

2021 WHO HEALTH AND CLIMATE CHANGE GLOBAL SURVEY

Welcome to the WHO Health and Climate Change Global Survey

Please enter the following	information to begin the survey.
Name:	
Title/Position:	

Institution or Organization:

Telephone: E-mail address:

Country:



The purpose of this 2021 WHO Health and Climate Change Global Survey is to measure and monitor national health sector response to climate variability and climate change across three main areas:

- Health adaptation and resilience to climate change;
- Climate resilient and environmentally sustainable health care facilities; and
- Health co-benefits from climate mitigation.

Health adaptation and resilience to climate change require comprehensive action across the 6 building blocks of a health system. Therefore, several indicators in this survey may include information on the following areas:

- Leadership & governance
- Health information systems
- Service delivery
- Health workforce
- Financing
- Climate resilient and environmentally sustainable medical technologies and infrastructure

Results of the survey will illustrate the progress countries have made to protect and promote human health and health systems in the face of climate change. The results will also identify the challenges countries continue to face in achieving their health adaptation, resilience and mitigation priorities.



PLEASE NOTE THE FOLLOWING:

- a. A hard copy of this survey questionnaire and a supplementary guidance document in Word (.doc) is available to download below in order to review the questions and share with colleagues or counterparts.
- b. There are 28 Questions in this questionnaire. Every question has an option to respond "*unknown*" if you do not know or have access to the requested information.
- c. Questions marked with an asterisk (*) require an answer.
- d. Survey responses are saved automatically, so you can close the survey without losing your work and re-enter to complete the survey at a later time. In order to continue where you left off, please use the <u>same device and web browser</u> that you used to start the survey.
- e. TERMINOLOGY: In the questionnaire, "Ministry of Health" has been used to simplify question wording. But please note that "Ministry of Health" is meant to refer to the national health authority in your country.
- f. In some countries, the responsibility for health and climate change may be with a ministry(ies) other than the Ministry of Health. There will be an opportunity to provide information on these types of institutional arrangements.
- g. You can access the WHO Data Policy <u>HERE</u>. You will be provided with the full text of the WHO Data Policy at the end of this survey and asked to acknowledge that you have read and understand the WHO Data Policy.
- h. For further questions or details, please contact: nevillet@who.int

ONLINE QUESTIONNAIRE (ALL LANGUAGES)

- English: https://www.surveymonkev.com/r/SH9N5FF
- Arabic: https://www.surveymonkev.com/r/CRY39P8
- Chinese: https://www.surveymonkey.com/r/CT2B90T
- French: https://www.surveymonkey.com/r/CTMGBH9
- Russian: https://www.surveymonkev.com/r/CTHC992

DOWNLOAD SUPPORT DOCUMENT HERE

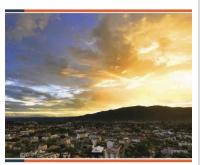


Results of the 2021 WHO Health and Climate Change Global Survey will be used towards the development of the following products, among others:

WHO Health and Climate Change Survey Report: Tracking Global Progress



WHO UNFCCC Health and Climate Change Country Profiles



HEALTH & CLIMATE CHANGE COUNTRY PROFILE 2021

World Health Organization Circuit Change

WHO Health and Climate Change Survey Dynamic Data Dashboard





PART I: HEALTH ADAPTATION AND RESILIENCE TO CLIMATE CHANGE

Leadership and Governance

Institutional structures and multisectoral collaboration

1.	Which	ministry	is responsible	for	climate ch	ange in	your	country?
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OPEN

2.	* Has your country established a multi-institutional structure to work on climate
	change (e.g. national inter-ministerial committee, national coordination
	mechanism)?

Yes No Unknown

2.1 If yes, does a Ministry of Health representative participate in this multi-institutional structure on **climate change**?

Yes No Unknown

3. Which ministry is responsible for health and climate change in your country?

Note: In some countries, the responsibility for health and climate change may NOT be with the Ministry of Health or there may be more than one ministry responsible. Please indicate the ministry responsible for health and climate change or provide a list of ministries if several ministries share this responsibility.

OPEN (100 words)

4. * Does the Ministry of Health have a designated focal point responsible for **health and climate change**?

Yes No Unknown



5. * Has the Ministry of Health established a multi-stakeholder mechanism on health and climate change that is currently operational (e.g. task force or committee)?

Note: The multi-stakeholder mechanism could be either internal (health ministry only) or external (between the health ministry and other health-determining sectors, organizations and experts). Information regarding participants will be requested in next question.

Yes No Unknown

5.1. If yes, please review the list below and select all health programs, stakeholders and/or experts that participate in the **health and climate change** multistakeholder mechanism (e.g. taskforce or committee).

Health programs and cross- cutting areas	Health-determining sectors/ministries	Stakeholders/Experts
☐ Air quality/pollution	□ Agriculture	□ Academia
☐ Chemical safety	□ Biodiversity	☐ Civil society
□ Equity	□ Education	☐ Community groups
□ Gender	□ Energy	☐ Indigenous groups
Health systems strengthening	□ Environment	Nongovernmental organizations (NGOs)
Noncommunicable diseases	☐ Housing	□ Private sector
□ Environmental health	□ Industry	☐ Subnational government (e.g. state and municipal government)
☐ Food and nutrition	 National meteorological and hydrological services 	□ Other (specify)
Occupational health	☐ Social Services	
□ ONE health	☐ Transportation	
□ Road safety	□ Urban development	
Vector-borne and communicable diseases	□ Other (specify)	
☐ Water, sanitation and hygiene (WASH)		
□ Zoonoses		
□ Other (specify)		



6. * For the following health determining sectors, please indicate if there is a joint memorandum of understanding or other agreement in place between the Ministry of Health and this sector/ministry which <u>defines specific roles and</u> responsibilities in relation to health and climate change policy or programs.

ANSWER KEY: YES/NO/UNKNOWN/NOT APPLICABLE

Health Determining Sector	Agreement in place on health and climate change policy/programs
Agriculture	Choose an item
Education	Choose an item
Energy	Choose an item
Environment	Choose an item
Urban development/Housing	Choose an item
National meteorological and	Choose an item
hydrological services	
Social services	Choose an item
Transportation	Choose an item
Water, sanitation & hygiene (WASH)	Choose an item
Other (Specify)	Choose an item

- 6.1 If yes, please UPLOAD the agreement(s) or Memorandum of Understanding(s) **OR** provide a link (URL) to the online version(s).
- 6.2 Do you have another document to upload?

Yes

No

Vulnerability and Adaptation Assessments

7. * Has your country conducted a <u>climate change and health vulnerability and</u> <u>adaptation assessment(s)</u>?

Definition: A vulnerability and adaptation assessment is a process and a tool that allows countries to evaluate which populations are most vulnerable to different kinds of health effects from climate change, to identify weaknesses in the systems that should protect them, and to specify interventions to respond. Assessments can also improve evidence and understanding of the linkages between climate and health within the assessment area, serve as a baseline analysis against which changes in disease risk and protective measures can be monitored, provide the opportunity for building capacity, and strengthen the case for investment in health protection.

NOTE: It is possible that multiple assessments have been conducted. For example, at



national or subnational levels.

Yes Currently in process (but not complete) No Unknown

7.1. For each climate change and health vulnerability and adaptation assessment conducted, please provide the following information:

NOTE: It is possible that multiple assessments have been conducted. For example, a national assessment or sub-national assessments for different regions/states/locations in the country. If an assessment has been updated regularly, please provide the details of the all assessments separately (e.g. the most recent AND past assessments).



1 cc	Level of coverage of sessment National Subnational Unknown	* Please indicate specific population groups that were considered in the assessment. Select all that apply. Children Displaced or migrant populations The elderly (65+ years of age) Indigenous groups Populations living in poverty Women Workers Rural populations Urban/peri-urban populations Unknown Other (specify:)	Did the results of the assessment result in the development of new health policies or programs OR the revision of existing health policies and/or programs? No Minimally Moderately Strongly Very strongly Unknown	Did the results of the assessment influence the allocation of human and financial resources within the Ministry of Health to address health risks of climate change? No Minimally Moderately Strongly Very strongly Unknown
		□ Other (specify:)		



Please upload all assessment(s) that have been reported OR provide a link (URL) to the online version(s).

* Do you have another assessment to report?

Yes No

Unknown

7.2. If there is further information you would like to provide on the climate and health vulnerability and adaptation assessment(s) conducted in your country and/or examples of the use of the results of these assessments, please provide below. (Maximum 200 words)

OPEN (200 words)

National Planning

8. * Is there a **national health and climate change plan/strategy** in place?

Definition: In this questionnaire, a national health and climate change plan/strategy is a government plan or strategy which considers the health risks of climate change, and health adaptation and/or health resilience to climate change. It could be part of a broader national climate change plan/strategy that includes health.

Yes Under Development No Unknown

- 8.1. If yes, please upload the national health and climate change plan/strategy. **OR** provide a link (URL) to the online national health and climate change plan/strategy.
- 8.2. * Please indicate the year when the national health and climate change plan/strategy was completed/published.

(YEAR, 4 digits)

8.3. Please indicate the time period covered by the national health and climate change plan/strategy

(e.g. the plan covers the period: 2020 to 2025).



(YEAR) TO (YEAR)

8.4. * Dev by the:	velopment of the national health and climate change plan/strategy was led
□ 0·	linistry of Health ther ministry/government authority with Ministry of Health inputs ther ministry/government authority without Ministry of Health inputs nknown ther (Specify): OPEN (50 words)
the follow	as the national health and climate change plan/strategy developed as part of wing: se read all options carefully and select all that apply.
Co (€ pl (N	ational Adaptation Plan (NAP) process of the United Nations Framework onvention on Climate Change (UNFCCC). e.g. The plan is a Health National Adaptation Plan (HNAP). An HNAP is a lan led by the Ministry of Health as part of the National Adaptation Plan NAP) process. The development of the HNAP is an integrated part of the verall climate change process.
It N in na ch	ational Portfolios of Actions on Environment and Health is LED by the Ministry of Health and/or the Ministry of Environment. ational Portfolios may consist of self-standing policy frameworks and implementation tools or of a set of coherent and coordinated parts of a wider ational policy framework addressing health, environment and climate mange, based on the commitments from the Ostrava Declaration on invironment and Health (2017).
	ational Plan for Poverty Reduction or National Development Plan. health sector national strategic plan led by the Ministry of Health.
Ti ge pi D ac	Situation Analysis and Needs Assessment (SANA) he Situation Analysis and Needs Assessment (SANA) is a process to enerate evidence on health and environment linkages and to monitor rogress and challenges faced by countries implementing the Libreville eclaration. The results of these assessments have been used to inform ctions and priority areas and to develop National Plans of Joint Action NPJAs).
□ 0	ther National Process (Specify:)



☐ Unknown/None of the above/Not Applicable

8.6. **IF** you have conducted a climate change and health vulnerability and adaptation assessment(s) (you responded yes to survey question 7), were the **results of the assessment(s) used** to inform the development of the national health and climate change plan/strategy?

Yes No Unknown Not Applicable

8.7. Please briefly describe the health adaptation actions that have been prioritized in the national health and climate change plan/strategy. **Maximum 200 words**.

OPEN (200 words)

8.8. * Was the national health and climate change plan/strategy formally endorsed by the Ministry of Health?

Yes No Currently in process Unknown

8.9. * Was there an estimation of the budget and human resources required to implement the national health and climate change plan/strategy?

NOTE: Implementation of a national health and climate change plan/strategy require human, financial and other resources, and an estimation of these resources support planning and implementation. A budget and a human resource estimation can be used to allocate or mobilize the required resources.

Yes No Currently in process Unknown

8.10. * What are the current sources of funding for implementation of the national health and climate change plan/strategy?

Definition: External funding sources are those not coming from the national government. Examples of external funding could include the Adaptation Fund, the Green Climate Fund, the Global Environment Facility, other multilateral or bilateral



donors, among others.

Fully governmental/ministerial Mix of government and external Fully external No financing currently available Unknown

8.11. * Please describe the level of implementation of the national health and climate change plan/strategy?

Implementation in this context describes the action which is currently being taken to achieve the specific priorities outlined in the national health and climate change plan/strategy.

Very high (action is being taken on all of the plan/strategy priorities) High (action is being taken on a majority of the plan/strategy priorities) Moderate (action is being taken on some of the plan/strategy priorities) Low (limited action is being taken on the plan/strategy priorities) None (no action is currently being taken on the plan/strategy priorities) Unknown

8.12. * Please indicate any barriers that have been encountered in implementing the national health and climate change plan/strategy. **Select ALL that apply.**

Incomplete or lack of comprehensive plan/strategy
Lack of endorsement by Ministry of Health
Insufficient finance/budget
Insufficient human resource capacity
Insufficient prioritization or competing priorities
Insufficient multi-sectoral collaboration
Insufficient research and evidence
Insufficient technologies, tools and methods
COVID-19 related constraints
Unknown
Other (specify) OPEN (100 words)

Biodiversity, Health and Climate Change

9. Is there a national plan, strategy or platform in place or under development to address health and biodiversity considerations? **Select all that apply**.

One Health multisectoral coordination mechanism



National Biodiversity Strategy and Action Plan (NBSAP) National multi-stakeholder nutrition platform/initiative None Unknown Other (Please specify:)

9.1 If yes, please upload the related national plan/strategy or platform **OR** provide a link (URL) to the document or further details.

Health Information Systems

Integrated risk surveillance and early warning

10. For the following climate sensitive health risks/outcomes, please indicate if: a health surveillance system exists; if the health surveillance system includes meteorological information; if there is a climate-informed health early warning system (EWS); and if there is a health sector response plan in place.

ANSWER KEY: YES/NO/UNKNOWN/NOT APPLICABLE

- ^a Meteorological information refers to either short-term weather information, seasonal climate information OR long-term climate information
- ^b Evaluated in this context, means the key components, design and application of climate-informed EWS have been evaluated, with a focus on aspects related to the indicators used, statistical performance, operational aspects and communication, as well as cost-effectiveness.



Climate sensitive health risks/outcomes	* Health surveillance system exists?	* Health surveillance system includes meteorological information ^a ?	* Climate- informed health early warning system (EWS) in place?	* Climate- informed health early warning system has been evaluated ^b	* Health sector response plan in place?
Air-borne and respiratory illnesses	Choose an item	Choose an item	Choose an item	Choose an item	Choose an item
Heat-related illness	Choose an item	Choose an item	Choose an item	Choose an item	Choose an item
Injury and mortality from extreme weather events	Choose an item	Choose an item	Choose an item	Choose an item	Choose an item
Malnutrition and food-borne diseases	Choose an item	Choose an item	Choose an item	Choose an item	Choose an item
Mental and psychosocial health	Choose an item	Choose an item	Choose an item	Choose an item	Choose an item
Noncommunicable diseases (NCDs)	Choose an item	Choose an item	Choose an item	Choose an item	Choose an item
Vector-borne diseases	Choose an item	Choose an item	Choose an item	Choose an item	Choose an item
Water-borne diseases and other water-related	Choose an item	Choose an item	Choose an item	Choose an item	Choose an item



health outcomes					
Zoonoses	Choose an item				
Impacts on health	Choose an item				
care facilities					
Other (specify)					



10.1. Please upload health sector response plan(s) if they are in place. If no health sector response plans are in place, please proceed to next question.

Do you have another health sector response plan to upload?

Yes No Unknown

Service Delivery

11. Please indicate if you have national policies/guidance on the following:

Climate-informed health early warning systems
Climate resilient sanitation safety plan implementation
Climate resilient water safety plan implementation
Integrated climate/weather and health surveillance
Integrated biodiversity/wildlife and health surveillance

12. Please indicate if there is collaboration between the Ministry of Health and the following institution(s) in your country to strengthen evidence or research on climate change and health. **Select ALL that apply.**

Academic and/or research institution(s)(e.g. universities or colleges)
Civil society
Other health-determining ministries (e.g. Energy, Environment, Food and nutrition,
Transport, WASH, etc.)
Non-governmental organizations
Unknown
No collaboration
Other (Specify:)

13. Has the Ministry of Health implemented national public health campaigns on climate change and health to increase the general public's understanding on this topic?

Yes No Unknown



Health Workforce

14. Please indicate the approximate	total number	of full-time	staff in th	e Ministry of
Health.				

NUMERIC

15. How many full-time staff (or equivalent) are dedicated to **health and climate change** in the Ministry of Health?

NUMERIC

16. Have Ministry of Health staff received any training on climate change and health over the past two years?

Yes No

Unknown

16.1. If yes, please provide information about each of the trainings.

Topic	Training provided by	Training Participants
Climate change	□ WHO	Personnel in environmental
and health	□ Other	health and climate change
vulnerability	organization/institu	programs
and adaptation	tion	□ Personnel
assessment	□ Unknown	in other health programs
(V&A)		\square Both
		□ Unknown
Climate resilient	□ WHO	Personnel in environmental
and	□ Other	health and climate change
environmentally	organization/institu	programs
sustainable	tion	□ Personnel
health care	□ Unknown	in other health programs
facilities		\square Both
		□ Unknown
Climate resilient	□ WHO	☐ Personnel in environmental
water safety	□ Other	health and climate change
plans	organization/institu	programs
	tion	□ Personnel



	□ Unknown	in other health programs
		□ Both
		□ Unknown
Climate resilient	□ WHO	☐ Personnel in environmental
sanitation safety	\square Other	health and climate change
plans	organization/institu	programs
	tion	□ Personnel
	\square Unknown	in other health programs
		□ Both
		□ Unknown
Climate and	□ WHO	Personnel in environmental
health	\square Other	health and climate change
integrated risk	organization/institu	programs
surveillance and	tion	□ Personnel
climate-	□ Unknown	in other health programs
informed health		□ Both
early warning		□ Unknown
systems		
Health co-	□ WHO	☐ Personnel in environmental
benefits of	□ Other	health and climate change
climate change	organization/institu	programs
mitigation	tion	□ Personnel
	□ Unknown	in other health programs
		□ Both
TT 1.1		Unknown
Health	□ WHO	☐ Personnel in environmental
component of national	□ Other	health and climate change
adaptation	organization/institu	programs
plans (H-NAPs)	tion	□ Personnel
pialis (11-WAI 5)	□ Unknown	in other health programs
		□ Both
Health in		Unknown
Nationally	□ WHO	☐ Personnel in environmental
Determined	□ Other	health and climate change
Contributions	organization/institu tion	programs □ Personnel
(NDCs)	Unknown	in other health programs
(NDC3)	- Ulkilowii	_ 5 1
		□ Both □ Unknown
Health in the	□ WHO	☐ Personnel in environmental
negotiations of	□ Who	health and climate change
the United	organization/institu	
Nations	tion	programs □ Personnel
Framework	Unknown	in other health programs
		i in omer hearn broklams



Convention on Climate Change (UNFCCC)		□ Both □ Unknown
General information on Health and Climate Change	□ WHO□ Other organization/institution□ Unknown	 □ Personnel in environmental health and climate change programs □ Personnel in other health programs □ Both □ Unknown
Other (Specify)	□ WHO□ Other organization/institution□ Unknown	□ Personnel in environmental health and climate change programs □ Personnel in other health programs □ Both □ Unknown
Unknown	□ WHO□ Other organization/institution□ Unknown	 □ Personnel in environmental health and climate change programs □ Personnel in other health programs □ Both □ Unknown
-		how many Ministry of Health staff g on health and climate change (any
Finance 17. * Is the Ministry o change and health	-	ternational funds to support climate
☐Yes ☐No ☐Unknown ☐Not applicable		

IF YES, FOR EACH FUNDING AWARD, PLEASE PROVIDE THE FOLLOWING



INFORMATION

AWARD 1:

17.1. * Please indicate the funding source of international funding the Ministry of Health is currently receiving funds.

Adaptation Fund (AF)
Global Environment Facility (GEF)
Green Climate Fund Readiness (GCF Readiness)
Green Climate Fund Project (GCF)
Other multilateral donors
Bilateral donors
Other (specify:)

17.2. * Total amount of funds received and the currency.

AMOUNT / CURRENCY

17.3. * Time period covered by the funding award.

MONTH, YEAR (start of award) - MONTH, YEAR (end of award)

17.4. * If yes, please describe the specific purpose/focus of the funding. **SELECT ALL THAT APPLY.**

Climate and health vulnerability and adaptation assessments
Climate resilient and environmentally sustainable health care facilities
Climate-informed health programmes (vector-borne diseases, nutrition, water
and sanitation safety plans and services)
Governance and multisectoral collaboration
Health information systems (integrated risk surveillance, etc.)
Health co-benefit of climate mitigation assessments
Health in National Adaptation Plans (HNAPs)
Other (Specify:)

* Do you have another AWARD to report?

Yes No Unknown

18. * What have been the greatest challenges the Ministry of Health has faced in



accessing international funds for climate and health work?

Please check ALL that apply.

Lack of information on the opportunities

Lack of country eligibility

Lack of connection by health actors to climate change processes

Lack of capacity to prepare country proposals

Lack of success in submitted applications

None (no challenges/challenges were minimal)

Not applicable

Other (please specify): OPEN

	e climate change and health considerations included in COVID-19 recovery ages in your country?
□Ye □No □Ur	
	19.1 If yes, please provide a short description. Maximum 200 words .
	OPEN

PART II: CLIMATE RESILIENT AND ENVIRONMENTALLY SUSTAINABLE HEALTH CARE FACILITIES

20. Please indicate the total number of **public** health care facilities in your country.

Number of public hospitals (total)

Number of public health centres (total)

Unknown

21. Please indicate the total number of **private** health care facilities in your country. Note: Private health centres includes private community health centres and medical clinics.

Number of private hospitals (total) Number of private health centres (total) Unknown



22. * Have any of your country's **public** health care facilities been assessed for climate resilience?

For the purpose of this question, assessing climate resilience of health care facilities refers to a process whereby health planners and/or health care facility managers would assess whether a health care facility is able to respond to, recover from and adapt to climate-related shocks and stresses while leveraging opportunities to enhance functions and services.

Yes No Unknown

22.1. IF YES, what is the total number of **public** health care facilities that have been assessed for climate resilience?

OPEN

23. * Have any of your country's **public** health care facilities been assessed for environmental sustainability?

NOTE: For the purpose of this question, assessing the environmental sustainability of health care facilities refers to assessing the environmental footprint of a health care facility with the aim to optimize the use of resources and minimizing the release of wastes while protecting and improving the health of their communities.

Yes No Unknown

23.1. IF YES, what is the total number of **public** health care facilities that have been assessed for environmental sustainability?

PART III: HEALTH CO-BENEFITS OF CLIMATE MITIGATION

24. * Was the Ministry of Health represented in your national delegation to the previous United Nations Framework Convention on Climate Change Conference of the Parties (e.g. UNFCCC-COP)



Yes No Unknown

25. Please indicate if the Ministry of Health contributed to the development of your country's: (Select ALL that apply)

Long-term low emissions development strategies (LT- LEDS)
National Adaptation Plan (NAP) (most recent)
National Communication (NC) (most recent)
Nationally Determined Contribution (NDC) (most recent)
None
Unknown

26. * Has there been an assessment(s) of the health co-benefits of your country's climate mitigation policies (e.g. Nationally Determined Contribution (NDC) under the Paris Agreement; sustainable, low-carbon transport policy or energy transition policy, etc.)?

The health co-benefits of climate change mitigation refer to the potential human health benefits that may be gained from implementing policies that cut greenhouse gas emissions and/or short lived climate pollutants and promote low-carbon, sustainable societies. For example, efforts to reduce greenhouse gas emissions in the transport sector can result in reduced air pollution and higher levels of physical activity such as cycling or walking consequently lowering the risks of respiratory diseases, cardio-vascular diseases, diabetes and obesity. Conversely, some climate mitigation policies may cause harm to human health or may not maximize potential health gains.

Climate mitigation policy in this context could refer to those outlined in your NDC or other national or subnational climate mitigation policies.

Assessment(s) could be qualitative and/or quantitative.

Yes No Currently in process Unknown

Assessment	Year of	Description of assessment	Did the results of the assessment
1	assessment	(e.g. climate policy, health	result in the development of new
		outcomes, methods, results)	or revision of existing climate



	policies?
OPEN (YEA	OPEN

26.1. Please upload the health co-benefit assessment(s)/publication(s) or provide URL.

UPLOAD

26.2 Do you have another health co-benefits assessment to upload?

Yes

No



CONTRIBUTIONS TO THE WHO GLOBAL SURVEY

27. * Please provide the names of all Ministry of Health programs, other government agencies, ministries, organizations or stakeholders that have provided inputs/review to this 2021 WHO Health and Climate Change Global Survey.

OPEN



28.* Please read the following WHO DATA POLICY and acknowledged that you have read and understood the WHO DATA POLICY below.

Ш	Yes, I nave read and	unaerstooa tne	who data	policy below

WHO Data Policy webpage
The full text of the policy can be found HERE

TRANSLATIONS OF THE FOLLOWING WHO DATA POLICY STATEMENT CAN BE FOUND AT THE FOLLOWING LINKS: AR, EN, FR, SP, RU

WHO DATA POLICY STATEMENT

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

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[1]
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)[2] [3]	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) 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).

⁽¹⁾ Note: Case-based health facility data collection such as that in the WHO Global Burn Registry does not require WHO Member State approval.



(3) 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).



BUTTON: SUBMIT YOUR RESPONSES

Thank you for completing the 2021 WHO Health and Climate Change Global Survey. We appreciate the time you have taken to provided responses to the survey questions and we look forward to sharing the results of the survey soon.

For any questions or you require further information, please contact:

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