



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



38th SESSION OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 24-26 March 2004

Provisional Agenda Item 11

SPP38/10 (Eng.)

3 March 2004

ORIGINAL: SPANISH

TEN-YEAR EVALUATION OF THE REGIONAL CORE DATA IN HEALTH INITIATIVE

The Regional Core Data Initiative (RCDI) was launched by the Pan American Health Organization (PAHO) in 1995 to monitor the attainment of health goals and compliance with the mandates of the Member States, in addition to ensuring the availability of a basic set of data to be collected annually, that would make it possible to characterize the health situation and trends in the countries of the Hemisphere. In order to achieve greater validity, harmonization, reliability, and timeliness, the core data have been defined jointly with the Member States and the Interprogrammatic Consultative Group of PAHO. The work of the RCDI is expected to improve the collection and use of information for management and decision-making in public health.

The availability of core data has made it possible to identify needs and set priorities in health—processes necessary for strategic management and planning in PAHO and the Member States. The RCDI has made a strategic contribution to the monitoring of compliance with regional and global mandates in health, notably those of Health for All, the World Summit for Children, and the Millennium Development Goals. RCDI indicators have been used in analyzing the health situation and trends, including the measurement of inequalities, necessary for orienting technical cooperation and mobilizing resources toward the populations that need them the most.

Thirty Member States have adopted the Initiative at the national level. Some 24 regularly produce and annually update a pamphlet of basic indicators and use it to identify needs or evaluate programs. Nevertheless, it is important to encourage and support the work with human and financial resources to sustain the Initiative.

This report to the Subcommittee on Planning and Programming presents an accounting of the results and impact of the RCDI 10 years after its launch, based on the established goal and objectives, and offers recommendations for consolidating and expanding the RCDI .

CONTENTS

	<i>Page</i>
Introduction.....	3
Background.....	3
Results of the Regional Core Data Initiative	5
Strategic Management and Planning	5
Technical Cooperation.....	7
Mobilization and Use of Resources.....	8
Results of the RCDI in the Countries	9
Specific Products of the Regional Core Data Initiative.....	10
Regional Pamphlet “Health Situation in the Americas: Basic Indicators”	10
Health Information System: Database and Collection Process	10
Glossary and Technical Notes for Indicators.....	11
Atlas of Basic Indicators.....	11
Country Health Profiles	12
Web-based RCDI Information System	12
Specific Products of the RCDI in the Countries	13
Pamphlets and National and Subregional Information Systems.....	13
Subnational Health Profiles and Methodological Guides.....	14
Outlook and Challenges.....	14
Action by the Subcommittee on Planning and Programming.....	15

Introduction

1. The Regional Core Data Initiative (RCDI) was launched by the Director of the Pan American Health Organization (PAHO) in 1995 to monitor the attainment of health goals and compliance with the mandates adopted by the Member States and the Pan American Sanitary Bureau (PASB), in addition to ensuring a basic set of data that would make it possible to characterize and monitor the health situation in the Region of the Americas.¹ In 1997, the 40th Directing Council of the Pan American Health Organization adopted Resolution CD40.R10² on the Collection and Use of Core Health Data to evaluate the health status of the population and health trends, providing an empirical basis for identifying the population groups with greater health needs, stratifying epidemiological risk, determining critical areas, and examining the response of the health services to provide input for policy-making and setting priorities in this field. This resolution, after the diverse resolutions issued on the subject by the Governing Bodies that have formed part of PAHO's institutional memory since 1911, is the mandate for institutionalizing the RCDI.³

2. The objective of the present document is to report to the Subcommittee on Planning and Programming (SPP) on the results and impact of the Regional Core Data Initiative in terms of its expected goal and the objectives achieved. The document also recommends to the SPP that the RCDI be consolidated and expanded to the national and local levels to strengthen surveillance and monitoring capacity in public health and health situation analysis.

Background

3. Since the period 1994-1995, in response to decentralization and the new functions and responsibilities assigned to the different levels of the health services, PAHO/WHO has recognized the importance of having data and indicators on the health situation to orient its technical cooperation programs,⁴ and it has widely promoted the development of

¹ Organización Panamericana de la Salud. Indicadores de Salud: Elementos básicos para el análisis de situación de salud. Boletín Epidemiológico OPS, 2001; 22 (4): 1-5.

http://www.paho.org/spanish/sha/be_v22n4-indicadores.htm

² Pan American Health Organization. *Collection and Use of Core Health Data*. Washington, D.C.: PAHO; 14 July 1997. (Document CD40/19)

<http://hist.library.paho.org/Spanish/GOV/CD/25287.pdf>. and Resolution CD40/R10.

http://www.paho.org/Spanish/GOV/CD/ftcd_40.htm#R10.

³ PAHO Institutional Memory. PAHO Resolutions 1902-2002: 3,186 entries in English; 3,296 entries in Spanish. *Principales Mandatos de los Cuerpos Directivos vinculados a Información y Análisis de Salud*. 2003.

⁴ Dr. Alleyne G.A.O. *Perfiles de País y Datos Básicos: Funciones y Responsabilidades*. Washington D.C.: Organización Panamericana de la Salud. Memorandum [HDP/HDA/E8/28/1(986)], 1 August 1995.

core data as a comprehensive set of basic health indicators to quantitatively characterize the situation of a country or region. It was anticipated that once established, this process would reduce the number of requests to the Member States for health information and facilitate monitoring and analysis of the health situation. At the same time, the technical programs at Headquarters and the PAHO/WHO Representative Offices in the countries were given responsibility for the selection, collection, organization, maintenance, and use of the data and information, putting coordination in the hands of the Program on Health Situation Analysis (HDA), currently the Health Analysis and Information Systems Area (DD/AIS) of PAHO.

4. In 1996, several meetings were held to discuss the definition, collection process, and categories for the core data, their use in the preparation of country profiles, and the methodologies for health situation analysis. An Interprogrammatic Consultative Group on Core Data and Health Analysis was formed to implement the regional plan of action and stipulate the content, definitions, and sources of the indicators. The Group also set up mechanisms for collecting and validating the data and for studying and monitoring the implementation of the process in general. Visits were also made to all the Representative Offices to consult with and inform them about the Regional Initiative⁵.

5. In 1997, the Executive Committee and the Directing Council of PAHO/WHO respectively adopted Resolutions CE120.R7 and CD40.R10 on the Collection and Use of Core Health Data and recognized the regional effort to consolidate an automated technical information system in health that would facilitate speedy access to basic information on the health situation of the countries of the Region. They also recommended that the indicators be used in the formulation, modification, and evaluation of health policies and programs.

6. The Core Data/Country Profile Initiative has the following goals:

- (a) to orient strategic policy management;
- (b) to facilitate the setting of priorities for action in the health sector;
- (c) to improve the evaluation and adaptation of technical cooperation in each of the countries and programs, redefining priorities, strategies for action, and resource allocation;

⁵ Castillo-Salgado C. *Perfiles de País y Datos Básicos*. Washington D.C.: Organización Panamericana de la Salud. Memorandum [HDP/HDA/E8/28/1(1822)], 8 December 1995.

- (d) to assist the countries in devising investment strategies or special programs for health policy or health services development, as well as the prevention and control of specific health problems;
- (e) to facilitate the mobilization of financial resources;
- (f) to orient research priorities;
- (g) to periodically distribute reports on health trends in each country and the Region as a whole, using the analytical frameworks stipulated in their mandates, such as Health for All and the Renewal of Health for All.

7. It should be noted that since its revival in 2000, the Regional Advisory Committee on Health Statistics has backed efforts to improve the quality, criteria for validity, and consistency of core data.

Results of the Regional Core Data Initiative

8. The goal of the RCDI is to increase the capacity of PAHO/WHO to generate the knowledge that will make it possible to describe and explain the health situation and health status of the population of the Americas and to select health interventions that are both equitable and efficacious. The combined efforts of the Member States and the Secretariat to implement the RCDI over the past 10 years have been satisfactory in terms of meeting the goal; however, this joint effort must be renewed to expand and institutionalize the initiative at the local level.

Strategic Management and Planning

9. The RCDI has shown that it is possible to create a database of essential, standardized, valid, consistent, regular, and timely information, which is critical for health situation and trend analysis. Because they are an essential input, RCDI indicators have been used in situation analyses for setting priorities within the Strategic Plan 2003-2007 for the Pan American Sanitary Bureau.⁶ As indicated further on, the basic indicators have also been used at the country level in the ministries of health to develop national health plans and intersectoral policies.

10. The use of these indicators by national authorities and other entities has raised awareness about the need for valid, consistent information for decision-making. It has

⁶ Pan American Health Organization. Strategic Plan 2003-2007 for the Pan American Sanitary Bureau. Washington, D.C.: PAHO; 3 May 2002. (Document CE130/12).
<http://www.paho.org/English/GOV/CE/SPP/spp36-04-e.pdf>.

also led to a critical review of the processes involved in the production, collection, integration, and dissemination of health information in both the Member States and the Secretariat. This awareness is also reflected in a recognition of the need to upgrade systematic national information systems and interconnect and coordinate them to ensure a better response to information needs. In this regard, with respect to indicators and information, Brazil's experience with its Interagency Health Information Network (RIPSA), based on the RCDI model, is one of the most successful institutionalized examples of consensus, standardization, collection, coordination, and availability for different types of users, accessible on the Internet. RIPSA brings together national institutions with responsibilities in the production and analysis of health data. This effort has earned the recognition of Brazil's Ministry of Health, which is allocating the additional resources necessary for the coordination, production, and dissemination process.

11. The creation of *health situation rooms* in the countries represents a new approach to the strategic use of information. One of the key inputs for their operation in the countries that have set them up has been the core data.

12. Another strategic aspect of the RCDI has been its use in monitoring compliance with mandates and commitments and the progress of regional and global health initiatives. One of the most important global initiatives is the Millennium Development Goals (MDGs).⁷ The MDGs were adopted by 189 member states of the United Nations in 2000 and are to be met by 2015 in each of the seven designated areas, which include health. In this regard, it should be pointed out that there are 19 MDGs indicators related to health. The RCDI currently includes 12 of them; it will soon add another one with some program adjustments, and three more could be available in the near future. Finally, the remaining three will require a special data-collection effort. Other important examples of the use of these indicators are the monitoring and evaluation of the Health for All by the Year 2000 strategy and the monitoring of the goals set at the 1990 World Summit for Children.

13. It is important to note the links between the RCDI and other global health information initiatives, such as the Health Metrics Network (HMN), sponsored by the World Health Organization, the Joint United Nations Program on HIV/AIDS (UNAIDS), the United Kingdom's Department for International Development, the U.S. Agency for International Development (USAID), the Bill and Melinda Gates Foundation, and technical experts from various countries. The HMN was recently set up to increase the availability and strategic use of health information. According to its strategy paper on

⁷ United Nations. *United Nations Millennium Declaration*. General Assembly, New York: UN; 18 September 2000 (Document A/RES/55/2) <http://www.un.org/millennium/declaration/ares552e.pdf>

areas of work for 2004-2009,⁸ the HMN has recognized the need for strengthening national health information systems and access to information on AIDS, tuberculosis, and malaria, integrating equity into these systems, monitoring basic demographic events, and conducting disease surveillance. The HMN has identified several key stages for the reform of national information systems, which should be adapted to each country: (a) establishing or strengthening a national mechanism involving the participation of donors and other stakeholders, and spearheading the reform of health information systems; (b) preparing policy guidelines and conceptual frameworks that explicitly consider equity; (c) building consensus on the basic indicators, the standardization of definitions, and the harmonization of data collection instruments; (d) responding to resource- and capacity-building needs at all levels; and (e) preparing, organizing, and disseminating health information modules to stimulate the demand for information and increase the use of information at all levels. The first program component proposed in the HMN is the development and harmonization of standards and regulations for monitoring basic indicators through the national data collection systems.⁹ In this regard, the RCDI and RIPSAs are examples or models of lessons learned for the HMN, with 10 years of documented experience in the Region—initiatives that have passed through the different stages identified.

Technical Cooperation

14. One of the basic values of PAHO/WHO is equity in health. This first step in the search for equity is to measure and monitor inequalities in health. The RCDI has made it possible to measure the health situation and the changes in health status through a standardized database. One of the best examples in this regard is the quadrennial publication *Health in the Americas*. During the various phases in the preparation and editing of the 2002 edition, it became clear that, in documenting inequalities in health, countries that participated in the regional initiative and had a national initiative were able to accomplish the task more easily, achieve greater consistency, and obtain the necessary documentation. The basic indicators have been used in the regional health situation analyses for the *Annual Reports of the Director* of PAHO since 1995. The availability of basic indicators disaggregated at the subnational level since 1999 has made it possible to introduce a change of paradigm in data analysis based on the exclusive use of national averages in the distributions, making it possible to show health inequalities and their territorial distribution patterns. The dissemination of specific methodologies for documenting inequalities, identifying health needs, and setting priorities through the

⁸ Health Metrics Network (white paper). *Synthesis of planning stage & proposal for areas of work 2004-2009*. Draft 9 December, 2003

⁹ World Health Organization. *Health Metrics Network*. Presentation at the International Roundtable on Better Measuring, Monitoring, and Managing for Development Results. June 5-6, at World Bank headquarters.

reports mentioned above has made it possible to boost national analytical capacity, promoting similar efforts within the countries.

15. PAHO/WHO has decided to intensify its activities, centering them in the countries, especially those with greater technical cooperation needs. In setting priorities, the core data and country profiles have been essential for identifying priority countries and areas for cooperation. For example, the current priority countries for PAHO/WHO cooperation—Bolivia, Guyana, Haiti, Honduras, and Nicaragua—are in the group with the greatest health problems and the least resources to address them.¹⁰ The RCDI indicators are also used in the preparation of the Biennial Program Budgets (BPB) for specific aspects of PAHO/WHO technical cooperation.

16. The impact of the RCDI has spread far beyond the borders of the Western Hemisphere and the WHO Regional Office for the Americas (AMRO). Its impact has led several Regions of WHO to request collaboration and technical cooperation to develop their own core data initiatives.

17. Since 1999, the WHO Regional Office for Southeast Asia (SEARO) has published a pamphlet of basic indicators based on the PAHO/WHO model, but with adaptations for the situation, interests, priorities, and availability of information in its region. One of the significant aspects of that pamphlet is the inclusion of a specific category for indicators of gender equity. In late 1999, SEARO identified the RCDI as one area of collaboration that could be entered into with PAHO. As a result, professionals from SEARO have visited PAHO/WHO and vice versa to transfer the RCDI table generator to SEARO and adapt it.

18. In 1999, the WHO Regional Office for the Eastern Mediterranean (EMRO) began publishing its pamphlet of basic indicators, based on the PAHO/WHO model. The pamphlet contains country health profiles similar to those of PAHO, and EMRO has requested cooperation in the area of geographic information systems.

Mobilization and Use of Resources

19. In the targeting of investment resources, the donor agencies have used the basic indicators and country profiles to identify the areas with the greatest need and priority countries. In many cases, the monitoring of improvements in the basic indicators is used to evaluate the success of programs set up with donor funds.

¹⁰ *Ibid*, reference 6, pg. 22

20. One of the serious problems that the countries face when conducting situation analysis is the vast quantity of data and information collected, which hinders the rational use of resources. The use of basic indicators, instead of employing an exhaustive approach, allows for better utilization of resources and consolidates the number of indicators needed, which affects the validity and quality of the data included in the RCDI. Using standardized data and basic indicators collected annually has cut down on the waste of resources, duplication of efforts, and requests to the countries for information.

Results of the RCDI in the Countries

21. Between December 2003 and January 2004, with assistance from the focal points in the PAHO/WHO Representative Offices, DD/AIS conducted a special survey to evaluate the impact of the RCDI in the Region of the Americas. Information was obtained from 37 countries, including the French departments.

22. The results of the survey indicate the following:

- With respect to adoption of the RCDI, 30 Member States have a National Core Data Initiative, with national groups actively participating in its construction and updating.
- Sixteen Member States indicate that they currently use or have used the RCDI for measuring inequalities; 21 use them for measuring needs and setting priorities; and 12 for program evaluation, which indicates the wide range of its impact.
- With respect to coherence between RCDI monitoring efforts and those of other initiatives, 17 countries cite coordination with the MDG.
- Following the regional example, 24 countries indicate that they update and periodically distribute a pamphlet/folder or other printed material with basic indicators, or else use electronic distribution methods (CD-ROM, Web-based information systems, tables in Web pages, etc.). Between 1995 and 2002, the number of countries with some related product tripled.
- In 25 countries, 90% of the indicator definitions in the last publication of national core data are consistent with the RCDI glossary, reflecting the impact of the RCDI and the consensus around it.
- Among the most significant problems mentioned in terms of implementing and maintaining the RCDI were lack of human resources, limited access to information or data, and an absence of political backing and financing.

23. Among the countries' most frequent recommendations for strengthening activities in connection with the RCDI were improving the flow of information between the countries and PAHO/WHO Headquarters and greater promotion and dissemination of information about this initiative in the ministry of health. They also pointed out that DD/AIS can help consolidate the national RCDI.

Specific Products of the Regional Core Data Initiative

Regional Pamphlet "Health Situation in the Americas: Basic Indicators"

24. In 1994, work began to prepare and assist the Member States and PAHO/WHO Representative Offices in the production of the first regional pamphlet of basic indicators, published in 1995. The pamphlet has been published every year since, without exception. The 2003 version contains 58 indicators (10 demographic, 8 socioeconomic, 15 on mortality, 12 on morbidity, and 13 on resources, access, and coverage). In 1995, more than 70% of the countries had indicators in each category, except mortality, where only 20 out of the 48 countries had them. In 2003, in contrast, this information was available for 40 countries. Between 1995 and 2003, the number of basic indicators in the regional pamphlets increased from 7 to 12 in the morbidity category, while the number of subregional indicators increased from 33 to 51. The 2003 version contained population pyramids for the subregions and a theme map showing the unequal distribution of infant mortality at the subnational level in countries of the Americas that have national core data initiatives; this was the first time that these were included. It should be noted that this pamphlet includes positive health indicators.

25. It should be noted that several other regional efforts to publish thematic pamphlets have been made with PAHO/WHO assistance, covering topics such as gender, maternal and child health, and the health of indigenous populations.

Health Information System: Database and Collection Process

26. The content of the RCDI database was defined after extensive consultations between the Member States, the PAHO/WHO technical units and Representative Offices, and groups of national experts. A total of 117 national indicators were selected, broken down into five categories:¹¹ demographic (10), socioeconomic (10), mortality (31), morbidity and risk factors (30), and resources, access, and health service coverage (36). Some of the indicators are disaggregated by age, sex, urban-rural distribution, which makes for a total of 401 items of data for each of the 48 countries and territories of the Region.

¹¹ *Ibid* reference 2.

27. In terms of completeness, there is significant variation in the database with respect to the number of indicators available by country and year. A study in early 2004 indicates that the database has barely 49% of them. It has been more difficult to obtain indicators in some categories, especially because national information systems are either not operating in a relevant and timely manner or are not available. This is true mainly for the morbidity, health services, and mortality indicators. At the country level, the median coverage of indicators is 49%, with a range of 12% to 90%. This shows that, notwithstanding the countries' commitment, there still is room for improvement. It should be mentioned that, after meetings of the Interprogrammatic Consultative Group on Core Data and Health Analysis, it was decided that nine indicators lacking information for several years would not be made available to the public.

Glossary and Technical Notes for Indicators

28. In 1995, work began on the compilation of a glossary and technical notes for indicators. In 2003, after several revisions, standard definitions were developed, with a glossary for all the indicators that includes a description of the indicator, technical notes, the type and unit of measurement, categories, and subcategories. The definitions are being complemented with additional technical notes on the interpretation, use, and calculation of the indicators.

29. It should be mentioned that among the countries of the Region, Brazil has made real progress in this direction, publishing *Indicadores Básicos de Saúde no Brasil: Conceitos e Aplicações*¹² (Basic Health Indicators in Brazil, Concepts and Applications), a manual on the use of the indicators that includes technical notes for each of them.

Atlas of Basic Indicators

30. In 1996, the first Atlas of Basic Indicators, based on data from the Basic Indicators pamphlet of 1995, was produced and placed on the Internet. The Atlas was conceived to document the territorial distribution of health inequalities in the countries through 55 maps, accompanied by graphics showing the countries in the most difficult situation. In 2003, a new, more dynamic version of the Atlas was developed with data from Basic Indicators 2002. Some indicators have maps with graphic overlays to show trends, the distribution in population groups, or a related indicator. The Atlas has direct links to the data and health profiles of each country.

¹² Rede Interagencial de Informações para a Saúde. *Indicadores básicos de saúde no Brasil: conceitos e aplicações*. Brasília: Organização Pan-Americana da Saúde, 2002.
<http://www.opas.org.br/sistema/arquivos/matriz.pdf>

Country Health Profiles

31. In 1999, taking advantage of the release of *Health in the Americas, 1998 Edition*, summaries from this report, based on the country chapters, were published on the Internet. These were accompanied by a selection of indicators from the core data system. Although they had a somewhat uniform structure, comments from different types of users indicated the need to summarize them even further to facilitate their use. Even though the indicators were updated annually in subsequent years, the summaries were not. In 2003, the profiles were updated and made more uniform and compact. These more selective summaries highlight the health inequalities in the countries. In addition to the indicators mentioned, this version includes standard graphics for selected indicators. The profiles illustrate the health situation and trends in particular. However, they do not describe special situations that need to be described at particular times. It is felt that this aspect should be updated more regularly (at least every six months) by the PAHO/WHO Representative Offices, in collaboration with the countries and with DD/AIS support.

32. It is important to note that between the 1999 and 2003 profiles, there has been a marked improvement in the countries' analytical capacity. The next step is to develop health profiles for border areas and subregions, examples of which are the efforts made at the U.S.-Mexico border and in the Central American countries and the Dominican Republic under the the Information and Communication for Health project (INFOCOM) initiative.

Web-based RCDI Information System

33. When the RCDI was created, the need for developing an information system to support it became clear. Providing interactive access to the data over the Web was made a priority, enabling users to obtain necessary information.

34. From 1996 to 1997, with support from the regional health library (BIREME), HDA set up a Web-based system to facilitate access to the indicators for the latest available year. From 1998 to 1999, HDA developed a Web-based table generator that works with three dimensions of the indicators (indicator, country, and year), which can be manipulated to produce tables for analyzing the trend of an indicator or the overall situation of a country, or for comparing the indicators of several countries in a single year. This system was launched by the Special Program for Health Analysis (SHA, previously HDA) in 1999 with data from 1990 to 1999 and included the glossary and country health profiles. From 2000 to 2002, new components were developed to facilitate the interpolation of data and the adjustment of rates, as well as the preparation of reports. In 2003, the user interface was redesigned to make it consistent with the PAHO/WHO corporate identity and facilitate use. During this time an instrument was developed to

directly generate the Excel grid for the Basic Indicators pamphlet from the database. This made it possible to make corrections and modifications more efficiently than in previous years, with greater control in the production of the pamphlet.

Specific Products of the RCDI in the Countries

Pamphlets and National and Subregional Information Systems

35. In 1995, only five of the 48 countries—Bolivia, Costa Rica, Guatemala, Honduras, and Mexico—published a pamphlet with national core data. Eight years later, 24 countries have published at least one pamphlet of basic indicators. The countries/territories that have published such pamphlets are: Argentina, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, United States America, Uruguay, and Venezuela. It should be pointed out that 10 of these countries have been publishing pamphlets of basic indicators for over four years.

36. In 2002, the *Folleto de indicadores básicos de salud de Centroamérica y la República Dominicana 2002* (Pamphlet of Basic Health Indicators for Central America and the Dominican Republic, 2002) was published, constituting the first example at the subregional level, with subnational information for 34 indicators. This pamphlet is the product of the joint efforts of the Central American countries under INFOCOM, and it was published after several consultations and subregional workshops with the national authorities.

37. In 2003, the pamphlet *Basic Indicators 2003; Health Situation on the U.S.-Mexico Border* was published. This contains a set of basic indicators for the sister communities of the U.S.-Mexico border that was born of the efforts of the PAHO/WHO Field Office for the U.S.-Mexico border and the Governments of Mexico and the United States at different levels. It presents information comparing data from the national level with data from the border states and the 29 sister *municipios* along the border.

38. At least 15 countries have developed information systems or have core data information published on the Internet. Significant among these efforts is the work of Brazil, which has an Internet-accessible system developed by DATASUS¹³ that includes a time series of several years for subnational indicators in different categories.

¹³ Ministerio de Salud del Brasil. DATASUS. *Indicadores e Dados Básicos - Brasil - 2002*. <http://tabnet.datasus.gov.br/cgi/idx2002/matriz.htm>.

Subnational Health Profiles and Methodological Guides

39. Some countries in the Region—specifically Argentina, Brazil, Chile, Costa Rica, Cuba, Nicaragua, and Peru—have prepared subnational health profiles, many of which were presented at the II Meeting of National Directors of Epidemiology and SHA Focal Points in Brasilia in 2002. In Argentina, for example, the efforts launched in 1997 have made it possible to generate and distribute a variety of information to the country's health sector (e.g, national health situation analyses, and studies on the training provided to subnational and national teams in methods and instruments for epidemiological data analysis) and to distribute nearly 10,000 copies of the pamphlet with the country health indicators nationwide, to both the national and provincial levels.

40. The National Epidemiology Center of Brazil, in conjunction with SHA, developed methodological guidelines for measuring inequalities in health, with examples based on the country's basic indicators.

Outlook and Challenges

41. The RCDI is a health sector planning and evaluation activity that should be consolidated and expanded to the subnational level in every country in the Region of the Americas. It is the only comprehensive health sector initiative that covers the entire population. PAHO/WHO's experience with the RCDI, both in the Secretariat and the countries, makes it possible to guarantee the current support and improvement of the entire process in the immediate and medium-term future. The impact achieved in terms of participation and the use of the RCDI in its years of operation supports this recommendation.

42. At the country level, it is recommended that more human resources be allocated to this activity, promoting access to information and its analysis and dissemination, and providing greater political and financial support for the RCDI.

43. It is suggested that support be provided for the development and improvement of the countries' health information systems, and that information flows between the countries and PAHO/WHO be improved by promoting and disseminating information to the ministries of health and other sectors related to health. At PAHO Headquarters, it is proposed that DD/AIS continue supporting the RCDI to help consolidate and maintain the initiative in the future.

44. It is recommended that coordination with public and civil society institutions, international banks, international organizations, and networks like the Health Metrics

Network be improved to strengthen international public health, based on results, with equity, quality, and effectiveness.

Action by the Subcommittee on Planning and Programming

45. This document is submitted to the Subcommittee on Planning and Programming, upon the completion of 10 years since the launch of the Initiative, to report on its progress, make suggestions, and elicit comments for future activities.

- - -