

160th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 26-30 June 2017

Provisional Agenda Item 4.7

CE160/17, Rev. 2*
19 June 2017
Original: Spanish

PLAN OF ACTION FOR THE STRENGTHENING OF VITAL STATISTICS 2017-2022

Introduction

1. Civil registration is a human right, provides identity, and facilitates access to such essential services as health, education, and social benefits (1, 2). This process produces vital statistics (VS),¹ which are public goods essential for decision-making, distribution of resources, policy-making, and interventions on behalf of the different populations of the countries and territories of the Region (1, 2). VS are essential for the planning and implementation of public health programs, and are essential inputs for health information systems, and for measuring and monitoring the Sustainable Development Goals (SDGs). Given their importance for health information systems, this plan seeks to strengthen VS.
2. Recognizing the importance of the above, in 2007 the countries of the Region adopted Resolution CSP27.R12 (3) to improve the coverage and quality of vital statistics data, formally adopting the *Strategy for the Strengthening of Vital and Health Statistics in the Countries of the Americas* (4), which is still in effect. This Strategy became operational in 2008 through approval of the *Regional Plan of Action for Strengthening Vital and Health Statistics* for the 2008-2013 period (Resolution CD48.R6, document CD48/9) (5, 6).
3. Following the recommendations adopted by the Directing Council of PAHO in 2016 (7, 8), and considering such global strategies as “*Global Civilian Registration and Vital Statistics: Scaling up Investment Plan 2015-2024*” prepared by the World Bank (WB) and the World Health Organization (WHO) (2), the “Measurement and Accountability for Results in Health” initiative led by the World Bank, the United States Agency for International Development (USAID) and WHO (9), this document presents a

¹ Vital statistics compile information about essential events during the course of someone’s life, as well as relevant characteristics of those events and the person involved. For statistical purposes, vital events are those related to the life and death of individuals, as well as their family and marital status (information about births, marriages, divorces, separations, and deaths, for example, obtained through the recording of these events) (United Nations; available from: <https://unstats.un.org/unsd/demographic/standmeth/principles>)

* Revision 2 needed due to the following adjustments to the Proposed Resolution: (OP)2.a was edited, (OP)2.e became (OP)3.a, and (OP)2.f became (OP)2.e.

proposal for a new action plan with targets and commitments for the 2017-2022 period. It seeks to give continuity to the regional process of strengthening vital statistics (VS), within the framework of health information systems (10).

4. This plan responds to both the need for information and analysis spurred by various regional and global commitments such as the 2030 Sustainable Development Agenda and its SDGs, and to the challenges posed by the massive production of health-related data, including open access to public data and data from other sectors. It also recognizes that health information systems² should be interconnected and interoperable, and should tap into structured and unstructured data in order to establish patterns, trends, and forecasts of health events. This will also make it possible to understand and address health challenges, improve the quality and coverage of statistics, and continue to promote South-South cooperation.

Background

5. The technical cooperation provided by PAHO, as well as the activities that have been implemented and those proposed in this plan for the 2017-2022 period, are framed by the PAHO Strategic Plan 2014-2019 (11). They also respond to the commitments to meet the different global, regional, subregional, and national targets, including those linked to the Sustainable Development Goals (12) and the United Nations Global Strategy for Women's, Children's, and Adolescents' Health (13); the Montevideo Consensus on Population and Development (14) of the Economic Commission for Latin America and the Caribbean (ECLAC); the PAHO Health Agenda of the Americas (2008-2017) (15); and the new PAHO Sustainable Health Agenda for the Americas (2018-2030).

6. The 2008 regional plan of action included four components: country, intercountry, corporate, and interagency. The *country* component included specific actions and solutions defined in its strategic plan. The *intercountry* component was addressed by forming the Latin American and Caribbean Network to Strengthen Health Information Systems (RELACSSIS). The *corporate* component refers to the inter-programmatic work carried out among several technical units of PAHO. In the *interagency* component, partnerships were forged with several international agencies, which has also facilitated fulfillment of the United Nations Secretary General's mandate on interagency collaboration for the implementation of national and regional projects.

² PAHO defines a Health Information System as an integrated effort to bring together interconnected and interoperable systems, data, information, knowledge, processes, standards, people, and institutions, supported by information and communications technology that interacts (or helps) to generate, identify, compile, process, store, and provide quality data and strategic information, that is free and open to the public, in order to improve policymaking and decision-making in public health systems.

Situation analysis

7. An estimated 15 million births and 6.8 million deaths occurred in the Americas in 2016 (16). After adoption of the *Regional Plan of Action for Strengthening Vital and Health Statistics* in 2008, progress reports were submitted in 2010 and 2013 (17, 18). In 2016 a final report was presented to the 55th Directing Council (7), emphasizing that 20 countries had established interinstitutional committees to strengthen their health information systems, and 35 countries had conducted diagnoses of the state of their vital statistics, which helped increase coverage of birth and death registries and improve the quality of their statistics.

8. With regard to the coverage of birth registration, 21 of 25 (84%) baseline countries met the target established in the plan, while recognizing that areas of low coverage persist within some countries. As regards recording birthweight, only three of the 16 baseline countries reached the established target of 100%.

9. Coverage of death registration in the Region, according to the countries that provided information, was estimated at 94.2% (with a range from 52.8% to 99.8%), and the proportion of ill-defined causes of death was 15.4% circa 2014 (16). Considering the baseline of the previous plan and achievement of the proposed target, 16 of the 25 (64%) countries met their respective targets and 12 improved beyond expectations. As regards the quality targets, 23 of 26 (88%) countries met them, and in six of them the burden of ill-defined deaths has been reduced.³

Main challenges

10. Experience thus far indicates that countries face both opportunities and challenges as they strive to strengthen their health information systems, including vital statistics (9, 19). Functional systems should produce analyses and data useful for decision-making and for the development of evidence-based health policies, and implement open health data policies that ensure privacy and confidentiality in accordance with the concepts of the data revolution (20) and “datification” (transforming information into new forms of data). This plan of action seeks to overcome the following challenges that hinder the availability of robust vital statistics:

- a) Lack of coordination mechanisms and legal and regulatory frameworks that link the reporting of life events at health units with civil registry offices and statistics institutes, including the challenges posed by keeping systems interconnected and interoperable;
- b) Low coverage and quality⁴ of birth and death registration for populations in conditions of vulnerability (17);

³ This refers to the proportion of deaths classified as having ill-defined causes (Chapter XVIII of the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10).

⁴ Coverage is part of the quality indicators, but for purposes of this document, it is handled separately.

- c) Need for evidence-based policy-making and decision-making;
- d) Insufficient governance and data management strategies at the national level, which limits the quality and timeliness of information;
- e) Need to develop effective governance mechanisms for the use of information and communications technologies (ICT) and of e-government, according to the needs of the sectors involved, in order to improve the effectiveness of information systems and the preparation of and access to vital statistics.
- f) Need to strengthen the capacities of human resources in order to improve governance of data, data quality, and its subsequent analysis;
- g) Raise awareness in the population about the importance of having birth and death certificates so that no one is left behind;
- h) Insufficient financing and investment in the national budgets to ensure the sustainability of health information systems and vital statistics.
- i) The development of health information systems requires national policies to allow a convergence of the systems for interconnectivity and interoperability.

11. It is important to mention that the strengthening of VS systems will require continuous political support, efficient administration, sufficient investment to ensure the necessary resources, and optimization.

Plan of Action (2017-2022)

12. The purpose of this plan is to achieve universal registration of births and deaths, including better quality registration of causes of death, thus providing inputs to better determine public health policies and planning. This in turn helps strengthen national health information systems, promoting greater governance of data, and production, access, analysis, and dissemination of VS. This proposal builds on the accomplishments of the earlier 2008-2013 *Regional Plan of Action for the Strengthening of Vital and Health Statistics* and will respond to the diagnosis that each country will make.

13. This plan includes five strategic lines: *a)* Strengthening vital statistics within the framework of health information systems; *b)* Modernization of vital statistics processes with the support of information and communications technologies (ICT); *c)* Strengthening of vital statistics data management and analysis capacity; *d)* Promotion of the exchange and dissemination of best practices and lessons learned for the improvement of vital statistics; and *e)* Strengthening of collaboration between international agencies and other vital statistics partners.

14. These strategic lines become operational at four levels: *country* (including the subnational level), *intercountry*, *corporate*, and *interagency*. Each strategic line has objectives associated both with process and outcome indicators, and their implementation is interrelated.

Strategic lines of action

Strategic line of action 1: Strengthening vital statistics within the framework of health information systems

15. The premise of this strategic line is to update country-level situation assessments, with a focus on subnational contexts. Diagnoses will serve as a basis for the development of national action plans to strengthen health information systems, and should reflect the level of development, national targets for improved coverage, and the quality of what are deemed to be priority statistics. Furthermore, regional lines of work will be established, to be addressed through technical cooperation. It is proposed that countries begin by improving data related to women's and children's health, taking this as an opportunity to overcome deficiencies in the civil registration and vital statistics systems while improving the health of these groups (2, 21, 22).

16. It is expected that the principle of solidarity between countries (in the context of South-South cooperation), which was a cross-cutting element of the previous plan, will be the model that continues to be followed. It is recognized that some countries and territories have low coverage of birth and death registration, and that additional efforts must be made to meet the proposed targets.

Objective	Indicator	Baseline (2017)	Target (2022)
1.1 Update action plans for strengthening VS within the framework of health information systems	1.1.1 Number of Member States implementing nationally budgeted action plans for strengthening VS based on updating their diagnosis of health information systems	Unavailable	35
	1.1.2 Number of Member States that provide access to vital statistics databases according to open data policies	4	10
1.2 Improve the coverage and quality of birth registration (disaggregated by age, sex, ethnic group, residence, and administrative subdivision)	1.2.1 Number of Member States with birth registration coverage at 90% or higher, or that increase coverage by 20 percentage points	20	35
	1.2.2 Number of Member States that record birthweight for 100% of live births	7	20
1.3 Increase coverage and quality of the death registration (disaggregated by age, sex, ethnic group,	1.3.1 Number of Member States with death registration coverage at 90% or higher, or that increase it by 20 percentage points	7	30

Objective	Indicator	Baseline (2017)	Target (2022)
	1.3.2 Number of Member States whose proportion of ill-defined causes of death is below 10%	30	35
	1.3.3 Number of Member States and territories whose proportion of ill-defined causes of death is below 20%, or that reduce it by at least 15 percentage points from the baseline ⁵ .	30	45
	1.3.4 Number of Member States that publish their mortality data within two years of the closing of mortality statistics.	26	35
1.4 Have health information systems that provide health indicators	1.4.1 Number of Member States that conduct active searches for maternal deaths	Unavailable	10
	1.4.2 Number of Member States that have a system for analysis of neonatal deaths	Unavailable	10
	1.4.3 Number of Member States that measure the under-registration and poor classification of maternal deaths at the first subnational level	Unavailable	15
	1.4.4 Number of Member States that measure the under-registration of neonatal deaths at the first subnational level	Unavailable	15
	1.4.5 Number of Member States that generate data at the subnational level on at least 25% of the SDG health indicators related to vital statistics	Unavailable	20
1.5 Establish mechanisms for the integration of VS, civil registries, and other health information systems through governance, the development	1.5.1 Number of Member States with functional interinstitutional national committees for civil registration and vital statistics systems	4	15

⁵ Ill-defined causes of death are those from intermediate, terminal, not-specified complications or ill-defined causes that are assigned as the basic cause of death. Available from: http://download.springer.com/static/pdf/963/art%253A10.1186%252F1478-7954-8-9.pdf?originUrl=http%3A%2F%2Fpophealthmetrics.biomedcentral.com%2Farticle%2F10.1186%2F1478-7954-8-9&token2=exp=1496264074~acl=%2Fstatic%2Fpdf%2F963%2Fart%25253A10.1186%25252F1478-7954-8-9.pdf*~hmac=8654868ca1c321a249d7374446595c2d713280ad29a9ee63aee307ee8c29d550

Objective	Indicator	Baseline (2017)	Target (2022)
	1.5.2 Number of Member States that transfer and exchange data among health information systems, including electronic medical records and civil registries, systematically and routinely, through interconnectivity and interoperability	5	10

Strategic line of action 2: Modernizing vital statistics processes with the support of information and communications technologies (ICT)

17. According to Document CD51/13 (2011) (23, 24), the use of ICTs and *eHealth*⁶ initiatives has enormous potential for increasing the effectiveness and efficiency of civil registration systems, of vital statistics, and health information. The principal trends in the Region show how live birth registration is the gateway to electronic health systems, which help various programs and initiatives based on *eHealth* function, while allowing interoperability (22, 24).

18. Furthermore, ICTs enhance efficiencies of time, resources, and coverage, with potential for remote areas. On-line registration and the use of electronic devices such as computers, mobile phones, and tablets, has proven to be beneficial for the collection, maintenance, transfer, analysis, and dissemination of data from civil registration and vital statistics systems. Some countries have successfully used mobile phones for health services to report births and deaths to civil registry offices (25). With respect to mortality, one recognized way to improve data quality is the automated coding of the underlying cause of death.

19. In addition, distance learning permits greater access to people in order to strengthen their capacities. In order to allow interoperability and the integration of different data sources, it is essential to adopt a governance strategy at the national level to coordinate the development of standards, protocols, and infrastructure.

20. Countries will be encouraged to compile data on births and deaths and disaggregate it by variables such as age, sex, level of schooling, ethnic group, migratory status, and other characteristics relevant to the national context, assessing its quality and promoting its use for public health analysis.

⁶ PAHO uses the term *eHealth* as synonymous with internet health. According to WHO, *eHealth* is “the safe and cost-effective use of information and communications technology for health and related areas, including health care services, health surveillance and documentation, as well as health education, knowledge, and research.” *eHealth* is associated with the concept of “health within *eGovernment*.”

Objective	Indicator	Baseline (2017)	Target (2022)
2.1 Increase the use of information and communications technology and <i>eHealth</i> initiatives for the capture, management, and dissemination of information related to vital statistics	2.1.1 Number of Member States that electronically link their birth registry offices with the central level to increase their timeliness and coverage	4	10
	2.1.2 Number of Member States that electronically link their death registry offices with the central level to increase their timeliness and coverage	4	10
	2.1.3 Number of Member States that use automated coding of deaths	7	20
	2.1.4 Number of Member States with mechanisms to offer and require physicians to receive in-person or virtual training in the proper way to fill out a death certificate	2	15
2.2 Facilitate access to and dissemination of vital statistics through Member States' electronic portals	2.2.1 Number of Member States that have an electronic portal or other means for dissemination and open access to vital statistics	Unavailable	15
	2.2.2 Number of Member States that have incorporated the concept of e-government and open data for the preparation and dissemination of vital statistics	Unavailable	15
2.3 Develop governance and data management strategies for health information systems	2.3.1 Number of Member States that have a governance and data management strategy for health information systems, based on a legal framework.	Unavailable	5

Strategic line of action 3: Strengthening the capacity for management and analysis of vital statistics data

21. In order to maintain health information systems in the countries, those in charge of managing and analyzing vital statistics data must strengthen their technical capacities. This will allow them to more efficiently extract and better identify patterns and trends in the burden of disease at the subnational and local level, supporting evidence-based decision-making. Thus interventions can be tailored to specific subpopulations, helping health information systems become active tools for epidemiological intelligence and the planning and implementation of health programs and policies.

Objective	Indicator	Baseline (2017)	Target (2022)
3.1 Implement VS data management strategies at the national level	3.1.1 Number of Member States that have a VS data management strategy	Unavailable	10
3.2 Strengthen VS data analysis	3.2.1 Number of Member States that are strengthening VS data analysis technical capacity at the national and subnational level	Unavailable	25
3.3 Develop, disseminate, and use tools to automate data generation in order to facilitate VS data analysis in the Member States, with emphasis on geographical and demographic disaggregation	3.3.1 Number of Member States that have automated data generation tools for VS analysis	9	15
	3.3.2 Number of Member States that have a comprehensive health situation analysis that includes VS and health data disaggregated at the geographical and demographic level (by such variables as level of education, sex, age, ethnic group, migratory status, and other characteristics relevant to each national context).	35	35

Strategic line of action 4: Promoting the exchange and dissemination of best practices and lessons learned for the improvement of vital statistics

22. The sharing of best practices has helped improve the process of VS production throughout the Region. Such sharing includes the assessment and selection of the best practices developed by countries to address the priorities set forth in this document, which can be adapted to specific national and subnational contexts. This helps identify gaps, which can be addressed by designing new initiatives and strategies. This plan proposes to continue with these technical cooperation networks.

23. One such network, RELACSYS, has promoted coordination between PAHO and other networks such as the *Routine Health Information Network (RHINO)*, *WHO-FIC Network*, the Ibero-American Network of Collaborating Centers, and the Coverage Network of the Latin American Population Association (ALAP), among others. Other regions outside the Americas have expressed interest in learning about this experience in building intercountry networks.

Objective	Indicator	Baseline (2017)	Target (2022)
4.1 Identify, disseminate, and implement best practices developed by the Member States of the Region in order to apply them to the strengthening of priority areas.	4.1.1 Number of Member States that identify successful practices to be disseminated in the Region	15	30

Objective	Indicator	Baseline (2017)	Target (2022)
4.2 Improve sharing via regional, national, and subnational networks	4.2.1 Number of Member States that participate in networks for the sharing and implementation of successful practices, including at the subnational level	22	30

Strategic line of action 5: Strengthening collaboration on vital statistics between international agencies and other partners

24. In order to identify and work on common needs, international agencies and other partners should continue to collaborate on VS quality and analysis, aligning technical cooperation projects and programs and financing on issues directly or indirectly related to strengthening health information systems, vital statistics, and information and communications technology (26). This would also help prevent the creation of parallel information systems at different levels in countries, as well as the generation of multiple versions of the same indicator.

25. International agencies and other partners can help design standards and best practices to strengthen vital statistics systems within the context of the health information systems, promoting their interoperability.

Objective	Indicator	Baseline (2017)	Target (2022)
5.1 Forge partnerships with international agencies and other partners on strengthening vital statistics, with a view view to aligning technical cooperation projects and programs and financing	5.1.1 Number of regional projects/initiatives for the strengthening of vital statistics that have been carried out jointly with other agencies and institutions	5	9
	5.1.2 Number of projects/initiatives generated with the support of international agencies or other partners that seek to standardize methods and procedures in order to strengthen vital statistics and information systems	Unavailable	5
5.2 Mobilize human, technical and financial resources to strengthen vital statistics by preparing proposals for projects and initiatives	5.2.1 Number of countries carrying out projects synergized with international agencies to strengthen vital statistics.	5	10

Monitoring and evaluation

26. Progress made through this plan can be measured by achievement of the targets established for the indicators. For the mortality indicators, data will be taken from the

PAHO/WHO Regional Mortality System, furnished annually by the countries and territories of the Americas. For the other indicators, PAHO will compile data from the national health systems of the countries and territories. A mid-term report will be presented to the Governing Bodies in 2019, and the final evaluation report in 2022. The plan also operationalizes the commitments under the PAHO Strategic Plan 2014-2019, in particular outcome 4.4 (“All countries have functioning health information and health research systems”).

Financial implications

27. In the 2017 to 2022 period, more than US\$7.5 million (an annual average of US\$1.5 million) will have to be invested in PAHO technical cooperation activities linked to strengthening vital statistics. The greatest challenges are the updating and modernization of the information systems, work at the subnational level, and the strengthening of health analysis capacity. Currently programmed activities encompass all the components of this plan, but there must be enough resources to strengthen them and scale them up as proposed.

28. Countries must invest in information systems to generate vital statistics, since they require the best data quality and coverage possible, which must be timely, stratified, and disaggregated at the national and subnational level.

Action by the Executive Committee

29. The Executive Committee is asked to review this new plan of action, make any relevant observations and recommendations, and consider approval of the corresponding proposed resolution that appears in Annex A.

Annexes

References

1. Danel I, Bortman M. An Assessment of LAC’s Vital Statistics System: The Foundation of Maternal and Infant Mortality Monitoring [Internet]. Washington, DC; 2008 [cited 2017 May 22]. (HNP Discussion Paper). Report No.: 44862. Available from: <http://documents.worldbank.org/curated/en/206651468177844686/pdf/448620WP0Box3210paper01LACVitalStat.pdf>
2. World Bank WHO. Global Civil Registration and Vital Statistics: Scaling up Investment Plan 2015-2024 [Internet]. Washington, DC; 2014 [cited 2017 May 22]. Report No.: 88351. Available from: <http://documents.worldbank.org/curated/en/457271468148160984/pdf/883510WP0CRVS000Box385194B00PUBLIC0.pdf>

3. Pan American Health Organization. Strategy for the Strengthening Vital and Health Statistics in the Countries of the Americas [Internet]. 27th Pan American Sanitary Conference of PAHO, 59th Session of the Regional Committee of WHO for the Americas; 2007 Oct 1-5; Washington, DC. Washington, DC: PAHO; 2007 (Resolution CSP27.R12) [cited 2017 May 22]. Available from: <http://www1.paho.org/english/gov/csp/csp27.r12-e.pdf>
4. Pan American Health Organization. Strategy for the Strengthening Vital and Health Statistics in the Countries of the Americas [Internet]. 27th Pan American Sanitary Conference of PAHO, 59th Session of the Regional Committee of WHO for the Americas; 2007 Oct 1-5; Washington, DC. Washington, DC: PAHO; 2007 (Document CSP27/13) [cited 2017 May 22]. Available from: <http://www1.paho.org/english/gov/csp/csp27-13-e.pdf>
5. Pan American Health Organization. Regional Plan of Action for the Strengthening of Vital and Health Statistics [Internet]. 48th Directing Council of PAHO, 60th session of the Regional Committee of WHO for the Americas; 2008 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2008 (Resolution CD48.R6) [cited 2017 May 22]; p. 2. Available from: <http://iris.paho.org/xmlui/bitstream/handle/123456789/384/cd48.r6-e.pdf?sequence=1&isAllowed=y>
6. Pan American Health Organization. Regional Plan of Action for Strengthening Vital and Health Statistics [Internet]. 48th Directing Council of PAHO, 60th Session of the Regional Committee of WHO for the Americas; 2008 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2008 (Document CD48/9) [cited 2017 May 22]; p. 15. Available from: <http://www1.paho.org/english/gov/cd/cd48-09-e.pdf>
7. Pan American Health Organization. Regional Plan of Action for Strengthening Vital and Health Statistics: Final Report [Internet]. 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas; 2016 Sep 26-30; Washington, DC. Washington, DC: PAHO; 2016. (Document CD55/INF/7) [cited 2017 May 22]; p. 17. Available from: <http://iris.paho.org/xmlui/bitstream/handle/123456789/33650/CD55-INF-7-e.pdf?sequence=1&isAllowed=y>
8. Pan American Health Organization. Final Report [Internet]. 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas; 2016 Sep 26-30; Washington, DC. Washington, DC: PAHO; 2016 (Document CD55/FR) [cited 2017 May 22]; p. 142. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=37693&Itemid=270&lang=en

9. MA4Health. The Roadmap for Health Measurement and Accountability. Measurement and Accountability for Results in Health: A Common Agenda for the Post-2015 Era [Internet]. Washington, DC; 2015 [cited 2017 May 22]. Available from:
http://www.who.int/hrh/documents/roadmap4health-measurement_accountability.pdf?ua=1
10. Pan American Health Organization. Caribbean Information System for Health. Project proposal for advancing Public Health in the Caribbean Region. 2017. (Draft Rev. 14, 2017 Mar 1).
11. Pan American Health Organization. Strategic Plan of the Pan American Health Organization 2014-2019. “*Championing Health: Sustainability and Equity*” [Internet]. 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas; 2014 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2014. (Official Document No. 345) [cited 2017 May 22]; p. 153. Available from:
http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=27015&Itemid=270&lang=en
12. United Nations. Transforming our world: the 2030 Agenda for Sustainable Development [Internet]. Seventieth session of the United Nations General Assembly; 2015 Sep 11-18 (Resolution A/RES/70/1). New York. New York: UN; 2015 [cited 2017 May 22]; p. 40. Available from:
<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N15/291/89/PDF/N1529189.pdf?OpenElement>
13. United Nations. The Global Strategy for Women’s, Children’s, and Adolescents’ Health (2016-2030). Every Woman, Every Child [Internet]. 2015 [cited 2017 May 22]. Available from:
<http://www.who.int/life-course/partners/global-strategy/ewec-globalstrategyreport-200915.pdf>
14. Economic Commission for Latin America and the Caribbean. Montevideo consensus on population and development. [Internet]. First session of the Regional Conference on Population and Development in Latin America and the Caribbean. Full integration of population dynamics into rights-based sustainable development with equality: key to the Cairo Program of Action beyond 2014; 2013 Aug 12-15; Montevideo: ECLAC; 2013 (Document LC/L3697) [cited 2017 May 22]; p. 32. Available from:
http://repositorio.cepal.org/bitstream/handle/11362/21860/4/S20131039_en.pdf

15. Pan American Health Organization. Health Agenda for the Americas 2008-2017 [Internet]. Presented by the Ministers of Health of the Americas in Panama City, 3 June 2007 [Internet]. Panama. Washington, DC; 2007 [cited 2017 May 22]. Available from:
http://new.paho.org/hq/dmdocuments/2009/Health_Agenda_for_the_Americas_2008-2017.pdf
16. Pan American Health Organization/World Health Organization/Communicable Diseases and Health Analysis/Health Information and Analysis. Health Situation in the Americas: Core Indicators 2016 [Internet]. Washington, DC; 2016. Available from:
<http://iris.paho.org/xmlui/handle/123456789/31289>
17. Pan American Health Organization. Plan of Action for the Strengthening of Vital and Health Statistics (progress report) [Internet]. 50th Directing Council of PAHO, 62nd Session of the Regional Committee of WHO for the Americas; 2010 Sep 27-Oct 1; Washington, DC. Washington, DC; 2010 (Document CD50/INF/6-C) [cited 2017 May 22];p. 4. Available from:
<http://www1.paho.org/hq/dmdocuments/2010/CD50-INF-6-C-e.pdf>
18. Pan American Health Organization. Regional Plan for the Strengthening of Vital and Health Statistics (progress report) [Internet]. 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas; 2013 Sep 30-Oct 4; Washington, DC. Washington, DC: PAHO; 2013 (Document CD52/INF/4) [cited 2017 May 22]; p. 4. Available from:
http://iris.paho.org/xmlui/bitstream/handle/123456789/4415/CD52_INF_4eng.pdf?sequence=1&isAllowed=y
19. M-A4Health, USAID and W. The Role and Importance of Civil Registration and Vital Statistics Systems. 2015. (Prepared for the Summit on Measurement and Accountability for Health Results in the Post-2015 Development Era).
20. AbouZahr C, de Savigny D, Mikkelsen L, Setel PW, Lozano R, Nichols E, et al. Civil registration and vital statistics: progress in the data revolution for counting and accountability. Lancet [Internet]. October 2015 [cited 2017 May 22]; 386(10001):1373-85. Available from:
<http://linkinghub.elsevier.com/retrieve/pii/S0140673615601738>
21. World Health Organization, USAID, World Bank Group, UNICEF and Foreign Affairs T and DC. Strengthening Civil Registration and Vital Statistics Systems through Innovative Approaches in the Health Sector: Guiding Principles and Good Practices. Report of a technical meeting, 2013 Dec 17-18 [Internet]. Geneva; 2014 [cited 2017 May 22]. Available from:
https://www.unicef.org/protection/files/Strengthening_Civil_Registration_and_Vital_Statistics_Systems_through_Innovative_Approaches_in_the_Health_Sector.pdf

22. Myhre SL, Kaye J, Bygrave LA, Aanestad M, Ghanem B, Mechael P, et al. eRegistries: governance for electronic maternal and child health registries. *BMC Pregnancy Childbirth* [Internet]. 2016 Dec 23 [cited 2017 May 22]; 16(1):279. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/27663979>
23. Pan American Health Organization. Strategy and Plan of Action on *eHealth* (2012-2017) [Internet]. In: 51st Directing Council of PAHO, 63rd Session of the WHO Regional Committee for the Americas; 2011 Sep 26-30; Washington, DC. Washington, DC: PAHO; 2011 (Document CD51/13); p. 25. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=14572&Itemid=270&lang=en
24. Pan American Health Organization. Strategy and Plan of Action on *eHealth*: mid-term review [Internet]. 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas; 2016 Sep 26-30; Washington, DC. Washington, DC; 2016 (Document CD55/INF/12). [cited 2017 May 22]; p. 7. Available from: <http://iris.paho.org/xmlui/bitstream/handle/123456789/33645/CD55-INF-12-A-e.pdf?sequence=6&isAllowed=y>
25. World Health Organization. Systematic Review of eCRVS and mCRVS Interventions in Low and Middle Income Countries [Internet]. 2013 [cited 2017 May 22]. Available from: http://www.who.int/healthinfo/civil_registration/crvs_report_e crvs_m crvs_2013.pdf?ua=1
26. AbouZahr C, de Savigny D, Mikkelsen L, Setel PW, Lozano R, Lopez AD. Counting births and deaths 4: Towards universal civil registration and vital statistics systems: the time is now. *Lancet* [Internet]. October 2015 [cited 2017 May 22]; 386(10001):1407-18. Available from: <http://linkinghub.elsevier.com/retrieve/pii/S0140673615601702>

160th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, from 26 to 30 June 2017

CE160/17, Rev. 2
Annex A
Original: Spanish

PROPOSED RESOLUTION

PLAN OF ACTION FOR THE STRENGTHENING OF VITAL STATISTICS 2017-2022

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

(PP1) Having reviewed the draft *Plan of Action for the Strengthening of Vital Statistics 2017-2022* (Document CE160/17, Rev. 2),

RESOLVES:

(OP) To recommend that the Pan American Sanitary Conference adopt a resolution according to the following terms:

PLAN OF ACTION FOR THE STRENGTHENING OF VITAL STATISTICS 2017-2022

THE 29th PAN AMERICAN SANITARY CONFERENCE,

(PP1) Having reviewed the *Plan of Action for the Strengthening of Vital Statistics 2017-2022* (Document CSP29/__);

(PP2) Recognizing the importance of improving the coverage and quality of vital statistics to have more reliable and valid evidence for the design, implementation, monitoring, and evaluation of health policies in countries, following international recommendations;

(PP3) Recognizing the need to have valid and timely data with the greatest degree of disaggregation possible at the subnational, national, subregional, and regional levels for the diagnosis and formulation of health policies and the monitoring of indicators such as those established for the Sustainable Development Goals, the Health Agenda for the Americas, and the PAHO Strategic Plan;

(PP4) Aware of the efforts made and the achievements obtained thus far through the previous Plan of Action for Strengthening Vital and Health Statistics (2008-2012), and of the recommendations by the Member States to continue and expand it, emphasizing the subnational levels and statistical analytical capacity;

(PP5) Considering the importance of a new action plan that gives continuous and constant guidance to improve the coverage and quality of vital statistics in the countries of the Americas,

RESOLVES:

(OP)1. To approve the *Plan of Action for the Strengthening of Vital Statistics 2017-2022* (Document CSP29/__) within the context of the specific conditions of each country.

(OP)2. To urge the Member States to:

- a) implement the Plan of Action in a manner that enables coverage and quality indicators for the design, monitoring, and evaluation of health policies;
- b) promote participation and coordination with national and sectoral statistics and civil registry offices, health information and epidemiology departments, priority programs and finance units of ministries of health, PAHO/WHO collaborating centers, and other public and private actors involved in diagnosing the situation and preparing or strengthening national plans of action;
- c) consider mobilizing human, technological, and financial resources for the implementation of this new plan of action to strengthen vital statistics;
- d) coordinate with other countries of the Region in the implementation of their own plans of action and in the dissemination and use of tools to help strengthen the production of vital statistics, including information and communications technology;
- e) increase the commitment to and participation in networks created to strengthen health information systems: the Latin American and Caribbean Network for the Strengthening of Health Information Systems (RELAC SIS) and the WHO Family of International Classifications Network (WHO-FIC Network), so as to tap into the resources invested and take maximum advantage of the contributions made through South-South cooperation.

(OP)3. Request the Director to:

- a) continue collaborating with Member States in the design, implementation, and monitoring of this new plan of action;
- b) work with the Member States to evaluate and update their national action plans, and to disseminate tools that favor the production and strengthening of vital statistics within a renewed approach to health information systems;
- c) strengthen coordination of the plan of action with similar initiatives developed by other international technical and financial agencies and global initiatives to strengthen vital statistics in countries;
- d) report periodically to the Governing Bodies on progress made and challenges faced in implementation of the plan of action.

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

1. **Agenda item:** 4.7 - Plan of Action for the Strengthening of Vital Statistics 2017-2022

2. **Linkage to [PAHO Program and Budget 2016-2017](#):**

- a) **Categories:** 4. Health systems
- b) **Program areas and outcomes:** Program area 4.4 (“Health systems information and evidence”), outcome 4.4 (“All countries have functioning health information and health research systems”) (OCM 4.4)

3. **Financial implications:**

- a) **Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):**

Areas	Estimated cost (US\$)	Percentage of the total amount
Human resources	1,125,000	15%
Training	1,875,000	25%
Consultants/service contracts	750,000	10%
Travel and meetings	2,250,000	30%
Publications	375,000	5%
Supplies and other expenses	1,125,000	15%
Total (*)	7,500,000	100%

(*) Of this total, 40% is assigned at the regional level and 60% for execution at the country level.

- b) **Estimated cost for the 2018-2019 biennium (including staff and activities):** For the 2018-2019 budget, and according to the documented experience of the previous Plan of Action for Strengthening Vital and Health Statistics (2008-2012), implementation of this plan requires US\$3 million for the biennium. Seed funds have been allocated by PAHO. Additionally, financial resources are available specifically to strengthen the plan of action, from the United States Agency for International Development (USAID) and from the Latin American and Caribbean Network for the Strengthening of Health Information Systems (RELAC SIS). Efforts are also continuously made to mobilize resources from technical and financial agencies to cover the part that is still unfunded. Work is being coordinated with funds established in the country offices for projects related to strengthening of the health information systems in funded health programs.

3. Financial implications: (cont.)

c) Of the estimated cost noted in b), what can be subsumed under existing programmed activities?

Currently programmed activities include all the established strategic lines, which will be made operational through the four components of the plan.

A minimum of US\$600,000 would be expected for the first biennium.

4. Administrative implications:

a) Indicate the levels of the Organization at which the work will be undertaken:

- Country component: prioritize countries according to the results of assessment of the previous plan to strengthen vital statistics, and the subnational levels.
- Intercountry (and subregional) component: prioritize the activities and best practices that can be designed subregionally or within a group of countries with similar limitations and allow room for specificity at the subnational level.
- Corporate component (PAHO): prioritize inter-programmatic work for achievement of the Sustainable Development Goals (SDGs) and the targets of PAHO's Strategic Plan.
- Interagency and regional component: carry out activities in coordination with other agencies (UNFA, UNDP, UNICEF, UNESCO, FAO), financing organizations (World Bank, Inter-American Development Bank), and subregional organizations (CAN, MERCOSUR, SICA, RESSCAD, COMISCA, etc.).

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

Monitoring activities: Four posts (P2/Demographer and P4/Specialist in health information systems with emphasis on vital statistics; P1/Support for maintenance and updating of the RELAC SIS portal; G4/Secretarial support).

At the country level: Coordinate with the PAHO/WHO Country Offices to have a focal point designated to coordinate and support consolidation of the plan in the country, especially at the subnational level.

Specific contracts for consultants to promote the plan in the countries in accordance with the country's prioritization of the issue. Countries with greater need for strengthening vital statistics will be prioritized.

Headquarters: A P4/consultant to coordinate the plan with the involvement of at least two professionals from the Health Information and Analysis unit for its implementation.

English-speaking Caribbean: One position as focal point for the subregion (P3 or P4).

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

- Implementation: 2017-2022.
- Updating stage: 2017-2018.
- Consolidation stage: 2019-2020.
- Mid-term review: 2019; Final evaluation: 2022.

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. **Agenda item:** 4.7. Plan of Action for the Strengthening of Vital Statistics 2017-2022
2. **Responsible unit:** Communicable Diseases and Analysis of Health/Health Information and Analysis (CHA/HAS)
3. **Preparing officer:** Dr. Gerardo de Cosio, Chief, Health Information and Analysis Unit
4. **Link between Agenda item and [Health Agenda for the Americas 2008-2017](#):** The component related to “Strengthening the National Health Authority”
5. **Link between Agenda item and the [PAHO Strategic Plan 2014-2019](#):**

Category 4 (“Health Systems”), program area 4.4 (“Health systems information and evidence”), outcome (OCM) 4.4 (“All countries have functioning health information and health research systems”). The *Plan of Action for the Strengthening of Vital Statistics 2017-2022* helps achieve nine impact indicators, since having reliable, timely, quality data with optimal coverage is essential for decision-making and the monitoring and evaluation of said indicators. Furthermore, activities undertaken for the strengthening of vital statistics are strongly linked with categories 1, 2, 3, 5 and 6.
6. **List of collaborating centers and national institutions linked to this Agenda item:**
 - For the countries of the Region: health statistics offices at the ministries of health, civil registry offices, national statistics institutes, collaborating centers of the WHO Family of International Classifications Network (WHO-FIC Network) of PAHO/WHO of Argentina (CACE), Cuba (CECUC), North America (for the United States and Canada, NCHS), Mexico (CEVECE), Venezuela (CEVECE) and the National Reference Center (NRC) of Chile; universities, schools of medicine, schools and institutes of public health. Other national governmental offices linked to the production and analysis of health and related data.
 - Subregional initiatives: Southern Common Market (MERCOSUR), Andean Health Agency-Hipólito Unanue Agreement (ORAS-CONHU), Union of South American Nations (UNASUR), Meeting of Ministers of Health of Central America (COMISCA), Special Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD), and the countries of the Caribbean through the Caribbean Public Health Agency (CARPHA), among others.
 - United Nations agencies: United Nations Statistics Division (UNSD), Population Division of the Economic Commission for Latin America and the Caribbean (CELADE/ECLAC), Statistical Conference of the Americas (CEA-ECLAC), Latin American Population Association (ALAP), Latin American Demography Association (ALADE), among other associations. Other networks: RHINO.
 - Multilateral and development partners: United States Agency for International Development (USAID), *Global Affairs Canada*, and Mexican Agency of International Development

Cooperation (AMEXID), among others.

- Academic and research community: National Institute of Public Health of Mexico (INSP), Center for Health Research and Studies of Nicaragua (CIES), Institute of Public Health of the University of Lanús of Argentina (ISCo), Latin American Population Association (ALAP), Latin American Demography Association (ALADE), among others.
- Other PAHO units: Family, Gender, and Life Course (FGL); Health systems and services (HSS); Gender and Diversity (GD); Latin American Center for Perinatology (CLAP); Department of Communications (CMU); Knowledge Management, Bioethics, and Research (KBR); Sustainable Development and Equity in Health (SDE), among others.

7. Best practices in this area and examples from countries within the Region of the Americas:

- Latin American and Caribbean Network for the Strengthening of Health Information Systems (RELAC SIS) (www.relacsis.org).
- Ibero-American Network of Collaborating Centers for the WHO Family of International Classifications Network (WHO-FIC Network).
- Virtual course on properly completing and filing death certificates, available in three languages (Spanish, English and French) (www.relacsis.org).
- Intercountry component of the plan of action to strengthen vital statistics within the framework of South-South cooperation.
- Development of human resources training methodologies and updating of classification systems for the PAHO/WHO Family of International Classifications.
- Development of practices for data production at different levels and sectors.
- Networking with other United Nations agencies for work on vital statistics.

8. Financial implications of this Agenda item:

It is estimated that additional investments of approximately US\$7.5 million, or an average of US\$1.5 million per year, are necessary to strengthen health information systems in the 2017-2022 period. Investment in health information systems is essential to monitor and evaluate all the targets set in the PAHO Strategic Plan and measure their impact. It is particularly noted that this work plan stresses the strengthening of vital statistics at the subnational levels and in countries' priority sectors, as well as in the Secretariat.
