Global reporting for sexually transmitted infections (STIs) 2025

In 2022, the World Health Assembly noted with appreciation the Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections (STIs) for the period 2022–2030 and requested a mid-term review of the strategies in 2026. To support the preparation of the mid-term review, the Department of HIV, Tuberculosis, Hepatitis and STIs (HTH) is conducting three disease specific surveys. Country-specific data collected through these surveys will be made publicly available and incorporated in global and regional reports and dashboards.

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

The survey is divided into three sections:

- STI surveillance: case reports and surveillance activities
- STI guidelines: case management, testing and doxycycline post-exposure prophylaxis
- Other: Availability of benzathine benzylpenicillin also known as benzathine penicillin G (BPG) / Assessment of disruption in STI services as a result of cuts in foreign aid funding

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.

An offline copy of the questionnaire for paper-based reporting is available upon request.

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

- STI case reports (infections and syndromes) for 2020 to 2024 inclusive
- STI case definitions
- Case management guidelines for symptomatic infections (syndromic management)
- Treatment guidelines for STIs

If you have any questions about this survey, please contact your country or regional WHO STI and/or Strategic Information focal points. For technical issues with the form, please email the STI Reporting team at stireporting@who.int.

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.

A: STI surveillance: case reports and surveillance activities

1. Reported cases

1.1	Are national data available on the number of cases of the following STIs in adults and STI-related syndromes?					
		Yes	**No**	**Don't know**		
	Syphilis	☐	☐	☐		
	Gonorrhoea	☐	☐	☐		
	Chlamydia	☐	☐	☐		
	Trichomoniasis	☐	☐	☐		
	Congenital syphilis	☐	☐	☐		
	Genital ulcer disease	☐	☐	☐		
	Urethral discharge	☐	☐	☐		
	Vaginal discharge	☐	☐	☐		
1.1.1	*For each infection or STI-related syndrome where the answer was Yes:* Please provide data on the total number of reported cases. If no data are available, please leave blank.					
		2020	**2021**	**2022**	**2023**	**2024**
	Syphilis	----------	----------	----------	----------	----------
	Gonorrhoea	----------	----------	----------	----------	----------
	Chlamydia	----------	----------	----------	----------	----------
	Trichomoniasis	----------	----------	----------	----------	----------
	Congenital syphilis	----------	----------	----------	----------	----------
	Genital ulcer disease	----------	----------	----------	----------	----------
	Urethral discharge	----------	----------	----------	----------	----------
	Vaginal discharge	----------	----------	----------	----------	----------
1.1.1.1	*For each infection where there is at least one entry in 2020, 2021, 2022, 2023 or 2024:* Do the reported data include data from the private sector?					
		Yes	**No**	**Don't Know**		
	Syphilis	☐	☐	☐		
	Gonorrhoea	☐	☐	☐		
	Chlamydia	☐	☐	☐		
	Trichomoniasis	☐	☐	☐		
	Congenital syphilis	☐	☐	☐		
	Genital ulcer disease	☐	☐	☐		
	Urethral discharge	☐	☐	☐		
	Vaginal discharge	☐	☐	☐		

1.1.1.2	*For each infection where there is at least one entry in 2020, 2021, 2022, 2023 or 2024:* Are the data representative of the country?			
		Yes	**No**	**Don't Know**
	Syphilis	☐	☐	☐
	Gonorrhoea	☐	☐	☐
	Chlamydia	☐	☐	☐
	Trichomoniasis	☐	☐	☐
	Congenital syphilis	☐	☐	☐
	Genital ulcer disease	☐	☐	☐
	Urethral discharge	☐	☐	☐
	Vaginal discharge	☐	☐	☐
1.1.1.2.1	*If the answer was No:* Please specify			
	Syphilis	_____		
	Gonorrhoea	_____		
	Chlamydia	_____		
	Trichomoniasis	_____		
	Congenital syphilis	_____		
	Genital ulcer disease	_____		
	Urethral discharge	_____		
	Vaginal discharge	_____		
1.1.1.3	*For each infection where there is at least one entry in 2020, 2021, 2022, 2023 or 2024:* Have there been any change in reporting practices between 2022 and 2024 (e.g. increase in number of clinics reporting or change in case definition)?			
		Yes	**No**	**Don't Know**
	Syphilis	☐	☐	☐
	Gonorrhoea	☐	☐	☐
	Chlamydia	☐	☐	☐
	Trichomoniasis	☐	☐	☐
	Congenital syphilis	☐	☐	☐
	Genital ulcer disease	☐	☐	☐
	Urethral discharge	☐	☐	☐
	Vaginal discharge	☐	☐	☐
1.1.1.3.1	*If the answer was Yes:* Please specify			
	Syphilis	_____		
	Gonorrhoea	_____		
	Chlamydia	_____		
	Trichomoniasis	_____		
	Congenital syphilis	_____		
	Genital ulcer disease	_____		
	Urethral discharge	_____		
	Vaginal discharge	_____		

1.2	Which of the following are notifiable conditions or diseases under your national laws?					
		Yes	**No**	**Don't know**		
	Syphilis	☐	☐	☐		
	Gonorrhoea	☐	☐	☐		
	Drug resistant gonorrhoea	☐	☐	☐		
	Chlamydia	☐	☐	☐		
	Congenital syphilis	☐	☐	☐		
1.3	Is there a standard national case definition for the following STIs or STI-related syndromes?					
		Yes, published national case definitions available	**Yes, use international definitions or from another country**	**Yes, other**	**Don't know**	**No**
	Syphilis	☐	☐	☐	☐	☐
	Gonorrhoea	☐	☐	☐	☐	☐
	Chlamydia	☐	☐	☐	☐	☐
	Trichomoniasis	☐	☐	☐	☐	☐
	Congenital syphilis	☐	☐	☐	☐	☐
	Genital ulcer disease	☐	☐	☐	☐	☐
	Urethral discharge	☐	☐	☐	☐	☐
	Vaginal discharge	☐	☐	☐	☐	☐
1.3.1	*For each infection or syndrome answered Yes, published national case definitions available:* Please upload copies of the national case definitions					
	Or provide web links to the documents ----------					
1.3.2	*For each infection answered Yes – use international definitions or from another country:* Please specify the source of the case definitions being used (e.g., ECDC case definitions)					
		Definition				
	Syphilis	_____				
	Gonorrhoea	_____				
	Chlamydia	_____				
	Trichomoniasis	_____				
	Congenital syphilis	_____				
	Genital ulcer disease	_____				
	Urethral discharge	_____				
	Vaginal discharge	_____				
1.3.3	*For each infection answered Yes – other:* Please specify					
		Definition				
	Syphilis	_____				
	Gonorrhoea	_____				
	Chlamydia	_____				
	Trichomoniasis	_____				
	Congenital syphilis	_____				
	Genital ulcer disease	_____				
	Urethral discharge	_____				
	Vaginal discharge	_____				

1.4	Is STI case reporting integrated within the national health information system?
	☐ Yes ☐ No ☐ Don't know
1.5	What type of health management information system (HMIS) is used to collect data on reported cases of STIs from public sector health facilities (e.g. DHIS 2)?

1.6	Does your country have a sentinel surveillance system in place for STIs?
	☐ Yes ☐ No ☐ Don't know
1.6.1	*If Yes:* Pease specify which STIs, how many sites and how they were selected.

1.7	Has your country generated national STI estimates for one or more of the four STIs or STI-related syndromes for 2022 or later?
	☐ Yes ☐ No ☐ Don't know
1.7.1	*If Yes:* For which infection or syndrome and how were they generated?

1.8	Please provide any additional information you think would be helpful for interpreting the case report data.
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2. Etiological assessments of STI syndromes

2.1	Have any etiologic assessments been conducted in your country of the following STI-related syndromes since January 2022? *An etiological assessment is an analysis of the distribution of pathogens that are associated with a particular STI syndrome.*				
		No assessment performed	**Assessment conducted by national reference laboratory or equivalent**	**Assessment conducted by another organization**	**Don't know**
	Genital ulcer disease	☐	☐	☐	☐
	Urethral discharge	☐	☐	☐	☐
	Vaginal discharge	☐	☐	☐	☐

3. Prevalence and incidence studies

3.1	Have any STI studies been conducted assessing the prevalence or incidence of syphilis, gonorrhoea, chlamydia, or trichomoniasis in the following populations since January 2022? Please include studies done by the government and by other organizations *(select all that apply)*				
		No	**Yes - prevalence**	**Yes - incidence**	**Don't know**
	Household based surveys	☐	☐	☐	☐
	Pregnant women	☐	☐	☐	☐
	Gay, bisexual and other men who have sex with men	☐	☐	☐	☐
	Sex workers	☐	☐	☐	☐
	Young people (aged 15-24 years)	☐	☐	☐	☐
	Transgender people	☐	☐	☐	☐
	People living with HIV	☐	☐	☐	☐
	HIV PrEP users	☐	☐	☐	☐
	People in prisons	☐	☐	☐	☐
	Other (specify): ----------	☐	☐	☐	☐

4. Drug susceptibility (antimicrobial resistance) testing

4.1	Is gonococcal drug antimicrobial resistance testing available in country? *(select all that apply)*	
	☐ Yes, for clinical cases (i.e., to test in case of clinical treatment failure) ☐ Yes, for surveillance of resistance ☐ Not available ☐ Don't know	
4.2	*If answered Yes, for surveillance of resistance:* What is the year of the latest surveillance study?	----------

B: STI guidelines: case management, testing and doxycycline post-exposure prophylaxis

5. Syndromic management and treatment guidelines

5.1	Are there published national guidelines or recommendations for the case management of symptomatic STIs (also known as syndromic management)?	
	☐ Yes, standalone ☐ Yes, part of broader guidelines or recommendations ☐ No, but international guidelines are followed ☐ No ☐ Under development ☐ Other (specify):_____ ☐ Don't know	
5.1.1	*If Yes (standalone or part of broader guidelines or recommendations):* What is the year of publication of the guidelines or recommendations currently in place in your country?	----------
5.1.2	*If Yes (standalone or part of broader guidelines or recommendations):* Do the guidelines include guidance on the management of treatment failures?	
	☐ Yes ☐ No ☐ Don't know	

5.2	Does your country have national treatment guidelines or recommendations or is it in the process of developing national treatment guidelines or recommendations for the following STIs?					
		Yes, standalone	**Yes, part of broader guidelines or recommendations**	**No, but international guidelines are followed**	**No**	**Don't know**
	Syphilis	☐	☐	☐	☐	☐
	Gonorrhoea	☐	☐	☐	☐	☐
	Chlamydia	☐	☐	☐	☐	☐
	Trichomoniasis	☐	☐	☐	☐	☐

5.2.1	*For each infection answered Yes, standalone or Yes, part of broader guidelines or recommendations:* Please specify the year of publication of the guidelines or recommendations currently in place. If currently updating treatment guidelines or recommendations, please enter the year you plan to publish.	
		Year
	Syphilis	----------
	Chlamydia	----------
	Gonorrhoea	----------
	Trichomoniasis	----------

5.2.2	*If for gonorrhoea answered Yes, standalone or Yes, part of broader guidelines:* What is the recommended first line treatment for uncomplicated urogenital gonorrhoea infection in the national treatment guidelines *(select one)*	
	☐ Cefixime 400 mg (with or without azithromycin) ☐ Cefixime 800 mg (with or without azithromycin) ☐ Ceftriaxone 250 mg (with or without azithromycin) ☐ Ceftriaxone 500 mg (with or without azithromycin) ☐ Ceftriaxone 1 g (with or without azithromycin) ☐ Treatment guideline is being updated ☐ Other (specify): ---------- ☐ Don't know	
5.2.3	*If for gonorrhoea answered Yes, standalone or Yes, part of broader guidelines or recommendations:* Do the gonorrhoea treatment guidelines include guidance on the management of treatment failures?	
	☐ Yes ☐ No ☐ Don't know	
5.2.4	*For each infection answered No, but international guidelines are followed:* Please indicate which guidelines are followed (e.g., World Health Organization, US CDC, IUSTI-Europe)	
		Guidelines followed
	Syphilis	----------
	Chlamydia	----------
	Gonorrhoea	----------
	Trichomoniasis	----------
5.3	Please upload copies of the relevant (1) National STI syndromic management guidelines or recommendations (2) National STI treatment guidelines or recommendations	
	Or alternatively provide web links to the documents	
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6. STI Testing guidelines

6.1	Is there a national policy, strategy, guidance or other recommendations from your government on STI testing? *(select one)*
	☐ Yes, standalone ☐ Yes, integrated within broader strategy (e.g., health/reproductive or sexual health/infectious disease/other) ☐ Under development ☐ No, but international recommendations are followed ☐ No ☐ Don't know
6.1.1	*If No is selected:* Are there plans to introduce a national policy, strategy, guidance or other recommendations from your government on STI testing in the next two years?
	☐ Yes ☐ No ☐ Don't know
6.1.2	*If No, but international recommendations are followed is selected:* Please indicate which guidelines are followed:
	☐ World Health Organization ☐ US CDC (Centers for Disease Control and Prevention) ☐ Other (specify): ----------
6.1.3	*If Yes, standalone or Yes, integrated within broader strategy is selected:* What is the year of publication of the national policy, strategy, guidance or other recommendations currently in place in your country?

6.2	What is the current policy, guideline or recommendation in your country with regards to testing for syphilis in non-pregnant women? Questions on testing for syphilis in pregnant women are asked in section 7. *(select all that apply for each population)*							
		Asymptomatic screening on a regular basis	**Asymptomatic screening on an ad hoc basis as requested**	**Asymptomatic screening after an exposure**	**Symptomatic testing**	**No current policy, guidelines or recommendations**	**Don't know**	**Other**
	Young people (aged 15-24 years)	☐	☐	☐	☐	☐	☐	☐
	Gay, bisexual and other men who have sex with men (MSM)	☐	☐	☐	☐	☐	☐	☐
	HIV PrEP users	☐	☐	☐	☐	☐	☐	☐
	Sex workers	☐	☐	☐	☐	☐	☐	☐
6.2.1	Are there any other populations for which there is a policy, guideline or recommendation regarding testing for syphilis (for example people living with HIV, migrants, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population?							

6.3	What is the current policy, guideline or recommendation in your country with regards to testing for gonorrhoea? *(select all that apply for each population)*							
		Asymptomatic screening on a regular basis	**Asymptomatic screening on an ad hoc basis as requested**	**Asymptomatic screening after an exposure**	**Symptomatic testing**	**No current policy, guidelines or recommendations**	**Don't know**	**Other**
	Pregnant women	☐	☐	☐	☐	☐	☐	☐
	Young people (aged 15-24 years)	☐	☐	☐	☐	☐	☐	☐
	Gay, bisexual and other men who have sex with men (MSM)	☐	☐	☐	☐	☐	☐	☐
	HIV PrEP users	☐	☐	☐	☐	☐	☐	☐
	Sex workers	☐	☐	☐	☐	☐	☐	☐
6.3.1	Are there any other populations for which there is a policy, guideline or recommendation regarding testing for gonorrhoea (for example people living with HIV, migrants, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population?							

6.4	What is the current policy, guideline or recommendation in your country with regards to testing for chlamydia? *(select all that apply for each population)*							
		Asymptomatic screening on a regular basis	**Asymptomatic screening on an ad hoc basis as requested**	**Asymptomatic screening after an exposure**	**Symptomatic testing**	**No current policy, guidelines or recommendations**	**Don't know**	**Other**
	Pregnant women	☐	☐	☐	☐	☐	☐	☐
	Young people (aged 15-24 years)	☐	☐	☐	☐	☐	☐	☐
	Gay, bisexual and other men who have sex with men (MSM)	☐	☐	☐	☐	☐	☐	☐
	HIV PrEP users	☐	☐	☐	☐	☐	☐	☐
	Sex workers	☐	☐	☐	☐	☐	☐	☐

6.4.1	Are there any other populations for which there is a policy, guideline or recommendation regarding testing for chlamydia (for example people living with HIV, migrants, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population?

6.5	Is there a national policy or guidance on the management of partners (sexual and/or drug injecting partners) of persons with a STI or who test positive for a STI?
	☐ Yes ☐ No ☐ Don't know
6.6	Has your country adopted or included dual HIV/syphilis rapid diagnostic tests as a national policy or plan*?*
	☐ Yes ☐ No ☐ Don't know
6.6.1	*If Yes:* For which populations. Please list all.
	----------

7. Syphilis testing and treatment in pregnancy

7.1	What is the current policy, guideline or recommendation in your country with regards to syphilis testing of pregnant women? *(select one)*
	☐ Universal screening: Systematic voluntary testing offered to all pregnant women as part of routine care regardless of individual risk factors. Consent may or may not be discussed ☐ Mandatory screening: All pregnant women are screened as part of antenatal care, with legislation in place enforcing it ☐ Targeted screening offered by healthcare providers based on individual risk and in line with national eligibility criteria ☐ Testing of pregnant women as part of antenatal care not recommended but is available upon request by the individual ☐ No policy, guideline or recommendation on syphilis testing of pregnant women ☐ Don't know ☐ Other (specify): ----------
7.1.1	*If selected universal screening, targeted screening, or mandatory screening:* What is the national testing algorithm for the routine screening of pregnant women for syphilis? *(select one)*
	☐ Rapid treponemal test only (either syphilis only or dual HIV/syphilis test) ☐ Laboratory-based treponemal test only (e.g. Treponema pallidum haemagglutination assay [TPHA], T. pallidum particle agglutination assay [TPPA], or enzyme immunoassay) ☐ Non-treponemal test only (e.g. venereal disease research laboratory [VDRL] or rapid plasma reagin [RPR]) ☐ Rapid treponemal test followed by non-treponemal test ☐ Laboratory-based treponemal test followed by non-treponemal test ☐ Non-treponemal test followed by treponemal test ☐ Other (specify):_____ ☐ Don't know
7.1.2	*If selected universal screening, targeted screening, or mandatory screening:* When during pregnancy is testing recommended for syphilis? *(select all that apply)*: ☐ First trimester ☐ Third trimester as repeat testing for all pregnant women ☐ Third trimester as repeat testing for pregnant women with identified risk factors ☐ At delivery if not tested before ☐ At delivery as repeat testing for pregnant women with identified risk factors ☐ Other (specify):_____ ☐ Don't know
7.2	Does your country have national guidelines on the treatment of pregnant women with syphilis?
	☐ Yes ☐ No ☐ Don't know
7.2.1	*If Yes:* Is BPG the recommended first line treatment for pregnant women in the national policy?
	☐ Yes ☐ No ☐ Don't know

7.2.1.1	*If Yes:* Who can administer BPG? *(select all that apply)*			
	☐ Nurses ☐ Doctors ☐ Other (specify): ----------			
7.3	Where can a pregnant woman who tests positive for syphilis access treatment? *(select one)*			
	☐ Treatment available in all ANC facilities ☐ Treatment only available at referral level ANC facilities ☐ Women referred to external pharmacy ☐ Women referred to specialist clinic ☐ Other (specify): ----------			
7.4	Is there a national recommendation on when to start treatment for a pregnant women who tests positive for syphilis? *(select one)*			
	☐ No recommendation ☐ Yes, treat immediately ☐ Yes, wait for confirmation before starting treatment ☐ Don't know ☐ Other (specify): ----------			
7.5	Are pregnant women attending public sector ANC services expected to pay for syphilis testing or treatment?			
		Yes	**No**	**Don't know**
	Syphilis testing	☐	☐	☐
	Syphilis treatment	☐	☐	☐
7.6	Are pregnant women attending private sector ANC services expected to pay for syphilis testing or treatment?			
		Yes	**No**	**Don't know**
	Syphilis testing	☐	☐	☐
	Syphilis treatment	☐	☐	☐
7.7	Does your country have a national policy on the clinical follow up of infants born to syphilis positive mothers?			
	☐ Yes ☐ No ☐ Don't know			
7.7.1	*If Yes:* Please upload a copy of the policy on the clinical follow up of infants born to syphilis positive mothers			
	Or provide a web link to the document --- --- ---			

8. Doxycycline post-exposure prophylaxis (doxyPEP) for prevention of bacterial STIs

8.1	In your country, is there a national guidance/policy/recommendation on doxyPEP for prevention of bacterial STIs?
	☐ Yes ☐ No ☐ Don't know
8.1.1	*If Yes:* Please specify for which populations there is a national guidance/policy/recommendation in support of using doxyPEP.

8.1.2	*If No:* Are there plans to introduce a national guidance/policy/recommendation on doxyPEP in the next two years?
	☐ Yes ☐ No ☐ Don't know

C. Other

9. Availability of benzathine benzylpenicillin also known as benzathine penicillin G (BPG)

9.1	Has your country experienced national level shortages or stock-outs of BPG in the public sector since January 2024? *(select all that apply)*
	☐ Current shortages or stock-outs ☐ Shortages or stock-outs in 2025 ☐ Shortages or stock-outs in 2024 ☐ No shortages or stock-outs since January 2024 ☐ Not applicable ☐ Don't know
9.1.1	*If selected current shortages, shortages in 2025 or shortages in 2024:* Please explain the causes of the shortages or stock-outs (e.g. unexpected increase in demand, shortage of funding).
	---------- ----------
9.1.2	*If selected current shortages or shortages in 2025:* Is there any evidence that this has impacted the provision of treatment for syphilis among pregnant women in your country?
	☐ Yes ☐ No ☐ Don't know
9.2	Has your country experienced any difficulties in procuring BPG since 1 January 2024?
	☐ Yes ☐ No ☐ Not applicable ☐ Don't know
9.2.1	*If Yes or not applicable:* Please explain.
	---------- ----------
9.3	What mechanisms does the public sector use to procure BPG? *(select all that apply)*
	☐ Not applicable as public sector doesn't procure BPG ☐ Decentralized or sub-national bids ☐ Centralized or national bids ☐ Pooled multi-country bids or procurement ☐ International donor programme or agreement (e.g., UNICEF, UNFPA, Global Fund) ☐ Emergency procurement ☐ Other (specify): ---------- ☐ Don't know

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

10.1	Has your country been affected by cuts in foreign aid funding in 2025?							
	☐ Yes ☐ No ☐ Don't know							
10.1.1	*If Yes:* Have the recent cuts in funding for global health disrupted the provision of any of the following STI related services in the last 3 months? If services have been disrupted please score the level of disruption. *(select one answer for each row)*							
		>75%	**50–75%**	**25–50%**	**5–25%**	**<5%**	**Not disrupted**	**Don't know**
	STI treatment services	☐	☐	☐	☐	☐	☐	☐
	Services related to prevention of vertical (mother-to-child) transmission of syphilis	☐	☐	☐	☐	☐	☐	☐
	Procurement of medicines for STI treatment	☐	☐	☐	☐	☐	☐	☐
	Procurement of STI diagnostics and reagents	☐	☐	☐	☐	☐	☐	☐
	STI data and information services	☐	☐	☐	☐	☐	☐	☐

10.1.2	*If Yes:* Are there any other STI related services that have been disrupted in the last 3 months owing to cuts in global health funding? *(select one)*
	☐ Yes ☐ No ☐ Don't know
10.1.2.1	*If Yes to 10.1.2:* Please specify
	----------

4. WHO data policy

Personal Data Protection Policy

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

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

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

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

I) Policy on Use and Sharing of Data Collected in Member States by WHO Outside the Context of Public Health Emergencies,

II) Policy statement on Data Sharing by WHO in the Context of Public Health Emergencies;

III) Information Disclosure Policy

IV) WHO's policy on sharing and 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 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

[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

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).