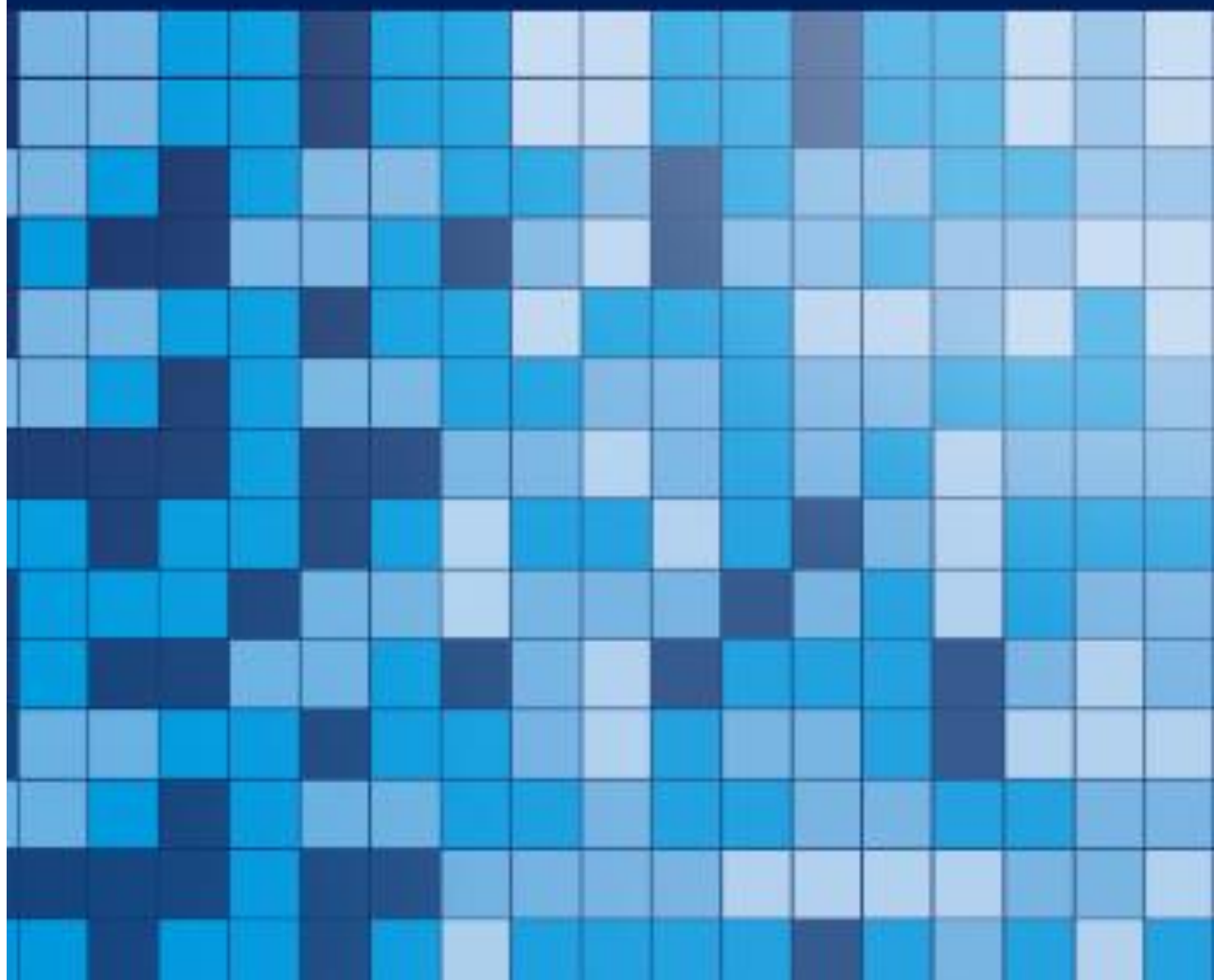

Reimagining Health Data Collection: The Role and Future of Population-Based Health Surveys

World Health Organization

Concept Note, 19 May 2025



**World Health
Organization**

Reimagining Health Data Collection: The Role and Future of Population-Based Health Surveys

World Health Organization

Concept Note, 19 May 2025

Reliable, timely, and disaggregated health data are essential for national leadership and global accountability. Countries need versatile, modular, integrated and sustainable data generation systems to deliver on their health priorities. WHO is coordinating efforts to support countries, with partners, to achieve these goals.

Executive Summary

Reliable, timely, and disaggregated health data are essential for national leadership and global accountability.

The global health data landscape is at a turning point. As donor support for critical survey platforms like the Demographic and Health Surveys (DHS) Program faces potential closure, many countries risk losing essential data for planning, prioritizing, delivery and accountability. Countries cannot meet these challenges alone. Stronger coordination, investment, and technical support are critical.

Meanwhile, advances in tools, technology, and partnerships create an opportunity for more efficient and sustainable systems. Countries need versatile, modular, integrated and sustainable data generation systems to deliver on their health priorities. WHO is coordinating efforts to support countries, with partners, to achieve these goals.

WHO is proposing to convene countries and partners to define priorities, align efforts, and chart a sustainable, country-led model for the future of health data collection.

Objectives

1. Commitment to strengthen country-led, transparent, and actionable data systems
 - Transition from externally led surveys (e.g., DHS) to sustainable national, multimodal, efficient systems
 - Adopt open data standards to enable collaboration, accountability and interoperability
 - Build capacity to generate, analyze, and act on data
2. Explore cost-effective, modular, and sustainable survey models
3. Strengthen coordination, financing, and technical support mechanisms

Key Themes

- Urgent support for countries to maintain data continuity.
- Aligning global survey platforms for greater efficiency and impact.
- Financing models for short- and long-term sustainability.
- Review emerging survey technologies and innovations in standards, protocols, and survey designs.
- Strengthening national leadership and institutional capacity.

Expected Outcomes

- Immediate action plans to address data gaps.
- Agreement on guiding principles for sustainable, integrated survey systems.
- Commitments from donors and countries to pioneer innovative survey approaches.

Background and Context

Reliable health data are an invaluable asset. Countries depend on timely, relevant, and accurate data to detect disease outbreaks, monitor health trends, improve service coverage, track risk factors, guide evidence-based actions, inform and evaluate public health policies. Strong health data systems are central to national planning, global reporting, and resilient health systems.

Monitoring health-related Sustainable Development Goals (SDGs) requires well-functioning national data systems, including population-based surveys, civil registration and vital statistics (CRVS), facility and administrative records, and disease surveillance. Many indicators also rely on data from outside the health sector.

Population-based surveys are especially important. They provide primary data for 29 of 33 health-related SDG indicators and contribute to 80 of the 231 global SDG indicators ([Asma et al. 2020](#)). Surveys provide population-representative data on health behaviors, risk factors, service coverage, financial protection, and social determinants of health. In many low- and middle-income countries (LMICs), they are often the only way to collect disaggregated data by sex, age, income, education, minority status, and geolocation—essential for identifying vulnerable and marginalized populations.

Yet gaps remain. A third of countries lack recent primary data for half of the health-related SDG indicators ([SCORE Global Report 2020](#)). Surveys are often delayed, limited in scope, and disconnected from national health plan and data systems. Key topics—mental health, disability, adult mortality, and financial hardship from healthcare—are underrepresented.

Sustainability is fragile. Only 3% of household surveys in low-income and 8% in lower-middle-income countries are fully governments-financed. Most rely on donor funding limiting continuity and national ownership and investments are uneven across topics.

The possible end of [Demographic and Health Surveys](#) (DHS) Program marks a major shift. DHS has been a cornerstone for 40 years, supporting over 90 countries. Without it, many countries risk losing critical health and demographic data. WHO studies show DHS contributes the largest share of outcome indicators for WHO's GPW Results Framework. For over 40 years, DHS has supported more than 90 low-resourced countries in tracking key health indicators, including maternal and child health, reproductive health, nutrition and service coverage.

A WHO study found that DHS contributes the largest share of outcome indicators under the General Programme of Work (GPW 13 and 14) Results Framework among major international survey programs ([Zhao et al. 2021](#)). As this foundational program winds down, countries and partners must prepare for a new era of health survey systems—one that is more integrated, resilient, and nationally driven.

Other initiatives, including UNICEF's [MICS](#), the World Bank's [LSMS](#), and WHO's [STEPS](#), [GATS](#), and [WHS+](#), also provide critical data. The [People's Voice Surveys \(PVB\)](#) provides a novel platform to bring users' voices into health system measurement. Together, these efforts lay the foundation for a more coordinated and sustainable model (Refer Annex 2 for WHS+ and DHS and Table 1 and 2 for Country Status and Surveys).

The challenge now is not only to fill potential data gaps, maintain data continuity, but to modernize how data are collected, managed, and used. The current situation presents an opportunity to re-examine the complex legacy of systems built over decades and to streamline the process, and align existing efforts.

This requires a country-led, partner-supported approach grounded in strong principles, shared platforms, and sustainable systems.

WHO's Strategic Role

While WHO does not directly fund population-based surveys, it plays a critical role in shaping, supporting, and coordinating efforts through:

- **Normative leadership:** setting standards, protocols, and indicators for quality and comparability.
- **Technical assistance:** supporting countries in survey design, implementation, and data use.
- **Convenor:** bringing together governments, donors, and partners to align priorities and reduce duplication.

Through platforms like the World Health Survey Plus (WHS+), WHO STEPS, and its technical topic specific expertise, WHO supports countries to design and implement comprehensive household surveys that strengthen data quality and relevance.

This work aligns with the [SCORE for Health Data](#) strategy, particularly the domain on *Surveys of populations and health risks*. SCORE, now implemented in over 100 countries, is transforming national health information systems by improving the accuracy, use, and integration of data—enabling countries to track births, deaths, health trends, and system performance, while strengthening accountability and accelerating health progress.

WHO collaboration with technology partners to build the [World Health Data Hub](#) provides countries with a trusted platform for managing and accessing their data. Strengthening national capacity across all stages—from survey design to analysis and dissemination is central to ensuring countries can independently manage their data systems.

Achieving this vision requires targeted financial support and a renewed commitment to shared responsibility and innovation.

This work reflects WHO's core normative mandate and its unique role as a convener and trusted broker among countries and partners. As the leading authority on global health, WHO provides technical leadership, sets international standards, and supports countries in building strong, reliable health data systems. Many governments trust and rely on WHO's neutrality, scientific rigor, and institutional credibility to coordinate efforts across diverse partners.

In close collaboration with national governments and partners, WHO can support countries integrate population-based surveys into broader health information systems, link them with national strategies, and adopt modular, sustainable approaches for data generation and use.

As the global health data landscape evolves, WHO is well-positioned to convene a global conversation—one that prioritizes country leadership, reinforces partnerships, and builds a shared vision for sustainable, integrated public health surveillance.

Current Challenges

Despite progress, persistent challenges limit health data system performance:

1. **Fragmentation and coordination gaps:** Survey and surveillance systems often operate in silos, disconnected from administrative data systems, and with limited coordination across sectors and partners. This fragmentation leads to duplication, inefficiencies, delays in data availability, and missed opportunities for an integrated, country-driven health information systems.
2. **Incomplete and inconsistent data:** Many countries lack recent or high-quality data. Coverage gaps persist for population groups and critical topics such as mental health, noncommunicable diseases, and disability. Variations in survey design and sampling reduce cross-country comparability and over time comparisons.
3. **Limited data use and integration:** Survey findings are underused to inform policy and programmes and weakly linked to national information systems further reducing the possibility to support planning, budgeting, and accountability.
4. **Dependence on external funding:** Most household surveys in low- and lower-middle-income countries rely on donor limiting sustainability and national ownership. Only 3% of surveys in low-income countries and 8% in lower-middle-income countries are fully financed by governments.
5. **Capacity and infrastructure constraints:** Countries often lack skilled staff and modern tools, and digital infrastructure needed to manage large-scale survey and administrative data.

Opportunities for Innovation

This moment offers a chance to reimagine health data systems that are more integrated, sustainable and aligned with national priorities.

1. **Modular and flexible survey designs:** Versatile models (rotating modules, adaptive content, mixed survey models i.e., omnibus, topic-specific, and longitudinal panels). This allows greater adaptability, lower costs, and broader insight.
2. **Digital tools and new data sources:** Mobile data capture, mobile phone surveys, geospatial technologies, AI, and real-time dashboards can complement traditional surveys and speed up analysis. Use of semantic and syntactic standards can also improve interoperability across systems and datasets.
3. **Equity-focused design:** Oversampling, applying small-area estimation, and disaggregation are important.
4. **National leadership and ownership:** Country leadership must be at the center backed by sustained investment in national institutions for long-term sustainability.

5. **Partner coordination and financing innovation:** Harmonized tools, shared sampling frames, and pooled funding can reduce duplication, enhance efficiency, reduce reporting burdens and support national plans and strengthen national health information systems.

The way forward demands clear leadership and coordinated support. Countries must drive the transformation of their health data systems, backed by partners who are aligned on standards, financing, and technical collaboration. WHO will convene countries and partners to define immediate actions, strengthen coordination, and support a sustainable, country-led model for data collection and use.

Why This Consultation, and Why Now?

The timing of this consultation is critical. The global health data landscape is shifting rapidly, with urgent gaps emerging and new opportunities on the horizon. The potential end of the DHS Program—after four decades of consistent support—highlights the risks of relying on single platforms. At the same time, new technologies, and meaningful partnerships create a chance to reshape health data collection for the better.

Countries are ready to lead and need clear priorities, technical support and sustainable financing. This consultation will bring stakeholders at the table to define a shared path forward.

For countries, the consultation offers:

- A platform to voice needs and shape solutions
- Access to technical support, peer learning, and shared tools
- Opportunities to strengthen leadership in building sustainable health data systems

For partners and donors, it offers:

- A chance to align investments, reduce duplication, and maximize impact
- A dialogue on sustainable financing and technical coordination
- A role in shaping a stronger, more coherent global data ecosystem

Consultation Objectives

1. Commitment to strengthen country-led, transparent, and actionable data systems
 - Transition from externally led surveys (e.g., DHS) to sustainable national, multimodal, efficient systems
 - Adopt open data standards to enable collaboration, accountability and interoperability
 - Build capacity to generate, analyze, and act on data
2. Explore cost-effective, modular, and sustainable survey models
3. Strengthen coordination, financing, and technical support mechanisms

Themes for Discussion

1. Urgent support for affected countries

- Technical and financial support for completing ongoing surveys
- Short-term strategies to maintain continuity and ensure access to essential data

2. Aligning global survey platforms for greater impact

- Mapping and coordinating MICS, LSMS, WHS+, WHO STEPS, GATS
- Identifying opportunities for shared tools, standards, and schedules

3. Financing and sustainability

- Options for short-term bridging support, domestic funding, pooled mechanisms

4. Standards, comparability, and innovation

- Promoting consistent protocols, metadata, indicators, and disaggregation
- Incorporating modular, digital, and adaptable survey designs

5. Empowering national institutions and ownership

- Institutionalizing national survey programs

Conclusion: A Call to Collective Action

Countries cannot meet today's data challenges alone. Partners and donors have a vital role in supporting sustainable, country-led solutions.

This consultation offers an opportunity to align efforts, define priorities, and invest in building health data systems that are stronger, more agile, and able to deliver results.

Now is the time for collective leadership to build a future where every country has the data it needs to improve lives, strengthen health systems, and meet global health goals.

The goal

to shape a future health data system that is country-led, innovative, agile and digitally enabled—capable of delivering timely, high-quality data to inform national priorities and improve lives.

Annex 1: Proposed convening

Role and Future of Population-Based Health Surveys

Objectives and Themes

The global health data landscape is at a critical juncture. Countries face urgent data gaps as traditional survey platforms, including the DHS Program, face disruptions, while new tools and innovations open new pathways for action.

This consultation, convened by WHO and partners, will bring together countries, technical partners, donors, and survey implementers to define immediate priorities and co-develop practical solutions.

Objectives

- Assess the implications of the potential end of DHS Program for countries and global monitoring.
- Identify urgent actions to support countries with ongoing surveys and emerging data gaps
- Explore innovative, cost-effective survey designs and implementation strategies.
- Strengthen coordination, financing, and technical support models to promote sustainability, reduce duplication, and improve efficiency.
- Define shared principles and next steps toward country-led health data systems

Potential Participants

- Ministries of Health and National Statistical Offices
- Countries with ongoing DHS and survey programs
- UN agencies: UNICEF, UNFPA, World Bank, UNSD, UNDP, ISWGHS
- Technical partners: IHME, IPSOS, ICF, ESRI, NORC, RTSL
- Technology partners: Microsoft Philanthropies Tech for Social Impact
- Exemplar countries: Bangladesh, Barbados, Colombia, Egypt, Ghana, India, Indonesia, Kenya, Kingdom of Saudi Arabia, Malawi, Nepal, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Tajikistan, Thailand, and Uganda
- Potential donor countries: Canada, China, European Union, France, Ghana, Germany, Japan, Norway, South Africa, Thailand Uganda, United Kingdom
- Donors: Bill & Melinda Gates Foundation, Bloomberg Philanthropies, ELMA Philanthropies, European Investment Bank, Global Financial Facilities, Hewlett Foundation, Hong Kong Jockey Club Charities Trust (HKJC), Islamic Development Bank, MacArthur Foundation, Packard Foundation, Skoll Foundation, the Susan Thompson Buffett Foundation, Vital Strategies, Wellcome Trust

Contact: healthsurveys@who.int

Annex 2

World Health Survey Plus (WHS+)

Between 2002 and 2004, WHO partnered with 69 countries to implement the original [World Health Survey](#) (WHS), generating essential data on adult health and health systems performance. Building on this foundation, WHO launched the World Health Survey Plus (WHS+), a flagship programme designed to meet countries' evolving data needs.

WHS+ is a multi-topic, multi-mode, and multi-platform survey system that offers flexibility to adapt to diverse national contexts. It supports countries in generating high-quality, timely data for health policy, programme design, and monitoring. WHS+ also contributes to strengthening national survey systems by aligning with country priorities and integrating into existing health information infrastructures.

Leveraging WHO's experience conducting surveys in over 100 countries, WHS+ equips countries with tools to:

- Monitor population health trends
- Track progress toward health-related Sustainable Development Goals (SDGs), Universal Health Coverage

WHS+ plays a critical role in addressing data gaps, improving surveillance capacity, and supporting evidence-based decision-making. It is a strategic investment in more resilient, responsive, and country-owned health information systems.

Demographic and Health Survey (DHS) Program

Since 1984, the USAID-funded [Demographic and Health Surveys](#) (DHS) Program has served as a cornerstone of global health data. Over four decades, it has conducted more than 400 nationally representative surveys in over 90 countries, supporting governments, researchers, and development partners to track health trends, evaluate programmes, and inform policies.

DHS's value lies in its:

- Global coverage and methodological consistency
- Use of standardized protocols across survey types (DHS, Malaria Indicator Surveys [MIS], Service Provision Assessments [SPA])
- Focus on key health and demographic topics, including fertility, family planning, maternal and child health, HIV/AIDS, nutrition, and more
- Its robust design allows for reliable comparisons across countries and over time, making it an indispensable tool for monitoring and accountability.

Beyond data collection, the program invests in national capacity building, equipping local teams to implement surveys, analyze data, and use evidence to guide decisions. Its strong emphasis on transparency and open data access further reinforces its role as a trusted and widely used resource in global health.

The People's Voice Survey on Health System Performance*

The People's Voice Survey (PVS) is a rapid, low-cost, population-representative telephone survey developed by the Quality Evidence for Health System Transformation (QuEST) Network, a multicountry research consortium focused on improving health system quality. Designed for global applicability, PVS can be adapted to any country, regardless of income level, health expenditure, or system structure.

PVS promotes accountability by capturing public perspectives on health systems. It supports tracking the impact of reforms, benchmarking across countries and regions, and guiding actions toward more effective, person-centered care.

Intended to complement other health system performance data, such as health outcomes, cost-efficiency metrics, and workforce data. PVS helps governments implement and monitor reforms, whether system-wide or targeted to specific areas (e.g., telehealth integration) or populations (e.g., older adults). When repeated over time, it becomes a powerful tool for tracking changes and informing regular health system reviews.

At its core, PVS brings a social voice to health system measurement and has already been implemented in 19 countries.

*: <https://www.thelancet.com/series-do/peoples-voice-survey>

Table 1 –DHS and MICS Surveys in Planning Stage or Incomplete

Country ^{10 11}	Year	Type	Status / Stage	Phase/ Round	Dates of Fieldwork	Final Report	Survey Datasets
Albania	2025	MICS	Survey design	MICS7	-	-	-
<u>Angola</u>	2023-24	DHS	Ongoing	DHS-8	08/2023- 01/2024	Ongoing	Ongoing
Armenia	2025	MICS	Survey design	MICS7	-	-	-
Bangladesh	2025	MICS	Data collection	MICS7	-	-	-
Belize	2024	MICS	Data processing / analysis	MICS7	-	Not yet available	Not yet available
<u>Burundi</u>	2025	DHS	Ongoing	DHS-8	09/2025- 12/2025	Ongoing	Ongoing
Cameroon	2025	MICS	Survey design	MICS7	-	-	-
<u>Congo</u>	2025	DHS	Ongoing	DHS-9	05/2025- 08/2025	Ongoing	Ongoing
<u>Congo Democratic Republic</u>	2023	DHS	Ongoing	DHS-8	10/2023- 01/2024	Ongoing	Ongoing
Cuba	2025	MICS	Survey design	MICS7	-	-	-
Dominican Republic	2025	MICS	Survey design	MICS7	-	-	-
<u>Ethiopia</u>	2024-25	DHS	Ongoing	DHS-8	07/2024- 01/2025	Ongoing	Ongoing
Federated States of Micronesia	2025	MICS	Survey design	MICS7	-	-	-
Fiji	2026	MICS	Survey design	MICS7	-	-	-
Gambia	2025	MICS	Survey design	MICS7	-	-	-
Ghana	2025	MICS	Survey design	MICS7	-	-	-
<u>Ghana</u>	2025	MIS	Ongoing	DHS-9	09/2025- 11/2025	Ongoing	Ongoing
Guatemala	2025	MICS	Survey design	MICS7	-	-	-
<u>Guinea</u>	2024-25	DHS	Ongoing	DHS-8	11/2024- 02/2025	Ongoing	Ongoing
Guinea-Bissau	2026	MICS	Survey design	MICS7	-	-	-

¹⁰ Data retrieved from <https://dhsprogram.com/Methodology/>

¹¹ Data retrieved from <https://mics.unicef.org/surveys>

Country ^{10 11}	Year	Type	Status / Stage	Phase/ Round	Dates of Fieldwork	Final Report	Survey Datasets
<u>Indonesia</u>	2023-24	DHS	Ongoing	DHS-8	11/2023- 06/2024	Ongoing	Ongoing
Iraq	2025	MICS	Survey design	MICS7	-	-	-
Kazakhstan	2024	MICS	Data processing / analysis	MICS7	-	Not yet available	Not yet available
<u>Kenya</u>	2025	MIS	Ongoing	DHS-9	06/2025- 09/2025	Ongoing	Ongoing
Kiribati	2026	MICS	Survey design	MICS7	-	-	-
Kosovo under UNSC res. 1244	2025 - 26	MICS	Survey design	MICS7	-	-	-
Lebanon	2023	MICS	Data processing / analysis	MICS6	-	Not yet available	Not yet available
Libya	2024 - 25	MICS	Data processing / analysis	MICS7	-	Not yet available	Not yet available
Madagascar	2024 - 25	MICS	Data collection	MICS7	-	-	-
<u>Malawi</u>	2024	DHS	Ongoing	DHS-8	05/2024- 08/2024	Ongoing	Ongoing
<u>Mali</u>	2023-24	DHS	Ongoing	DHS-8	12/2023- 04/2024	Ongoing	Ongoing
Marshall Islands, Republic of	2025	MICS	Survey design	MICS7	-	-	-
Mauritania	2025 - 26	MICS	Survey design	MICS7	-	-	-
Mongolia	2023	MICS	Data processing / analysis	MICS7	-	<u>Key indicators</u>	Not yet available
Montenegro	2025	MICS	Survey design	MICS7	-	-	-
Morocco	2025	MICS	Survey design	MICS7	-	-	-
Nepal	2025	MICS	Data collection	MICS7	-	-	-
Nicaragua	2023	MICS	Data processing / analysis	MICS6	-	Not yet available	Not yet available
Nigeria	2025 - 26	MICS	Survey design	MICS7	-	-	-
<u>Nigeria</u>	2025	MIS	Ongoing	DHS-9	09/2025- 10/2025	Ongoing	Ongoing
<u>Nigeria</u>	2023-24	DHS	Ongoing	DHS-8	12/2023- 05/2024	Ongoing	Ongoing

Country	Year	Type	Status / Stage	Phase/ Round	Dates of Fieldwork	Final Report	Survey Datasets
Pakistan (Gilgit- Baltistan)	2024 - 25	MICS	Data processing / analysis	MICS7	-	Not yet available	Not yet available
Pakistan (Punjab)	2024	MICS	Data processing / analysis	MICS7	-	Key findings	Not yet available
Pakistan (Sindh)	2025	MICS	Survey design	MICS7	-	-	-
Panama	2025	MICS	Survey design	MICS7	-	-	-
Paraguay	2025	MICS	Survey design	MICS7	-	-	-
Philippines	2025	DHS	Ongoing	DHS-9	05/2025- 06/2025	Ongoing	Ongoing
Rwanda	2023	MIS	Ongoing	DHS-8	10/2023- 12/2023	Ongoing	Ongoing
Rwanda	2025	DHS	Ongoing	DHS-9	07/2025- 11/2025	Ongoing	Ongoing
Saint Lucia	2025	MICS	Survey design	MICS7	-	-	-
Samoa	2025	MICS	Survey design	MICS7	-	-	-
Saudi Arabia	2025	MICS	Survey design	MICS7	-	-	-
Serbia	2025	MICS	Survey design	MICS7	-	-	-
Sierra Leone	2025	MICS	Survey design	MICS7	-	-	-
Somalia	2025	MICS	Survey design	MICS7	-	-	-
South Africa	2026	DHS	Ongoing	DHS-9	02/2026- 08/2026	Ongoing	Ongoing
South Sudan, Republic of	2025	MICS	Survey design	MICS7	-	-	-
State of Palestine	2025	MICS	On hold	MICS7	-	-	-
Sudan	2025	MICS	On hold	MICS7	-	-	-

<u>Tajikistan</u>	2023	DHS	Ongoing	DHS-8	08/2023-11/2023	Ongoing	Ongoing
<u>Timor-Leste</u>	2025	DHS	Ongoing	DHS-9	07/2025-10/2025	Ongoing	Ongoing
<u>Togo</u>	2025	DHS	Ongoing	DHS-8	05/2025-08/2025	Ongoing	Ongoing
Tonga	2024	MICS	Data processing / analysis	MICS7	-	Not yet available	Not yet available
Turkmenistan	2024	MICS	Data processing / analysis	MICS7	-	Not yet available	Not yet available

Table 2: Countries with incomplete or planned household surveys (as of February 2025)

Country	DHS	DHS-MIS	MICS	GATS
Albania			2025	
Angola	2023-24			
Armenia			2025	
Bangladesh				2025
Belize			2024	
Burundi	2025			
Cameroon			2025	
Congo	2025			
Congo Democratic Republic	2023			
Cuba				2025
Dominican Republic			2025	
Ethiopia	2024-25			2023-2024
Federated States of Micronesia			2025	
Fiji				2026
Gambia			2025	
Georgia				204-2025
Ghana		2025		2025
Guatemala			2025	
Guinea	2024-25			
Guinea-Bissau			2026	
India				2025
Indonesia	2023-24			
Iraq			2025	
Kazakhstan				2024 TBD
Kenya		2025		
Kiribati				2026
Kosovo under UNSC res. 1244			2025 -26	
Lebanon				2023
Libya			2024 -25	
Madagascar			2024 -25	
Malasia				2023
Malawi	2024			
Mali	2023-24			
Marshall Islands, Republic of			2025	
Mauritania			2025 -26	
Mongolia			2023	
Montenegro				2025
Morocco			2025	
Nepal				2025

Country	DHS	DHS-MIS	MICS	GATS
Nicaragua			2023	
Nigeria	2023-24	2025	2025 -26	2025
Pakistan (Gilgit-Baltistan)			2024 -25	
Pakistan (Punjab)				2024
Pakistan (Sindh)			2025	
Pakistan (National)				2024
Panama				2025 2025
Paraguay			2025	
Philippines		2025		
Rwanda	2025	2023		
Saint Lucia				2025
Samoa			2025	
Saudi Arabia				2025
Senegal				2023
Serbia			2025	
Sierra Leone				2025
Somalia			2025	
South Africa		2026		
South Sudan, Republic of			2025	
State of Palestine				2025
Sudan			2025	
Tajikistan		2023		
Timor-Leste	2025			
Togo		2025		
Tonga			2024	
Turkmenistan				2024
Tuvalu			2026	
Uganda			2024	2023-24
Ukraine			2025	
Viet Nam				2027
Zambia	2024			
Zimbabwe	2023-24			2025