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# GLOBAL REPORTING ON VIRAL HEPATITIS 2025

The Seventy-fifth World Health Assembly (WHA) mandated WHO to work with countries on the strategies covering the period 2022-2030 and requested regular reports on progress. We therefore are pleased to invite you to report your country viral hepatitis data for year 2024. This data will be included in the preparation of the mid-term review of the strategies to be published early 2026 and presented at the Seventy-ninth WHA (2026).

The online reporting tool is available at https://extranet.who.int/dataformv6/index.php/962827?lang=en.

An offline copy of the questionnaire for paper-based reporting can be shared directly upon request.

To support countries and ensure complete reporting, we have collected available country estimates that you can use to fill gaps in reporting where program data is unavailable.

We suggest the following stepwise process for reporting which prioritizes country program data for reporting:

1. **Country data** – if you have validated country program data, please include this in the form. Country validated data is prioritized for development of the cascade of care and disease burden estimates.
2. **Country data already validated with WHO Regional Offices** – if the WHO regional office has completed an exercise with countries to validate hepatitis data, please include that data.
3. **WHO country estimates –** if there are major gaps in data, please review the 2024 hepatitis country estimates. If program data is unavailable for the relevant indicator, use the 2024 WHO estimates in the reporting form if you validate this data. Please include comments on any differences you find.
4. **Gaps in reporting** – as there would be gaps in information, we would prefer data to be filled in from the sources above. Please do not leave blanks. However, if there are gaps in the data where you do not find the above sources useful, you can leave the reporting cell empty and include a comment in the comments box. As a priority, please complete data on the cascade of diagnosis and treatment and comment on the burden data.

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

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

Thank you very much for your contribution.

| **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. |

## Programme data

| Ref | Burden of infection – Estimated prevalence, incidence and mortality | Use WHO estimates | Report national data | Data & Year of data |
|---|---|---|---|---|
| **1.1** | **Estimated** total number of people with chronic HBV infection (HBsAg positive) in the country by the end of 2024 (or latest year with data available) | ☐ | ☐ | Value ----------<br>Year ------- |
| **1.2** | **Estimated** total number of people with chronic HCV infection (HCV RNA or HCV core antigen) in the country by the end of 2024 (or latest year with data available) | ☐ | ☐ | Value ----------<br>Year ------- |
| **1.3** | **Estimated** HBsAg prevalence (%) among children five years or younger for the years 2020,2022, and 2024 | ☐ | ☐ | 2020 ------- %<br>2022 ------- %<br>2024 ------- % |
| | | **Data available** | **Data unavailable** | |
| **1.4** | **Estimated HDV** (anti-HDV IgG) prevalence amongst HBsAg-positive individuals in the country by the end of 2024 (or latest year with data available) | ☐ | ☐ | Value ------- %<br>Year ------- |
| | | **Use WHO estimates** | **Report national data** | |
| **1.5** | Number of new HBV infections (incidence) in **2024** | ☐ | ☐ | Value ----------<br>Start month and year ----/------<br>End month and year ----/------ |
| **1.6** | Number of new HCV infections (incidence) in **2024** | ☐ | ☐ | Value ----------<br>Start month and year ----/------<br>End month and year ----/------ |
| **1.7** | Number of people initiated on HBV treatment in **2025** | ☐ | ☐ | Value ----------<br>Start month and year ----/------<br>End month and year ----/------ |
| **1.8** | Number of people initiated on HCV treatment in **2025** | ☐ | ☐ | Value ----------<br>Start month and year ----/------<br>End month and year ----/------ |
| **1.9** | Number of deaths from HCC, cirrhosis and chronic liver diseases attributable to chronic HBV or HCV in 2024 | ☐ | ☐ | Value ----------<br>Start month and year ----/------<br>End month and year ----/------ |

| Ref | Cascade of care indicators for Hepatitis B | Use WHO estimates | Report national data | Data &Year |
|---|---|---|---|---|
| **2.1** | Number of people living with chronic HBV infection who have **ever been diagnosed** (HBsAg positive) by end of 2024 (or latest year with data available) | ☐ | ☐ | Value ----------<br>Year of data ------- |
| **2.2** | Number of people with chronic HBV infection who have **ever been initiated** on antiviral treatment by end of 2024 (or latest year with data available) | ☐ | ☐ | Value ----------<br>Year of data ------- |
| **2.3** | Number of people ever diagnosed with chronic HBV infection and **are currently receiving** antiviral treatment by end of 2024 (or latest year with data available) | ☐ | ☐ | Value ----------<br>Year of data ------- |

| Ref | Cascade of care indicators for Hepatitis C | Use WHO estimates | Report national data | Data &Year |
|---|---|---|---|---|
| **3.1** | Number of people **ever diagnosed** with chronic HCV infection (HCV RNA or HCV core antigen) by the end of 2024 (or latest year with data available) | ☐ | ☐ | Value ----------<br>Year of data ------- |
| **3.2** | Number of people with chronic HCV infection (HCV RNA) who have **ever been initiated** on treatment by the end of 2024 (or latest year with data available) | ☐ | ☐ | Value ----------<br>Year of data ------- |

| Ref | PMTCT of Hepatitis B Indicators | Data available | Data unavailable | Data & Period |
|---|---|---|---|---|
| **4.1** | **Estimated** number of pregnant women attending antenatal care services in the year 2024* (*1st ANC visit can be used as an alternative) | ☐ | ☐ | Value ----------<br>Start month and year ----/------<br>End month and year ----/------ |
| **4.2** | Number of pregnant women attending antenatal care services who **were tested for HBsAg** in the year 2024 | ☐ | ☐ | Value ----------<br>Start month and year ----/------<br>End month and year ----/------ |
| **4.3** | Number of pregnant women attending antenatal care services who **tested positive for HBsAg in 2024** | ☐ | ☐ | Value ----------<br>Start month and year ----/------<br>End month and year ----/------ |
| **4.4** | Number of HBsAg-positive pregnant women who received hepatitis B antiviral therapy in the year 2024 | ☐ | ☐ | Value ----------<br>Start month and year ----/------<br>End month and year ----/------ |
| **4.5** | Number of births to women with chronic hepatitis B in the previous 12 months (infants of HBsAg-positive mothers) | ☐ | ☐ | Value ----------<br>Start month and year ----/------<br>End month and year ----/------ |
| **4.6** | Number of infants newly infected with HBV in the previous 12 months from vertical transmission | ☐ | ☐ | Value ----------<br>Start month and year ----/------<br>End month and year ----/------ |

**Please enter any additional information.**

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## Viral hepatitis national policy and guidelines adoption status

| | | | | |
|---|---|---|---|---|
| 5 | Does your country currently have a national hepatitis strategic/ action plan which includes prevention, testing and treatment? (Select HBV and/or HCV as appropriate. Leave blank if country doesn’t not have one.) | **HBV** | **HCV** | |
| | • The national strategic/ action plan has been ***written*** | ☐ | ☐ | |
| | • The national action plan has been approved | ☐ | ☐ | |
| | • The national action plan has been implemented | ☐ | ☐ | |
| 5.a | The national hepatitis action/strategic plan is fully costed (if the plan is available/in draft) | ☐ Yes | ☐ No | ☐ NA |
| 6 | Does your country have a national plan for the elimination of vertical transmission of HBV as part of Triple elimination of HIV, Syphilis and HBV? | ☐ Yes | ☐ No | |
| 7 | In your country, which of these costs for HBV and HCV services are covered/subsidized by the government (e.g. national/district/provincial governments, MoH, public insurance schemes). Select HBV and/or HCV as appropriate. Leave blank if not applicable i.e, expenses are paid out of pocket by patients. | **HBV** | **HCV** | |
| | • Testing and screening (HBsAg or Anti HCV) - for all populations. | ☐ | ☐ | |
| | • Testing and screening (HBsAg or Anti HCV) - for specific populations eg migrants, pregnant women, PWID, PLHIV | ☐ | ☐ | |
| | • Diagnosis and disease staging (HCV RNA/core antigen, HBV DNA)- for all populations. | ☐ | ☐ | |
| | • Antiviral medications - for all populations. | ☐ | ☐ | |
| | • Hospitalization and cancer treatment for all populations. | ☐ | ☐ | |
| 7a | **Impact on funding disruptions to programmes in 2025**. Please identify which areas, if any, have been affected in 2025 as a result of funding disruption for public health sectors in 2025: | | | |
| | ☐ *Laboratory services* – Procurement of Hepatitis B diagnostics/ test kits | ☐ *Human resource* – Staff salaries in hepatitis program/activities | | |
| | ☐ *Laboratory services* – Procurement of Hepatitis C diagnostics/ test kits | ☐ *Hepatitis surveillance and M&E* – routine reporting and surveys | | |
| | ☐ *Treatment services* – Procurement of drugs for Hepatitis B drugs | ☐ *Other program activities* – supervision visits, training | | |
| | ☐ *Treatment services* – Procurement of drugs for Hepatitis C drugs | | | |
| 8 | **HBV treatment guidelines** Are there national guidelines for the treatment and management of chronic hepatitis B? | ☐ Yes | ☐ No | |
| 8.a | **If Yes,** state the year of publication/last update | Year: ------- | | |
| 8.b | **If No,** state which guidelines are used for treatment of chronic hepatitis B in the country<br>☐ WHO 2024 HBV guidelines ☐ EASL ☐ APSAL ☐ Other (specify) ------- | | | |
| 9 | Does the existing national HBV treatment guidelines in your country recommend treatment among all **adults and adolescents (aged > 12)** with: | **Yes** | **No** | **NA** |
| | • Fibrosis (≥F2) /APRI score >0.5 regardless of HBV DNA or ALT | ☐ | ☐ | ☐ |
| | • HBV DNA>2000 IU/mL and ALT above the upper limit | ☐ | ☐ | ☐ |
| | • Persistent abnormal ALT if no access to HBV DNA | ☐ | ☐ | ☐ |
| | • Co-infected with HIV | ☐ | ☐ | ☐ |
| | • Co-infected with HDV | ☐ | ☐ | ☐ |
| | • Co-infected with HCV | ☐ | ☐ | ☐ |
| | • Family history of liver cancer or cirrhosis | ☐ | ☐ | ☐ |
| | • Immunosuppression (long-term steroids, organ or stem transplant) | ☐ | ☐ | ☐ |
| | • Comorbidities eg diabetes, steatotic liver diseases | ☐ | ☐ | ☐ |
| | • Extrahepatic manifestation regardless of APRI score, HBV DNA or ALT levels | ☐ | ☐ | ☐ |
| | • All HBsAg positive women regardless of HBV DNA/disease progression | ☐ | ☐ | ☐ |
| 10 | Which of the following regimens are used in the public sector for treatment of HBV | **Yes** | **No** | **Don’t know** |
| | • Tenofovir disoproxil fumarate (TDF) | ☐ | ☐ | ☐ |
| | • Entecavir (ETV) | ☐ | ☐ | ☐ |
| | • Tenofovir + Lamivudine (TDF+3TC) | ☐ | ☐ | ☐ |
| | • Tenofovir + Emtricitabine (TDF + FTC) | ☐ | ☐ | ☐ |
| | • Tenofovir alafenamide fumarate (TAF) | ☐ | ☐ | ☐ |
| | • Pegylated interferon | ☐ | ☐ | ☐ |
| | • Other | ☐ | ☐ | ☐ |
| 11 | Are all people who are diagnosed with HBV (HBsAg positive), tested for hepatitis D virus (HDV)? | | | |
| | ☐ Yes (HDV test done in all people with HBV) ☐ No (HDV test done in specific groups of people with HBV) ☐ NA (HDV test not done) | | | |
| 11a | **If yes**, what is the number of HBsAg positive individuals who are co-infected with HDV? | ------- | | |
| 12 | **HCV treatment guidelines**: Are there national guidelines for the treatment and management of chronic hepatitis C? | ☐ Yes | ☐ No | |
| 12.a | **If Yes,** state the year of publication. | Year: ------- | | |
| 12.b | **If No,** state which guidelines are used<br>☐ WHO 2022 HCV guidelines ☐ EASL ☐ APSAL ☐ Other (specify) ------- | | | |
| 13 | Does your country have a national policy recommending HCV self-testing? | ☐ Yes | ☐ No | |
| 14 | Which of the following regimens are used in the public sector for HCV treatment? | **Yes** | **No** | **Don’t know** |
| | • Sofosbuvir/daclatasvir (SOF/DCV) | ☐ | ☐ | ☐ |
| | • Sofosbuvir/velpatasvir (SOF/VEL) | ☐ | ☐ | ☐ |
| | • Glecaprevir/pibrentasvir (G/P) | ☐ | ☐ | ☐ |
| | • Sofosbuvir/ledipasvir | ☐ | ☐ | ☐ |
| | • sofosbuvir/velpatasvir/voxilaprevir | ☐ | ☐ | ☐ |
| | • Interferon alpha | ☐ | ☐ | ☐ |
| | • Pegylated interferon | ☐ | ☐ | ☐ |
| | • Ribavirin | ☐ | ☐ | ☐ |

15 Which of the following PMTCT policies are adopted in your country?

☐ Screening of all pregnant women for HBV (HBsAg testing)
☐ HBeAg or HBV DNA testing among all HBsAg positive pregnant women
☐ Provision of HBV antiviral therapy during pregnancy among HBV infected pregnant women
☐ HBV immunoglobulin recommended to all HBV exposed infants
☐ Universal timely Hepatitis B birth dose vaccine (All newborn)
☐ Targeted timely Hepatitis B birth dose vaccine (Exposed newborn)
☐ HCV screening among pregnant women

15a If your country has a policy on testing women for HBV during pregnancy, what is the status of implementation in public antenatal clinics?

☐ Implemented in few (<50%) ☐ Implemented in many (50–95%) ☐ Implemented countrywide (>95%) ☐ NA (Policy not in place)

16 Are the following adult populations covered by the hepatitis B vaccination policy?

☐ Healthcare workers
☐ Military personnel
☐ Travelers
☐ People living with HIV
☐ People with chronic HCV
☐ People who inject drugs
☐ Commercial sex workers
☐ Men who have sex with men
☐ Other persons at high risk (specify) -------------------------------------------

| 17 | **Service integration** | **NO (services not integrated)** | **In few** | **Widely** | **NA (services not available)** |
|---|---|---|---|---|---|
| | • Are HBV testing services integrated within existing HIV services? e.g. HIV prevention centers, PrEP, ART treatment clinics | ☐ | ☐ | ☐ | ☐ |
| | • Are HBV treatment services integrated within existing HIV services? e.g. HIV prevention centers, PrEP, ART treatment clinics | ☐ | ☐ | ☐ | ☐ |
| | • Are HCV testing services integrated within existing HIV services? Including HIV prevention centers, PrEP, ART treatment centers | ☐ | ☐ | ☐ | ☐ |
| | • Are HCV treatment services integrated within existing HIV services? Including HIV prevention centers, PrEP, ART treatment centers | ☐ | ☐ | ☐ | ☐ |
| | • Are HCV services (testing or treatment) offered as part of needle and syringe programs? | ☐ | ☐ | ☐ | ☐ |
| | • Are HCV services (testing or treatment) offered as part of opioid agonist therapy? | ☐ | ☐ | ☐ | ☐ |

| 18 | **Service decentralization** | **NO (services not decentralized)** | **In few** | **Widely** | **NA (services not available)** |
|---|---|---|---|---|---|
| | • Are HBV **testing** services offered in primary health care centers? | ☐ | ☐ | ☐ | ☐ |
| | • Are HBV **treatment and care** services offered in primary health care centers? | ☐ | ☐ | ☐ | ☐ |
| | • Are HCV **screening tests** offered in primary health care centers? | ☐ | ☐ | ☐ | ☐ |
| | • Are HCV **diagnosis confirmatory tests** offered in primary health care centers? | ☐ | ☐ | ☐ | ☐ |
| | • Are HCV **treatment and care** services offered in primary health care centers? | ☐ | ☐ | ☐ | ☐ |

| 19 | **Task-sharing:** Which professionals are allowed to treat and care for hepatitis patients? | **HBV** | **HCV** |
|---|---|---|---|
| | • Trained community members/peers/NGOs | ☐ | ☐ |
| | • General doctors (non-specialist doctors) | ☐ | ☐ |
| | • Specialist doctors - Infectious diseases specialists, gastroenterologists/hepatologists etc. | ☐ | ☐ |
| | • Nurses | ☐ | ☐ |
| | • Others | ☐ | ☐ |

| | | |
|---|---|---|
| 20 | Year of the last nationally representative HBV prevalence survey – in the general population | Year: ------- |
| 21 | Year of the last nationally representative HBV prevalence survey-among children aged five years or younger | Year: ------- |
| 22 | Year of the last nationally representative HCV prevalence survey | Year: ------- |
| 23 | **Mortality surveillance:** Is there a cancer registry in your country?<br>☐ Yes (with national coverage) ☐ Yes (with only partial coverage) ☐ No (No cancer registry) | |
| 24 | **Mortality surveillance:** What International Coding of Disease (ICD) does your country currently use?<br>☐ ICD 10 ☐ ICD 11 ☐ In transition from ICD 10 to ICD 11 | |
| 25 | **Raising awareness:** Did your government hold events for World Hepatitis Day in 2024 or 2025? | ☐ Yes ☐ No |

**Please enter any additional information.**

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# 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,

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[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

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 |

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[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).