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REGIONAL PLAN OF ACTION FOR STRENGTHENING VITAL AND HEALTH STATISTICS: FINAL REPORT

Background

1. During the 27th Pan American Sanitary Conference, in 2007, the Pan American Health Organization (PAHO) approved the *Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas* (1, 2). In 2008, through resolution CD48.R6 (3), the countries of the Region recognized the need for improving their health information systems and adopted the *Regional Plan of Action for Strengthening of Vital and Health Statistics* for 2008-2013. The purpose of the plan was to reach a set of 27 goals in 2013, taking 2005 as the baseline (4); the 27 goals are evaluated in this report. The cited resolution urges the Member States to promote and coordinate the participation of different entities and actors involved in the production of vital and health statistics data and information, as well as to prepare and monitor, in coordination, national plans to strengthen and improve health statistics in the countries, developing initiatives within the framework of intercountry cooperation.

2. This regional plan of action was used to review the expected results on health information systems in the PAHO 2008-2012 Strategic Plan (5), and two progress reports were submitted to this end in 2010 and 2013 during the 50th and 52nd Directing Council of PAHO, respectively (6, 7).¹ The 2010 report showed countries' advances in implementation of strengthening practices, and in 2013, approval was given for continuation of the plan and preparation of this final report in 2016, given availability of up-to-date birth and death data for recent years and updated projections based on the

¹ On these occasions only birth and death coverage were reported, since efforts to strengthen health information systems in the 2008-2013 five-year period were targeted to these events, which constituted the principal source of data for preparation of most Millennium Development Goals (MDGs) indicators. Nevertheless, the plan continued to be implemented as had been established, to strengthen the quality indicators that were developed.

2010 census round.² Furthermore, this would enable assessing the relevance of its continuity within the framework of the PAHO 2014-2019 Strategic Plan (8).

Update on Progress Achieved

3. ***Country component.***³ A total of 20 countries have established interinstitutional committees to strengthen health information; 35 have assessments on the status of vital statistics, which have been the starting point for implementation of 29 national plans of action to strengthen health information systems. These plans are underway through national, general, or specific initiatives and other initiatives as part of intercountry cooperation.

4. The most important manifestation of these actions is the maintenance of achievements and the increase in birth and death registry coverage within the framework of routine information systems of the countries evaluated in the Region, as shown in Tables 1 and 2. Furthermore, advances are seen in the quality indicators that continue to be a challenge for our countries, as evinced in Tables 3 and 4. Coverage goals for birth and death registry that countries set for themselves in Resolution CD48.R6 in 2008 (3) were met in the majority of cases (21 countries with regard to births and 16 countries with regard to deaths)⁴ and several of them (17 and 12, respectively) exceeded expectations. Four countries increased coverage for birth and death registry respectively, but did not reach the goal, although the effort to do so will be less.⁵

5. These numerical achievements represent progress with regard to rights, since it means that babies born who are successfully registered in the countries of the Region have gained access to their identity and legal existence, which results in greater opportunities to access education, health, housing, mobility, and social programs of the Member States. In the case of the increase in coverage of deaths, inheritance rights are better ensured among families, but in addition States can have better epidemiological profiles of mortality, especially maternal and child mortality, reflected in more accurate health situation analyses, as well as greater advantages when determining and monitoring health policies and goals.

² Birth data for Spanish-speaking countries and Brazil come from sources available in national statistics offices, and for countries in the English-speaking Caribbean from the United Nations Statistics Division. Death data come from PAHO's Regional Mortality System, which is fed by country reports (databases). Projections are taken from long-term population estimates and projections (2015 revision) from CELADE (the ECLAC Population Division); and, for countries in the English-speaking Caribbean, from the United States Census Bureau (International Data Base, 2015).

³ The analysis breaks down results by the four components included in the Regional Plan of Action for Strengthening Vital and Health Statistics (country, intercountry, corporate, and global). Table 5 in the Annexes shows detailed results for each of these components.

⁴ Although Costa Rica is a country with a high level of coverage and has maintained its goal, for both births and deaths, a decline is seen in both indicators, which is being analyzed with the country.

⁵ In Belize, Colombia, Ecuador, and Venezuela there may have been a reduction of coverage of deaths, which is being analyzed with the agencies involved and the respective countries.

6. With regard to quality goals, 23 of 26 countries have met them and six of them have decreased the burden of ill-defined causes of deaths. However, greater efforts are still necessary with regard to the quality of certification of the cause of death and the coding for that variable, which will provide countries with a better epidemiological profile of morbidity and mortality. In the case of birthweight, 3 out of 17 countries meet the goal by achieving complete registry (100%) (Cuba, Paraguay, and Uruguay). Except for one country (El Salvador), the rest achieved recording rates above 94%, which contributes to better knowledge of the prevalence of one of the greatest risk factors for infant mortality. Given the tendency to round off values, assuring the quality of declared birthweight remains a pending issue; this should be targeted in the future.

7. ***Intercountry component.*** In 2010, the intercountry component was defined through an innovative technical cooperation initiative of PAHO—the Latin American and Caribbean Network to Strengthen Health Information Systems (RELAC SIS)—through which countries share successful practices that are disseminated, adapted to national and regional situations, implemented, and evaluated at the network’s annual meetings.

8. RELAC SIS installed a portal (www.relacsis.org) where most of the exchanges take place among the 12 working groups, which are made up of teams from ministries of health, statistics institutes, and other institutions involved in strengthening health information systems. Furthermore, each group has public and private forums with some 5,000 registered members. This virtual session mechanism enabled the design, testing, implementation, monitoring, and evaluation of over 50 practices of different kinds (see Table 5).

9. ***Corporate component.*** Interprogrammatic work among several technical units of PAHO, led by PAHO’s Health Information and Analysis Unit (CHA/HA), allowed for the articulation of common and integrated technical cooperation proposals that have strengthened, among other programs, the Regional Core Health Data and Country Profile Initiative; monitoring of Millennium Development Goal (MDG) target indicators and discussion concerning the transition from MDGs to Sustainable Development Goals (SDGs); strengthening health information systems at the three levels of the Organization; and development of capacities, standards, and methodologies for health situation analysis, including mortality and inequalities, and considering the gender perspective as part of the process. The regional plan has been developed in collaboration with interprogrammatic projects for Zero Maternal Deaths from Hemorrhage, strengthening coding for chronic kidney disease of non-traditional causes (CKDnT), 11 webinars on electronic medical records (EMR), and Intentional Search and Reclassification of Maternal Deaths. Coordination of projects on health information systems has involved mobilization of resources of all types and the forging of partnerships through which emphasis has been placed on vital and health statistics.

10. ***Global component.*** This component furthered development of the plan through support and partnerships with other international agencies: the Economic Commission for Latin America and the Caribbean (ECLAC), the Latin American and Caribbean

Demographic Center (CELADE, ECLAC Population Division), the World Bank (WB), the Inter-American Development Bank (IDB), the Organization of American States (OAS), the United Nations Children's Fund (UNICEF), and the United Nations Population Fund (UNFPA), among others. Components for health information systems strengthening were also included in agreements such as those between PAHO and the United States Agency for International Development (USAID), MEASURE-Evaluation, and Management Sciences for Health (MSH); PAHO and CELADE and ECLAC; PAHO and the Canadian International Development Agency (CIDA); and likewise, in the efforts coordinated with the United Nations Statistics Division (UNSD), the Statistics Conference of the Americas (SCA), and other international agencies. This work has made it possible in turn to comply with the mandate of the Secretary-General of the United Nations with regard to interagency collaboration for the implementation of national and regional projects such as the one that this report concerns.

Action Necessary to Improve the Situation

11. The PAHO 2014-2019 Strategic Plan identifies strengthening of health information systems in Category 4 (Health Systems) and its program area 4.4 (Health Systems Information and Evidence). Likewise, according to the biennial work plans, 35 countries will meet the quality and coverage goals established in the Strategic Plan. Furthermore, it is necessary to maintain and strengthen the achievements and meet the defined goals on vital and health statistics that will enable facing health information systems' challenges to monitor progress with the 2014-2019 PAHO Strategic Plan and Sustainable Development Goals (9). It is also necessary to continue with harmonization of interprogrammatic and interagency projects, and design new innovative technical cooperation proposals with increasingly complete, valid, and reliable data, paying special attention to subnational levels.

12. Given all of the above, it is considered important for the Directing Council to recommend preparation of a new updated regional plan of action consonant with this report and the new realities of the Region, which in addition will establish new Sustainable Development Goals (SDGs) targets. The new plan would be presented for approval by the Governing Bodies in 2017, since, through the four aforementioned components (country, intercountry, corporate, global), solidifying achievements with regard to vital and health statistics and emphasizing of pending and future challenges will continue. With the new proposal, within the framework of health information systems, approval of this new regional plan of action will permit:

- a) intensifying efforts to move forward with its implementation, with emphasis on strengthening health information systems to provide quality data at subnational levels for use in evidence-based decision-making, through strategic partnerships with different partners, including civil society;
- b) strengthening the achievements obtained through meeting the goals established in the previous regional plan of action and updating and expanding it to other areas of the health information systems through successful practices;

- c) providing progress reports every two years with involvement of the Member States and through existing Governing Body channels.

Action by the Directing Council

13. The Directing Council is requested to take note of this final report, support the recommendation to prepare a new regional plan of action for strengthening vital and health statistics and expanding it to other areas of the health information systems, emphasizing the quality of the data from the subnational levels, and to make such recommendations as it deems appropriate.

Annex

References

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Annex
Table 1. Births in selected countries of the Americas.
Progress with coverage in the five-year periods 2000-2005 and 2010-2015

Group by baseline	Country	2000-2005	CD48.R6 Goal	2013 Goal (% coverage)	2010-2015	Progress as of 2013
≥91%	United States ^{a, b}	100.0	Maintain level	100.0	100.0	Meets goal
	Mexico	100.0	Maintain level	100.0	100.0	Meets goal
	Argentina	96.8	Maintain level	96.8	100.0	Meets goal and increases coverage
	Bahamas ^a	100.0	Maintain level	100.0	100.0	Meets goal
	Barbados ^a	100.0	Maintain level	100.0	100.0	Meets goal
	Cuba	96.5	Maintain level	96.5	100.0	Meets goal and increases coverage
	Uruguay	96.2	Maintain level	96.2	97.0	Meets goal and increases coverage
	Venezuela	98.4	Maintain level	98.4	100.0	Meets goal and increases coverage
	Chile	94.5	Maintain level	94.5	99.7	Meets goal and increases coverage
	Saint Vincent and the Grenadines ^a	98.0	Maintain level	98.0	100.0	Meets goal and increases coverage
	Costa Rica ^c	99.9	Maintain level	99.9	97.9	Meets goal
	Trinidad and Tobago ^a	100.0	Maintain level	100.0	100.0	Meets goal
	Belize ^d	94.1	Maintain level	94.1	95.0	Meets goal and increases coverage
	Guatemala	91.6	Maintain level	91.6	94.5	Meets goal and increases coverage
El Salvador	92.4	Maintain level	92.4	96.9	Meets goal and increases coverage	
80-90%	Panama	89.7	Reach 90%	90.0	98.2	Meets goal and increases coverage
	Ecuador	85.8	Reach 90%	90.0	89.3	Increases coverage but does not reach goal
	Colombia	85.3	Reach 90%	90.0	87.1	Increases coverage but does not reach goal
	Nicaragua	83.7	Reach 90%	90.0	100.0	Meets goal and increases coverage
61-79%	Brazil	75.3	Increase 10%	82.8	90.1	Meets goal and increases coverage
	Dominican Republic	68.7	Increase 10%	75.6	69.3	Increases coverage but does not reach goal
	Honduras ^e	68.0	Increase 10%	74.8	100.0	Meets goal and increases coverage
	Paraguay	63.5	Increase 10%	69.9	76.9	Meets goal and increases coverage
	Peru	62.6	Increase 10%	68.9	100.0	Meets goal and increases coverage
≤60%	Bolivia	58.1	Increase 20%	69.7	59.8	Increases coverage but does not reach goal

Sources: For the numerators, data available for the five-year period in national statistics offices of Spanish-speaking countries and Brazil, and in the United Nations Statistics Division for English-speaking Caribbean countries. For the denominators, unless otherwise indicated, long-term population estimates and projections (2015 revision) from CELADE-ECLAC Population Division.

^a Taken from the United States Census Bureau (International Data Base, 2015).

^b Maintains original 2000-2005 estimate, since the United States Census Bureau's update does not include it.

^c Projections from Costa Rica's Central American Population Center (CCP) and National Institute of Statistics and Census (INEC), to ensure consistency with deaths.

^d The country did not report a time series in the 2013 estimate, which it currently does. It changes substantially in the baseline year. The United Nations Statistics Division issues similar information.

^e The 2013 estimate is maintained for the 2000-2005 five-year period, in accordance with information from the National Epidemiology and Family Health Survey (ENESF).

**Table 2. Deaths in selected countries of the Americas.
Progress with coverage in the five-year periods 2000-2005 and 2010-2015**

Group by baseline	Country	2000-2005	CD48.R6 Goal	2013 Goal (% coverage)	2010-2015	Progress as of 2013
≥91%	United States ^{a,b}	100.0	Maintain level	100.0	99.5	Meets goal
	Cuba	98.5	Maintain level	98.5	100.0	Meets goal and increases coverage
	Uruguay	100.0	Maintain level	100.0	100.0	Meets goal
	Chile	100.0	Maintain level	100.0	100.0	Meets goal
	Argentina	98.5	Maintain level	98.5	98.9	Meets goal and increases coverage
	Saint Vincent and the Grenadines ^a	100.0	Maintain level	100.0	100.0	Meets goal
	Barbados ^a	95.1	Maintain level	95.1	97.9	Meets goal and increases coverage
	Costa Rica ^c	100.0	Maintain level	100.0	94.4	Meets goal
	Trinidad and Tobago ^a	99.4	Maintain level	99.4	100.0	Meets goal and increases coverage
	Mexico	95.5	Maintain level	95.5	100.0	Meets goal and increases coverage
	Guatemala	95.8	Maintain level	95.8	100.0	Meets goal and increases coverage
	Brazil	92.7	Maintain level	92.7	95.8	Meets goal and increases coverage
	Belize ^d	96.5	Maintain level	96.5	80.6	Decreases coverage
80-90%	Venezuela ^{e,f}	89.1	Reach 90%	90.0	87.9	Decreases coverage
	Panama	85.2	Reach 90%	90.0	90.3	Meets goal and increases coverage
	Colombia ^f	80.7	Reach 90%	90.0	72.5	Decreases coverage
	Ecuador ^f	81.1	Reach 90%	90.0	78.3	Decreases coverage
61-79%	Bahamas ^a	77.7	Increase 10%	85.5	94.2	Meets goal and increases coverage
	El Salvador	75.6	Increase 10%	83.2	81.5	Increases coverage but does not reach goal
	Paraguay	63.7	Increase 10%	70.1	72.6	Meets goal and increases coverage
≤60%	Nicaragua	57.4	Increase 20%	68.9	72.3	Meets goal and increases coverage
	Honduras ^g	55.9	Increase 20%	67.1	66.1	Increases coverage but does not reach goal
	Dominican Republic	51.8	Increase 20%	62.2	52.5	Increases coverage but does not reach goal
	Peru	57.0	Increase 20%	68.4	57.3	Increases coverage but does not reach goal
	Bolivia	27.4	Increase 20%	32.9	No data	Not evaluable

Source: For the numerators, the PAHO Regional Core Health Data Initiative. For the denominators, unless otherwise indicated, long-term population estimates and projections (2015 revision) from CELADE-ECLAC Population Division.

^a Taken from the United States Census Bureau (International Data Base, 2015).

^b Maintains original 2000-2005 estimate [the United States Census Bureau does not publish the latest update of estimates for demographic change components for that period].

^c Projections from Costa Rica's Central American Population Center (CCP) and National Institute of Statistics and Census (INEC) and PAHO data to 2013 are used for calculation of 2010-2015.

^d The country did not report a time series in the 2013 estimate, which it currently does. It changes substantially in the baseline year. The United Nations Statistics Division issues similar information.

^e CELADE projections and PAHO data to 2012 are used for calculation of 2010-2015.

^f Pending revision of projections.

^g Numerator: corresponds to a database consolidation done by the National Statistics Institute (INE) of Honduras in 2014 and subsequently analyzed by PAHO.

**Table 3. Ill-defined causes of death (IDCD) (%) in selected countries of the Americas.
Progress from *circa* 2007 to *circa* 2013**

Group by baseline	Country	Deaths (%) with ill-defined causes of death				Progress as of 2013
		c. 2007	CD48.R6 Goal	2013 Goal	c. 2013	
<10%	Venezuela	0.6	Maintain level <10%	0.6	0.5	Meets and exceeds goal, further decreasing percentage of IDCD
	Saint Vincent and the Grenadines ^a	0.7	Maintain level <10%	0.7	2.0	Meets goal
	Cuba	0.8	Maintain level <10%	0.8	0.7	Meets and exceeds goal, further decreasing percentage of IDCD
	United States	1.4	Maintain level <10%	1.4	1.5	Meets goal
	Costa Rica	1.6	Maintain level <10%	1.6	2.8	Meets goal
	Bahamas ^a	1.7	Maintain level <10%	1.7	1.5	Meets and exceeds goal, further decreasing percentage of IDCD
	Colombia	1.7	Maintain level <10%	1.7	1.9	Meets goal
	Trinidad and Tobago ^b	1.7	Maintain level <10%	1.7	1.2	Meets and exceeds goal, further decreasing percentage of IDCD
	Belize ^a	1.8	Maintain level <10%	1.8	0.7	Meets and exceeds goal, further decreasing percentage of IDCD
	Mexico	1.9	Maintain level <10%	1.9	1.7	Meets and exceeds goal, further decreasing percentage of IDCD
	Chile	2.7	Maintain level <10%	2.7	2.2	Meets and exceeds goal, further decreasing percentage of IDCD
	Barbados ^c	2.8	Maintain level <10%	2.8	1.2	Meets and exceeds goal, further decreasing percentage of IDCD
	Nicaragua ^c	3.6	Maintain level <10%	3.6	1.2	Meets and exceeds goal, further decreasing percentage of IDCD
	Guatemala ^c	6.9	Maintain level <10%	6.9	7.1	Meets goal
	Dominican Republic ^d	7.0	Maintain level <10%	7.0	5.1	Meets and exceeds goal, further decreasing percentage of IDCD
	Argentina	7.5	Maintain level <10%	7.5	8.0	Meets goal
	Panamá ^c	7.9	Maintain level <10%	7.9	2.8	Meets and exceeds goal, further decreasing percentage of IDCD
	Honduras ^e	8.0	Maintain level <10%	8.0	0.9	Meets and exceeds goal, further decreasing percentage of IDCD
Uruguay	8.1	Maintain level <10%	8.1	9.0	Meets goal	
Brazil	8.7	Maintain level <10%	8.7	5.9	Meets and exceeds goal, further decreasing percentage of IDCD	
Peru ^c	9.7	Maintain level <10%	9.7	0.3	Meets and exceeds goal, further decreasing percentage of IDCD	
10-19%	Ecuador ^c	11.5	Decrease 10%	10.4	8.7	Meets and exceeds goal, further decreasing percentage of IDCD
	Paraguay ^c	14.1	Decrease 10%	12.7	10.8	Meets and exceeds goal, further decreasing percentage of IDCD
	El Salvador ^c	14.2	Decrease 10%	12.8	18.8	Does not meet goal
≥20%	Haiti ^d	28.2	Decrease 50%	14.1	No data	Not evaluable
	Bolivia ^f	45.0	Decrease 50%	22.5	No data	Not evaluable

Source: Health Situation in the Americas: Basic Indicators 2009, 2010, 2011, and 2015, PAHO/WHO. [See Reference 10.]

^a The first year is 2008.

^b The second year is 2012.

^c The first year is 2006.

^d The first year is 2004.

^e The first year is 1994; for the second year, the figure corresponds only to hospital deaths.

^f The first year is 2003.

Table 4. Number of countries with birthweight recorded for 100% of children.

Selected countries of the Americas. Progress from *circa 2007* to *circa 2013**

Country	Births (%) with recorded birthweight		Variation (%)
	<i>Circa 2007</i>	<i>Circa 2013 (last year available)</i>	
Argentina	98.9	98.9	0.0
Brazil	99.4	99.9	0.6
Chile	99.8	99.8	0.1
Colombia	98.9	99.2	0.3
Costa Rica	95.0	98.6	3.7
Cuba	100.0	100.0	0.0
Ecuador	74.4	94.8	27.3
El Salvador	Variable not included in database available in PAHO	Variable not included in database available in PAHO	N/A
United States	99.9	99.9	0.0
Guatemala	99.8	99.9	0.1
Honduras	No data	98.8	No data
Mexico	94.0	94.0	0.0
Nicaragua	85.7	97.4	13.6
Panama	99.9	99.3	-0.5
Paraguay	99.9	100.0	0.1
Peru	98.1	99.9	1.8
Uruguay	98.9	100.0	1.1

Sources: Indicators are calculated using PAHO's birth databases (take into account, however, that they show problems with consistency). In the case of Mexico, PAHO data are from the Birth Information Subsystem (SINAC). Official publications are used in the following countries:

- Argentina: 2013 percentage calculated with data from the Vital Statistics Yearbook (DEIS, 2014).
- Cuba: percentages calculated based on information in Demographic Yearbooks for 2006 (ONE, 2007) and 2013 (ONE, 2014).
- United States: percentages were obtained from the User Guide to the Natality Public Use File (CDC, 2007, 2014).

* Preliminary data subject to review. Data for 2013 are from the last available year.

Table 5. Indicators, achievements, and activities for each component in the Regional Plan of Action for Strengthening Vital and Health Statistics

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 and results
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 countries Goal (2013): 20 countries Countries in 2013: 20	<ul style="list-style-type: none"> The countries have assembled or solidified different types of committees to strengthen vital and health statistics. These committees range from national reference centers to interinstitutional committees. Two progress reports were submitted at PAHO Directing Council meetings. Work sessions were held with the Statistics Conference of the Americas (SCA) (ECLAC Secretariat), the United Nations Statistics Division (UNSD), and the Latin American and Caribbean Demographic Center (CELADE, ECLAC Population Division), which included presentations or special sessions on issues related to progress in the Regional Plan of Action for Strengthening Vital and Health Statistics. Work sessions were also held at the interprogrammatic level in PAHO.
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 countries Goal (2013): 35 countries Countries in 2013: 35	<ul style="list-style-type: none"> There is a regional assessment of the status of vital and health statistics on 25 countries of the Region that gave rise to the Regional Plan of Action for Strengthening Vital and Health Statistics (available upon request). Ten additional country assessments were done, on different levels and topics, in collaboration with other agencies. Furthermore, PAHO, USAID, and MEASURE issued a joint publication on the regional initiative for strengthening health information systems in Latin America and the Caribbean 2005-2010: http://www.paho.org/hq/index.php?option=com_tabs&view=article&id=3558&Itemid=3972&lang=en.
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 countries Goal (2013): 20 countries Countries in 2013: 29	<ul style="list-style-type: none"> A total of 29 countries have an NPA for strengthening areas identified as weak in vital and health statistics. A total of 25 countries carry out specific practices for some of the subsystems, particularly vital and health statistics, and the hospital or surveillance registries: http://www.relacsis.org/index.php/biblioteca-usuarios/practicass (available only in Spanish) Eighty percent of monitoring of implementation and the evaluation process for the 25 countries is done online, through a portal created for this purpose; the rest is done through in-person meetings and workshops. Development of coordinated plans or activities, as needed, with the Caribbean Public Health Agency (CARPHA) and CELADE. Technical cooperation should continue to intensify in the countries of the non-Latin Caribbean.
	Number of countries that have received direct technical cooperation from PAHO to implement their plan: Baseline (2007): 0 countries Goal (2013): 20 countries Countries in 2013: 25	
	Number of countries that have implemented the activities in their plan. Baseline (2007): 0 countries Goal (2013): 15 countries Countries in 2013: 25	

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<p>6. Devise the mechanisms for monitoring and evaluating the national plan of action.</p>	<p>Number of countries that have received PAHO technical cooperation to conduct the evaluation:</p> <p>Baseline (2007): 0 countries Goal (2013): 10 countries Countries in 2013: 19</p> <hr/> <p>Number of countries that conducted the evaluation of the activities:</p> <p>Baseline (2007): 0 countries Goal (2013): 10 countries Countries in 2013: 19</p>	<ul style="list-style-type: none"> Seven annual meetings of the Latin American and Caribbean Network to Strengthen Health Information Systems (RELACSYS) have been held. The agenda has focused on monitoring and evaluation of the 12 country practices implemented during the period for strengthening vital and health statistics in a context of intercountry cooperation: http://www.relacsis.org/index.php/2014-06-13-19-13-11/reuniones-relacsis. (available only in Spanish) A total of 19 countries receive PAHO technical cooperation to conduct the evaluation of practices implemented annually. Countries evaluate their results and present them at the annual RELACSYS meeting, in some cases with country missions and participation of the Family of International Classifications (FIC) collaborating centers and direct PAHO technical cooperation. Since 2013, more non-Latin Caribbean countries have participated, which has enabled expanding the scope of this goal.
<p>7. Disseminate, promote, and support implementation of 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>Number of countries that publish analyses of vital and health statistics:</p> <p>Baseline (2007): 0 Goal (2013): 10 Countries in 2013: 27</p>	<p>Tools used (available only in Spanish):</p> <ul style="list-style-type: none"> Standardized PAHO assessment questionnaires: http://www.relacsis.org/index.php/biblioteca-usuarios/herramientas-ops. Health Metrics Network (HMN): http://www.relacsis.org/index.php/biblioteca-usuarios/herramientas-rms. Performance of Routinary Systems (PRISM): http://www.relacsis.org/index.php/biblioteca-usuarios/herramientas-prism. <p>Publications (available only in Spanish):</p> <ul style="list-style-type: none"> A total of 27 countries publish analyses of vital and health statistics at different levels and with different topics. More than 185 posters have been prepared by countries, which highlight their practices and results. In addition to other documentation, three proceedings (2013 to 2015) are available, with results of the practices on the aforementioned posters, also available at the RELACSYS portal: http://www.relacsis.org/VII-Reunion-FlipBook/VII-Reunion-FlipBook-3.html. Countries have strengthened the health information systems websites of ministries of health and other related entities. A workshop was held on how to present results to the national authorities, and five countries replicated it at the national level: http://www.relacsis.org/index.php/2014-06-13-19-23-01/capacitacion-a-productores-de-informacion. Greater emphasis is needed on technical cooperation for strengthening analysis of health and of vital and health statistics, especially analysis of birth and death databases.
<p>10. Mobilize human, technical, and financial resources to strengthen vital and health statistics</p>	<p>Proportion of projects submitted to strengthen vital and health statistics that have obtained funds:</p>	<ul style="list-style-type: none"> A total of nine fundraising proposals were submitted both to other international agencies and within PAHO, of which eight received a positive response;

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through the preparation and submission of project proposals and initiatives.	Baseline: 0 Goal (2013): 75% Percentage in 2013: 89%	they were approved by agencies or benefitted from PAHO interprogrammatic project funds to strengthen health information systems, and they were successfully implemented. <ul style="list-style-type: none"> The following projects and agencies, among others, have funds to strengthen the Regional Plan of Action for Strengthening Vital and Health Statistics: PAHO/USAID-MEASURE Evaluation; PAHO/USAID-MSH; CIDA-Canada; Funds from Spain for coding; PAHO's Zero Maternal Deaths from Hemorrhage project; 'A Promise Renewed' project to address health inequalities; funds from PAHO's Earmarked Account; interprogrammatic project on gender and health indicators. The project with World Bank funds was approved but subsequently constraints arose outside of PAHO (internal changes in the World Bank).
2. INTERCOUNTRY OR GROUPS OF COUNTRIES COMPONENT		
Objective: Identify and disseminate good practices to improve vital and health statistics in countries.		
Specific objectives	Indicators	Some activities and metrics
1. Propose coordinated actions based on common needs among countries, groups of countries, and subregions. 2. Assemble groups of experts to assist in the development of coordinated lines of action.	Number of groups of trained and active experts: Baseline: 0 Goal (2013): 3 Groups in 2013: 10	<ul style="list-style-type: none"> Creation of the Latin American and Caribbean Network to Strengthen Health Information Systems (RELAC SIS; www.relacsis.org) (available only in Spanish), which arose from the intercountry component, has permitted the creation of 10 groups of experts made up of professionals from different countries. The groups of experts develop, test, implement, and evaluate results from implementation of strengthening practices.
3. Identify, design, and disseminate good practices and lessons learned to strengthen the production of health information.	Proportion of countries that have implemented the good practices they promote: Baseline: 0% Goal (2013): 75% Percentage in 2013: 85%	Practices developed and implemented (available only in Spanish): <ul style="list-style-type: none"> Virtual courses on ICD-10 for tutors and coders (through PAHO's virtual campus): http://www.relacsis.org/index.php/2014-06-13-19-23-01/codificacion-con-cie-10. Online course for physicians on correctly filling out causes of death (through PAHO's virtual campus): http://www.relacsis.org/index.php/2014-06-13-19-23-01/registro-adecuado-de-la-causa-de-muerte. Training in the use and implementation of software for electronic coding of causes of death (MMDS): http://www.relacsis.org/index.php/2014-06-13-19-23-01/software-para-codificacion-de-mortalidad-con-cie-10. Ibero-American Network of Centers for the WHO Family of International Classifications (Red - FCI OPS): http://www.relacsis.org/index.php/2014-06-13-19-23-01/grupo-red-fci. The PAHO FIC network (RED – FCI OPS) has four subgroups of experts, among which the Dr. Roberto A. Becker Forum is noteworthy: http://www.relacsis.org/index.php/foros-relacsis/foro-becker-fci-oms. Methodology for the Intentional Search and Reclassification of Maternal Deaths: http://www.relacsis.org/index.php/2014-06-13-19-23-01/gt9-reclasificacion-de-muertes-maternas. Electronic medical records (EMRs), whose principal

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		<p>component is the forum on the topic: http://www.relacsis.org/index.php/2014-06-13-19-23-01/gt10-registros-medicos-electronicos, http://www.relacsis.org/index.php/foros-relacsis/registro-medico-electronico y http://www.relacsis.org/index.php/foros-relacsis/foro-registro-medico-electronico-2015;</p> <ul style="list-style-type: none"> Local-level birth and death coverage: http://www.relacsis.org/index.php/2014-06-13-19-23-01/gt11-cobertura-y-calidad. Health inequalities and health situation analysis: http://www.relacsis.org/index.php/2014-06-13-19-23-01/desigualdades. This working group also has a forum: http://www.relacsis.org/index.php/foros-relacsis/foro-desigualdades.
<p>4. Establish mechanisms for horizontal cooperation between 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, group of countries, or in the subregion.</p> <p>Baseline: 0 Goal (2013): 5 Workshops done as of 2013: 35</p>	<ul style="list-style-type: none"> Workshops address the production, implementation, and evaluation of practices developed by the groups of experts. A summary of these practices is available at: http://www.relacsis.org/VII-Reunion-FlipBook/VII-Reunion-FlipBook-3.html#p=16 (poster number 1) (available only in Spanish). Workshop reports and documents are available at www.relacsis.org (Available only in Spanish).
<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.</p> <p>Baseline 2007: 0 Goal (2013): 75% Percentage in 2013: 88%</p>	<ul style="list-style-type: none"> Addressed in item 10 of the country component. Plans developed for each project are available.
3. CORPORATE COMPONENT		
<p>Objective: Develop standards, methodologies, and tools to strengthen vital and health statistics.</p>		
Specific objectives	Indicators	Some activities held and metrics
<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:</p> <p>Baseline (2007): 0 Goal (2013): 5 Published documents: 8</p>	<ul style="list-style-type: none"> The eight documents are published and available on the RELACSYS and PAHO websites, and have also been disseminated through the CELADE and MEASURE Evaluation sites. For more information: http://www.relacsis.org/index.php/biblioteca-usuarios/plan-regional-fortalecimiento-sis, http://www.relacsis.org/index.php/biblioteca-usuarios/proyecto-ops-measure-usaid y http://www.relacsis.org/index.php/biblioteca-usuarios/planes-de-trabajo (available only in Spanish). The RELACSYS portal will be transferred to the PAHO website in June 2016.
<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:</p> <p>Baseline (2007): 0 Goal (2013): 12 Meetings as of 2013: N/A</p>	<ul style="list-style-type: none"> This objective became a line of specific technical cooperation of the Health Information and Analysis (HA) Unit within the Regional Core Health Data and Country Profile Initiative: http://www.paho.org/hq/index.php?option=com_content&view=article&id=2151&Itemid=1876&lang=en Meetings on this topic were not held. Efforts should be made to harmonize it with indicators for the Sustainable Development Goals (SDGs) targets. Within the framework of the Regional Plan of Action for Strengthening Vital and Health Statistics, a group of experts was created in RELACSYS on

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		<p>harmonization of data sources and indicators, which in turn established two more groups of experts (available only in Spanish):</p> <p>a) Inequality measurement and health situation analysis: http://www.relacsis.org/index.php/2014-06-13-19-23-01/desigualdades and http://www.relacsis.org/index.php/2014-06-13-19-23-01/analisis-de-situacion-de-salud-asis.</p> <p>b) Coverage and quality of births and deaths: http://www.relacsis.org/index.php/2014-06-13-19-23-01/gt11-cobertura-y-calidad.</p>
5. Mobilize resources to strengthen vital and health statistics.	<p>Proportion of projects submitted to strengthen vital and health statistics that have obtained funds:</p> <p>Baseline: 0 Goal 2013: 75% Percentage in 2013: 89%</p>	<ul style="list-style-type: none"> Addressed in detail in item 10 of the country component.
4. MULTI-AGENCY (GLOBAL) COMPONENT		
<p>Objective: Harmonize technical cooperation projects, programs, and financing with other agencies to strengthen vital and health statistics.</p>		
Specific objectives	Indicators	Activities
<p>1. Strengthen the working group established with 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:</p> <p>Baseline (2007): 0 Goal (2013): 5 Projects carried out as of 2015: 6</p>	<ul style="list-style-type: none"> PAHO created partnerships with numerous international organizations for both conceptual and operational development of the Regional Plan of Action for Strengthening Vital and Health Statistics and implementation of activities and technical meetings. It is worth mentioning renewal of the framework agreement between PAHO and ECLAC for topics related to vital and health statistics. PAHO, USAID, and MEASURE prepared a joint publication on the regional initiative for strengthening health information systems in Latin America and the Caribbean 2005-2010: http://relacsis.org/index.php/biblioteca-usuarios/publicaciones/Biblioteca/Publicaciones/OPS-MEASURE%20Informe%20Regional%202005-2010.pdf/detail (available only in Spanish). Joint effort for birth and death estimates with CELADE. Efforts coordinated with the Statistics Conference of the Americas (SCA). Coordination with the United Nations Statistics Division. Coordinated efforts with WHO on the topic of maternal mortality estimates. Coordinated efforts with the Executive Secretariat of the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) and the Andean Community of Nations (CAN) to address gender and ethnic group in statistics and other subregional integration mechanisms.
3. Mobilize resources to support and sustain activities that strengthen vital and health statistics.	<p>Proportion of projects submitted to strengthen vital and health statistics that have obtained funds:</p> <p>Baseline: 0 Goal (2013): 75% Percentage in 2013: 89%</p>	<ul style="list-style-type: none"> Addressed in detail in item 10 of the country component.