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CORE DATA

The Pan American Health Organization is collaborating with the Member States to strengthen the generation, processing, and analysis of pertinent and timely information for the formulation of health and environmental policy, the reorganization of the health services, health promotion, disease prevention and control, the programming and evaluation of interventions, and mobilization of resources.

Technical information systems contribute to knowledge about the health and well-being of the population and stimulate the use of the available information, helping to improve its quality and strategic utilization.

This document describes the core data and country profile initiative, which is being developed at PAHO with the collaboration of the countries, the regional technical programs, the PAHO/WHO Representative Offices, and the centers, in order to improve the Organization's ability to describe, analyze, and explain, in a timely and up-to-date manner, the situation and trends of the health problems that it must address. This work is closely linked to technical cooperation activities so that the countries will strengthen this same capacity to effectively analyze their health situation and the thrust of their health interventions in order to reduce inequities in health.

The components of the core data and country profile initiative include, for each country of the Region: a list of basic indicators; an executive summary of the health situation and its trends; several figures and maps that illustrate the health situation; a list of bibliographic references to support the aforementioned components.

The Subcommittee is invited to comment on the core data and country profile initiative, especially on how to speed up the implementation process and on how the results can be used in an ongoing and timely manner in the countries.

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Annex

1. Introduction

The selection, collection, organization, maintenance, and use of data and information to describe, analyze, and explain the health situation of the countries are essential functions of the Pan American Health Organization.

Indeed, as stated in the Pan American Sanitary Code, the 4th World Health Assembly resolved that one of the main purposes of the World Health Organization (WHO) is "to build up gradually at Headquarters a body of sound statistical information and advice, covering all parts of the world, by which the policy of the Organization, including the regions, can be guided and its operations and results measured . . ." (WHA4.3).

The Strategic and Programmatic Orientations of PAHO 1995-1998, state, "In each country, it will be necessary to establish the profile and characteristics of inequity in different population groups and geographic areas in order to determine what action should be taken to eliminate it." (SPO, p. 14).

The Ninth General Programme of Work of WHO, 1996-2001, underscores the importance of health situation analysis and trend assessment in technical cooperation to the countries and validates the role of the responsible technical program of PAHO/WHO (HDA) in directing and coordinating regional efforts.

Carrying out the essential function of managing information on the health situation implies the review, modernization, and interconnection of both the available databanks and information throughout the Organization and the systems for managing them.

Responsibility for coordinating this function at PAHO has been assigned to HDP/HDA, in coordination with various technical and administrative units. The Director of PAHO has also created an Interprogram Advisory Group for Core Data and Health Situation Analysis that collaborates with HDP/HDA in the preparation of recommendations for the Director concerning: the definition of the regional core data and the proposed set of core data that will be established at the Representative Offices; mechanisms for collecting and updating the data; and monitoring of the implementation of the process as a whole.

2. Goal of the Core Data and Country Profile Initiative

The goal is to strengthen the capacity of PAHO to generate knowledge that will make it possible to describe and explain the situation with respect to the health and well-being of the population of the Americas, and to select health interventions that are both equitable and effective.

3. Purpose of the Core Data and Country Profile Initiative

The basic purpose is to provide, expeditiously and directly, a steady stream of information on the health situation and trends that will serve as input for:

- (a) strategic policy management;
- (b) the setting of priorities for health sector action;
- (c) the evaluation and modification of technical cooperation in each country and program, redefining priorities, action strategies, and resource allocation;
- (d) support for the countries in drafting investment proposals or proposals for special programs geared to the development of health policies or services and for the prevention and control of specific health problems;
- (e) the mobilization of financial resources;
- (f) the definition of research priorities;
- (g) the periodic dissemination of reports on trends in the health situation in each country and the Region as a whole, within the analytical frameworks defined by their mandates, such as health for all and the renewal of health for all.

4. Institutional Technical Information Needs

Technical information that provides knowledge of the situation with respect to health and well-being in the countries of the Region is an intrinsic part of the Organization's activities, both internal and external. Internal functions refer to the planning, programming, and evaluation of technical cooperation, and external functions, to the execution of technical cooperation within and among the countries.

The term "health situation analysis" refers to a key component that is the basis for policies and strategies in public health. In addition to providing information on the social, political and economic context, this type of analysis contains detailed data on the health problems of the population, the services, and other resources, thereby permitting identification of the principal obstacles to sustainable human development with equity.

This facilitates the establishment of areas and topics that will guide the formulation of specific programs and projects, making it possible to monitor and evaluate their impact on the health and development of the population.

Since this is an essential function of PAHO's work, the core data should be permanently available and up-to-date at all operational levels of the Organization. This will make it possible to generate, review, and provide more in-depth knowledge about the distribution and trends of the problems that the Organization must address. Each Representative Office, center, and division is responsible for determining the data/specific information needed to develop a profile of its respective areas and/or problem(s). Maintenance and updating of the databases for each country should be carried out jointly with the national authorities and the staff in each PAHO/WHO Representative Office, and these databases should be accessible to the other levels of the Organization.

The dissemination of technical information is a functional approach utilized by all of the divisions, Representative Offices, and centers when programming their technical cooperation activities. Here, reliable information on the health situation is needed for the preparation of publications such as: the *Annual Report of the Director*, *Health Statistics from the Americas*, *Health Conditions in the Americas*, *Evaluation and Monitoring of HFA-2000*. Preparation of these documents requires ongoing maintenance of the databases and analysis which, in turn, promotes the enrichment of science, translating into consistent products that are useful in decision-making.

One the most relevant challenges in technical cooperation within and among the countries is facilitating the upgrading and effective use of the information systems and analytical capability of the countries of the Region. This capability should permit expeditious quantification of the unmet needs in health care and the identification of neediest population groups at greatest epidemiological risk, to whom the priority actions should be directed. It should be underscored that the use of the information is what should guide this process and not the data or the infrastructure of the information systems.

5. Characteristics of the Basic Indicators

Considering the use criterion specified in the previous point, the basic indicators are the minimum data and information needed to describe the health situation in a country or area or even a specific problem, including the response of the health services and the available resources. The PAHO/WHO mandates and commitments regarding the collection and dissemination of health statistics, specified in resolutions of the Governing Bodies, define the initial criteria for selecting the indicators (see Annex). These mandates concern surveillance of public health problems, the evaluation of plans and programs, and the global commitments entered into by our Region. Other proposed indicators are included that are considered necessary for the evaluation of human resource capabilities in health. All of the selected indicators are quantitative in nature and at the same time meet the basic criteria of validity, objectivity, sensitivity, and

specificity. The feasibility of obtaining the necessary data for calculating the indicators at the current time was considered, but not as a *sine qua non*, so that they could be included in the list of basic indicators.

Organizing this set of basic indicators and making it available should reduce the demand on the Representative Offices and the countries and eliminate multiple requests for information by the various units at Headquarters, which needs data on the overall health situation of the population and on the health services in order to manage the technical cooperation.

The list of indicators agreed to at the regional level is common to all the countries of the Region. Moreover, the regional technical programs are in the process of organizing an expanded database for the core data that is specific for the data that best characterize their respective topics and areas.

It is proposed that the countries be the primary users of the basic indicators; this will require the identification of the specific information needs of each country. A decision will also have to be made about the level of geographical and demographic disaggregation of the data. Under the present system, the national level is the initial level for disaggregating the data; it is recommended that the disaggregation be extended to the subnational level in countries that can do so with the current information available.

Members of the Advisory Group and staff from the regional technical programs and the PAHO/WHO Representative Offices participated in the identification and selection of the indicators, under the coordination of the Program on Health Situation Analysis of the Division of Health and Human Development.

The initial version of the core data includes 118 indicators. Of these, 11 are demographic; 10 are socioeconomic; 31 are on specific mortality by age group, sex, and groups of causes; 30 are on morbidity and risk factors; and 36 are on the availability of resources, health care, and service coverage.

The basic indicators are stored in the following database structure:

- (a) countries: geographical level (subregion, countries, provinces, and municipios);
- (b) subject areas: demographic, socioeconomic, mortality, morbidity and risk factors, and resources/services/coverage;
- (c) components of the health situation: human development, health problems, health promotion and disease prevention, health services, scientific and technological resources;

- (d) variables: 118 indicators, grouped with their values, breakdown (sex and age group), reference year, sources, and notes;
- (e) glossary: text with the definition and method for calculating each indicator.

6. General Characteristics of the Core Data and Country Profile System

The current core data and country profile system possesses the following structural characteristics:

- (a) the system can process numerical data and text; users need a graphic interface (Windows/Internet);
- (b) it is a multiuser system that permits simultaneous and parallel access to the information by several users;
- (c) the system has a modular design; the current prototype captures numerical data and text; thematic maps will soon be added;
- (d) all fields will initially be available in three languages: Spanish, English, and Portuguese.

The database structure employs a format compatible with the Micro ISIS package, which is the version for the mini-microcomputers of UNESCO's CDC/ISIS. The current structure, moreover, permits its use in several platforms: Windows, OS/2, UNIX, and in PC, VAX, and HP equipment.

The basic indicators can be accessed from one or more servers on the World Wide Web using Netscape, MS Explorer, or another browser for accessing the Internet.

The Program on Health Situation Analysis of the Division of Health and Human Development is responsible for developing the system described herein, in collaboration with the Latin American and Caribbean Center on Health Sciences Information (BIREME). The data were obtained from the PAHO/WHO Representative Offices in the countries, other regional technical programs of the Organization, and national and international agencies.

7. Country Profiles

The country profiles are analytical reports on the general health situation and on specific problems in the country. These reports include the most recent and significant political, economic, and social developments; changes in the organization of the services,

health resources, and emerging health problems; and the principal technical cooperation activities of the Organization and other agencies.

8. Bibliographic Documentation and Dissemination

The quality and credibility of the data and analysis presented will be backed with appropriate documents and bibliographies. One of the components of the core data initiative is selecting, organizing, and making available bibliographic materials and documentation for consultation and reference on the country, trends in multilateral and bilateral technical and financial cooperation, specific health problems, the services, and health resources.

The information that is generated will be disseminated through flexible active mechanisms, utilizing the different media installed at the Headquarters library, BIREME, and other entities proposed by the Interprogram Group. For the basic indicators, the principal vehicle will be the Internet/Intranet. It is proposed that the data be available on three mirror servers located at Headquarters and in two other countries of the Region (Brazil and Barbados). Another medium for information dissemination will continue to be the publication of pamphlets, such as "Basic Indicators 1996," which since 1995 has presented 54 selected indicators from the initiative.

Health Conditions in the Americas, a quadrennial publication issued since 1954, will benefit from developments in the establishment of the basic indicators and the country profiles. The Organization expects to be able to document the changes and progress in health achieved by the countries, as well as the existing inequities among and within them. This publication presents the health situation of the peoples of the Region to the Pan American Sanitary Conference, as evaluated by the Secretariat of the Organization. In addition to the printed document, summaries of the country chapters are available on the PAHO Home Page.

A complement to the preceding publication is *Health Statistics from the Americas*. This biennial publication is devoted primarily to mortality and demographic data prepared from the mortality and demographic databases administered by HDP/HDA at Headquarters. Other kinds of data on the health situation of the population have gradually been incorporated (morbidity, for example).

The *Epidemiological Bulletin*, which appears four times a year, contains original articles prepared jointly with the different programs at Headquarters. This publishing effort represents an attempt to promote the exchange of information considered a priority for advances in the theory and practice of public health. Mention is made of the various international resources for eliminating obstacles to policy-making or to the implementation of public health programs.

Dissemination of information and epidemiological data includes, significantly, the response to ad hoc requests from other United Nations agencies, governments, investigators, health administrators, the mass media, business, and the general public that are channeled to the Organization through different mechanisms (telephone, fax, E-mail, letter).

9. Conclusions

The collection, analysis, use, and dissemination of health information are essential activities of the Organization as a whole, both in technical cooperation and in PAHO's own strategic policy management.

The core data and country profile initiative represents the most significant attempt by the Secretariat of the Organization to strengthen the existing technical information system in health in the Region of the Americas. This system will make it possible to bolster national capabilities together with those of the Secretariat in the production and utilization of the health situation analyses required for a better determination of the unmet health needs of the population. It will also make it possible to guide the formulation of health policies and programs in a responsible and timely manner and to undertake the reorientation and organization of the health services and a strengthening of the public health surveillance systems.

Since the indicators are the signposts of the health situation, service performance, or resource availability, they are subject to change in accordance with the changes in the health situation. Since the indicators included do not necessarily contain all the information used by the health programs, they should be complemented with the available bibliographic documentation and specific indicators, especially those of an operational nature. This will enable the programs to monitor the technical cooperation processes.

Finally, it is hoped that the products of the present core data and country profile initiative will be used as a reference by health professionals and encourage ongoing updating of the data.

MANDATES

- HFA (CFM3, WHO/HST/GSP/93.3, 1993)
- World Summit for Children (Interagency Coordinating Committee for the Americas)
- Regional Plan for the Reduction of Maternal Mortality in the Americas (CE111.R6, June 1993)
- International Drinking Water Supply and Sanitation Decade (Environmental Series No. 6, 1987)
- Expanded Program on Immunization (EPI)
- Implementation of the Expanded Program on Immunization and the Plan of Action for the Eradication of Indigenous Transmission of Wild Poliovirus from the Americas (CE109.R8, June 1992)
- Measles Elimination in the Americas (CE116.R7, June 1995)
- Reportable Diseases
- Elimination of Rabies (RIMSA8.R6, April 1993)
- Elimination of Congenital Syphilis in the Americas (CE116.R3, June 1995)
- Plan of Action for the Elimination of Vitamin A Deficiency from the Americas (CE109.R3, June 1992)
- Plan of Action for the Elimination of Leprosy from the Americas (CE109R.4, June 1992)
- Acquired Immunodeficiency Syndrome (AIDS) in the Region of the Americas (CE116.R8, June 1995)
- Ninth General Programme of Work (WHO/HQ/ISM/IDD.07/95). (This mandate only includes those that were not contained in WHO/HST/GSP/93.3, 1993)