



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



48th DIRECTING COUNCIL 60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

Provisional Agenda Item 4.5

CD48/9 (Eng.)

7 August 2008

ORIGINAL: SPANISH

REGIONAL PLAN OF ACTION FOR STRENGTHENING VITAL AND HEALTH STATISTICS

Introduction

1. This document presents a Regional Plan of Action for Strengthening Vital and Health Statistics (PEVS, for its Spanish acronym) as an essential component of health information systems. The Regional Plan of Action emphasizes the need for PAHO to provide technical cooperation to the countries to improve the quality and coverage of vital and health statistics; promote horizontal cooperation; establish a mechanism for collaboration between areas of the Organization; and coordinate activities with other international agencies and actors working to strengthen the health information systems of the countries of the Region.

Background

2. The PEVS is the operative expression of the Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas (EFEVS, for its Spanish acronym) approved by the 27th Pan American Sanitary Conference in October 2007 (Resolution CSP27.R12), based on the document of the same name (CSP27/13), which reports on the situation in the countries. This document presents evidence, based on the countries' responses to the Guidelines for Analysis,¹ whose results are presented in country reports² and summarized in a Regional Report³ that lists the countries according to their vital and

¹ *Guía para el análisis de las estadísticas vitales, de morbilidad y recursos de salud. Documento General* [Guidelines for 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.

² The Country Reports were sent to the statistics offices of the Ministries of Health and to the National Statistics Offices for the 27th Pan American Sanitary Conference (October 2007).

³ PAHO/WHO. Status of Vital, Morbidity, and Health Resources and Services Statistics in the Countries of the Americas. Summary of the Regional Report. Santiago, Chile, November 2007.

health statistics situation. The findings reveal wide disparities among the countries and even within them, making it possible to pinpoint the areas of data production and health information systems that need to be strengthened (geographically, sectorally, in regard to areas of health care, specific population groups, specific data sources, etc.).

3. Many of the countries (among them, some that have greater problems in terms of information and priorities for PAHO) have broadened their assessments by incorporating health information system evaluation and monitoring tools into the processes whereby health statistics and information systems are strengthened.⁴ 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 information systems.⁵

4. The conceptual and operational framework of the PEVS of the countries⁶ was discussed and consolidated at meetings with other technical areas of PAHO and WHO, as well as with international organizations,⁷ and includes three dimensions: (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 the quality of the data; (b) the identification of problems and needs to identify the priority areas that should be addressed to improve the coverage, quality, and timeliness of the data; and (c) the definition of intervention levels to guide the application of appropriate solutions and good practices in areas identified as problematic (geographical, specific population groups, thematic, and sectoral).

5. The PEVS is aligned with the Strategic Plan for the PASB 2008–2012 through Strategic Objective 11 “to strengthen leadership, governance and the evidence base of health systems,”⁸ stating that “Paramount to the achievement of this objective is the improvement of national health systems and the production of quality data, information and knowledge for planning and decision-making.”

4 Through access to the first and second rounds of financing of the Resource Mobilization Strategy (Panama, Belize, Bolivia, El Salvador, Guatemala, and Nicaragua) and the joint PAHO-USAID project (Honduras, Mexico, and Paraguay).

5 See A Framework and Standards for Country Health Information System Development. Health Metrics Network (HMN). World Health Organization (WHO). Geneva, 2006

6 See Pan American Health Organization (PAHO)/World Health Organization (WHO). Plan for Strengthening Vital and Health Statistics in the Countries of the Americas. Conceptual Framework. Santiago, Chile, 2006.

7 Such as the United Nations Statistics Division, the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), the Latin American and Caribbean Demographic Center (CELADE), the population division of the Economic Commission for Latin America and the Caribbean (ECLAC), the World Bank, and CARICOM. Since 2006, there has been work with CELADE on formulating the strategy and Plan of Action for Strengthening Vital and Health Statistics within the framework of the PAHO/WHO-ECLAC agreement.

8 For further details, see http://intranet.paho.org/DPM.PPS/Strategic_Plan0812_INTRANET-eng.doc.

Proposed Regional Plan of Action for Strengthening Vital and Health Statistics

6. The Regional Plan of Action includes four levels of intervention (hereafter referred to as “components”): country; intercountry or groups of countries; corporate; and global.

- (a) The **country** component addresses the problems identified in each country and involves specific actions and solutions defined in a strategic plan designed through the broadest possible consensus among the principal actors from civil society and the State (users and producers of statistical information).
- (b) The **intercountry** or **groups of countries** component includes activities shared by a group or groups of countries, subregions, and the Region itself, with common problems (coverage, quality, timeliness) and common solutions (regional courses, use of standard computer software, dissemination of good practices, technology transfer, etc.).
- (c) The **corporate** component focuses on the delivery of PAHO technical cooperation through the standardization of methodologies and complementary joint activities that can help strengthen the statistics used in the Organization’s work.
- (d) The **global** 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 projects and programs and financing in matters directly or indirectly related to the strengthening of vital and health statistics.

7. The Regional Plan of Action has the following objectives:

- (a) Help the countries develop and implement a process for monitoring and evaluating the quality, coverage, and timeliness of vital and health statistics.
- (b) Identify and disseminate good practices and lessons learned to improve vital and health statistics in the countries.
- (c) Develop standards, methodologies, and tools to strengthen vital and health statistics.
- (d) Harmonize technical cooperation projects, programs, and financing with other agencies to strengthen vital and health statistics.
- (e) Mobilize resources to support and sustain activities that strengthen vital and health statistics.

Action by the Directing Council

8. The Directing Council is requested to consider this proposal for a Regional Plan of Action for Strengthening Vital and Health Statistics (PEVS) in the countries of the Hemisphere, as recommended by the Executive Committee in Resolution CE142.R4 of June 2008 (Annex C).

Annexes

Regional Plan of Action for Strengthening Vital and Health Statistics

		Indicators and goal of the indicators
GOAL	Improve the coverage and quality of vital statistics	<p>Coverage – births Number of countries with less than 60% coverage of births that have improved that coverage by at least 20%: Baseline (2007): 0 (2013): 5</p> <p>Number of countries with 61% to 79% coverage of births that have improved that coverage by at least 10%: Baseline (2007): 0 (2013): 7</p> <p>Number of countries with 79% to 90% coverage of births that have reached at least 90% coverage: Baseline (2007): 0 (2013): 13</p> <p>Coverage – deaths Number of countries with less than 60% coverage of deaths that have improved that coverage by at least 20%: Baseline (2007): 0 (2013): 6</p> <p>Number of countries with 61% to 79% coverage of deaths that have improved that coverage by at least 10%: Baseline (2007): 0 (2013): 4</p> <p>Number of countries with > 79% and < 90% coverage of deaths that have reached at least 90% coverage: Baseline (2007): 0 (2013): 15</p> <p>Quality Number of countries where the proportion of deaths attributed to ill-defined causes is greater than 10% and less than 20% and that have reduced that proportion to 10%: Baseline (2007): 0 (2013): 6</p> <p>Number of countries where the proportion of deaths attributed to ill-defined causes is greater than 20% that have reduced that proportion by 50%: Baseline (2007): 0 (2013): 2</p> <p>Number of countries where birthweights are recorded for 100% of children: Baseline (2007): 0 (2013): 13</p>

LINES OF ACTION		
1. COUNTRY COMPONENT		
Objective: Help the countries develop and implement a process for monitoring and evaluating (M&E) the coverage and quality of vital and health statistics.		
Specific objectives	Indicators	Activities in support of the PEVS
1. Establish an interinstitutional committee on health information. 2. Engage in promotion and advocacy to strengthen vital and health statistics.	Number of countries with an active interinstitutional committee: Baseline (2007): 10 Goal (2013): 20	✓ Promote and support the establishment and operation of an interinstitutional committee on health information. ✓ Support promotion and advocacy activities to strengthen vital and health statistics.
3. Assess the status of vital and health statistics. 4. Prepare a status report on vital and health statistics.	Number of countries with an assessment of the status of vital and health statistics: Baseline (2007): 25 Goal (2013): 35	✓ Support carrying out an assessment and preparing a report on the status of vital and health statistics.
5. Prepare and implement a National Plan of Action (NPA) for Strengthening Vital and Health Statistics.	Number of countries with an NPA: Baseline (2007): 0 Goal (2013): 20 Number of countries that have received direct technical cooperation from PAHO to implement their plan: Baseline (2007): 0 Goal (2013): 20 Number of countries that have implemented the activities in their plan: Baseline (2007): 0 Goal (2013): 15	✓ Support the development and implementation of the NPA.
6. Devise the mechanisms for monitoring and evaluating the national plan of action.	Number of countries that have received PAHO technical cooperation to conduct the evaluation: Baseline (2007): 0 Goal (2013): 10 Number of countries that have conducted the evaluation of the activities: Baseline (2007): 0 Goal (2013): 10	✓ Help devise the mechanisms for monitoring and evaluating the NPA and its implementation.
7. Disseminate, promote, and support implementation of	Number of countries that publish analyses of vital and health statistics:	✓ Support the development and implementation of standards, methodologies, and tools.

LINES OF ACTION		
<p>standards, methodologies, and tools for the analysis of vital and health statistics.</p> <p>8. Promote the development of evidence, analysis, and summary reports on vital and health statistics.</p> <p>9. Hold workshops to develop capacity in the analysis of vital and health statistics.</p>	<p>Baseline (2007): 0 Goal (2013): 10</p>	<p>✓ Support national activities for the analysis of vital and health statistics.</p>
<p>10. Mobilize human, technical, and financial resources to strengthen vital and health statistics through the preparation and submission of project proposals and initiatives.</p>	<p>Proportion of projects submitted to strengthen vital and health statistics that have obtained funds: Baseline (2007): 0% Goal (2013): 75%</p>	<p>✓ Support the development of, and dialogue on, national proposals to strengthen vital and health statistics.</p>
2. INTERCOUNTRY OR GROUPS OF COUNTRIES COMPONENT		
Objective: Identify and disseminate good practices to improve vital and health statistics in the countries.		
Specific objectives	Indicators	Support activities to:
<p>1. Propose coordinated action based on common needs among countries, groups of countries, and subregions.</p> <p>2. Assemble groups of experts to assist in the development of coordinated lines of action.</p>	<p>Number of groups of trained and active experts: Baseline (2007): 0 Goal (2013): 3</p>	<p>✓ Support the definition of coordinated actions by groups of countries, subregions, and the Region to optimize resources.</p> <p>✓ Contribute to establishing subregional and regional groups for the development of coordinated lines of action. Six major committees, with subcommittees on mortality, demographics, coverage (health services), socioeconomic issues, morbidity, and risk factors (resources).</p>
<p>3. Identify, design, and disseminate good practices and lessons learned to strengthen the production of health information.</p>	<p>Proportion of countries that have implemented the good practices they promote: Baseline (2007): 0% Goal (2013): 75%</p>	<p>✓ Adapt, disseminate, and support the implementation of good practices and lessons learned for strengthening vital and health statistics.</p>

<p>4. Establish mechanisms for horizontal cooperation among countries, groups of countries, subregions, and the Region.</p> <p>5. Carry out technical visits between countries.</p> <p>6. Hold meetings and workshops to share experiences, good practices, and lessons learned.</p>	<p>Number of workshops held among countries, groups of countries, or in the subregion: Baseline (2007): 0 Goal (2013): 5</p>	<p>✓ Promote and support horizontal cooperation among countries, groups of countries, or subregions.</p>
<p>7. Mobilize resources to support and sustain coordinated actions.</p>	<p>Proportion of projects submitted to strengthen vital and health statistics that have obtained funds : Baseline (2007): 0% Goal (2013): 75%</p>	<p>✓ Collaborate with groups of countries and subregions in the preparation and submission of proposals for the mobilization of resources.</p>
<p>3. CORPORATE COMPONENT</p>		
<p>Objective: Develop standards, methodologies, and tools to strengthen vital and health statistics.</p>		
<p>Specific objectives</p>	<p>Indicators</p>	<p>Activities</p>
<p>1. Coordinate with the entities of the Secretariat to reach the established indicators related to health information within the framework of the 2008-2013 Strategic Plan.</p> <p>2. Develop joint projects to achieve the objectives of the Strategic Plan.</p>	<p>Number of published documents on standards, methodologies, and tools to strengthen vital and health statistics Baseline (2007): 0 Goal (2013): 5</p>	<p>✓ Establish the group on basic indicators and health information systems to monitor indicators that promote the strengthening of vital and health statistics.</p> <p>✓ Collaboration and technical assistance with other projects/entities.</p>
<p>3. Develop standards, methodologies, and tools to strengthen vital and health statistics.</p> <p>4. Publish standards, methodologies, and tools to strengthen vital and health statistics.</p>	<p>Number of meetings held by the group on basic indicators and health information systems: Baseline (2007): 0 Goal (2013): 12</p>	<p>✓ Disseminate standards, methodologies, and tools to strengthen vital and health statistics.</p>
<p>5. Mobilize resources to strengthen vital and health statistics.</p>	<p>Proportion of projects submitted to strengthen vital and health statistics that have obtained funds: Baseline (2007): 0% Goal (2013): 75%</p>	<p>✓ Develop partnerships with areas of the Organization for the submission of proposals to mobilize resources.</p>

4. GLOBAL COMPONENT		
Objective: Harmonize technical cooperation projects, programs, and financing with other agencies to strengthen vital and health statistics.		
Specific objectives	Indicators	Activities
<p>1. Strengthen the working group established with the the Latin American and Caribbean Demographic Center (CELADE) and the population division of the Economic Commission for Latin America and the Caribbean (ECLAC) within the framework agreement between PAHO and ECLAC.</p> <p>2. Establish partnerships with other agencies of the United Nations system, at the regional and country level, with a view to coordinating technical cooperation projects, programs, and financing.</p>	<p>Number of projects that have been carried out together with other agencies: Baseline (2007): 0 Goal (2013): 5</p>	<p>✓ Help establish partnerships with other agencies of the United Nations system and with other bilateral and multilateral cooperation, technical, and financing initiatives.</p>
<p>3. Mobilize resources to support and sustain activities that strengthen vital and health statistics.</p>	<p>Proportion of projects submitted to strengthen vital and health statistics that have obtained funds: Baseline (2007): 0% Goal (2013): 75%</p>	<p>✓ Contribute to the development of partnerships with other agencies of the United Nations system and other bilateral and multiagency cooperation initiatives in the submission of proposals to mobilize resources.</p>



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CD48/9 (Eng.)
 Annex B

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL AREAS

1. Agenda Item: 4.5	2. Agenda Title: Regional Plan of Action for Strengthening Vital and Health Statistics
3. Responsible Unit: HDM/HAS	
4. Preparing Officer(s): Fátima Marinho. Alejandro Giusti	
5. List of collaborating centers and national institutions linked to this Agenda item: For the countries of the Region: health statistics offices of the ministries of health, national statistics offices, civil registry offices, statistics areas of special health programs, collaborating centers for the classification of diseases in Brazil, Cuba, Mexico, and Venezuela. Center for the Classification of Diseases, Argentina	
6. Link between Agenda item and Health Agenda of the Americas: Strengthen the national health authority	
7. Link between Agenda item and Strategic Plan 2008-2012: SO11. Indicators 11.2.1 and 11.2.2	
8. Best practices in this area and examples from other countries within AMRO: For the some countries of the Region: Analysis of the vital and health statistics situation and health information systems using PAHO tools, the HMN, and others from the countries themselves; design of strategic plans for the strengthening health information systems; development of practices for information generation in different levels and sectors. Development of methodologies for training human resources and updating and using FIC classification systems.	
9. Financial implications of Agenda item: Regular funds, have been allocated within the SP 08-12 and additional resources are available from the HMN, Global Fund, USAID, and continued efforts to mobilize resources from other technical and financing agencies to cover the unfunded portion.	



PAN AMERICAN HEALTH ORGANIZATION
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142nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 23-27 June 2008

CD48/9 (Eng.)
Annex C

ORIGINAL: SPANISH

RESOLUTION

CE142.R4

PLAN OF ACTION FOR STRENGTHENING VITAL AND HEALTH STATISTICS

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having analyzed the document presented by the Director, *Plan of Action for Strengthening Vital and Health Statistics* (Document CE142/15),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

THE 48th DIRECTING COUNCIL,

Having studied the document presented by the Director, *Regional Plan of Action for Strengthening Vital and Health Statistics* (Document CD48/9);

Recognizing the need for valid, timely, reliable data with the greatest possible national, subregional, and regional disaggregation for the diagnosis and formulation of health policies and the monitoring of indicators such as those established in international commitments;

Acknowledging the importance of improving the coverage and quality of vital and health statistics as the building blocks of the countries' health information systems (HIS), as recognized and endorsed in Resolution CSP27.R12 of the 27th Pan American Sanitary Conference in October 2007;

Having analyzed the report of the Director on the basic conceptual and operational guidelines for the formulation of a Regional Plan of Action for Strengthening Vital and Health Statistics in the countries of the Region;

Considering that the Plan of Action promotes harmonized action within and among the countries and coordinates activities within the Organization and with other international technical cooperation and financing agencies to optimize all available resources in the Region; and

Recognizing that the PASB requires this Plan of Action to achieve the goal and objectives of strengthening country capacity to produce vital and health statistics within the framework of the development of their health information systems,

RESOLVES:

1. To urge the Member States to:
 - (a) approve the Regional Plan of Action for Strengthening Vital and Health Statistics in the countries of the Hemisphere (PFEVS), which will enable them to have indicators with sufficient coverage and quality that can contribute to the design, monitoring, and evaluation of health policies;
 - (b) promote the participation and coordination of national and sectoral statistics offices, epidemiology departments of the ministries of health, civil registries, and other public and private actors and users in the situational diagnosis and preparation of national plans of action;
 - (c) consider the mobilization of human, technological, and financial resources for implementing the Plan of Action for Strengthening Vital and Health Statistics in the countries of the Hemisphere;
 - (d) encourage PAHO to collaborate with the countries in the implementation and monitoring of the Plan of Action.

2. To request the Director to:
 - (a) work with the Member States to develop their national plans of action and to disseminate and use tools that will facilitate the production and strengthening of vital and health statistics within the framework of strategic plans for the development of health information systems;
 - (b) improve coordination between the Plan of Action and initiatives of the same nature undertaken by other international technical cooperation and financing agencies, as well as global initiatives to strengthen health statistics in the countries;
 - (c) report periodically to the Governing Bodies on the progress made and constraints to the implementation of the Plan of Action.

(Third meeting, 24 June 2008)



PAN AMERICAN HEALTH ORGANIZATION
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48th DIRECTING COUNCIL 60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

CD48/9 (Eng.)
Annex D

Report on the Financial and Administrative Implications for the Secretariat of the Resolutions Proposed for Adoption by the Directing Council

1. Resolution: Regional Plan of Action for Strengthening Vital and Health Statistics.			
2. Linkage to program budget Strategic Objective 11: To strengthen leadership, governance, and the evidence base of health systems. <table><tr><td>Area of work</td><td>IER</td><td>Expected result: RER. 11.2</td></tr></table>	Area of work	IER	Expected result: RER. 11.2
Area of work	IER	Expected result: RER. 11.2	
3. Financial implications 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: US\$ 6,000,000 b) Estimated cost for the biennium 2008-2009 (estimated to the nearest US\$ 10,000; including staff and activities): US\$ 2,500,000 c) Of the estimated cost noted in (b,) what can be subsumed under existing programmed activities? US\$ 250,000			

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

Component Country: Priority to countries that, according to the diagnosis prepared, require greater support to strengthen their vital and health statistics. The initial number of countries is seven (7).

Intercountry or Groups-of-countries Component: Priority to activities that can be designed regionally and implemented among groups of countries, subregions, and the Region as a whole.

Corporate Component: Priority to the requirements of other areas and units of the Organization in terms of assistance in the production of information 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): Three posts. Two posts for technical support for follow-up and monitoring of the strategy (P2/demographer/and P4/HIS Specialist) and a G4 secretarial (administrative) post or their equivalents. (National posts to be created or international posts to be transferred from Headquarters for a specific period).

Headquarters: Three posts as focal points for the activities to monitor the Plan of Action. Two for implementation, follow-up, and monitoring of the Plan, one for technology development: P4 (2 epidemiologists) and P2/3 (information specialist). (The posts would be open to the Organization).

English-speaking Caribbean: One post as focal point for the subregion. P3/4 (epidemiologist). (Post would be open to the Region)

c) **Time frames (indicate broad time frames for the implementation and evaluation):**

First stage: 2008–2009

Consolidation stage: 2010–2013