



WHO SRMNC AH Policy Survey - Data request

Please provide contact details for the main person requesting data. Information on additional people who will have access to the data should be reported where indicated below.

First and last name	
Title/Position	
Organization/affiliation	
Email	

Please provide information on how you plan to use the data if provided.

Description of the project:
Specific analyses planned with the data:
Expected use(s) of the data:
Name(s), titles and email addresses of other people who will have access to the data:
<i>Please describe the role of each person who will access the data.</i>

Please specify which data you are requesting from the WHO SRMNCAH Policy Survey.

Country/countries:
Survey question numbers:

WHO SRMNCAL Policy Survey – Data Sharing Agreement

Each person who will access the data should individually complete and sign the data sharing agreement. use of the data is subject to these terms and conditions of use.

I understand the limitations of the data shared with me, and I agree to only use the data for the purpose described above, and only on the approval of WHO, and subject to any additional terms or conditions specified by WHO in that approval.

I will not provide access to the data shared with me beyond the individuals listed on the data request form above without the prior written authorization of WHO. If I intend to share the data with anyone beyond the individuals listed on this form, I will notify WHO to inform them and provide the signed data sharing agreement from those new persons.

I will always reference the data as “WHO SRMNCAL Policy Survey 2018-2019”. I understand that all rights in the data are reserved in WHO and/or the entities (including WHO Member States) which provided the data to WHO.

Aside from the reference / acknowledgement above, I will not otherwise use the name or emblem of WHO, or state or imply any endorsement by, or affiliation with, WHO and myself or the organization(s) listed above, unless expressly authorized by WHO.

I understand that if I propose to make any publication of the data or any findings from use of the data, I shall inform WHO and provide the findings to WHO for approval prior to publication, and any publication is subject to WHO’s approval.

I understand that WHO shall not be responsible for the data, my use of the data, or any results therefrom, and I accept full responsibility for all of the foregoing. I understand that WHO provides the data “as is” and without warranty or representation (with respect to the accuracy or completeness of the data, or otherwise) that WHO may revoke my use of the data at any time by written instruction to me if I violate these terms, and that WHO is not obligated to update, revise or otherwise amend or supplement the data.

Nothing contained herein or otherwise related to my use of the data shall be construed as a waiver of any of the privileges and immunities enjoyed by WHO under national or international law, and/or as submitting WHO to any national court jurisdiction.

Name: _____

Signature: _____

Date: _____