



**Pan American
Health
Organization**

*Regional Office of the
World Health Organization*

Mortalidad Materna Tendencias y valores

Región de las Américas

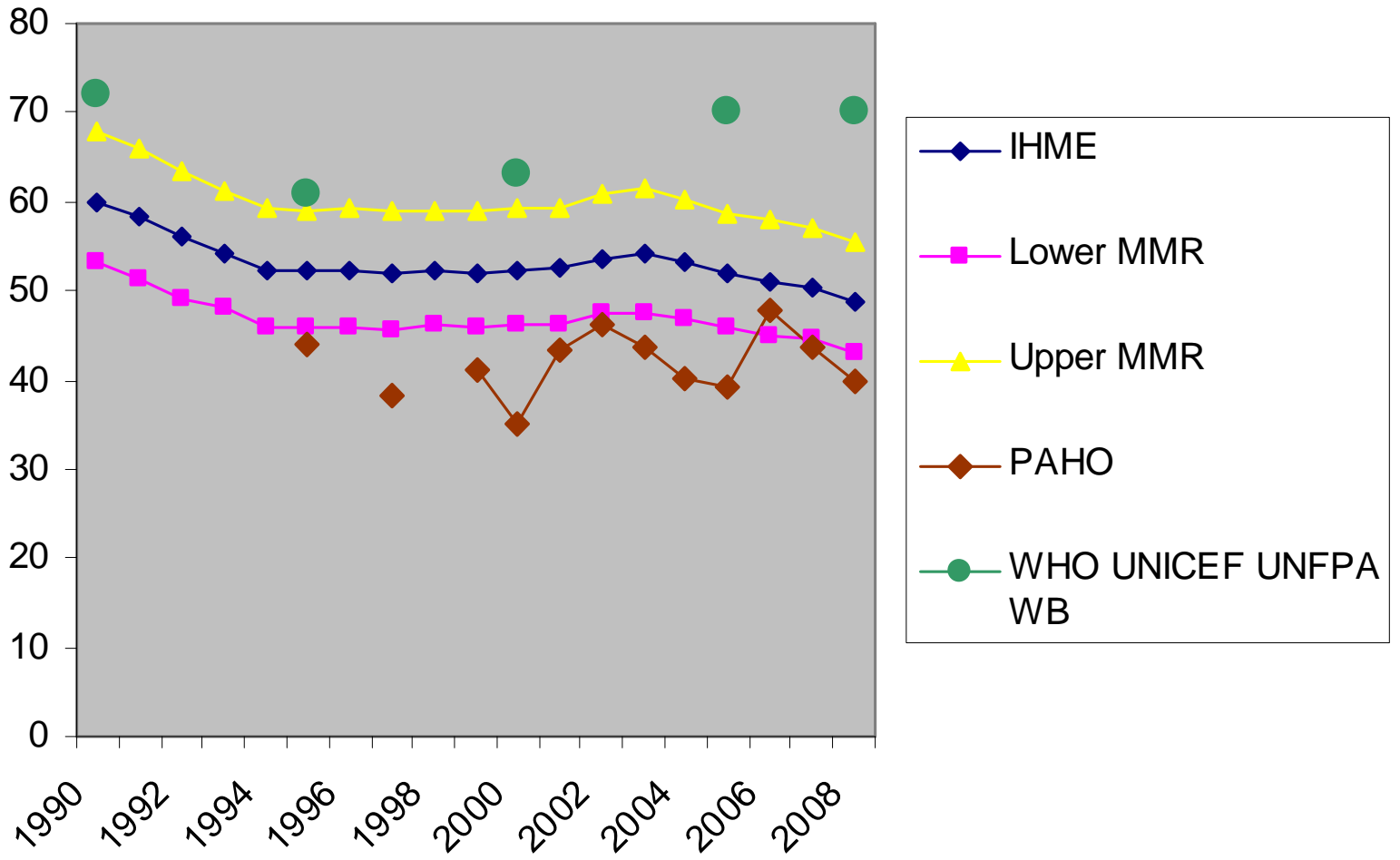


Fatima Marinho

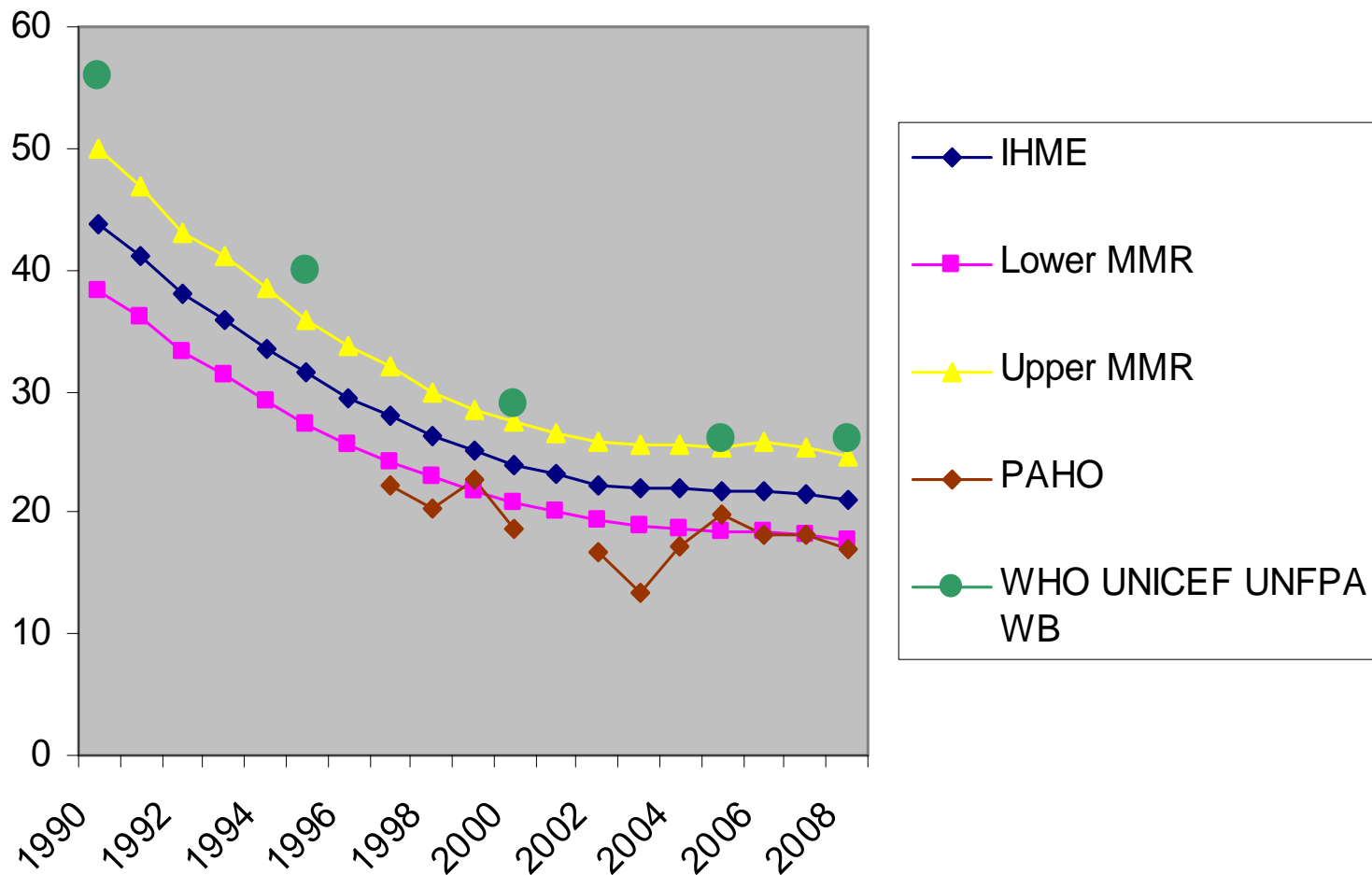
Coordinadora Información y Análisis – PAHO

Costa Rica, Feb 2011

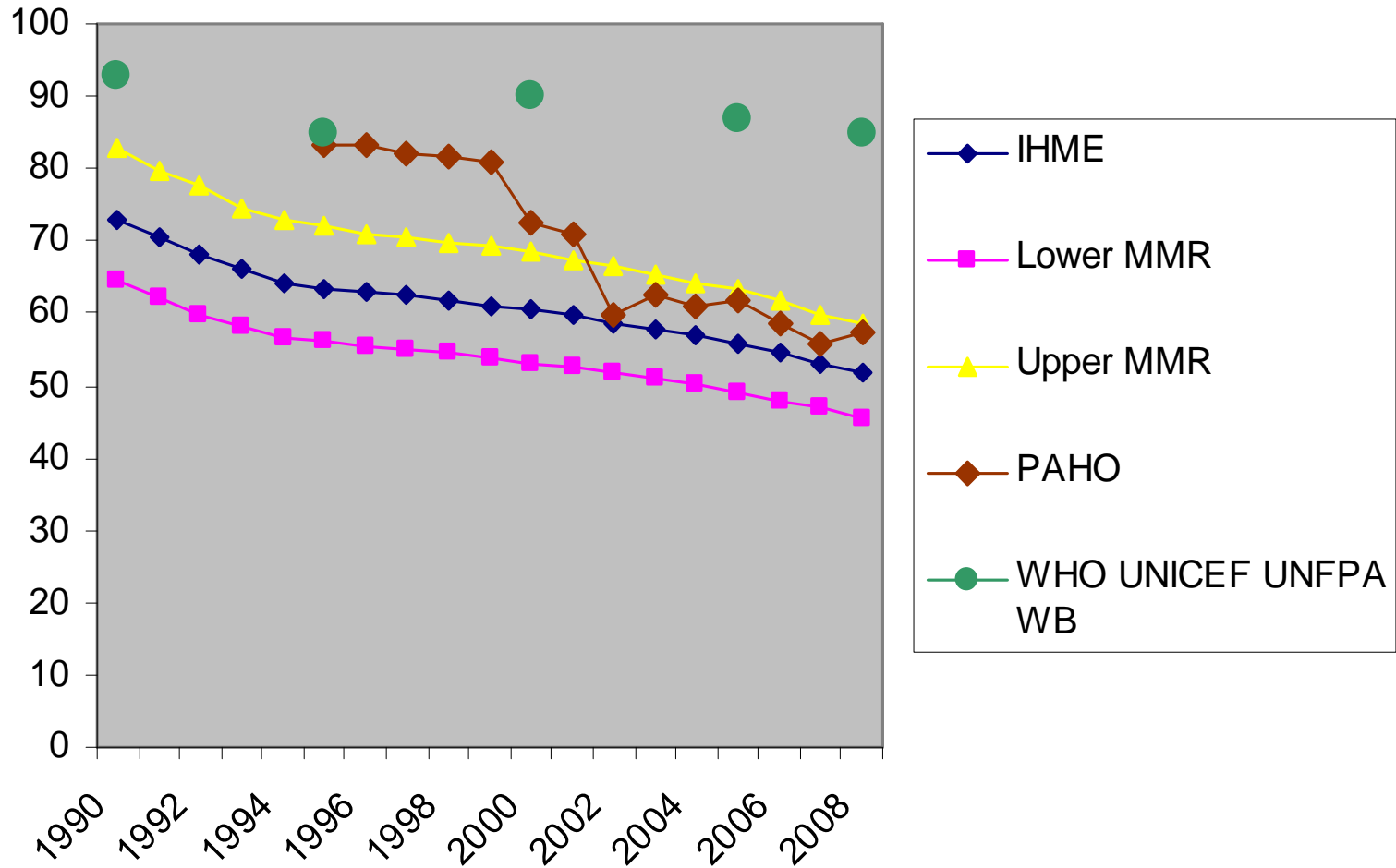
ARG. Estimaciones e intervalos IHME



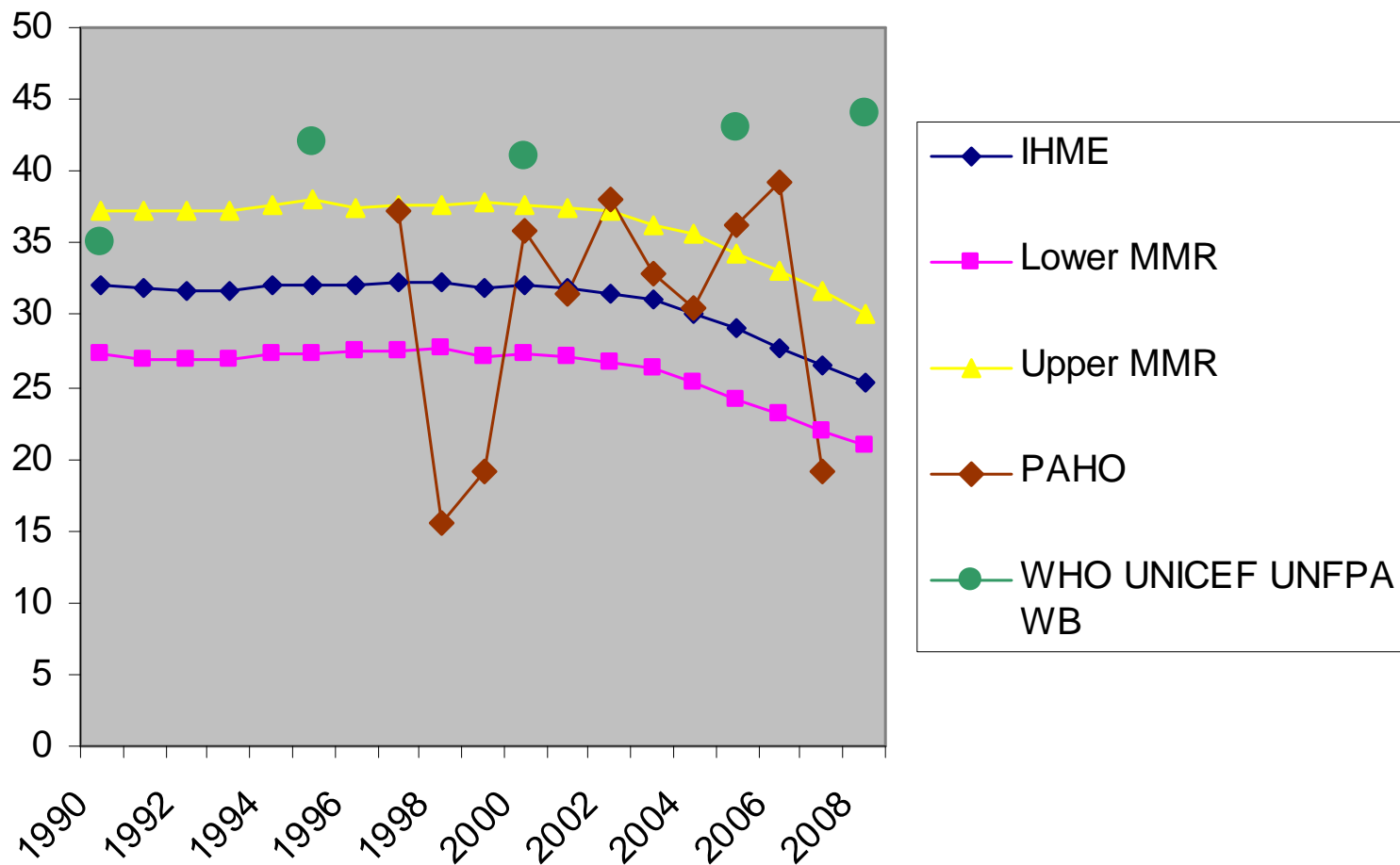
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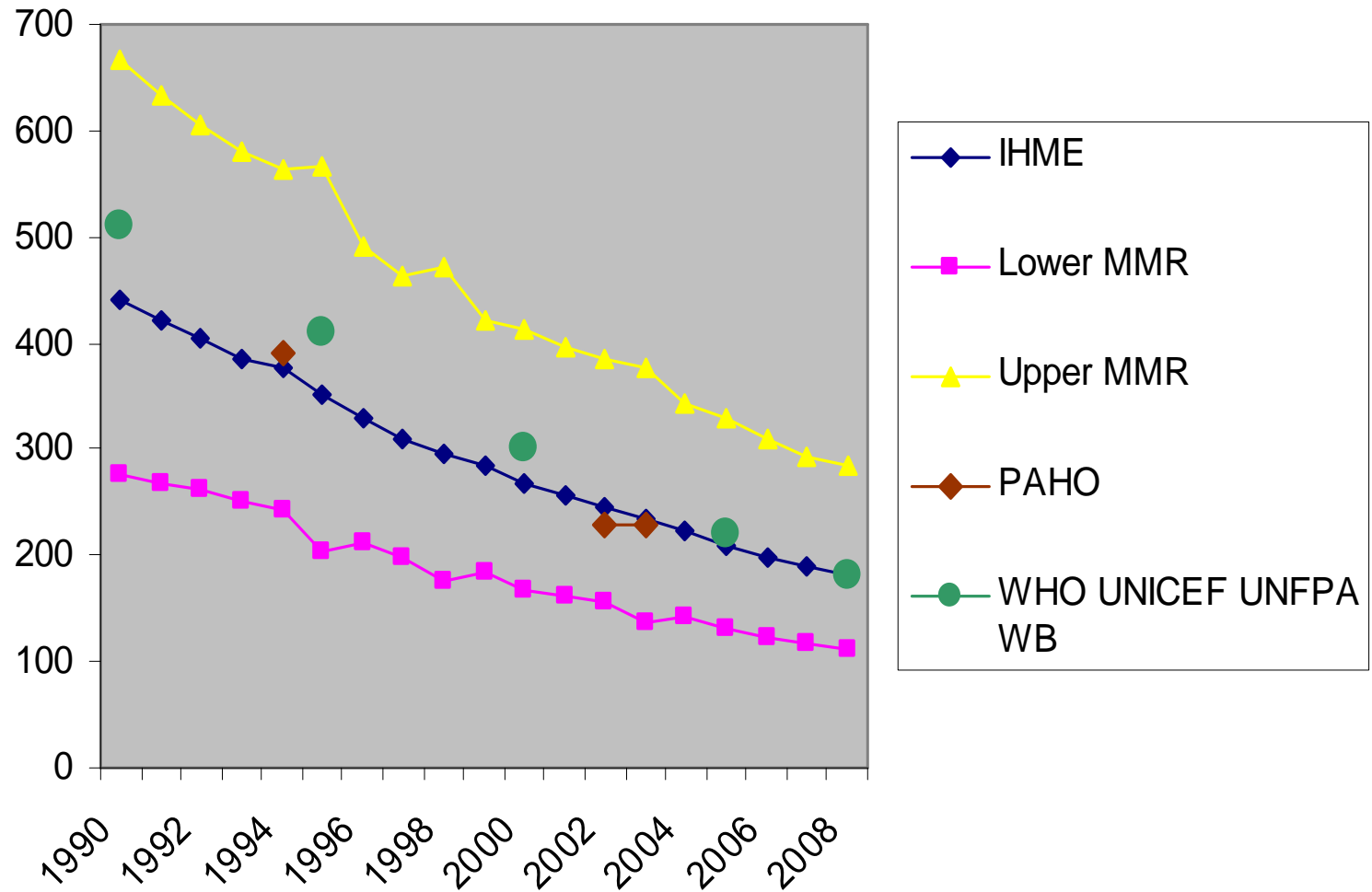
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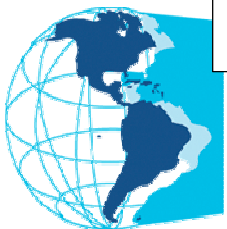
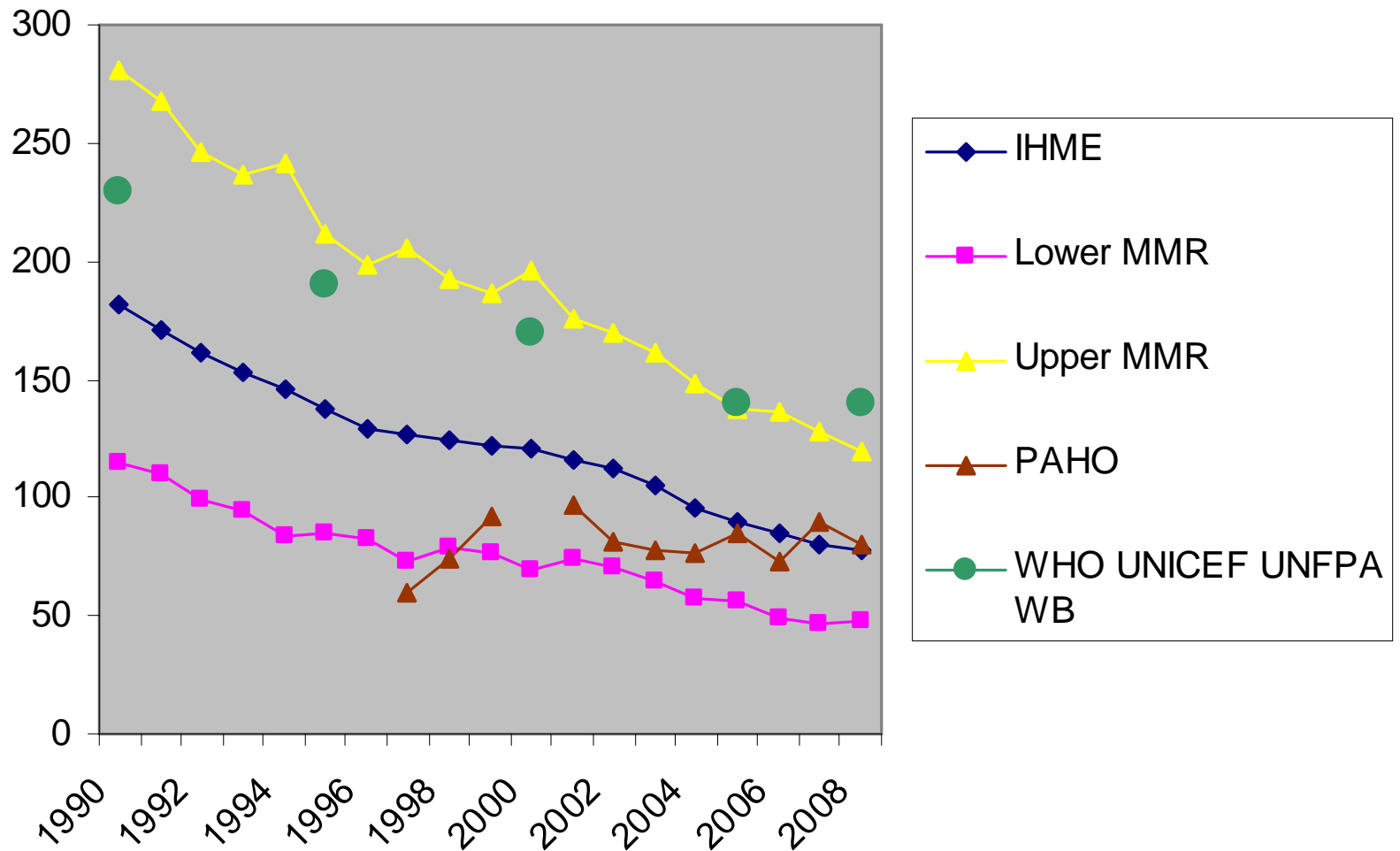
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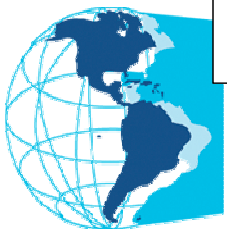
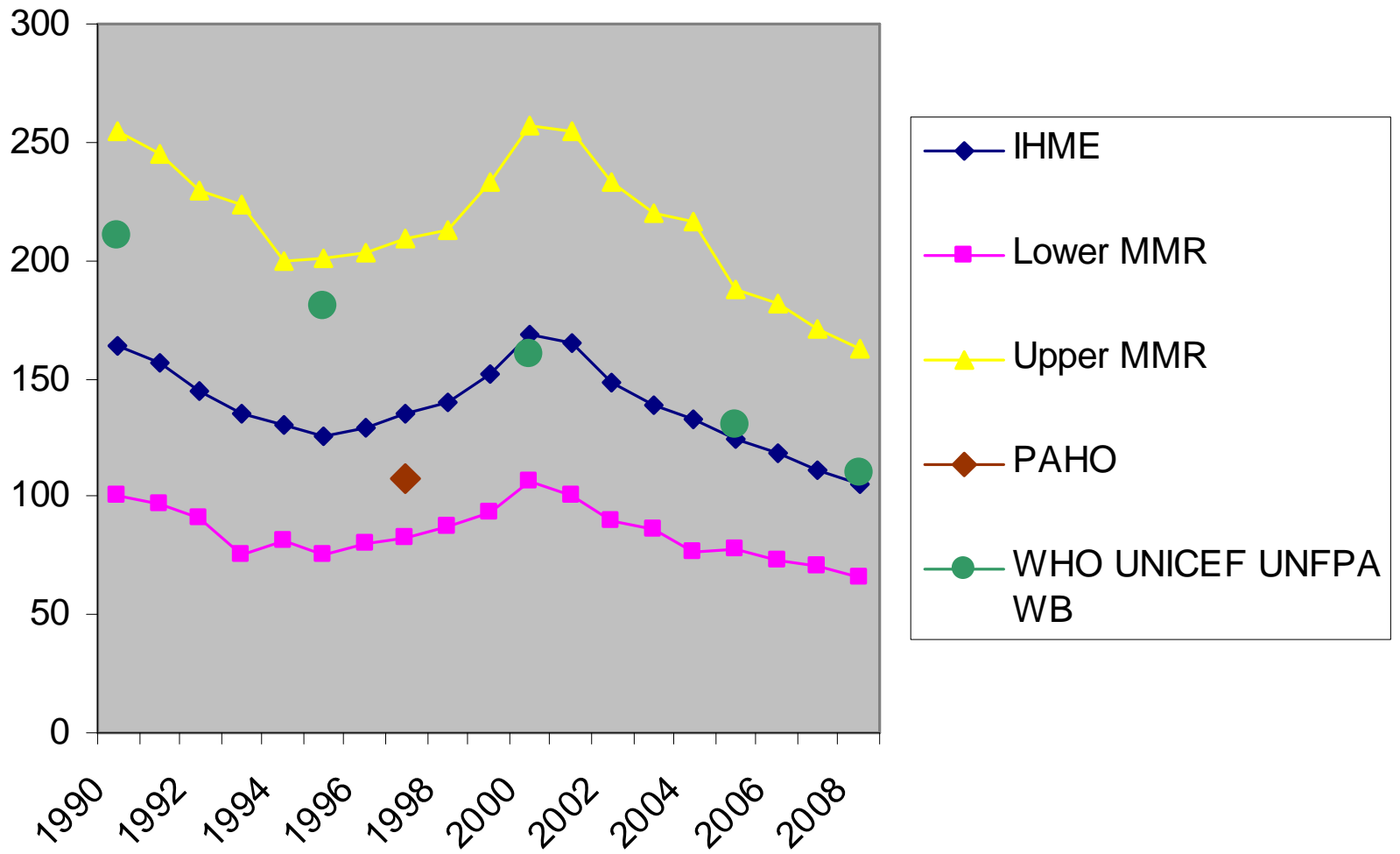
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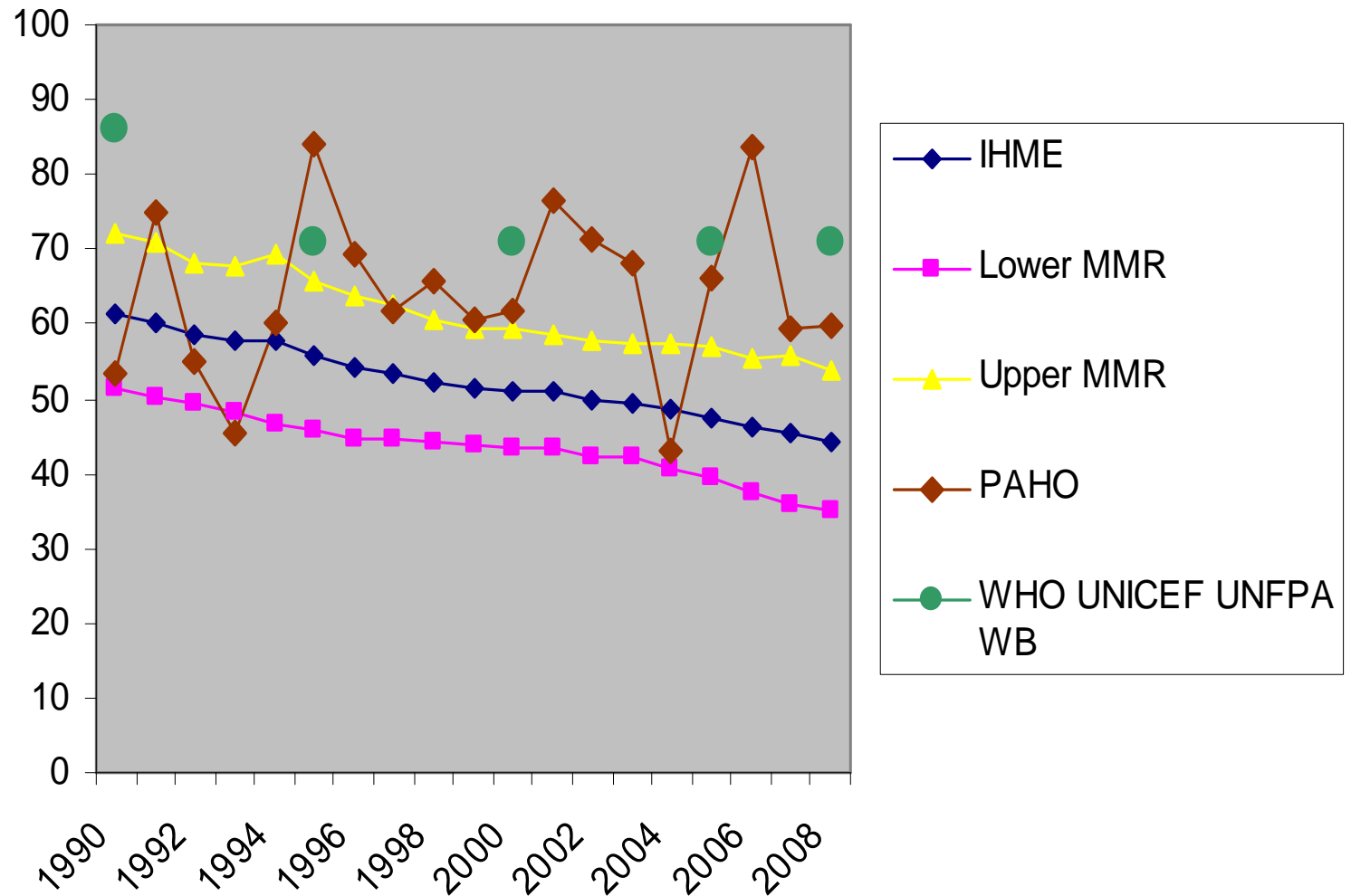
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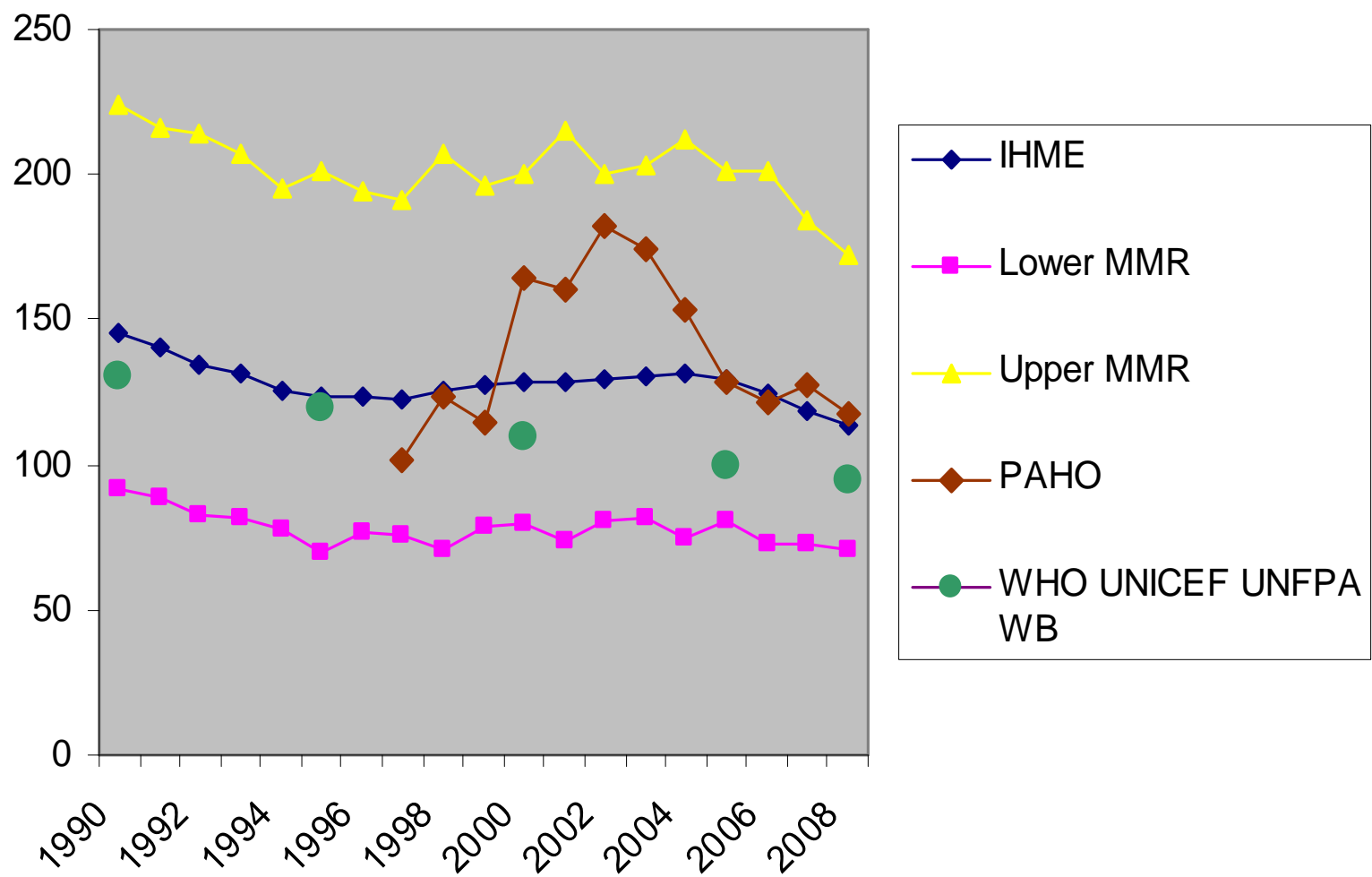
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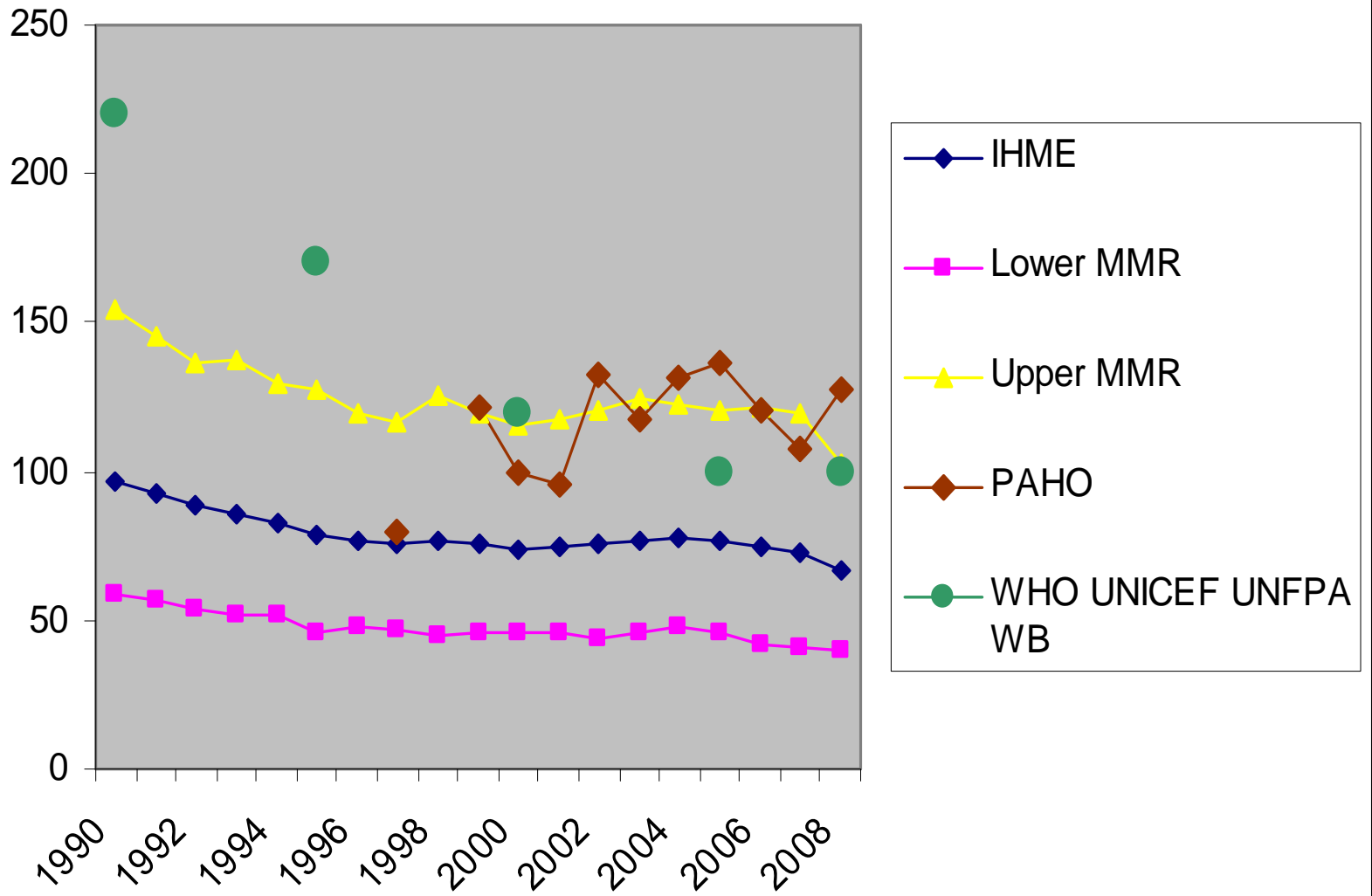
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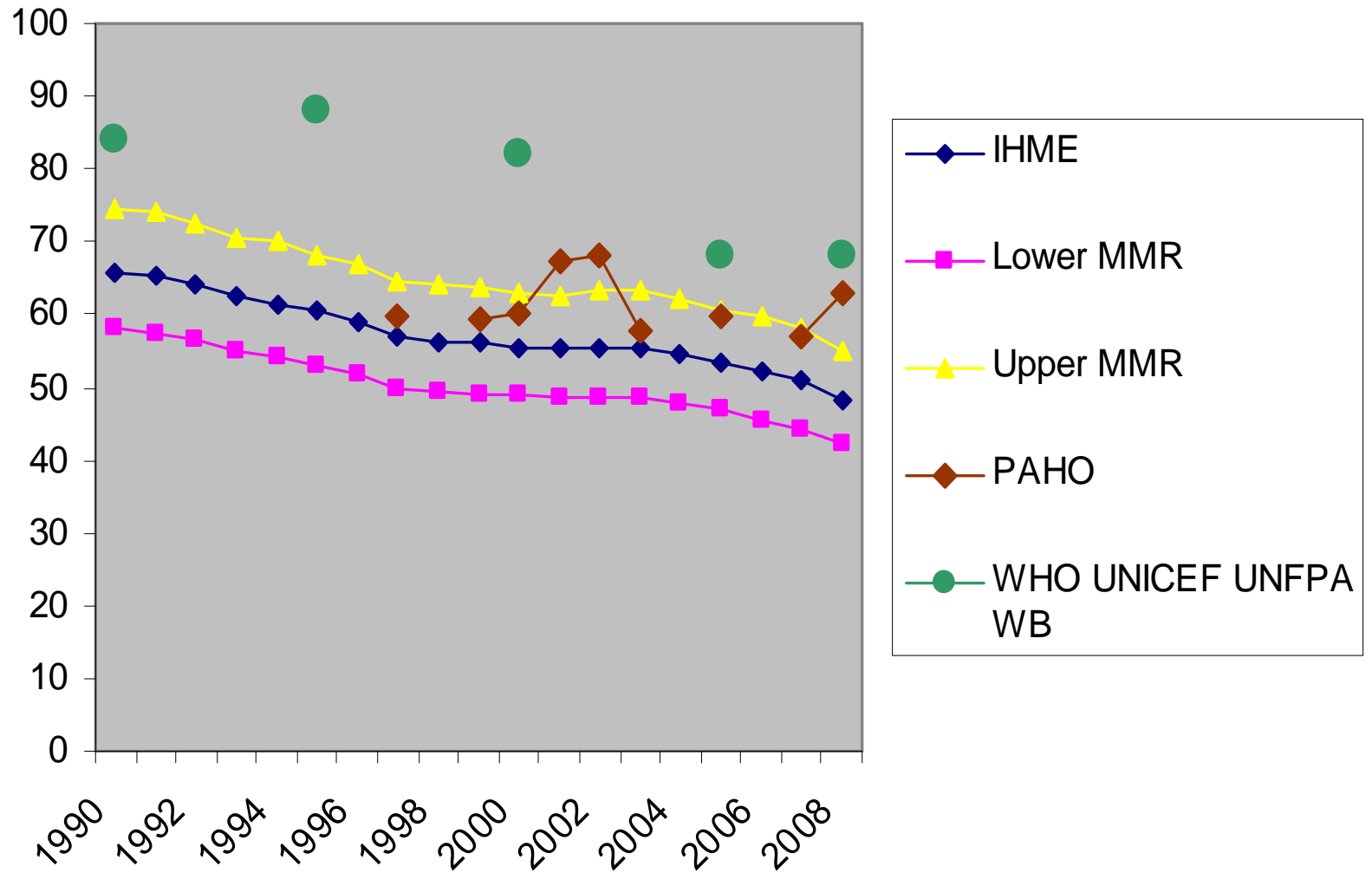
PAR. Estimaciones e intervalos IHME.



DOR. Estimaciones e intervalos IHME.



VEN. Estimaciones e intervalos IHME.



Comentarios

- The use of the correction factor (CF) of 1.5 and the generalized application for VR data is problematic.
- For those countries with better registration systems (e.g. Canada, Uruguay, Cuba, Chile) CF causes an artificial increase in MMR and benefits the ones with less quality of vital registration (e.g. Guatemala, Belize and Suriname).
- The CF of 1.5 has been applied over 18 years (1990-2008) without any consideration that many countries in this region have improved their vital registration system, especially since 2000. The CF should decrease over time.
- This is the case of Uruguay, Argentina and Mexico. It is very hard to accept the inconsistency between the latest 2005 WHO estimate and the new one, e.g Mexico. In the latter publication, Mexico's important progress has been started in 2002 and was recognized by WHO while this time it was not considered.
- We expect that the MMR of Argentina, Brazil, Venezuela and Mexico are more proximate.
- We consider the technical note too brief and without enough details to simulate the results.

