraging local strengths, technological innovation, and community engagement. **Keywords**: Genital chlamydia, STI, SWOT analysis, TOWS matrix, Youths 15-24, Mali, Burkina Faso

RÉSUMÉ

Objectif : Réaliser une analyse SWOT et élaborer une matrice TOWS pour la prévention et la lutte contre la chlamydiose génitale chez les jeunes au Mali et au Burkina Faso. **Méthodes** : De janvier à novembre

2025, nous avons mené une analyse SWOT et élaboré une matrice TOWS sur les IST/la chlamydiose génitale chez les jeunes âgés de 15 à 24 ans. Douze parties prenantes nationales et internationales ont répondu à un questionnaire en 18 points entre avril et septembre 2025. Nous avons analysé les réponses afin d'identifier les forces, faiblesses, opportunités et menaces spécifiques à chaque pays, qui ont été recoupées à l'aide de la matrice TOWS pour élaborer un plan d'action en quatre (4) axes. **Résultats** : Le Mali a fait preuve d'un solide soutien institutionnel, tandis que le Burkina Faso a adopté une approche communautaire dynamique. Les deux pays sont confrontés à des défis structurels et socioculturels en matière de prévention des IST chez les jeunes. Les opportunités comprennent l'utilisation des technologies numériques et le renforcement des partenariats entre les trois secteurs (public, privé et communautaire). Les principales faiblesses étaient le manque de ressources humaines et financières et l'accès limité aux services, en particulier dans les zones rurales et instables. **Discussion** : Les atouts contrastés mis en évidence au Mali et au Burkina Faso suggèrent que la combinaison d'un leadership institutionnel solide et d'un engagement communautaire fort pourrait renforcer l'efficacité des programmes de prévention des IST chez les jeunes. Il est essentiel de s'attaquer aux contraintes persistantes en matière de ressources et aux obstacles à l'accès aux services. Les innovations en matière de santé numérique et les partenariats multisectoriels offrent des pistes prometteuses pour améliorer la portée des interventions, la prestation des services et la pérennité des programmes. **Conclusion** : Le renforcement de la prévention des IST chez les jeunes nécessite des stratégies intégrées s'appuyant sur les atouts locaux, l'innovation technologique et l'engagement communautaire. **Mots-clés** : Chlamydiose génitale, IST, analyse SWOT, matrice TOWS, jeunes de 15 à 24 ans, Mali, Burkina Faso.

INTRODUCTION

A sexually transmitted infection (STI) is an infection that is transmitted through sexual contact. It is transmitted through vaginal, anal or oral sex, but several STIs can be transmitted during pregnancy, childbirth and/or through infected blood. Worldwide, in 2020, the WHO estimated that 374 million people contracted one of the following four (4) STIs: chlamydia (129 million), gonorrhea (82 million), syphilis (7.1 million) and trichomoniasis (156 million) (1). In Africa, 250,000 STIs are contracted every day, four of the eight most common STIs are curable. STIs can be prevented in youths thanks to the WHO's Abstinence, Be faithful, Condom use, Detection and Education (ABCDE) strategy. They can be treated, cared for and controlled. In the absence of correct and effective treatment, they can become more complicated and have a long-term impact on sexual and reproductive health (2).

Chlamydia trachomatis (C. *trachomatis*) infection is the most common bacterial STI in the world with an estimated 129 million new cases in 2020. This STI is most often asymptomatic and can most often be complicated by chronic pain, pelvic inflammatory disease, ectopic pregnancy and tubal infertility or even infertility. Every day, more than a million people contract an STI that can be cured. Youths and adolescents under the age of 25 are by far the most affected among sexually active people aged 15-49 (3,4).

In sub-Saharan Africa, the prevention and control of genital chlamydia in youths involves three key strategies: (i) consistent and correct use of condoms during sexual intercourse, (ii) regular screening, especially in sexually active youths, and (iii) early, effective, correct and comprehensive treatment (including sexual partners). Information, education and awareness-raising among youths, the promotion of sexual health and the reduction of risky behaviors are relegated to the background (5).

In French-speaking West Africa, the management of genital chlamydia in youths is based on the syndromic approach to overcome some of the challenges youths face in the demand for and supply of STI services (6). Ideally, diagnosis is based on nucleic acid amplification tests (NAATs) performed on samples taken from the relevant anatomical sites, according to reported sexual practices. The lack of an appropriate technical platform, the lack of financial autonomy among youths, the time constraint to benefit from STI services and the fear of being noticed by an acquaintance of the family at the health center make this approach ideal in the context of limited resources. It is simple and allows for same-day treatment for symptomatic young or adolescent patients, avoiding the need for diagnostic tests, which are either too expensive for youths or are unavailable (7).

In Mali and Burkina Faso, the incidence of genital chlamydia and gonorrhea, two common STIs frequently associated, has been estimated to be increasing among youths (8-10). Due to a lack of human, material and financial resources, the WHO's recommendations to carry out annual screening of all sexually active people under 30 years of age, and more frequently of those with risk factors, are problematic. Treatment protocols are regularly evolving considering antibiotic resistance data; health professionals should refer to updated local guidelines. For example, the increasing resistance of gonorrhea to antibiotics requires careful and reasonable use of these treatments to preserve their effectiveness (11).

In view of the diagnostic and therapeutic shortcomings of genital chlamydia and gonorrhea, the focus should be on strengthening prevention by strengthening the WHO ABCDE strategy and on improving the diagnosis and treatment of genital chlamydia and gonorrhoea in Mali and Burkina Faso. The most relevant studies on genital chlamydia and gonorrhea or associated with other STIs (HPV, syphilis) were done in Burkina Faso only on minorities or key populations (sex workers, men who have sex with men) and their high-risk factors such as multiple sexual partnership (10,12,13). The aim of this study was to conduct a SWOT analysis and to make a TOWS matrix of the prevention and control of genital chlamydia in Mali and Burkina Faso.

METHODS

We conducted a descriptive qualitative study from January to November 2025. We developed an 18-item MS Word questionnaire (see Appendices) to be emailed for SWOT analysis to 12 structures/organizations (4 sexual and reproductive health programs, 6 national and international non-governmental organizations (NGOs) and 2 associations) in Mali from April 28 to May 31, 2025, and in Burkina Faso from August 11 to September 14, 2025. Participants were institutional or technical leaders (executive directors, national coordinators, department heads, program managers) involved in the strategic coordination, planning, or implementation of STI prevention and control interventions. They filled out their responses in the questionnaire as key informant interviews and emailed it back to the principal investigator. From August 01 to November 01, 2025, we analyzed and summarized the responses to the questionnaires for the SWOT analysis and the TOWS matrix.

For the SWOT analysis, we conducted a 3-step analysis. Firstly, we compiled the answers to the open-ended questions by country in an MS Word document. Secondly, responses from the SWOT analysis were grouped together to facilitate analysis and synthesis. We have grouped into different categories as follows:

- **Strengths:** (i) institutional and political commitment (ii) partnerships and synergies of the different actors (iii) financing and logistical support (iv) innovation and communication.
- **Weaknesses**: (i) socio-cultural and behavioral factors (ii) information, education and communication (IEC) for behavior change (iii) availability, accessibility and quality of STI services including genital chlamydia (iv) human, material and financial resources.
- **Opportunities**: (i) institutional and strategic partnership, (ii) partnership with civil society organizations (CSOs) and the private sector, (iii) technological innovation and communication, (iv) community mobilization, (v) financing and sustainability.
- **Threats: (i) legal and institutional** environment, (ii) security and political context, (iii) socio-cultural and religious barriers, (iv) educational and cognitive factors, (v) economic and environmental factors.

Thirdly, we have drawn up a summary table of the SWOT analysis by country then a comparative table with strategic implications.

For the TOWS matrix, we derived the following crossovers from the SWOT analysis for each country: SO (strengths and opportunities) to maximize strengths by exploiting opportunities, ST (strengths and threats) to use strengths by countering threats, WO (weaknesses and opportunities) to overcome weaknesses by exploiting opportunities, and WT (weaknesses and threats) to minimize weaknesses by avoiding threats.

We then determined similarities and specificities in structural and contextual characteristics of youth sexual health and STI, including genital chlamydia, between Mali and Burkina Faso. We then superimposed the TOWS matrices of the two countries to finally propose an action plan with four (4) areas of intervention.

The protocol, consent forms, and questionnaire for the study were approved by the ethics committee of the Hospital of Mali in Bamako, Mali and by the ethics committee of the African Institute of Public Health (IASP), Ouagadougou, Burkina Faso. We obtained informed consent from those who responded to the SWOT questionnaires. Each participant was compensated in a symbolic way – USD 80 per participant - while offering the opportunity to be a co-author for those who were eligible.

The data were collected, analyzed and synthesized anonymously in an MS Word 2019 document. Raw data from Mali and Burkina Faso were accessible only to the principal investigator.

RESULTS

At the end of our survey from April to September 2025, the SWOT analysis identified the strengths, weaknesses, opportunities and threats of STIs in general and genital chlamydia in Mali (**Table Ia**) and Burkina Faso (**Table Ib**) among youths aged 15-24. We compared common and specific features on the SWOT analysis in Mali and Burkina Faso while providing strategic implications (Table Ic). The intersection of strengths and weaknesses with opportunities and threats in the TOWS matrix made it possible to identify strategies or actions to be undertaken while considering existing or likely challenges in Mali (**Table IIa**) and Burkina Faso (**Table IIb**). It is worth noting that the two countries had similarities (**Table IIIa**) and

specificities (**Table IIIb**) in structural and contextual characteristics that allow for better identification of overlapping prevention strategies and control of genital chlamydia among 15-24 years old in Mali and Burkina Faso (**Table IIIc**).

DISCUSSION

Our study identified complementary strengths for STI prevention among youths in Mali and Burkina Faso. Mali benefits from stronger institutional anchoring of sexual and reproductive health programs, whereas Burkina Faso demonstrates greater community engagement. Despite these differences, both countries face similar challenges, including limited human and financial resources, sociocultural barriers to sexual health discussions, and unequal access to youth-friendly services, particularly in rural and insecure areas. These findings are consistent with previous studies from sub-Saharan Africa, which have highlighted persistent structural and social barriers to STI prevention and care among adolescents and young adults (21–24).

The SWOT and TOWS analyses provided a structured framework for synthesizing stakeholder perspectives and exploring the interactions between internal capacities and external contextual factors. Although these tools are widely used in strategic planning and health systems assessment, they should be viewed as decision-support frameworks rather than standalone analytical methodologies (14–17). In the present study, their value lay in identifying leverage points for action and facilitating the translation of contextual evidence into strategic options.

The comparison between Mali and Burkina Faso revealed substantial similarities in demographic, sociocultural, and health-system contexts. Shared borders, population mobility, and cultural ties contribute to comparable determinants of sexual health and healthcare utilization among youths (19). These commonalities support the development of broad regional approaches to STI prevention, while recognizing the need for adaptation to local realities. Previous studies have similarly emphasized that interventions are more effective when tailored to the sociocultural and institutional contexts in which they are implemented (20,25).

At the same time, differences in governance structures, security conditions, and health system capacity suggest that intervention priorities may vary between countries. Such contextual factors influence the choice of communication channels, service-delivery models, and implementation partners, particularly in settings affected by fragility or limited access to healthcare (20,26). Therefore, strategies identified through the TOWS analysis should be considered as adaptable policy options rather than universal solutions.

Finally, the findings underscore the importance of prioritizing interventions that improve access to youth-friendly services while making efficient use of limited resources. The strategic options generated through the TOWS matrix provide a useful basis for policy dialogue and program development. However, their feasibility, acceptability, and potential impact should be further assessed through complementary approaches such as stakeholder prioritization exercises, Delphi consensus methods, or implementation research before large-scale deployment (27,28).

CONCLUSION

STI/genital chlamydia prevention and control among youths aged 15–24 in Mali and Burkina Faso rely on important assets despite persistent structural and sociocultural constraints. Mali benefits from strong institutional support and favorable policies, while Burkina Faso shows strong local and community engagement in STI prevention. Both countries face shortages of qualified human resources and limited youth access to STI services, particularly in rural and insecure areas. Opportunities include the use of digital technologies, strengthened partnerships with private, NGO, and community actors, and supportive policy reforms. The TOWS matrix helped identify strategies to leverage strengths, address weaknesses, and mitigate threats through context-adapted and collaborative interventions.

PERSPECTIVES

In the future, a contextualized action plan, based on the results of the SWOT/TOWS analysis, is essential to improve access to sexual health information, care and services for young Malians and Burkinabè aged 15-24, even in contexts of vulnerability and armed conflict.

A prototype action plan for the prevention of STIs, in particular genital chlamydia in youths aged 15-24 in Mali and Burkina Faso, must be based on one or more of its four (4) axes below:

- **Axis 1**: Strengthen the knowledge and skills of youths aged 15-24 on STI/genital chlamydia, their modes of transmission and their prevention;
- **Axis 2:** Improve access to sexual and reproductive health services adapted to youths aged 15-24 in general and to STI/genital chlamydia services in particular;
- **Axis 3: Reduce stereotypes**, stigmatization and socio-cultural resistance related to the sexual health of youths aged 15-24;
- **Axis 4:** Promote responsible and safe sexual behaviors among youths aged 15-24.

A. Strategic Actions

1. Awareness and Education on STI/Genital Chlamydia

- **Targeted media campaigns:** Use local radio stations popular with youths (Djekafo, Voix des Jeunes, Cool FM, ORTM2) to broadcast interactive programs on youth sexual health, building on PSI Mali's "Grin" program
- **Use of social media:** Create educational content on STIs/genital chlamydia on Facebook, WhatsApp and Instagram to reach urban youth, in collaboration with local influencers.
- **Community workshops:** Organize talks and information sessions in schools, universities and community centers, involving community and religious leaders to overcome cultural resistance

2. Access to health services

- **Mobile clinics:** Deploy mobile STI/genital chlamydia screening and care units in rural areas and regions affected by insecurity, building on existing infrastructure
- **Training of health personnel:** To strengthen the capacity of local health service providers to offer youth-friendly community-based STI/genital chlamydia services, considering the cultural and linguistic specificities of each region
- **Partnerships with schools:** Integrate sexual and reproductive health services into schools and vocational training structures, in collaboration with the various ministries (MSDS, and Vocational Training, Youths, Promotion of Women, Family and Children)

3. Advocacy and community engagement

- **Capacity Building of CSOs: Train youths from CSOs** (associations, NGOs, Networks, Federation) on reproductive health, communication, leadership and advocacy
- **Intergenerational Dialogue:** Organize discussion forums between youths, parents, teachers and religious leaders to promote an inclusive approach to sexual health for adolescents and youths
- **Advocating before the authorities:** Campaigning for the adoption of laws in favor of compulsory sex education in schools and the lifting of restrictions on the advertising of contraceptive methods (condoms, other contraceptives)

4. Monitoring and Evaluation

- **Data collection:** Establish a monitoring and evaluation (M&E) system to measure the impact of interventions by analysing data disaggregated by age group, gender, education level and level of vulnerability, collecting data on the prevalence and especially the incidence and risk factors of STI/genital chlamydia, the use of sexual health services by youths and changes in behavior (sexual and social)
- **Periodic evaluations:** Conduct regular evaluations of youth health programs, obtain feedback from beneficiaries and adjust strategies based on results

B. Resource Requirements

- **Material Resources (Educational Materials):** Develop and distribute youth-friendly, high-quality, reusable educational materials taking into account local languages
- **Financial Resources (Funding):** Mobilize funds from international partners (World Bank, UN, NGOs) and the private sector, pool existing funds (state) and prioritize grant applications for research on STIs/genital chlamydia such as the Pfizer chlamydia project
- **Human resources (staff):** Train community facilitators, health service providers and monitoring and evaluation officers

This proposed action plan should be adapted to the guidelines in the field of youth sexual health and the national collective experience already acquired by public structures and bodies, NGOs, the private sector, CSOs and relevant and recent data from literature. It must consider the context of limited resources (material, human, financial) with the slogan "*Do a lot with little or very little*".

RECOMMENDATIONS

We recommend:

- Parents and teachers communicate and dialogue with children and youths about sexuality, reproductive life, STIs, especially genital chlamydia.
- It is up to health professionals to continue to train in the youth-friendly sexual health service and to deconstruct the stigma and discrimination against youths in the provision of STI care.
- Youths, whether they are pupils or students, in school or not, create associations**,** clubs or other groups of common interest to contribute to the fight against STIs in general and genital chlamydia in particular among their peers.
- Youth associations and new NGOs focus on the sexual health of adolescents and youths in general and the prevention and control of STIs in general, including genital chlamydia.
- It is up to the users of the results of this study to contextualize them. Strengths, weaknesses, opportunities and threats can vary from region to region, from health district to health district within the same country. Therefore, a detailed action plan for each health district should be considered or, at best, a package of interventions should be defined according to the incidence (low, medium, high) of STI/chlamydia plus the similarities in the trends of the results of the SWOT analysis and the TOWS matrix.

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ANNEXES

1. SWOT questionnaire: Prevention and control of STIs / Chlamydia among youths aged 15-24 in Mali and Burkina Faso

General information

- Country:/……/
- Date:/……/
- Name/structure of the Respondent: /……/
- Function or Position of the Respondent:/……/

Part 1: Strengths (Internal, Positive)

Note: What works well in your country or your structure or community for the prevention and control of STIs including genital chlamydia in your country.

Q1. What actions or strategies have already been implemented for the prevention of STIs, including genital chlamydia in youths aged 15-24?……/

Q2. Are there any structures (health centres, NGOs, schools, youth centres, etc.) effective in raising awareness or screening for STIs including genital chlamydia?……

Q3. What are the strengths of health personnel (skills, training, proximity to youths) for the prevention and control of STIs, including genital chlamydia?……

Q4. Is there active involvement of youths in STI prevention campaigns, including genital chlamydia? If so, how? ……

Q5. Are there associations of health or medical students or midwifery or nursing schools for health weeks or prevention campaigns and control of STIs including genital chlamydia? If so, how? ……

Part 2: Weaknesses (Internal, Negative)

Note: We mean the limitations or problems encountered in the prevention and control of STIs, including genital chlamydia, in your country.

Q6. What are the main difficulties encountered in informing or raising awareness among youths aged 15-24 about STIs, including genital chlamydia? ……

Q7. Are there shortages in terms of human, material or financial resources for the prevention and control of STIs including genital chlamydia? ……

Q8. Are there any weaknesses in the coverage, quality or accessibility of STI screening/ treatment services, including genital chlamydia among youths aged 15-24?……

Q9. What internal barriers limit the participation of youths aged 15-24 (e.g., taboos, stigma, religion, lack of family or adult dialogue)?

Part 3: Opportunities (External, Positive)

Note: Which can be leveraged to improve the situation for the prevention and control of STIs including genital chlamydia in your country.

Q10. What external opportunities could strengthen the prevention and control of STIs, including genital chlamydia, in youths aged 15-24? (e.g., partnerships with schools, communication and information technologies (ICTs) with mobile phone companies, social networks, local, national or international NGOs, local funding, public policies)……

Q11. Are there any ongoing government or international programs that can be supported or aligned with this project on the development of educational materials on genital chlamydia among youths aged 15-24 in Mali, Burkina Faso, Benin and Niger?……

Q12. Are there opportunities for co-financing or pooling resources from different sectors for the prevention and control of STIs, including genital chlamydia?……

Q13. Which community actors or institutions could be mobilized more for the occasions (festivals, sporting or cultural events) for the prevention and control of STIs including genital chlamydia? ……

Part 4: Threats (External, Negative)

Note: External risks or pressures that hinder efforts to prevent and control STIs/chlamydia in your country.

Q14. What external risks or challenges threaten the prevention and control of STIs including genital chlamydia (e.g., political instability, socio-cultural resistance, gender inequalities, internal or external displacement, precariousness of life, orphanhood due to armed conflicts and wars)? ……

Q15. Are there any restrictive policies or legislative frameworks (or lack thereof) that hinder interventions or activities for the prevention and control of STIs, including genital chlamydia? ……

Q16. Is misinformation or misbeliefs about STIs, including genital chlamydia, a threat to the prevention and control of STIs, including genital chlamydia? If so, how? .....
Q17. Do religious leaders in the community and parents of students in families or even teachers in schools pose a threat to STI prevention and control activities or interventions, including genital chlamydia in youths aged 15-24?.....
Q18. Does the low level of education of youths themselves represent a threat to the prevention and control of STIs, including genital chlamydia?.....
"**Thank you for your participation**"

Table Ia. Summary SWOT Analysis of STI/Genital Chlamydia Prevention and Control among Youths (15–24 years old) in Mali

Strengths	**Weaknesses**
Strong governmental commitment and integration of STI prevention into national health and education policies	Persistent sociocultural taboos, stigma, and gender-related barriers to sexual health services
Active involvement of NGOs, community organizations, and development partners	Inadequate youth-friendly communication and health education, particularly in local languages
Existing national and international funding mechanisms supporting sexual and reproductive health programs	Limited availability, accessibility, and quality of STI screening and treatment services, especially in rural areas
Growing use of digital platforms and mobile technologies for youth engagement	Shortages of trained personnel, diagnostic capacity, essential commodities, and sustainable financing
Opportunities	**Threats**
Alignment with WHO recommendations and regional STI/HIV strategies	Insecurity, population displacement, and political instability that affect STI service delivery.
Expansion of partnerships with civil society, schools, private sector, and telecommunications companies	Restrictive legal and policy environments that limit comprehensive sexuality education and access for vulnerable groups.
Increased use of digital health tools for awareness, screening, and follow-up	Sociocultural and religious resistance to sexual health education and prevention interventions
Community mobilization through local leaders and social networks	Low health literacy, misinformation, poverty, and self-medication practices that reduce STI care-seeking behaviors.
Opportunities for co-financing through national and international programs	Climate-related disruptions and other barriers that limit access to health services.

HIV: Human Immunodeficiency Virus NGO: Non-Governmental Organization
STI : Sexually Transmitted Infections WHO : World Health Organization

Table Ib. Summary SWOT Analysis of STI/Genital Chlamydia Prevention and Control among Youths (15–24 years Old) in Burkina Faso

Strengths	**Weaknesses**
Strong policy commitment through national HIV/STI and health development strategies	Limited financial, human, and infrastructural resources for youth STI programs
Active partnerships with international agencies, NGOs, and private-sector actors	Insufficient youth-friendly, confidential, and specialized sexual health services
Well-established community-based organizations involved in awareness and screening activities	Inadequate training of healthcare providers on adolescent and youth sexual health
Growing use of digital technologies and mobile platforms for youth engagement	Limited sexual health literacy among youths and persistent urban–rural disparities in service access
Opportunities	**Threats**
Expansion of digital health tools, social media, and mobile communication for prevention and education	Sociocultural stigma, taboos, and parental resistance to sexuality education
Strengthening collaboration with telecommunications companies, NGOs, and international partners	Gender inequalities that limit access to sexual and reproductive health information and services.
Community mobilization through peer educators, community health workers, and local organizations	Poverty and economic vulnerability that reduce healthcare service utilization.
Supportive policy reforms facilitating access to STI and HIV testing services	Insecurity, population displacement, and disruption of health services in conflict-affected areas
Continued international support for STI/HIV prevention and control programs	Gaps in youth-specific sexual health policies and interventions

HIV: Human Immunodeficiency Virus NGO: Non-Governmental Organization
STI : Sexually Transmitted Infections

Table Ic. Comparative SWOT Analysis of STI/Genital Chlamydia Prevention and Control among Youths (15–24 Years Old) in Mali and Burkina Faso

SWOT Component	Common Findings	Mali-Specific Features	Burkina Faso-Specific Features
Strengths	Governmental commitment to STI prevention; support from international partners; involvement of NGOs and community actors; increasing use of digital communication tools	Strong institutional anchoring through national health and education systems	Strong community-based engagement through youth organizations, peer educators, and community health workers
Weaknesses	Limited financial and human resources; insufficient youth-friendly services; inadequate sexual health education; urban–rural disparities in access to care	Limited diagnostic capacity and shortages of STI-specific commodities and trained personnel	Greater dependence on community structures to compensate for limited specialized youth services
Opportunities	Expansion of digital health technologies; multisectoral partnerships; community mobilization; international technical and financial support	Integration of STI prevention within broader reproductive health and HIV programs	Recent policy reforms to facilitate access to STI/HIV testing and a stronger use of community outreach mechanisms
Threats	Sociocultural stigma surrounding sexuality; gender-related barriers; poverty; insecurity and population displacement	Restrictive legal environment affecting comprehensive sexuality education and access for some vulnerable populations	Greater impact of insecurity-related disruptions on service continuity in conflict-affected areas.
Strategic Implications	Strengthen youth-friendly services, improve sexual health literacy, expand digital communication, and reinforce multisectoral collaboration	Leverage institutional capacity to scale up standardized STI prevention and care services	Capitalize on community networks to improve outreach, awareness, and linkage to care among youths.

Table IIa: TOWS matrix from the SWOT Analysis for the Identification of Strategies for the Prevention and Control of STIs/Genital Chlamydia in Youths Aged 15-24 in Mali

Factors	OPPORTUNITIES (O)	THREATS (T)
STRENGTHS (S)	**SO strategies**	**ST Strategies**
Partnerships with telecom operators (e.g. Orange Mali) for SMS campaigns	Develop SMS awareness campaigns targeting urban youth	Using SMS campaigns to disseminate reliable information and counter misinformation about STIs/genital chlamydia
Use of social networks (Facebook, WhatsApp) to reach urban youth	Creating interactive social media platforms for sexual health education	Collaborate with local influencers to demystify STI-related taboos and promote STI prevention/
Projects financed by the World Bank, such as "Adolescent and Youth Health"	Strengthening partnerships with the World Bank to expand sexual health programs	Use financial support to develop health infrastructure in insecurity-affected areas
Alignment with WHO targets for STI/genital chlamydia	Align local programs with WHO guidelines to ensure a consistent and effective approach	Using WHO standards to advocate for public policies that support the prevention of genital STIs/chlamydia
WEAKNESSES (W)	**WO Strategies**	**WT Strategies**
Cultural taboos around sexuality, especially for young women and girls	Organize community workshops to openly discuss sexual health and break taboos	Developing culturally appropriate educational programs to overcome socio-cultural resistance
Lack of educational materials adapted to local languages (Bambara, Fulani, etc.)	Translate and adapt educational materials into local languages for a better understanding of educational and information messages by young people	Collaborate with local linguists to create relevant and accessible educational content
Lack of STI testing centers in rural areas	Deploy mobile STI/genital chlamydia screening units to reach young populations in rural areas	Advocate for investments in rural health infrastructure to improve access to STI/genital chlamydia testing
Limited budget for mass campaigns, dependence on international funding	Diversifying sources of financing by involving the private sector and national partners	Optimize the use of existing resources to maximize the impact of genital STI/chlamydia prevention campaigns
Long wait times for screening results	Improving laboratory processes to reduce the time to diagnostic results for STIs/genital chlamydia	Educating young people about the benefits of rapid and confidential testing to encourage participation
Discouraging indirect costs (transport) for rural youth	Provide financial or logistical support to facilitate access to health services	Developing community transportation solutions to overcome geographic barriers
Stigmatization of people infected with STIs/chlamydia, especially young women and girls	Launch awareness campaigns to reduce stigma and promote acceptance of STI/genital chlamydia services	Creating safe spaces for those affected to share their experiences and support others

Factors	OPPORTUNITIES (O)	THREATS (T)
Conservative influence of religious leaders on communities	Engaging religious leaders in interfaith dialogues on sexual health	Training religious leaders to become ambassadors for the prevention of STIs/genital chlamydia
Mobility of certain groups of young people, making it difficult to monitor them	Using mobile technologies to track and support young people on the move	Developing flexible and remotely accessible programs for mobile youths

*** SMS** – Short Message Service (text messaging technology) **SO: Strategies Using Strengths to Exploit Opportunities ST: Strategies Using Strengths to Counter Threats STI** – Sexually Transmitted Infection **SWOT** – Strengths, Weaknesses, Opportunities, and Threats (strategic analysis framework) **TOWS** – Threats, Opportunities, Weaknesses, and Strengths; **WHO** – World Health Organization **WO: Strategies to Minimize Weaknesses by Exploiting Opportunities WT: Strategies to Minimize Weaknesses and Defend Against Threats**

Table IIIa: Similarities in Structural and Contextual Characteristics of Youth Sexual Health and STIs Including Genital Chlamydia

#	Areas	Common Similarities in Structural and Contextual Characteristics in Mali and in Burkina Faso
1	**Cultural**	Taboos around sexuality, religious and parental influence, poor parent-child communication
2	**Epidemiological**	Underdiagnosed sexually transmitted infections (STIs)/Genital chlamydia, lack of data, low screening in young people
3	**Health Systems**	Under-equipped community health centers, shortage of trained staff, difficulty of access in rural areas
4	**Education**	Low level of education, sex education poorly integrated into school curricula
5	**Economic**	Dependence on external financing, limited national budgets
6	**Security**	Insecurity in some areas (Northern Mali, Eastern Burkina), affecting the delivery of health services

Table IIIb: **Specificities in Structural and Contextual Characteristics of Youth Sexual Health and STIs Including Genital Chlamydia**

Aspects	Mali	Burkina Faso
Institutional structure	Ministry of Health and Social Development (MSDS) and vertical programs primarily based on public health structures	Ministry of Health and Public Hygiene with similar but more integrated programs at the community level
Key Partners	Local NGOs such as ARCAD Santé Plus, ENDA Mali, NGO Soutoura	Active local NGOs such as ABBEF, AAS, REVS+
Educational Programs	STI prevention gradually integrated into curricula, but unevenly across regions	More advanced sexuality education in selected pilot schools with UNFPA support
Security context	Strong insecurity in the North and Centre (Gao, Mopti)	Very high insecurity in the East and North, leading to the closure of many CSPS
Languages and communication	Great linguistic diversity (Bambara, Fulani, Songhai, etc.)	Diversity too, but more campaigns in Mooré and Dioula, transnational languages

***AAS**: African Solidarity Association ABBEF: Burkinabe Association for Family Welfare
ARCAD – *Association de Recherche, de Communication et d'Accompagnement à Domicile des personnes vivant avec le VIH*
CSPS: Health and Social Promotion Center
ENDA – *Environnement et Développement du Tiers Monde*
STI: Sexually Transmitted Infections NGO – Non-Governmental Organization
REVS+: Responsibility Hope Life Solidarity plus **UNFPA**: United Nations Population Fund