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COLLECTION AND USE OF CORE HEALTH DATA

The Pan American Health Organization is collaborating with the Member States to strengthen the production, processing, and analysis of pertinent information for the formulation of health and environmental policy, the reorganization of the health services, health promotion, disease prevention and control, the programming and evaluation of interventions, and mobilization of resources.

Technical information systems contribute to knowledge about the health and well-being of the population and stimulate the use of available information, helping to improve its quality and strategic utilization.

This document describes the core datacountry profile initiative, which is being developed at PAHO with the collaboration of the Member States, its regional technical programs, its Representative Offices in the countries, and its research and training centers, in order to improve the Organization's ability to describe, analyze, and explain, in a timely and up-to-date manner, the situation and trends of the health problems that it must address. This work is closely linked to technical cooperation activities so that the countries will strengthen their capacity to effectively analyze their health situation and the appropriateness of their health interventions in order to reduce inequities in health.

The components of the core datacountry profile initiative include, for each country of the Region: a list of basic indicators; an executive summary of the health situation and its trends; several figures and maps that illustrate the health situation; and a list of bibliographic references to support these components.

The present document informed the Executive Committee about the progress made in the implementation of the core datacountry profile initiative. The Directing Council is requested to examine the document and Resolution CE120.R7 (Annex D), submitted by the Executive Committee for the consideration of the Directing Council.

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EXECUTIVE SUMMARY

The core data/country profile initiative of PAHO has been developed within the context of the strategic and programmatic orientations of PAHO 1995-1998, which state that:

The primary challenge is overcoming inequity.... Inequity is not manifested in the same way in all countries or population groups. It is therefore essential to approach the differences in health conditions and health care coverage.... In each country, it will be necessary to establish the profile and characteristics of the inequity in different population groups and geographic areas in order to determine what action should be taken to eliminate it (SPO, p. 14).

The core data/country profile initiative is part of PAHO's Technical Information System (TIS), which contributes to knowledge about the state of health and well being of the population and promotes the use of the available information, helping to improve its quality and strategic utilization.

The purpose of this initiative is to provide information on the health situation and its trends as input for: the establishment of policies and strategic planning; the programming, monitoring, adaptation, and evaluation of technical cooperation; the mobilization of resources; and routine dissemination of technical strategic policy reports.

The TIS produces the following four types of results geared toward the country, subregional, and regional levels of use: a list of core data; an executive summary of the health situation and trends; a series of figures and maps illustrating the health situation; and a list of bibliographic references to support these components.

The core data are the data and minimum information necessary for characterizing the health situation of a country or area or a specific health problem. The PAHOWHO mandates and commitments regarding the collection and dissemination of health statistics, supported by the resolutions of the Governing Bodies, define the criteria for selecting the indicators. These mandates involve the surveillance of public health problems, evaluation of plans and programs, and the global commitments assumed by the Region. Other important indicators have also been included to assess the countries' capacity to respond to the needs and demands of the population in areas such as human resources.

The 118 indicators selected are grouped into the following subject areas: demographic (11), socioeconomic (10), mortality (31), morbidity and risk factors (30), and resources services coverage (36). The values, when pertinent, are disaggregated by sex and age group. For each value, the reference year, the source, and the definition of the indicator and method for calculating it are indicated.

The system's features include: multi-user access, with text and numerical data processing; modular design; two languages (English and Spanish); requires a graphic interface (Windows Internet); and can be accessed from one or more PAHO mirror servers on the World Wide Web using Netscape, MS Explorer, or another available browser.

The selection, collection, organization, maintenance, and use of the data and information to describe, analyze, and explain the health situation are activities inherent to all levels from the Organization. It is hoped that use of the products of this system will serve as a reference for the Secretariat and the Member States and will lead to their continuing adjustment.

The most salient aspects of the debate on this item during the 120th Session of the Executive Committee were: guaranteeing the inclusion of training in health situation analysis and information management in the technical cooperation strategies; concern about access to the World Wide Web-Internet in the countries of the Region; and the need to strike a balance in the list of basic indicators between those that measure negative aspects and those that measure positive aspects of health and development. A new annex is included (Annex C) that describes the progress made in the collection and use of core data in health.

TO CONSULT THE COMPLETE DOCUMENT YOU MAY [CLICK HERE ON DOC. NO. 129, CE12011](#), presented to the 120th Executive Committee.

COLLECTION AND USE OF CORE HEALTH DATA: RESULTS

Introduction

Since the establishment of a plan of work at PAHO in 1995 for monitoring the health situation aimed at improving the knowledge of the PASB and the countries about the situation of health and well-being in the Americas, concrete results have been observed. Consolidation of the achievements to date requires continuation of the cooperative efforts between the Latin American and Caribbean Center on Health Sciences Information (BIREME), the regional programs, the technical teams of the Representative Offices, and the national professionals responsible for data management in health, under the coordination of HDPHDA.

The results achieved by PASB and the countries through the present initiative are presented below, together with guidelines for a plan of action to give continuity to this effort.

Results

- Establishment of the Interprogrammatic Advisory Group on Core Data and Health Situation Analysis at Headquarters and the holding of five meetings.
- Selection of a basic set of health indicators (118).
- Preparation of a glossary that provides a definition of the indicators and the method of calculation.
- Development of a multiuser system for data storage and search for use in mirror servers of the World Wide Web.
- Design of the data entry scheme for the system and its distribution to all PAHOWHO Representative Offices.
- Development of country health situation profiles in the PAHOWHO Representative Offices.
- Validation of the data in terms of sources and the regional estimates available in each technical program (ongoing).
- Installation of the system on the BIREME server.

- Installation of the system and the available data on the PAHOHQ Intranet.
- System and available data installed on a mirror server at the CPC Office-Barbados.
- Preparation of regional, electronic theme maps for 53 selected indicators.
- Publication of two editions of the pamphlet *Basic Indicators*.
- Proposal of set of basic indicators for sister communities on the United States-Mexico border.
- Establishment of a network of reference centers on geographic information systems, and organization of training activities in five countries.
- Development and pilot testing of an E-mail course in basic epidemiology and biostatistics.
- Establishment of national health information networks in two countries and preparation of a project for a subregional health information network.
- Number of countries with basic health indicators and descriptive profiles of the health situation available on the WWWInternet: 12.
- Number of countries that published sets of basic indicators with a subnational breakdown: 3 (2 in progress).
- Countries with data entered in the system: total countries ().
 - Latin America (21): 19
 - Caribbean (24): 1 [6 countries in progress]
 - North America (3): 2
- Percentage of available data, by topic, for the 22 countries entered in the system: number of indicators ().
 - Demographic (11): 100
 - Socioeconomic (10): 70
 - Mortality (31): 65
 - Morbidity and risk factors (30): 73
 - Resources, services, coverage (36): 72

Plan of Action 1997-1998

- To add the text module with the health situation profiles to the system.

- To validate the data (ongoing).
- To publish the 1997 and 1998 editions of the *Basic Indicators*.
- To make the basic indicators available to the public via the Internet.
- To develop the modules for presentation of the indicators in figures and maps.
- To ensure that the system is available for installation at the national level, with a breakdown by provincesmunicipios.
- To conduct training activities in methods for epidemiological health situation analysis.
- To prepare theme maps in the countries with a subnational breakdown.
- To provide technical cooperation to the countries to strengthen registries and the use of vital statistics.
- To provide technical cooperation to the countries to strengthen the national units and groups that monitor the health situation.
- To provide technical support for special studies in the countries on the characteristics of the health situation at the subnational level.

CE120.R7

COLLECTION AND USE OF CORE HEALTH DATA

THE 120th MEETING OF THE EXECUTIVE COMMITTEE,

Having seen the report on the collection and use of core health data (Document CE12011),

RESOLVES:

To recommend to the Directing Council the adoption of a resolution in the following terms:

THE XL MEETING OF THE DIRECTING COUNCIL,

Having seen the report on the collection and use of core health data (Document CD4019);

Considering that information on and knowledge about the health and well-being of the population is a strategic input for policy-making and for the programming, surveillance, and evaluation of social responses in the field of health; and

Aware of the need to ensure the availability of quality information on the health situation and health services coverage in the Region of the Americas,

RESOLVES:

1. To take note of Document CD4019 and of the regional effort to consolidate an automated health information system that affords quick access to core data on the health situation of the countries of the Region.

2. To recommend that Member States:

(a) use a core body of health information for guidance in the development of policies and

health programs and in the adjustment and evaluation thereof, and to continue reorienting the health services and strengthening surveillance systems in public health;

(b) reaffirm their commitment to the timely collection of data on the health and well-being of their populations, to ensure its validity and the coverage of all human groups, and to break down the information by geographical levels, sex, and population groups of interest for human health and development in the countries;

(c) make use of core health data as the principal source for the quantitative measurement and benchmarking of the achievement of nationally and internationally mandated health status goals.

3. To request the Director to:

(a) continue support to the development of the core health data initiative, as a key component of PAHO's mandate to provide Member States with regional health information of the highest possible quality and relevance;

(b) establish coordination mechanisms with other international organizations and agencies that request this information in order to achieve the greatest possible consistency of the data submitted by them.

*(Adopted at the seventh plenary session,
26 June 1997)*