D. REGIONAL CORE HEALTH DATA INITIATIVE AND COUNTRY PROFILES

Introduction

50. In 1997, the Directing Council of the Pan American Health Organization (PAHO) approved Resolution CD40.R10, "Collection and Use of Core Health Data," (1) to monitor the implementation of mandates adopted by the Member States. In 2004, the ten-year Evaluation of the Regional Core Health Data Initiative (2) was presented to the Directing Council. The current report presents the progress made since 2004.

Background

51. Between 1995 and 1998, the Organization's technical programs, working in close collaboration with Member States and its Country Offices, developed the Regional Core Health Data Initiative (RCHDI). The Initiative was crafted within the context of PAHO's strategic and programmatic orientations and is designed to improve the Organization's ability to describe, analyze, and explain the Region's health situation and trends requiring attention.

Update on the Current Situation

52. The Basic Indicators Health Information System¹ is being modified. The compilation of data and its validation at Country Offices and technical programs will be done through an inhouse-developed web application, a new approach that will replace the current excel sheet compilation. This application allows for the various databases to be merged and supports the validation of data at the country and regional levels. The new information system includes a metadata repository and data visualization.

53. Both the statistical pamphlet and the online database (table generator system) have been updated yearly and are widely disseminated. The online database with 114 indicators (as of July 2010) allows for annual trend analysis dating back to 1995.

54. In an effort to systematically update the Country Health Profiles, the project "Analysis of the Health Situation in the Countries of the Americas" was carried out in 2009. As a result of this effort, methodology for future analysis was revised. Current analysis allows for the observation of temporal trends in strategic health indicators. Health profiles have been prepared for 35 countries and Puerto Rico.

¹ The Basic Indicators Health Information System can be consulted at: <u>http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=1775&Itemid=1866</u>.

55. Most countries in the Region have adopted the Core Health Data Initiative by establishing a set of basic national indicators. Roughly half of the countries and territories consulted (19 of 39²) have regularly updated and disseminated a set of basic indicators for more than a decade. Of the Spanish speaking countries, only Venezuela and Uruguay are currently not on the list. Belize is the only English-speaking country that regularly updates and shares basic indicators, whereas Bahamas, Antigua and Barbuda, Jamaica, and Saint Vincent and the Grenadines could not sustain their efforts in consolidating and disseminating their basic national indicators. The remaining 13 other English-speaking countries or territories have not yet established national basic indicators.

56. The quality of the data reported to PAHO (regional basic indicators) needs to be improved. Based on the latest information reported to PAHO by 48 countries or territories, selected basic mortality indicators were evaluated (3). Highlights of this analysis are presented in the following paragraphs.

57. According to the Organization, the under-registration of mortality in Latin America and the Caribbean is 16.1%. Ten countries have under-registration levels higher than 20% and six have levels 10%-20%.

58. The countries with the highest proportion of ill-defined and unknown causes of death are Bolivia (2003 data) and Haiti (2004 data), followed by Ecuador, El Salvador, French Guiana, and Paraguay. The latter four are between 10% and 15%.

59. The timeliness of mortality data shows that nine countries submitted their mortality data with a four-to-five year delay. Honduras only reports public hospital mortality. Jamaica is not part of the database.

60. Some countries do not report the maternal mortality ratio and the infant mortality rate periodically to PAHO, even though these indicators are part of the Millennium Development Goals.

61. Most countries and technical programs update their disease surveillance systems for their specific program objectives on a timely basis. However, data consistency is often poor, which affects comparability over time.

² Updates on 39 countries and territories who responded to the consultation. Excluded from analysis are: French Overseas Territories, Netherlands Antilles and Aruba, Bermuda, USA, US Virgin Islands, and Canada.

Action to Improve the Situation

62. Many countries clearly have made progress in the collection of national basic indicators. However, data quality and timeliness need urgent attention. In addition, data is often not analyzed for program monitoring. At national and regional levels, data collection, data validation and information generation need to be institutionalized. Advocacy at the highest policy making level is needed to institutionalize these initiatives.

63. Technical support must be increased to help produce reliable and timely health information. Technical assistance must also strengthen: the data validation process in each technical program; the training of human resources in the subject matter; the technical capabilities of existing personnel, and modernization of the health statistics production and dissemination processes. Improved data analysis will help programs more accurately determine health inequities and better allocate resources.

64. The highest political commitment is essential for implementing this Initiative requested by countries.

References

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