



UN Statistics Division



Organization of American States

# PEVS - Regional Plan of Action for Strengthening Vital and Health Statistics

Workshop on the Principles and Recommendations for a Vital Statistics System, Revision 3, for Central American and Caribbean Countries

30 August - 2 September 2016, Guatemala City, Guatemala

Dr. Vilma Gawryszewski (OPS/CHA/ HA)



# Overview

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- ✓ Key messages
- ✓ Background
- ✓ Objectives
- ✓ PEVS overview.

# Key messages

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- Effective CRVS are critical to accurate planning and monitoring of health care systems.
- Accurate and timely vital statistics are key to monitoring progress in achieving national and global health goals.
- The post-2015 global priorities assume a level of morbidity and mortality knowledge which is currently lacking.

# The importance of health statistics for PAHO and countries

**PAN AMERICAN SANITARY CODE, November 14th 1924, launched in VII Pan American Sanitary Conference, signed by 21 countries**

## SECTION 3. MORBIDITY AND MORTALITY STATISTICS

Article 12. The International Classification of the Causes of Death is adopted as the Pan American Classification of the Causes of Death, and shall be used by the Signatory Nations in the interchange of mortality and morbidity reports.

Article 13. The Pan American Sanitary Bureau is hereby authorized and directed to republish from time to time the Pan American Classification of the Causes of Death.

Article 14. Each of the Signatory Governments agrees to put in operation at the earliest practicable date a system for the collection and tabulation of vital statistics which shall include:

1. A central statistical office presided over by a competent official.
2. The establishment of regional statistical offices.
3. The enactment of laws, decrees or regulations requiring the prompt reporting of births, deaths and communicable diseases by health officers, physicians, midwives and hospitals, and providing penalties for failure to make such reports.

Article 15. The Pan American Sanitary Bureau shall prepare and publish standard forms for the reporting of deaths and cases of communicable disease and all other vital statistics.

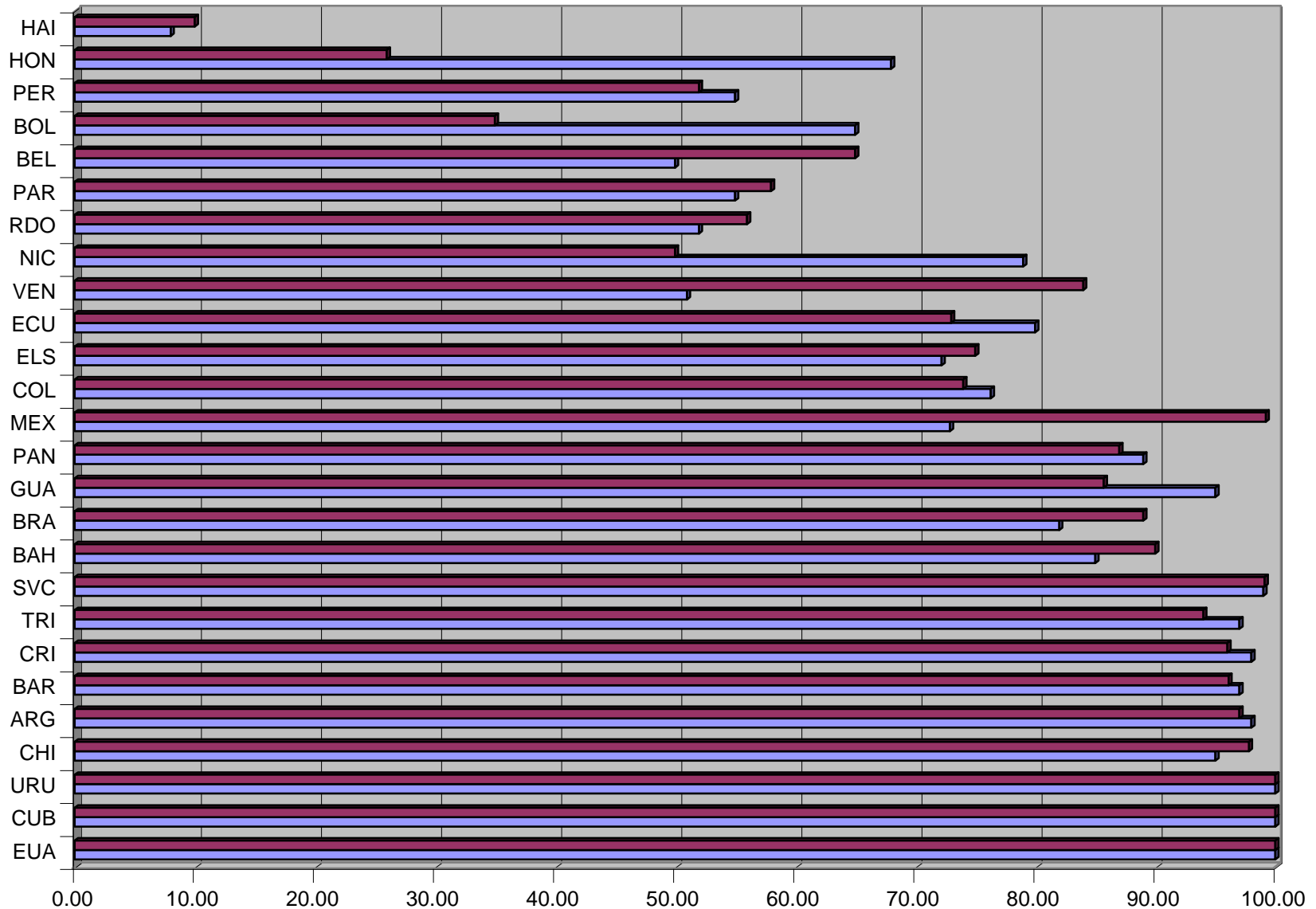


# Background

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- 1996: Regional Advisory Committee on Health Statistics (CRAES): situation analysis of health statistics in the region to promote improvements in the coverage and quality and other relevant to the health sector.
- 2004-2005: Analysis / diagnosis of the health situation of the countries.
- 2007: Strategy for Strengthening Vital and Health Statistics.
- 2008: Regional Action Plan for Strengthening Vital and Health Statistics (PEVS).

# Vital statistics coverage (first assessment)



# 2008: PEVS approved



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **48th DIRECTING COUNCIL** **60th SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 29 September-3 October 2008*

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*Provisional Agenda Item 4.5*

CD48/9 (Eng.)

7 August 2008

ORIGINAL: SPANISH

### **REGIONAL PLAN OF ACTION FOR STRENGTHENING VITAL AND HEALTH STATISTICS**

# PEVS- Plan de Acción Regional para el Fortalecimiento de las Estadísticas Vitales y de Salud.

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## Objectives:

- Provide technical cooperation to countries on the quality and coverage of vital and health statistics;
- Promote horizontal cooperation;
- Establish a collaboration mechanism between areas of the Organization;
- Coordinate with other international agencies and actors working on strengthening the Health Information Systems in the countries of the region.



# PEVS - Components

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- **Country**: Addresses the problems identified in each country, involving specific actions.
- **Intercountry**: Includes activities shared by a group of countries with common problems (coverage, quality) and common solutions (regional courses, use of standard software or classifications)

# PEVS - Components

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- **Corporative**: PAHO Secretariat in the delivery of technical cooperation and complementary joint actions to develop HIS in countries.
- **Multiagency**: Considers the common needs of the agencies in terms of validity and reliability of statistics, and the harmonization of technical cooperation in the field of strengthening of HIS.

# PEVS - Indicators

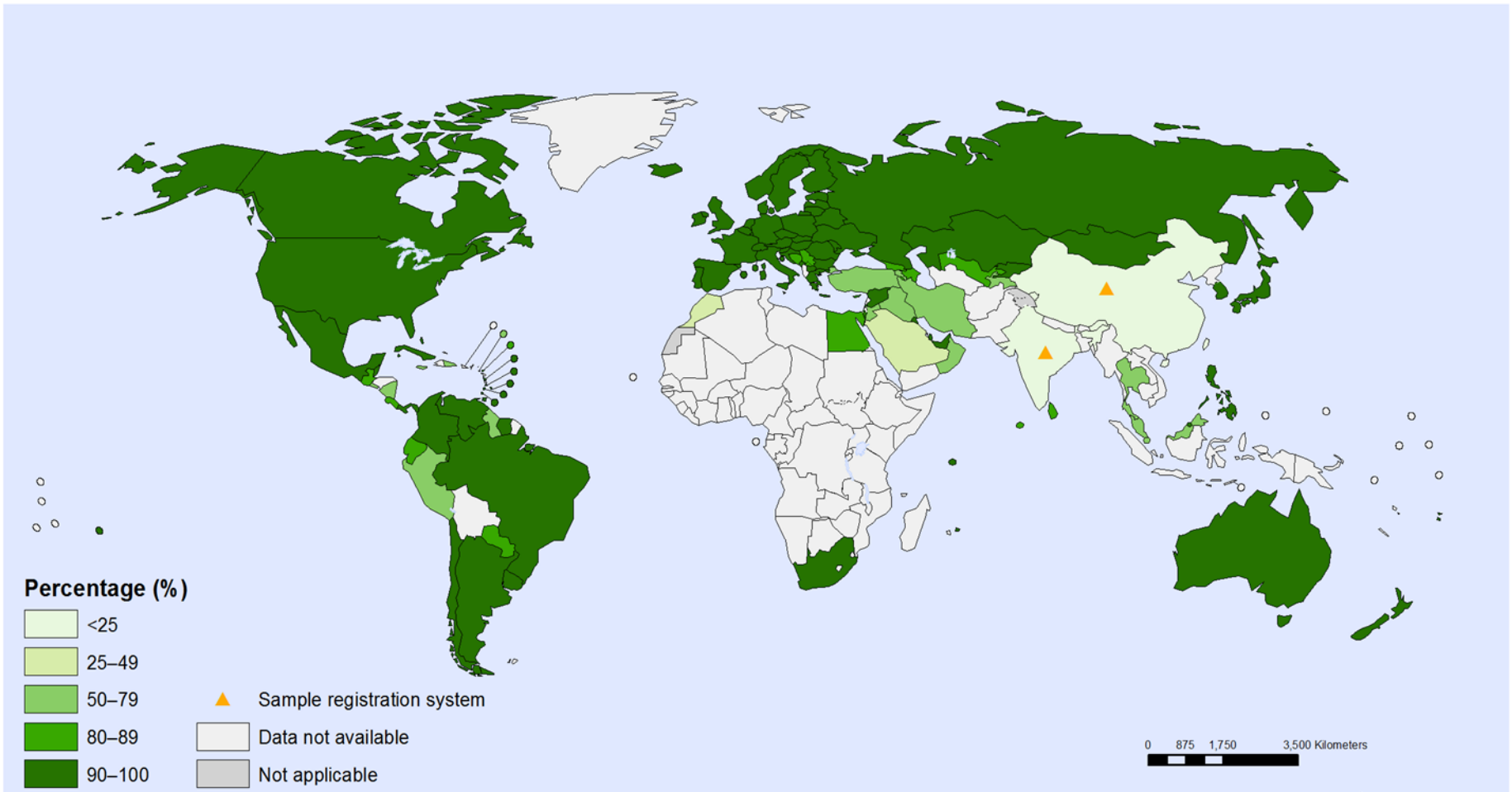
LINES OF ACTION		
1. COUNTRY COMPONENT		
Objective: Help the countries develop and implement a process for monitoring and evaluating (M&E) the coverage and quality of vital and health statistics.		
Specific objectives	Indicators	Activities in support of the PEVS
1. Establish an interinstitutional committee on health information. 2. Engage in promotion and advocacy to strengthen vital and health statistics.	Number of countries with an active interinstitutional committee: Baseline (2007): 10 Goal (2013): 20	✓ Promote and support the establishment and operation of an interinstitutional committee on health information. ✓ Support promotion and advocacy activities to strengthen vital and health statistics.
3. Assess the status of vital and health statistics. 4. Prepare a status report on vital and health statistics.	Number of countries with an assessment of the status of vital and health statistics: Baseline (2007): 25 Goal (2013): 35	✓ Support carrying out an assessment and preparing a report on the status of vital and health statistics.

# PEVS - Indicators

## Regional Plan of Action for Strengthening Vital and Health Statistics

		Indicators and goal of the indicators
<b>GOAL</b>	Improve the coverage and quality of vital statistics	<p><b>Coverage – births</b></p> <p>Number of countries with less than 60% coverage of births that have improved that coverage by at least 20%: Baseline (2007): 0 (2013): 5</p> <p>Number of countries with 61% to 79% coverage of births that have improved that coverage by at least 10%: Baseline (2007): 0 (2013): 7</p> <p>Number of countries with 79% to 90% coverage of births that have reached at least 90% coverage: Baseline (2007): 0 (2013): 13</p> <p><b>Coverage – deaths</b></p> <p>Number of countries with less than 60% coverage of deaths that have improved that coverage by at least 20%: Baseline (2007): 0 (2013): 6</p>

## Civil registration coverage of cause of death (%), 2005–2011



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization  
 Map Production: Public Health Information and Geographic Information Systems (GIS)  
 World Health Organization



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**Regional Office for the  
Americas**

**Muchas gracias**

**Many thanks**

[gawryszv@paho.org](mailto:gawryszv@paho.org)