



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



27th PAN AMERICAN SANITARY CONFERENCE 59th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 1-5 October 2007

Provisional Agenda Item 4.9

CSP27/13 (Eng.)

17 July 2007

ORIGINAL: SPANISH

STRATEGY FOR STRENGTHENING VITAL AND HEALTH STATISTICS IN THE COUNTRIES OF THE AMERICAS

Introduction

1. The availability of timely, valid, and reliable data is a prerequisite for the formulation and monitoring of policies to improve the health of the peoples of the Americas. This becomes particularly evident when monitoring the attainment of the Millennium Development Goals. This document proposes a strategy to improve vital and health statistics and provide more effective assistance to the countries; promote horizontal cooperation, establish a mechanism for collaboration among areas of the Organization; and coordinate activities with other international agencies and actors working to strengthen vital and health statistics in the countries of the Region.

Background

2. At its last meeting in September 2003, the Regional Advisory Committee on Health Statistics (CRAES), an advisory body of PAHO, recommended that a sustainable mechanism be created to facilitate the development of plans in the countries to strengthen their vital and health statistics.¹

3. In 2004 and 2005, the Secretariat of PAHO conducted an initial study of the situation of vital and health statistics using guidelines specifically designed for this purpose.² The information was obtained with the collaboration of the two agencies

¹ For further details, see: *Informe de la segunda reunión del comité regional asesor en estadísticas de salud de la OPS/OMS*. Washington, D.C., 10-12 September 2003. PAHO, Washington, D.C., 2004.

² *Guía para el análisis de las estadísticas vitales, de morbilidad y recursos de salud. Documento General*. [Guidelines for the Analysis of Vital, Morbidity, and Health Resources Statistics. General Document] The Guidelines address data production from a qualitative and quantitative standpoint (through six questionnaires and two applications), and complementary approaches for situation analysis.

responsible for the production of health statistics in the countries (the National Statistics Office and the National Health Statistics Office)³. This activity made it possible to construct a database with information on 26 countries and prepare a preliminary⁴ report, dividing the countries into four groups, based on selected indicators of coverage and quality.

4. This preliminary report was presented at the Regional Meeting of National Directors of Statistics and Directors of Health Statistics of the Countries of the Americas (RD-2005), held in November 2005 in Buenos Aires, Argentina. One of the main results of RD-2005 was the recommendation that a regional strategy be drafted that would make it possible, on the one hand, to develop national plans for strengthening vital and health statistics and on the other, to harmonize these plans in the regional⁵ context, with the Secretariat serving as coordinator.

5. In order to facilitate harmonization and coordination in the development of health information systems, the Secretariat adopted the goal, objectives, and principles of the Health Metrics Network (HMN), a world partnership focused on health systems that promotes global standards for developing and improving the performance of their information systems.⁶

6. In 2006 the database was consolidated, and a regional report was issued identifying strengths and weaknesses in the production of the countries' statistics. The report also identified the relative differences among the countries to facilitate the design of a plan of action, both national and international in scope, that, respecting national differences and needs, would strengthen capacity in the management, operation, and maintenance of health information systems.

7. At the same time, working with other technical areas of PAHO and WHO, as well as international organizations (United Nations Statistics Division, UNICEF, UNFPA, World Bank, CARICOM), the conceptual and operational aspects to be considered in the

³ All the Spanish-speaking countries, Brazil, Haiti, seven non-Latin Caribbean countries (Barbados, Belize, Guyana, Jamaica, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago), and the United States of America.

⁴ OPS/OMS (2005). *Diagnóstico para el análisis de la situación de las estadísticas vitales y de salud de los países de las Américas*. AIS/OPS. Buenos Aires, Argentina, November 2005.

⁵ For further details, see: PAHO/WHO (2006). Meeting of National Directors of Statistics and Directors of Health Statistics of the Countries of the Americas (RD-2005) Buenos Aires, 21-22 November 2005. *Report of the Working Groups*. Washington; PAHO/WHO (2006). Meeting of National Directors of Statistics and Directors of Health Statistics of the Countries of the Americas (RD-2005) Buenos Aires, 21-22 de November 2005. *Preliminary Report*. Washington, D.C., and PAHO/WHO (2005). *Meeting of National Directors (RD-2005). Guidelines for the working group discussions. Miscellaneous Documents*. Washington.

⁶ For further details, see *A Framework and Standards for Country Health Information System Development. Health Metrics Network (HMN)*. World Health Organization (WHO). Geneva. 2006.

design of the Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas and the corresponding development of a regional plan of action were explored and defined.

8. Furthermore, under the agreement between PAHO and the Economic Commission for Latin America and the Caribbean (ECLAC) and through joint activity with the Latin American and Caribbean Demographic Center (CELADE), the population division of ECLAC, these conceptual and operational contents were discussed with representatives of the countries and international organizations at the 2005 and 2006 meetings, within the framework of the UN Statistical Commission and the Statistics Conference of the Americas.

Analysis of the Countries' Statistics Situation

9. The Regional Report lists the countries according to their vital and health statistics situation, revealing wide disparities among the countries and even within them. These findings make it possible to pinpoint the areas requiring greater attention and targeting (at the geographic and sectoral level, in processes associated with health care, vital records systems, etc.).

10. In terms of coverage, the vital statistics situation (births and deaths) was relatively better in seven of the 26 countries, which exhibited broad coverage (over 85%) throughout their national territory. At the other extreme, however, seven countries recorded barely 50% of these events. This means that only one out of every two births or deaths are recorded, with unfortunate consequences for the analysis of health risks and their determinants. Exacerbating the situation even further is the fact that the underrecording is found especially in the most vulnerable population groups (rural sectors, marginalized urban and indigenous populations, to name but a few).

11. Moreover, problems related to the quality of vital statistics affect the countries in a more homogeneous manner, especially when the situation is analyzed at the local level. Lack of information on the mother's age, the child's birthweight, the place of residence, the socioeconomic characteristics of the people involved in the events (parents of children born alive or stillborn), the attribution of ill-defined cause of death or failure to state the cause of death make it difficult for the countries to know the true levels of risk and burden of disease or to determine the epidemiological profiles of mortality.

12. In the area of statistics on morbidity, resources, and services, the countries of the Americas also exhibit wide disparities. Regardless of their degree of progress in vital statistics, the problems of health statistics are those characteristic of the different health systems and are closely associated with the population's access to health care. The lack of coverage in certain geographical areas and sectors such as social security and the

private sector is a common problem that results in a dearth of broad, reliable, and valid information for health policy-making.

Strategy for Strengthening the Vital and Health Statistics of the Countries of the Americas

13. The analysis of the problems described above has led to consideration of lines of action in the following areas: (a) preparation or expansion of a situation analysis of the health statistics system in each country; (b) creation of an interinstitutional team to make a diagnosis and devise a plan for strengthening health statistics; and (c) the prioritization of greater coverage (thematic, geographical, sectoral), improvements in quality, and timeliness of availability and dissemination of the data.

14. In addition, it is necessary to raise awareness among the population at large and the agents involved in the production of statistics about the importance of statistics in the formulation and monitoring of health policy, and from the technical standpoint: (a) to develop uniform standards, procedures, and classifications; (b) to develop methodologies for the analysis and dissemination of data; (c) to train and upgrade the skills of personnel, and (d) to utilize appropriate, up-to-date computer technology for the production, processing, and dissemination of the data. One particularly desirable approach is the promotion of horizontal cooperation and a clear definition of best practices and strategies for providing the most appropriate technical assistance, based on budgets and the national and international capacity to mobilize resources.

15. Considering this backdrop and the interest and concern of the various national and international actors about this situation, it has been possible to outline the conceptual framework of the Strategy for Strengthening Vital and Health Statistics of the Countries of the Americas and its respective plan of action. This conceptual framework has three dimensions⁷:

- (a) Evaluation of the information production process, which recognizes the existence of different stages in data production and the potential presence of different factors (context, technology, procedures, human resources, etc.) that can impact quality;
- (b) Identification of problems and needs to identify the priority areas that should be addressed to improve the coverage and quality of the data;

⁷ For further details, see: OPS/OMS. *Plan de Fortalecimiento de las Estadísticas Vitales y de Salud de los países de las Américas (PFEVS). Aspectos conceptuales de su diseño*. Santiago, Chile, 2006.

- (c) Definition of intervention levels, which guides the application of appropriate solutions and good practices in areas identified as problematic (geographical, thematic, and sectoral).

16. From an operational standpoint, these conceptual dimensions will be reflected in a plan of action with four levels: country, intercountry or groups of countries; corporate, and multiagency.

- (a) The first level addresses the problems identified in each country and involves specific actions and solutions whose nature precludes sharing them with other countries in a common activity.
- (b) The intercountry or groups of countries component includes activities shared by a group or groups of countries with common problems (coverage, quality) and common solutions (regional courses, use of standard computer software, dissemination of good practices, technology transfer, etc.).
- (c) The corporate level leads to greater capacity and performance by the PAHO Secretariat in the delivery of technical cooperation through the standardization of methodologies and complementary joint actions that can help strengthen the statistics used in the work of the Organization.
- (d) The multilateral component considers, on the one hand, the common needs of the agencies in terms of the validity and reliability of the statistics, and on the other, the harmonization of technical cooperation programs and projects and financing in matters associated directly or indirectly with the strengthening of vital and health statistics.

17. Considering these conceptual and operational dimensions, the Strategy for Strengthening the Vital and Health Statistics of the Countries of the Americas will lead to the design of a regional plan of action with the following objectives:

- (a) Develop mechanisms for evaluating and monitoring the countries' vital and health statistics situation and keep them up to date;
- (b) Help enable the countries to develop and implement permanent plans for evaluating the quality of vital and health statistics that will help improve their information systems;
- (c) Identify problems (needs) and solutions (interventions) in the countries, groups of countries, the Organization, and other multilateral agencies to facilitate information exchange and the dissemination of good practices;

- (d) Offer guidance in the production, dissemination, and use of practices to improve the countries' vital and health statistics;
- (e) Facilitate coordinated action among countries, groups of countries, the Organization, and other international agencies with respect to strengthening information systems to prevent the dilution of efforts, and improve efficiency in the use of human and financial resources;
- (f) Promote horizontal cooperation between countries and between subregional groups and blocs;
- (g) Contribute to the mobilization of resources to support and maintain the countries' or groups of countries' own activities;
- (h) Deliver technical assistance to the countries for the analysis and evaluation of vital and health statistics and develop products and methods for collective use.

Action by the Pan American Sanitary Conference

18. The Conference is requested to consider this strategy proposal and endorse the development of the Regional Plan of Action for Strengthening Vital and Health Statistics in the Countries of the Americas, as recommended by the 140th Session of the Executive Committee in Resolution CE140.R16 (annexed).

Annexes



PAN AMERICAN HEALTH ORGANIZATION
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140th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 25-29 June 2007

CSP27/13 (Eng.)
Annex I

RESOLUTION

CE140.R16

STRATEGY FOR STRENGTHENING VITAL AND HEALTH STATISTICS IN THE COUNTRIES OF THE AMERICAS

THE 140th SESSION OF THE EXECUTIVE COMMITTEE,

Having studied the document presented by the Director, *Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas* (Document CE140/15),

RESOLVES:

To recommend that the 27th Pan American Sanitary Conference adopt a resolution along the following lines:

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having studied the document presented by the Director, *Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas* (Document CSP27/13);

Recognizing the importance of improving the coverage and quality of vital and health statistics to ensure more reliable and valid evidence for the design, implementation, and monitoring of health policies in the countries and following international recommendations;

Motivated by the need for better quality indicators at the subnational, national, and regional level to monitor international commitments such as those established at the

International Conference on Population and Development (ICPD, Cairo, 1994), the Fourth World Conference on Women (Beijing, 1995), the declaration of the countries on the Millennium Development Goals (2000), the World Conference against Racism, Racial Discrimination, Xenophobia, and Related Intolerance (Durban, 2001) and other specific commitments related to the human rights approach in access to information and evidence for policy-making;

Aware of the efforts to date to develop instruments for analyzing the state of statistics and regional situational diagnosis in the countries;

Recognizing that the Secretariat needs a permanent mechanism that will contribute to the strengthening of vital and health statistics in the countries of the Region, as recommended by the Regional Advisory Committee on Health Statistics in 2003, and that that mechanism should harmonize actions within and among the countries and coordinate activities within the Organization and with other international technical cooperation and financing agencies to promote efficient use of the available human, technical, and financial resources in the Region to strengthen statistics; and

Considering the importance of a strategy that will continuously and permanently serve as a guide for improving the coverage and quality of vital and health statistics in the countries of the Americas,

RESOLVES:

1. To urge the Member States to:
 - (a) Endorse, as appropriate, the strategy for strengthening vital and health statistics in the countries of the Americas, which will lead to the design of a plan of action that will promote better quality data and indicators with greater coverage for the design and monitoring of health policies;
 - (b) Promote the participation and coordination of national and sectoral statistics offices, civil registries, and other public and private actors/users in analyzing the state of national and subnational vital and health statistics and designing their plans of action;
 - (c) Coordinate with other countries in the Region implementation of the activities contained in their plans of action and the dissemination and use of tools that promote improved production of vital and health statistics.

2. To request the Director to:
 - (a) Work with the Member States in implementing the strategy according to their own national context and priorities and in the design, implementation, and monitoring of the plan of action, and promote the dissemination and use of the products derived from it in the subnational, national, and regional production of health information;
 - (b) Promote the channeling of corporate needs in terms of access to valid, reliable information for developing the Organization's plans and programs through the strategy, advancing toward the formulation of the plan of action;
 - (c) Encourage coordination of the plan of action through similar initiatives by other international technical cooperation and financing agencies to strengthen statistics in the countries;
 - (d) Identify the human resource, technology, and financial needs to guarantee the design and implementation of the plan of action for strengthening vital and health statistics in the countries of the Americas;
 - (e) Periodically report to the Governing Bodies through the Executive Committee on the progress and constraints evaluated during implementation of the plan of action.

(Ninth meeting, 29 June 2007)



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27th PAN AMERICAN SANITARY CONFERENCE 59th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 1-5 October 2007

CSP27/13 (Eng.)
Annex II

Report on the Financial and Administrative Implications for the Secretariat of the Resolutions Proposed for Adoption by the Pan American Sanitary Conference

1. Resolution:	STRATEGY FOR STRENGTHENING OF VITAL AND HEALTH STATISTICS IN THE COUNTRIES OF THE AMERICAS				
2. Linkage to program budget	<p>Strategic Objective 11: To strengthen leadership, governance, and the evidence base of health systems.</p> <table><thead><tr><th>Area of work</th><th>Expected result</th></tr></thead><tbody><tr><td>IER</td><td>RPR 11.2</td></tr></tbody></table> <p>One of the priorities of the Directors of both WHO and PAHO is the strengthening of health information systems at all levels for the analysis, management, monitoring, and evaluation of public policies and health systems. To this end, it is necessary that the countries promote and improve their vital and health statistics, ensuring, in addition to the production and harmonization of information and the use of the ICD and other international classifications, that they are in keeping with the standards of PAHO/WHO and the Health Metrics Network (the HMN).</p>	Area of work	Expected result	IER	RPR 11.2
Area of work	Expected result				
IER	RPR 11.2				
3. Financial implications	<p>(a) Total estimated cost for implementation over the ‘life-cycle’ of the resolution (estimated to the nearest US\$ 10,000; including staff and activities): Programming period: 2008-2013—Estimated cost: \$6,000,000.</p> <p>(b) Estimated cost for the biennium 2008 -2009 (estimated to the nearest US\$10,000; including staff and activities): \$2,500,000.</p>				

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? \$70,000.

4. Administrative implications

(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions, where relevant):

- Headquarters, Country Offices, CAREC
- Country component. Priority for countries that, according to the diagnosis prepared, require greater support for strengthening their vital and health statistics. The initial number of countries is seven.
- Intercountry or groups-of-countries component. Priority to activities that can be designed regionally and implemented in groups of countries, subregions, and the Region as a whole.
- Corporate component. Priority to requirements of other areas and units of the Organization for assistance in information production in the countries through different sources.
- Multi-agency component. Priority to coordination activities with other agencies (UNFPA, UNDP, UNICEF, UNESCO, FAO), financing agencies (World Bank, Inter-American Development Bank), and subregional blocs (CAN, CARICOM, ACC, MERCOSUR, NAPHTHA) that imply the production and use of information (UNDAF, subregional blocs, Region).

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

- Coordination of the PFEVS (PWR-CHI). Two posts. One for technical support for follow-up and monitoring of the strategy and a secretarial post: P2 (demographer) and G4 (administrator) or their equivalent. (National posts to be created or international posts to transfer for a period determined by Headquarters).
- Headquarters. Two posts as focal points for the Region. One for implementation, follow-up, and monitoring of the strategy and one for technology development: P4 (epidemiologist) and P2/3 (information specialist). (Both posts would already be in the Organization).
- English-speaking Caribbean. One post as focal point for the subregion. P3/4 (epidemiologist). (Existing post in the subregion or to be created).

(c) Timeframes (indicate broad timeframes for the implementation and evaluation):

- First stage: 2008-2009
- Consolidation stage: 2010-2013