GLOBAL REPORTING ON HIV 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, Tuberculosis, Hepatitis and STIs (HTH) 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 HIV component of the global reporting survey has been designed based on WHO strategic information guidance and to complement other data collection efforts including the Global AIDS monitoring system (GAM).

The survey is divided into three sections:

- Assessment of disruptions as a result of reductions in foreign aid / Mitigation measures for service provision, including availability of antiretroviral medicines and diagnostics
- Data and health information system functions
- HIV case surveillance policies

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.

If you have any questions about the contents of survey, please contact your country or regional WHO HIV and/or Strategic Information focal points; for technical issues with the form please email the HIV Reporting team HIVReporting@who.int.

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

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

WHO data policy
☐ I have read and accept 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.

Disruptions

1.0	Have HIV services been disrupted over the last 3 months (July–September 2025) due to cuts in foreign aid?
	☐ Yes ☐ No

If Yes, please respond to sections 1 and 2. Otherwise, you may skip to section 3.

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

1.0.a	Can we publish the data provided on disruptions?							
	☐ Yes, country data can be published ☐ No, country data cannot be published at country level, but used for regional and global aggregates							
1.1.a	Identify any of the listed **services that have been disrupted** over the last 3 months (July–September 2025):							
		>50%	**25–50%**	**5–25%**	**<5%**	**Not disrupted**	**Don’t know**	**Not applicable**
	HIV testing	☐	☐	☐	☐	☐	☐	☐
	Continuation of established ARV treatment	☐	☐	☐	☐	☐	☐	☐
	Initiation of new ARV treatment	☐	☐	☐	☐	☐	☐	☐

1.1.b	What are the other services disrupted over the last 3 months (July–September 2025)? (*select all that apply)*							
		>50%	**25–50%**	**5–25%**	**<5%**	**Not disrupted**	**Don't know**	**Not applicable**
	CD4 testing	☐	☐	☐	☐	☐	☐	☐
	Cervical cancer screening for women living with HIV	☐	☐	☐	☐	☐	☐	☐
	Community-based services	☐	☐	☐	☐	☐	☐	☐
	Condom and lubricant distribution	☐	☐	☐	☐	☐	☐	☐
	Data and health information systems	☐	☐	☐	☐	☐	☐	☐
	Emergency referrals for time-sensitive conditions	☐	☐	☐	☐	☐	☐	☐
	Health promotion and prevention services (e.g. counselling, screening tests etc.)	☐	☐	☐	☐	☐	☐	☐
	Key and vulnerable population services	☐	☐	☐	☐	☐	☐	☐
	Needle and syringe programmes	☐	☐	☐	☐	☐	☐	☐
	Opioid substitution therapy	☐	☐	☐	☐	☐	☐	☐
	Pediatric services for children with HIV	☐	☐	☐	☐	☐	☐	☐
	PEP (Post-exposure prophylaxis)	☐	☐	☐	☐	☐	☐	☐
	PrEP (pre-exposure prophylaxis)	☐	☐	☐	☐	☐	☐	☐
	Services related to PMTCT of HIV, syphilis and HBV	☐	☐	☐	☐	☐	☐	☐
	Viral load monitoring	☐	☐	☐	☐	☐	☐	☐
	VMMC (voluntary medical male circumcision)	☐	☐	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐	☐	☐
	** Information on disruptions on hepatitis B and C services are requested in question 25 of the Global reporting for viral hepatitis.*							
1.1.c	If Other, please specify: _____							
1.2.	Have disruptions affected the implementation **(as opposed to adoption)** of a treat all policy regardless of CD4 count, over the last 3 months (July–September 2025)?							
	☐ Yes ☐ No							
1.2.a	If Yes, how is the interruption currently affecting the policy implementation?							
	☐ Affecting a few treatment sites (<50%) ☐ Affecting many treatment sites (between 50–95%) ☐ Affecting treatment sites countrywide (>95%) ☐ Other (specify): _____							
1.3.	Percentage of treatment sites that had a stock-out of major ARV drugs or regimens (TLE/TEE/TLD) in 2025.							
	☐ >50% ☐ 25–50% ☐ 5–25% ☐ <5% ☐ No stock-outs ☐ Don't know ☐ Not applicable							
1.4.	ARV stocks availability for major ARV drugs or regimens (TLE/TEE/TLD) for current patients							
	☐ <1 month ☐ 1–3 months ☐ 3–6 months ☐ >6 months ☐ Don't know ☐ Not applicable							
1.5.	Have disruptions affected the implementation **(as opposed to adoption)** of the policy on the frequency of ARV pick-up for adults who are established on antiretroviral therapy, over the last 3 months (July–September 2025)?							
	☐ Yes ☐ No							
1.5.a	If Yes, what is the frequency of ARV pick-up being implemented?							
	☐ <3 months ☐ 3–6 months ☐>6 months ☐ Don't know ☐ 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 **service provision**? (*select all that apply)*								
	☐ Reorienting and/or reprioritizing models of care (e.g. reorienting referral pathways) ☐ Redirecting patients to alternate care sites ☐ Expansion of facility hours to accommodate surge in demand in settings that have remained open ☐ Expansion of availability of primary care services in settings that have remained open ☐ Integration of affected services into other routine services ☐ Enhanced use of digital technologies including telemedicine ☐ Implemented partnerships with non-governmental organizations and civil society organizations ☐ Engagement of private sector facilities to deliver cancelled or suspended services ☐ Re-allocating resources from one area to cover another area ☐ Others (specify): _____ ☐ None ☐ Don't know ☐ Not applicable								
2.2.	What immediate measures have been taken to mitigate the impact of the freeze on foreign aid on **supply chain functioning and availability of antiretroviral medicines**? *(select all that apply)*								
	☐ Sought alternative international donors for antiretroviral medicines ☐ Increased domestic production or procurement of antiretroviral medicines ☐ Strengthened public-private partnerships for distribution of antiretroviral medicines ☐ Implemented cost-sharing programmes to reduce the financial burden on patients ☐ Others (specify): _____ ☐ None ☐ Don't know ☐ 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)	☐	☐	☐	☐	☐	☐	☐	☐
	HIV treatment services	☐	☐	☐	☐	☐	☐	☐	☐
	HIV prevention services	☐	☐	☐	☐	☐	☐	☐	☐
	Health workers	☐	☐	☐	☐	☐	☐	☐	☐
	Data systems	☐	☐	☐	☐	☐	☐	☐	☐
	HIV data server functionality	☐	☐	☐	☐	☐	☐	☐	☐
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?								
	☐ Antiretroviral therapy for adults and adolescents ☐ Antiretroviral therapy for children ☐ HIV testing ☐ TB treatment for the duration of TB treatment ☐ None ☐ Don't know ☐ Not applicable								

3. Data and health information system functions

This section covers national health information systems and data functions with a focus on HIV. It also covers disruptions to national health information systems over the last 3 months (July–September 2025).

3.1	What digital health information systems are currently in use in your country for aggregating HIV data (e.g. DHIS2)? (*list all that apply)*
	_____
3.2.	What electronic medical record software/system(s) are in use in your country (e.g. OpenMRS)? (*list all that apply*) _____
3.3.	What is the coverage of electronic medical records in HIV service delivery points?
	☐ >95% ☐ 75–95% ☐ 50–75% ☐ 25–50% ☐ <25% ☐ No coverage ☐ Don't know ☐ Not applicable
3.4.	Which methods of unique identification (ID) does your country use for health care services? (*select all that apply*)
	☐ National ID ☐ National health ID ☐ National programme ID (e.g. ARV number for HIV services) ☐ National health insurance ID ☐ Biometric based ID (e.g. fingerprint or iris scan) ☐ Other (specify): _____ ☐ None ☐ Don't know
3.5.	Is there a secure master patient index of uniquely identifiable individuals available, accessible and current for use for health-related purposes? *A Master Patient Index is an electronic database that serves as a repository of demographic information for all patients within a healthcare system, assigning a unique identifier to each individual to link their records across different facilities and data sources.*
	☐ Yes – available and accessible ☐ Yes – available, currently not accessible ☐ Partially available in some facilities (not national) ☐ No – a master patient index is not available ☐ Don't know
3.6.	Does the private sector report HIV data to the national government?
	☐ Yes ☐ No ☐ Don't know ☐ Not applicable
3.7.	Are there national digital health / health information standards for data exchange, transmission, messaging, security, privacy, and hardware?
	☐ Yes ☐ No ☐ Don't know ☐ Not applicable
3.8.	Have there been disruptions to the running of national data and health information systems over the last 3 months? (*select all that apply)*
	☐ Access to health information systems ☐ Server access/operations ☐ Data entry ☐ Data cleaning ☐ Data analysis ☐ Forecasting for commodities and supplies ☐ Other (specify) : _____ ☐ None ☐ Don't know ☐ Not applicable
3.8.a	At what level are health information system disruptions occurring? (*select all that apply)*
	☐ Service level (e.g. clinic, facility) ☐ Community ☐ Sub-national (e.g. a particular district/province/region) ☐ National ☐ Other (specify): _____ ☐ None ☐ Don't know ☐ Not applicable

3.9	Have there been human resource disruptions that have impacted data and health information system functioning over the last 3 months? (*select all that apply)*
	☐ Data entry staff ☐ Data analysis staff ☐ IT/infrastructure maintenance staff ☐ Laboratory services ☐ Community health workers ☐ Program managers ☐ Other (specify): _____ ☐ None ☐ Don't know ☐ Not applicable

4. HIV case surveillance policies

4.1.	Is HIV a nationally notifiable condition (by law or policy)?
	☐ Yes ☐ No ☐ Don't know
4.2.	Is there a standard national HIV case definition?
	☐ Yes ☐ No ☐ Don't know
4.3.	Is there a standard HIV case report form?
	☐ Yes ☐ No ☐ 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?
	☐ Yes ☐ No ☐ Don't know
4.4.a	If yes, does this national surveillance system include data from (*select all that apply*):
	☐ Electronic medical record system ☐ Aggregated health information system (e.g. DHIS2) ☐ Laboratory databases ☐ HIV testing services ☐ HIV treatment services ☐ ANC services ☐ HIV prevention services ☐ Pharmacy data ☐ Vital statistics/death registries ☐ Other (specify) : _____
4.4.b	If yes in 4.4, does the national HIV case surveillance system include the following *(select all that apply)*?
	☐ Individual-level data for each person diagnosed with HIV ☐ Collection of data from different sources (laboratories, testing and treatment records) to promote completeness of data on each HIV case ☐ Linkage of individual-level data to remove duplicate records ☐ CD4 count at HIV diagnosis ☐ Initiation of antiretroviral therapy ☐ First and follow-up viral load test results ☐ Pregnancy in women living with HIV ☐ Date of first antenatal care visit ☐ HIV status at first test among pregnant women (e.g. known positive, tested negative, tested positive, not tested) ☐ Dates and results of subsequent HIV tests during pregnancy ☐ Death ☐ Cause of death (AIDS or non-AIDS related)
4.4.c	Does the country have standard dashboards for data output? (select all that apply)
	☐ No ☐ Yes, within DHIS2 ☐ Yes, in the electronic medical record system at facility level ☐ Yes, other software: specify _____

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 resuse 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[1]

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

[1] 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/ictrp; 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/ictrp/results/reporting/en

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

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

Data types	Examples
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[2]
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)[3] [4]	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

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

[3] 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, accessed 21 February 2018).

[4] 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).