

# Data Request Guide

National Public Health Institute of Liberia

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#### INTRODUCTION

This document provides guidance to requesting and obtaining data from the National Public Health Institute of Liberia. Data in this document refers to records of immediately reportable diseases, condition and events documented by the institute.

#### **OBJECTIVE**

The purpose of this document is to enlighten data requester with concise and succinct direction on the proper processes for requesting data from the Institute.

#### **REQUESTING PROCEDURES**

Considering the nature of the request, the data requester is categorized in to two groups namely – Internet and External.

#### Internal request

Internal request includes requests made by divisions within NPHIL as well as divisions of the Ministry of Health with cross-cutting activities.

- Any staff within the institution requesting data should channel a written request through the director of said division.
- The written request communication shall include the type, purpose, and use of data.

### External request

External request includes requests made by any other individuals or institutions other than NPHIL and the Ministry of Health with cross-cutting activities.

- Individuals or institutions requesting data shall submit a written request with the data request form completed and attached.
- Request submitted shall be subject to review and feedback provided within seven (7) working days.

#### **TERMS AND CONDITIONS**

- The Data are provided to the entity requesting the Data, hereinafter referred to as "the Receiving Party," exclusively and solely used for the advancement of public health interest. The Receiving Party shall not use and shall require any person having access to the Data not to use the Data for any purpose other than the intended purpose requested. Other than as necessary for the intended purpose, the Data shall not be transferred, sold, or otherwise used or made available to any person, and the Receiving Party must not offer to do so, without the prior written agreement of the National Public Health Institute of Liberia (NPHIL)
- The Receiving Party will ensure that the Data will only come into the possession and control of those who are engaged in the above-mentioned public health research under the supervision of the Receiving Party and who have accepted the same obligations and restrictions in respect of the Data. In case the Receiving Party would like to use the Data for other research purposes, a new Data Request Form should be submitted to of the office of Director-General.
- Other than explicitly provided herein, this Data Request Form will not be construed as conveying to the Receiving Party any rights or title to the Data. The Receiving Party will treat the Data as strictly confidential and proprietary to NPHIL and/or parties collaborating with NPHIL and will disclose such Data only to persons who have a need to know for the intended purpose and are bound by the same obligations and restrictions as contained herein. The Receiving Party will ensure that the Data will be retained in appropriately secure means (and in any event no less secure than the means that the party would use to protect its own valuable confidential information)
- Nothing contained in this Agreement shall restrict NPHIL's right to transfer or otherwise make the Data available to any other person for commercial or non-commercial purposes.
- Receiving Party agrees to assume full responsibility for any and all claims and liabilities resulting from or otherwise related to the possession and use of the Data, as well as of data incorporating the Data.
- Upon completion of the public health research, the Receiving Party shall report the results obtained through the use of the Data in writing to NPHIL.
- Upon completion of the public health research or earlier termination of this Agreement, the Receiving Party will cease to use the Data for any purpose and promptly return them to NPHIL.

#### **ANNEX**

#### Before and during the submission of your request for data, please consider the following:

- Ensure that your purpose is concise and succinct
  Specify clearly the time interval of the requested data
  Ensure that the request form is fill in appropriately
  Request for data submission for through a letter of request
  Upon receipt of a request form, the form should be completed and submitted within one week
  Submitted form will be reviewed and approval or otherwise will be granted within at least seven days from submission submission

Requesting Party (name of principal requester)		
Name of your institution/organization (if not individual request)		
Contact Email Address		
Telephone number		
Name of Disease/Conditions/Events Data to be requested		
At which level do you want this data for (International, National, subnational)		
Specification of the county/district/health facility		
Division from which data is being requested		
Describe the intended purpose, type, usage, and period of the data	requested	
Requester will provide NPHIL with a copy of the results from the analyzed data in a computer readable format	Yes No Why:	
Please complete the filling in of this form (with your original signature) and return to the Division from which request is made for onward submission to the office of Deputy Director General for Technical Services at the National Public Health Institute of Liberia		
Signature: Date of submission:		
FOR OFFICIAL USE ONLY		
Signed by:	Date:	
Attested by: Deputy Director General for Technical Services	Date:	
Approved by:	Date:	