ABSTRACT. The PAHO Regional Core Health Initiative (RCHDI) was launched to improve the capacity of the Secretariat and Member States to collect and analyse health information to understand the health situation of the people of the Americas and to direct technical cooperation actions.

A core set of indicators allows the documentation of inequalities, focused health interventions and facilitates scarce resource allocation, and more. In the last decade, a proliferation of health interventions and facilitates technical cooperation actions. A core set of indicators allows the documentation of inequalities, focused health interventions and facilitates scarce resource allocation, and more. However, indicators need to be automatically equal to good quality indicators. Indicators need to be accurate the figure needs to be determined quality is accuracy. To be obtained values and the (unknown) true value, taking into account a fraction of the list.

The PAHO Regional Core Health Initiative (RCHDI) was launched to improve the capacity of the Secretariat and Member States to collect and analyse health information to understand the health situation of the people of the Americas and to direct technical cooperation actions.

We reviewed the indicator/data quality dimensions of OECD, the Canadian Institute for Health Information, RIPSA, Eurostat, USAID, Measure Evaluation, University of Queensland/Knowledge Hub, and PAHO. We selected five of 21 dimensions that correspond to the current data review process at CHA/HA for the annual collection of selected basic indicators from Member States and PAHO units (Figure 1).

We are describing the criteria dimensions as minimum requisites for good quality indicators.

**Step 1: Review accuracy**

Accuracy is the degree to which data correctly estimates the characteristics or event they are designed to measure. It refers to the closeness between the obtained values and the (unknown) true values. The most important criteria to determine quality is accuracy. To be accurate the figure needs to be acceptable. As indicators are approximation to reality, there is no correct figure but acceptable data we can work with.

The minimum required variables are:
1) definition, 2) unit of measurement; 3) which type of indicator (crude, corrected, estimated); 4) data collection methods; 5) data source; 6) completeness; 7) data provider (who collects, who is responsible for indicator management); 8) inform of any deviation to definition, coverage, change in collection method or source.

**Step 2: Review interpretability**

Interpretability refers to the availability of metadata to interpret and utilize data correctly. Is data understood? In this step, the importance is on data and ‘data about data’. Data should not be stored, reported or disseminated in isolation. For analyzing or comparing indicators, data needs to be accompanied with metadata to understand the degree to which the indicator adheres to national and international standards.

- Verify universe and cross-check with estimates.
- One need to assess whether the ‘universe of expected observations’ has been used to calculate the indicator. To get an understanding of completeness, indicator should be compared with estimates from national or/and international sources.

**Step 4: Review consistency**

Consistency refers to the comparability of data over time, between datasets and over geographic areas. With consistency we want to assess if data is coherent from one year to the other, coherent with other indicators (across datasets) and also with other geographic areas (across provinces and municipalities).

- Verify consistency over time
- Verify consistency across datasets
- Verify consistency across geographic areas

**Step 5: Review timeliness**

Timeliness refers to how current or up-to-date the data is at the time of release. Data needs to be available and current to serve their purpose. Timeliness derives from the relevance of the indicators for policy and program objectives. Frequency of updating and periodicity of dissemination should be established for each indicator depending on its pace of change.

**Step 3: Review completeness**

Completeness refers to the information system from which the results are derived and if data is appropriately inclusive. It represents the complete list of eligible persons or units and not just a fraction of the list.

**Conclusions**

Indicator quality depends on the quality of data that constitute its numerator and denominator, meaning accuracy, interpretability, completeness, consistency and timeliness. The systematic application of defined quality criteria is fundamental to guarantee the usefulness and comparability of indicators. Information technology should facilitate these processes. A technical team that is responsible for these important tasks should be assigned. Additionally important is the continuous dialogue between countries and international agencies to discuss data discrepancies and quality to incessantly overcome weaknesses in the performance of the health information system to have better data for health action.