



BUILDING A PROACTIVE TRANSPARENCY **index for use during health emergencies**

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BUILDING A PROACTIVE TRANSPARENCY INDEX FOR USE DURING HEALTH EMERGENCIES

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ABSTRACT

The COVID-19 pandemic has posed a challenge to public information transparency mechanisms and the oversight bodies in charge of enforcement when it comes to the health and science information that States need to make available to society to protect it and facilitate scientific collaboration in decision-making processes that are based on the best available evidence. This reference document offers a proposal for broadening transparency indexes and access to public information by following criteria established in risk communication guidelines in public health emergencies. This is based on the recognition that proactive transparency is part and parcel of the prevention, response, and recovery plans needed to address the risks of future health emergencies.

EXECUTIVE SUMMARY

During the COVID-19 pandemic, transparency systems have been put to the test as far as their capacity to continue identifying, gathering, and facilitating the health and science information needed by society to respond to an emergency that puts public health at risk. In the absence of explicit requirements in their current legislation, the countries of the American continent responded with different levels of effectiveness to guarantee the right of access to public information. This is not just any information: It is information that helps protect the greatest number of human lives, enables citizens to exercise control over government decisions, and facilitates the collaboration of the scientific community in formulating responses in order to fight a new disease, based on the most robust available evidence.

In this reference document, we set out to define which health and science content can be incorporated into governments' proactive transparency indices based on criteria defined in the risk communication guidelines of the World Health Organization (WHO)¹ that were established based on lessons learned from previous pandemics, as well as recent provisions for responding to the SARS-CoV-2 coronavirus. We also look at the resolutions and statements issued by the organizations of the inter-American human rights system,² the good practices of some governments, and reports from

¹ World Health Organization (WHO). "Risk and Outbreak Communication." Available at: <https://www.paho.org/en/topics/risk-and-outbreak-communication>

² Inter-American Commission on Human Rights (IACHR). "Pandemic and Human Rights in the Americas." Resolution 1/2020. Available at: <https://www.oas.org/en/iachr/decisions/pdf/Resolution-1-20-en.pdf>

organizations like the Transparency and Access to Information Network (RTA) released during 2020³ to the extent that they incorporate the impacts of a new virus and the challenges that must be addressed with regard to transparency and access to information in order to recover from this emergency.

In the first part of this document, we describe the problem exposed by the pandemic and the reactions of transparency systems during the emergency on the American continent. Then in the second part, we focus on laying the groundwork for a proposal to expand and strengthen the proactive transparency of governments in the areas of health and science to be prepared for the risk of future public health emergencies. We then develop a reference index with new variables, sub-variables, and indicators to expand the models currently used by OAS member states.

We also define the minimum characteristics required of public information during health crises to ensure it is accessible, timely, understandable, and useful for people with specialized knowledge, basic knowledge, or no knowledge at all. We also view it as a priority that countries' health and epidemiological surveillance systems work to improve how they handle information so it can be disseminated in open data formats to facilitate the collaboration of the scientific community in responding to new diseases and to enable citizen review of the reasoning used by governments to make decisions. Lastly, we offer a set of recommendations that transparency and access to public information oversight bodies can adopt and incorporate into government contingency plans for preparing for future public health emergencies, such as new epidemics or pandemics.

³ Transparency and Access to Information Network, "Transparency, access to information and protection of personal data against COVID-19." February 2021. Available at: <https://eurosocial.eu/biblioteca/doc/transparencia-el-acceso-a-la-informacion-y-la-proteccion-de-datos-personales-ante-la-covid-19/>

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INTRODUCTION

1. Although recent years have seen a number of outbreaks of viruses that have threatened public health, such as H1N1 and Ebola, the COVID-19 pandemic is a crisis without precedent for the contemporary world. It has revealed a series of problems that we must address as a society to prepare ourselves for new health risks that could endanger the lives of millions of people. In this document, therefore, we focus on developing a proposal to guide governments with regard to the content of public health and science information that they need to make available to their populations during emergencies caused by an illness. The proposal is of an index that would expand the scope of proactive transparency that governments already exercise through websites, incorporating best practices and the challenges we face in these times.
2. Following reporting of the first cases of SARS-CoV-2 in China in November 2019, its rapid spread over the following months began leading many countries to declare a state of emergency⁴ and disaster. Millions of people began closely following the data available to understand this new disease: measures of prevention, how to use a facemask, constant handwashing, and physical distancing; emergency measures like quarantines and restrictions on movement; epidemiological dashboards tracking the number of people infected, deaths, and recoveries; and the purchase of mechanical ventilators and emergency vaccinations. While people tried to stay safe from a virus that they knew very little about, science began a race against time to find answers to help stop COVID-19. Later, information had to be disseminated on the vaccines.
3. While it was already clear prior to the pandemic that timely access to public information saves lives, this crisis proved it on a global scale: we need relevant and trustworthy information to protect ourselves as individuals and as a collective. However, the vast majority of governments have faced questions as to why they did not have guidelines in place for responding according to set criteria on the type of health and scientific information everyone needed to protect themselves, as well as guidelines for its format and the frequency with which it needed to be disseminated and updated. This was especially true as the epidemiological surveillance systems of multiple countries in Latin America urgently needed to produce timely COVID-19 reports and projections on which to base government health strategies. This especially applies to measures focused on the most vulnerable populations, such as indigenous peoples, essential workers, older adults, and locations with poor Internet access.
4. Over the course of 2020, we saw countries with a range of experiences, decisions, measures, and solutions for disseminating public information, dealing with disparate and complex realities during the health crisis. This was documented in a study by the Transparency and Access to Information Network (RTA),⁵ comprised of the transparency bodies of 17 Latin American countries and Spain. This study

⁴ According to the United Nations, “disaster’ means a calamitous event or series of events resulting in widespread loss of life, great human suffering and distress, mass displacement, or large-scale material or environmental damage, thereby seriously disrupting the functioning of society.” As we have classified this pandemic as a disaster, this term also leads us to think about how we should respond to present and future risks, as well as how to handle the recovery processes once the emergency is under control. Thus, the information that is useful for these objectives and must be available to everyone must be adapted to the different phases. Building capacities to handle future extraordinary events is essential.

⁵ Transparency and Access to Information Network, “Transparency, access to information and protection of personal data against COVID-19.” February 2021.

found that no legal provisions on declaring states of emergency explicitly established how to guarantee transparency and access to public information in that context, nor did they indicate the data that should be available to people during a crisis caused by a lethal illness.⁶

5. The Office of the Special Rapporteur for Freedom of Expression (RELE) therefore presents this reference document based on an exploratory investigation into how proactive transparency in matters of health and science was exercised during the first year of the pandemic on the American, reviewing the efforts made by international organizations, civil society, and some governments to protect access to public information. This investigation also includes contributions from experts from areas such as epidemiology, law, information technology, and journalism who were called upon to share their opinions and suggestions for developing a Proactive Transparency Index for Health Emergencies. In this case, the COVID-19 crisis offers an opportunity for governments to consider applying proactive transparency to thematic areas like public health and science; to offer better mechanisms for complying with the principles of timeliness and utility when disseminating information to all citizens; and to strengthen a culture of open data to produce scientific evidence on which to base far-reaching health decisions that affect all of society.

⁶ The fact that the rights to access to information and protection of personal data are not included as a fundamental part of national legislation may place the effective exercise of them in jeopardy, as they can be affected, limited, or even suspended in response to emergency situations and their effects. During the COVID-19 health emergency, the countries where these rights have been recognized as fundamental either by the constitution or by case law were observed to more effectively protect the right to access to information.

CHAPTER 1

DESCRIPTION OF THE PROBLEM

6. In order to guarantee the right of access to public information, States have obligations regarding government transparency.⁷ In the context of COVID-19, it became essential for States to proactively offer measures that citizens can use to prevent this new disease, along with epidemiological information on the course of the pandemic, emergency spending, support, and the health, economic, and social impacts of the decisions intended to protect their populations. It also became essential to proactively disseminate information on vaccinations, including State plans to acquire them and plans for distributing them to the population.
7. However, while laws in the Americas provide for the dissemination of information on public tenders, investments, and contracting during states of emergency, they do not provide for the release of health and scientific information in the proactive transparency indicators that each country must release to their populations and update regularly to protect public health. In this sense, COVID-19 shows the need to expand these indicators so States and their citizens respond better to future emergencies caused by a disease that may alter the functioning of society.
8. At the beginning of the pandemic, several countries experienced difficulties and setbacks in terms of transparency and access to public information⁸ when they were forced to halt activities and undergo lengthy lockdowns. International bodies therefore reminded governments—through communications and resolutions—that the right to access to public information cannot be restricted. They noted that because it is considered a human right that is instrumental in nature, it functions as a key that enables citizens to exercise other rights, such as access to health, education, and work, as well as freedom of movement.
9. “Human health depends not only on readily accessible health care. It also depends on access to accurate information about the nature of the threats and the means to protect oneself, one’s family, and one’s community,” stated a joint communication from the Inter-American Commission on Human Rights (IACHR), the monitors for freedom of expression and freedom of the media for the United Nations, and the Representative on Freedom of the Media of the Organization for Security and Co-operation in Europe (OSCE).⁹ In that same statement, they recommended paying special attention to guaranteeing this right for people who have limited access to the Internet or live with a disability that makes it difficult for them to exercise the right.
10. In response to the spread of the outbreak and its effects in the Americas, governments began setting up online resources: Some created specific web pages for the emergency, while others adapted their ministry of health websites to address their populations and provide them with the information considered relevant based on PAHO/WHO communications.¹⁰ As of March 2020, one of the

⁷ Department for Effective Public Management (DEPM) and Organization of American States (OAS). “El Acceso a la Información Pública, un Derecho para ejercer otros Derechos.” May 2013. Available at: <https://www.oas.org/es/sap/dgpe/concursoinformate/docs/cortosp8.pdf>

⁸ Transparency and Access to Information Network, “Transparency, access to information and protection of personal data against COVID-19.” February 2021.

⁹ United Nations Office of the High Commissioner of Human Rights. (March 19, 2020). “COVID-19: Governments must promote and protect access to and free flow of information during pandemic.” Available at: <https://www.ohchr.org/en/press-releases/2020/03/covid-19-governments-must-promote-and-protect-access-and-free-flow?LangID=5&NewsID=25729>

¹⁰ Information and guidance from the WHO on the current outbreak of coronavirus disease (COVID-19). <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

most valued and popular tools for accessing information came from academia: the Johns Hopkins Center for Systems Science and Engineering created an interactive map reporting the number of coronavirus cases throughout the world in real time. The map includes official data from a variety of sources: The WHO, the centers for disease control and prevention from the US and from China, and DXY. Moving forward from there, individual countries began setting up their own dashboards with epidemiological figures, including the number of persons tested, the number of persons positive for COVID-19, the locations with the highest number of infections, the number of sick persons in intensive care, the number of persons who had died as reported by health services, and the number of persons who had recovered. These platforms later showed the number of persons vaccinated and the number of doses administered. However, implementation was heterogeneous, with no set criteria, as they were implemented depending on the response capacity of each country's epidemiological surveillance systems and data management abilities. Some, therefore, only showed PDF documents with limited information, while others updated their digital dashboards at the end of every day and provided information in open formats.

11. In some countries where public information was lacking or deficient, civil society took on an active role in demanding information and opening it up to the public. In Nicaragua, in response to the lack of data disseminated by the government, independent professionals conducted educational campaigns based on international information from PAHO/WHO in order to prevent the spread of the novel coronavirus. The Observatorio Ciudadano Covid-19¹¹ was also created, enabling the media, international health organizations, and citizens to compare the country's official figures on infections with the extra-official figures it produced. The observatory has become a guide for Nicaraguans, showing which areas should be voluntarily quarantining based on infection levels, if the number of infections is going down, or if there are signs of a new wave of infections in the country. In Peru, independent data scientists created the Open Covid Peru¹² website offer analysis and an orderly presentation of the country's epidemiological indicators for the novel coronavirus. Months later, this led the government to make improvements to its official website, called the COVID-19 Situation Room.
12. In Brazil, the Ministry of Health stopped reporting cumulative data on deaths and infections on June 5, 2020, just as cases in the country reached record levels. Almost a month later, on July 9, the Supreme Court of Justice issued an order establishing that all previously-published information must be reinstated by the ministry, which complied with the ruling. Meanwhile, in December 2020, El Salvador declared information on the pandemic confidential. Since then, it has been impossible to access data on hospital occupation rates, food procurement, and police reports related to COVID-19.
13. This has shown how guarantees of the right to access to public information remain fragile on the American continent despite the legal and institutional progress made. A number of responses have also shown that some previously-recognized

¹¹ Observatorio Ciudadano. COVID-19 statistics in Nicaragua. Available at: <https://observatorioni.org/estadisticas-covid-19-nicaragua/>

¹² OpenCovid-Peru. Available at: <https://opencovid-peru.com/>

barriers to access information—such as the digital divide, as well as the barriers facing persons with intellectual or visual disabilities and other groups that were already vulnerable—have worsened. This has led governments to propose guaranteeing access to the Internet as a right, along with promoting digital literacy as a part of public policy.¹³ Additionally, there is a need to incorporate diversity in the form of access and communications channels that are the most appropriate for all persons to enable them to exercise their right to information.

14. Some countries made efforts to build capacity in their public institutions by developing proactive transparency portals with reliable and up-to-date data on areas that had not been a priority before, such as health and science. In Chile, the Transparency Council issued a series of directives establishing requirements related to the publication of health protocols, epidemiological information disaggregated by different variables, and reports of scientific evidence supporting the COVID-19 therapies used in the country.¹⁴ It did so after journalists revealed the shortcomings of its transparency and access to information system. Also, Mexico's National Institute on Transparency, Access to Information, and Protection of Personal Information (INAI) set up a working table together with the health sector to review the information available through the government's coronavirus portal to ensure it was accessible and to release useful information.
15. Another aspect worth underscoring is how the global community mobilized for transparency and open government. This includes scientific associations, which highlighted the need for governments to publish all the scientific evidence they were using in decision-making processes related to the health emergency, from approval of clinical guidelines for handling COVID-19, to procurement of different medicines, mobility restrictions in some areas, changes to biosecurity protocols, and the return to in-person learning. Doing so would enable citizens to evaluate the success or failure of the measures taken by the authorities. An implicit part of this process is also the challenge of bringing science in closer contact with government decision-makers and society as a whole.¹⁵
16. With the publication of the Inter-American Model Law 2.0 on Access to Public Information,¹⁶ approved in October 2020 by the OAS General Assembly, States have been encouraged to increase government transparency and to identify the thematic areas where they need to update or expand legislation guaranteeing access to public information, using the new standards as a reference. This law is an important instrument for the purposes of this document, which proposes that States expand the content to which they apply proactive transparency to include health and science data based on the experience gained during the COVID-19

¹³ Inter-American Commission on Human Rights. (2021). "How to promote universal internet access during the COVID-19 pandemic?" Available at: https://www.oas.org/es/cidh/sacroi_covid19/documentos/03_guias_practicas_internet_ing.pdf

¹⁴ Chilean Ministry of Health. Available at: <https://www.minsal.cl/nuevo-coronavirus-2019-ncov/>

¹⁵ UNESCO draft recommendation on open science. Available at: <https://unesdoc.unesco.org/ark:/48223/pf0000378841>

¹⁶ The Model Law builds off of previous efforts the OAS has taken to advance the right of access to information, including the Joint Document Recommendations on Access to Information [CP/CAJP-2599/08], which provides detailed information on the right to access to information, as well as policy and legislative recommendations, and the Report on the Questionnaire "Legislation on and Best Practices of Access to Public Information of the Juridical and Political Affairs Committee" [CP/CAJP-2608/08], which contains answers by the States and civil society to the questionnaire as well as recommendations from civil society organizations.

pandemic. This expanded content would serve for preparing responses to future public health emergencies.

CHAPTER 2

**RESPONSES TO THE
PROBLEM**

2.1 Proactive transparency for health and science

17. To develop standardized indicators on relevant public health and science information that can be published under proactive transparency arrangements, and considering the different phases of a health emergency (prevention, response, and recovery), we have reviewed the World Health Organization's (WHO) policies and practices for risk communication¹⁷ in these contexts. In 2018, the WHO published a document on the lessons learned from epidemics like the SARS outbreak in 2003, the H1N1 epidemic in 2009, the Ebola virus outbreak in West Africa in 2014, and the emergence of the Zika virus in 2015 and 2016.
18. The WHO gathered evidence demonstrating that, in order to control a pandemic, it is not enough to coordinate response teams, identify the characteristics of the illness, and carry out specific health interventions.¹⁸ Pandemic management also includes risk communication, which must be understood as an information strategy that includes dynamic, bidirectional communication between States and persons, communication that is based on trust and develops along with the outbreak.
19. This strategy can be broken down into five key parts: building trust, early alert to the risk, **information and decision-making transparency**, communication vigilance (listening to people's concerns and opinions), and planning based on the lessons learned. In this document, we position proactive transparency of information through online platforms for accessing public information as an important part of a risk communication strategy.
20. Access to information helps people get involved in a shared problem or plan so they can contribute and exercise citizen oversight. In terms of health, with COVID-19, we have found that it is important for everyone to understand the nature of the illness, the ways in which it spreads, the precautions they should take, the vaccination process, and the course of the pandemic, both globally and locally. In terms of science, disseminating epidemiological reports in open formats and the free dissemination of research on this new disease has been decisive in enabling the international community to respond in record time to this novel coronavirus. One clear example of this was how the sequencing of the SARS-CoV-2 genome was made available in an open data repository only weeks after the first cases were announced in China. This has made it possible for research to proceed in multiple countries throughout the world on the virus's mutations, treatments, and vaccinations.
21. Using open data, scientists have also been able to develop mathematical models to help predict the behavior of the virus and the consequences of particular health decisions. During the COVID-19 vaccination process, transparency processes and

¹⁷ Risk communication consists of the real-time exchange of information, advice, and opinions among experts, community leaders, public officials, and at-risk persons. It is an integral part of all emergency response. For both epidemics and pandemics, as well as humanitarian crises and natural disasters, effective risk communication helps people facing the risk to understand it and take the measures necessary to protect themselves. It also enables authorities and experts to hear and address the concerns and needs of the population, which in turn helps ensure that the advice they issue is pertinent, reliable, and acceptable. The International Health Regulations (2005) underscore the importance of risk communication as an intervention to protect health and require WHO Member States to develop a series of basic capacities for it.

¹⁸ Information and guidance from the WHO on the current outbreak of coronavirus disease (COVID-19). <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

health surveillance reports in each country on the possible adverse side effects (predicted and unexpected) of the vaccines have helped reduce disinformation in this area of heightened concern that would make people hesitant to opt for vaccination.

22. The public health and science proactive transparency indicators that we propose therefore focus on two main areas: information that people need to understand the health risks they are facing and the measures they can take to protect their health and their lives; and the epidemiological and scientific information held by governments that science needs in an open format to facilitate collaboration toward building knowledge and mounting an effective emergency response. The transparency of all this information also facilitates public, citizen, and journalistic scrutiny in assessing the evidence and arguments used by governments for making decisions that impact the lives of their populations.
23. It is therefore crucial for governments to review their strategic contingency plans for emergencies and disasters to ensure they include mechanisms to guarantee proactive transparency systems for accessing information, and for them to move forward with digitizing archives. Their risk communication plans for public health emergencies also must include or emphasize proactive transparency as part of the strategies to bolster the communication response to exceptional events and secure citizen trust in the information received, especially when collective action is needed to reduce risk and move toward recovery.
24. This proposal also incorporates the recommendations from the regional study on access to information in the context of health emergencies published by the Alianza Regional por la Libertad de Expresión e Información.¹⁹ It also takes into account the proposal on the principles of the right to access to information during health emergencies put forward by Fundar Centro de Análisis e Investigación.²⁰ Analysis of the situation has been incorporated into Resolution 1/2020 of the Inter-American Commission on Human Rights on Pandemic and Human Rights in the Americas,²¹ which puts forth recommendations based on the conviction that the measures taken by States to address and contain the pandemic must have respect

¹⁹ Alianza Regional por la Libre Expresión e Información. “SABER MÁS XI: El impacto de la pandemia de COVID-19 sobre el derecho de acceso a la información en la región.” September 28, 2020. Available at: <https://www.ciudadaniaydesarrollo.org/projects/saber-mas-xi-el-impacto-de-la-pandemia-de-covid-19-sobre-el-derecho-de-acceso-a-la-informacion-en-la-region/>

²⁰ Alianza Regional por la Libre Expresión e Información. “Principios de Derecho de Acceso a la Información en Situaciones de Emergencias Sanitarias”. Available at: <http://www.alianzaregional.net/wp-content/uploads/2020/05/Principios-AIP-emergencias-sanitarias.pdf>

²¹ Inter-American Commission on Human Rights (IACHR). “Pandemic and Human Rights in the Americas.” Resolution 1/2020. Available at: <https://www.oas.org/en/iachr/decisions/pdf/Resolution-1-20-en.pdf>

for human rights at their core. Likewise, press releases R78/20,²² 119,²³ and 130²⁴ were reviewed, which note the importance of connecting guarantees of the right to access to information with guarantees of the right to freedom of expression, as the media plays a critical role during emergencies.

2.2 Indicator structure and organization

25. Indicators are used to gauge the current status of things, information availability, and progress made on State transparency. In their legislation, most countries break them down into four main areas: access to information, open data, accountability and citizen participation. This reference document will use these general categories for 14 variables, 42 subvariables, and 242 indicators on health and science information.

a) Access to information

26. During a pandemic, and in general during an emergency, access to reliable information is crucial. “Access to reliable information is more than just a basic human right – it can also be a matter of life and death,” UN Secretary-General António Guterres has said.²⁵ What needs to be spelled out clearly is the type of information that could be included in proactive transparency indicators during extraordinary situations in which public health is in jeopardy. In this reference document, the following aspects that we have incorporated can be viewed in full and are disaggregated in the annex to this document:

Health information:

27. Refers to the availability of information on a plan for risk management in response to the health emergency, epidemiological reports on the course of the disease, measures of prevention and control to reduce the risk of contagion, and medical assistance. This information includes users of healthcare services who have been diagnosed with or are suspected of having the disease, as well as those who need medical care due to other illnesses and need essential services like pre- and postnatal care, child vaccinations, access to contraception, and emergency kits for treating sexual assault. This information can be kept on a website set up specifically for the health emergency and is to be updated regularly.

Officials and advisory group responsible for managing the health emergency:

28. Refers to the availability of information on the main risks and on the members of advisory councils in charge of the health emergency. Their profiles, positions, statements of conflict of interest, and other relevant public information on their functions are to be released.**Proposed health emergency legislation:**

²² R78/20 - The Inter-American Commission on Human Rights (IACHR) and its Office of the Special Rapporteur for Freedom of Expression (RELE) express concern about restrictions on freedom of expression and access to information in States’ response to the COVID-19 pandemic. Available at: <https://www.oas.org/en/iachr/expression/showarticle.asp?artID=1173&lID=1>

²³ 119/20 - IACHR, OSFRE, and OSRESCER Express Serious Concern Over Violations of the Right to Information in Nicaragua and the Impact of These on Access to Health During the COVID-19 Pandemic. Available at: https://www.oas.org/en/iachr/media_center/PReleases/2020/119.asp

²⁴ 130/20 - IACHR Calls for Guarantees for Democracy and the Rule of Law during the COVID-19 Pandemic. Available at: https://www.oas.org/en/iachr/media_center/PReleases/2020/130.asp

²⁵ Available at: <https://twitter.com/antonioguterres/status/1387485517361594371>

29. Refers to the availability of information on the decrees, laws, and provisions related to the handling of the health emergency in its different phases.

Procurement and contracting processes during the health emergency:

30. Refers to the availability of information on administrative and special contracting processes during the health emergency. For vaccine procurement contracts, refers to the availability of a public version of these documents.

Reducing uncertainty, rumors, and false information:

31. Refers to the availability of a space or section on the official website and official spokespersons designated to respond to disinformation and assuage people's uncertainty and doubts during a health emergency.

b) Accountability

32. Natural disasters, epidemics, humanitarian crises, and actions to stimulate the economy are situations where the risk of improper use of public resources tends to be high.²⁶ Therefore, even with special laws in place, States are required to account for their decisions and actions.²⁷

Public finances of the health emergency:

33. Refers to the availability of information on the budget for addressing the health emergency, its planning, and its execution by the various public entities involved.

Plans and compliance:

34. Refers to the availability of strategic or operational plans of public entities for addressing the health emergency.

Decision-making:

35. Refers to the availability of information on the main decisions made by officials in charge of making decisions and managing public resources during the health emergency.

c) Citizen participation

36. Citizen participation and collaboration is crucial for a government's response to a public health emergency or disaster. Constant communication to hear and address inquiries, concerns, and questions from civil society is key to strengthening the bonds of trust that are needed to launch collective actions for the common good, such as health measures, quarantines, vaccination campaigns, etc.

Calls for participation:

²⁶ Recent experience includes an unfortunate number of cases of corruption. After the 2004 tsunami in the Indian Ocean, about US\$13.5 billion in aid was mobilized. There were several indications of corruption and fraud in the use of these resources. In the case of Hurricane Katrina, the US Government Accountability Office estimated that between \$600M and \$1.4 trillion – 16% of total aid – was lost to improper activities.

²⁷ The Open Government Partnership called on its 78 member countries to take action to include the principles of open government—transparency, accountability, participation, and innovation—as an integral part of their mitigation measures, called "Open response, open recovery," with the aim of building trust between governments and citizens.

37. Refers to the availability of calls for participation so citizens in general can be informed and participate in health emergency actions through spaces for consultations, complaints, and suggestions.

Mechanisms of participation:

38. Refers to the availability of participation mechanisms like calls for aid volunteers, information campaigns, and interactive online spaces.

d) Open data

39. An essential standard of proactive transparency is the use of open data formats.²⁸ Multiple experts have noted the need to ensure that the databases produced by governments can meet the needs of public health and social impacts; and to build repositories that facilitate publication of, access to, and use of the data by any person or organization needing information for their own purposes. During the COVID-19 health crisis, the global scientific community has demonstrated the need for open data to collect evidence and collaborate on government decisions. Toward the middle of 2020, and following a consultation with academia and scientist associations throughout the world, UNESCO²⁹ drafted a declaration on open science highlighting "the power of scientific cooperation and diplomacy to unite nations."

Epidemiological surveillance:

40. Refers to the availability of epidemiological surveillance information in open data formats for indicators on the disease causing the health emergency, disaggregated by gender: number of people who have been tested, number of confirmed infections, number of hospitalizations, number of persons who have died (with confirmed diagnosis or suspected of infection), and number of persons released from the hospital. Information on genomic surveillance or virus mutation is also included. These data must be disaggregated according to demographic and time variables. Care must be taken to ensure personal information is protected in public records.

Health authorizations:

41. Refers to the availability of information on health authority authorizations of medical devices and health products issued during the state of emergency. This includes import authorization records and laboratory registration, as well as the companies authorized to use or sell the devices and products. The information must be disaggregated by type of product (molecular tests, antibody tests, antigen tests, medical oxygen, personal protective equipment, medical devices, etc.), company name, validity, import amounts, country of origin, etc.

Response capacity of the healthcare system:

42. Refers to the availability of information on the effectiveness of the healthcare system's response to the health emergency. This includes data on the availability of hospital beds, intensive care beds, mechanical ventilators, medical oxygen (oxygen tanks, oxygen concentrators, oxygen plants, cryogenic tanks, etc.) and health personnel (both frontline and specialize). These data must be

²⁸ For more information on open data, see ¿Qué son los "Datos Abiertos"? available at: <https://bit.ly/2PHSWbM>.

²⁹ The executive committee of the German Commission for UNESCO has published a statement stressing that open science is a matter of survival and necessary to overcome the pandemic. <https://bit.ly/2Y9bBoK>

disaggregated by variables like geographic location, healthcare facility, and operability.

Emergency procurement and contracts:

43. Refers to the availability of information in open data format on budgets, contracting, and public procurement for addressing the health emergency.

2.3 Characteristics of the information

44. Elements that must be considered throughout all information presentation:

a) Timeliness and usefulness

45. In response to a disease causing a state of emergency, authorities must guarantee all citizens' access to trustworthy and up-to-date information that is based on the most reliable scientific evidence available in order to understand the risks and forms of protection. This information is considered timely if it meets the needs of the specific pandemic or epidemic phase a country or territory is in; it is considered useful if it offers specific measures and tools that can translate into individual and collective actions to protect health and life.

b) Language

46. Health and science information addressed to the entire population must be presented using language that is simple and understandable to both those with specialized knowledge and those with basic or no knowledge. The idea is to keep everyone informed without discrimination. This means that the messages must be adapted to the language used by certain groups, such as indigenous peoples and persons with disabilities that require particular forms of communication.

c) Updates

47. A country or territory's epidemiological surveillance systems must function effectively to produce critical data and to regularly and promptly update the information used for decision-making as measures to control the spread of infections in a particular location, to order or lift quarantines, to distribute human resources and medical equipment, and to make vaccines available.

d) Channels for dissemination

48. Although most of the public information is placed on States' digital platforms, risk communication during a public health emergency requires the use of all channels of dissemination to reach people whether or not they have an Internet connection. This includes considering the use of radio (including community radio stations), television, and health promoters in the most remote areas.

e) Reuse of information

49. The open data policy is necessary for improving governance and increasing transparency, especially when managing an emergency. In this regard, during the

COVID-19 pandemic, the OECD³⁰ has recommended making it as easy as possible to find and access data, and make it interoperable and reusable.

³⁰ Organization for Economic Cooperation and Development. "Why open science is critical to combatting COVID-19." May 12, 2020. Available at: <https://www.oecd.org/coronavirus/policy-responses/why-open-science-is-critical-to-combatting-covid-19-cd6ab2f9/>

CHAPTER 3

CONCLUSIONS AND RECOMMENDATIONS

- a) The transparency and access to public information systems were not prepared to face the challenges of a health crisis like COVID-19, leading to responses with varying levels of effectiveness at guaranteeing this right. It is therefore recommended to issue statements aimed at recalling the importance of their work so it can be seen as an essential service and so that these systems can participate in preparing contingency plans that include measures for adapting to public health emergencies by incorporating mechanisms to prevent their functions from being suspended or restricted.
- b) The pandemic has made it possible to reflect on how to expand the traditional borders of governments' proactive transparency to include indicators on the quality, usefulness, and timeliness of the information so that everyone can exercise their rights during an emergency. In this case, we have focused on proposing health and science indicators to help protect public health, mitigate harm, and promote recovery. These indicators can be incorporated by oversight bodies with adaptations and improvements based on the specific characteristics of each country or territory. The recommendation is to issue guidelines so reporting entities proactively report this type of information during emergencies.
- c) The proactive transparency indicators on health and science must be prepared with two approaches in mind: first, they must be produced for all citizens, as they must know the health risks they are facing and the measures they can adopt to protect their health and their lives. If they are provided swiftly and frequently with accurate information in language that they understand, they can make the right decisions. Second, the indicators must be designed to ensure that the scientific community can access epidemiological data and research in open formats that promote cooperation on finding answers and making the best decisions for addressing the risks. Information that incorporates these approaches and is disseminated proactively will enable citizen oversight of governments and help strengthen the bonds of trust during situations when collective actions are needed to address risks.
- d) During public health emergencies, the proactive transparency and access to information systems must make special efforts to guarantee that people whose vulnerable situations worsen during the crisis can exercise their rights. Among the barriers to access to information, the lack of an Internet connection and digital literacy, as well as disabilities and cultural and linguistic differences can be taken into account when devising strategies to overcome these barriers, such as the use of different channels of communication and different formats.
- e) Updating the proactive transparency requirements during a state of emergency must respond to or be in step with the risk management communications plan executed by governments, from prevention prior to an emergency; to response and recovery during the crisis; and recovery following the crisis. This should take into account that it is impossible to predict the relevance of some information at the beginning of emergency response. It is therefore necessary to take a dynamic approach to address information needs moment by moment. When changing proactive transparency requirements, it is particularly important to respond to the needs of journalists, the scientific community, civil society actors, and other

persons or groups intending to use the information to raise public awareness regarding the emergency.

- f) During the COVID-19 pandemic, it has been recognized that governments must set up permanent specialized websites to provide the information needed by a population facing an emergency. This should not leave out strategies that incorporate the dissemination of essential information through alternative channels of communication, such as phone lines, social media, text message, community radio, and the participation of public health promoters in more remote areas with no Internet connections. It is essential to minimize uncertainty while also producing messages that are honest with regard to unknowns, with emphasis on the solid evidence known so far.

ANNEXES

a) **Table 1. Proactive Transparency Indicators during Health Emergencies**

“Access to information” variables			
1.1	Variable	Health information:	Refers to the availability of information on a plan for risk management in response to the health emergency, epidemiological reports on the course of the disease, measures of prevention and control to reduce the risk of contagion, and medical assistance. This information includes users of healthcare services who have been diagnosed with or are suspected of having the disease, as well as those who need medical care due to other illnesses and need essential services like pre- and postnatal care, child vaccinations, access to contraception, and emergency kits for treating sexual assault. This information can be kept on a website set up specifically for the health emergency and is to be updated regularly.
1.2	Variable	Officials and advisory group responsible for managing the health emergency	Refers to the availability of information on the main risks and on the members of advisory councils in charge of the health emergency. Their profiles, positions, statements of conflict of interest, and other relevant public information on their functions are to be released.
1.3	Variable	Proposed health emergency legislation	Refers to the availability of information on the decrees, laws, and provisions related to the handling of the health emergency in its different phases.
1.4	Variable	Procurement and contracting processes during the health emergency	Refers to the availability of information on administrative and special contracting processes during the health emergency. For vaccine procurement contracts, refers to the availability of a public version of these documents.
1.5	Variable	Reducing uncertainty, rumors, and false information	Refers to the availability of a space or section on the official website and official spokespersons designated to respond to disinformation and assuage people’s uncertainty and doubts during a health emergency.
Sub-variables and indicators for “Health information”			
1.1.1	Sub-variable	Risk management plan	Information is available on risk management plan in the event of a public health emergency.
1.1.1.1	Indicator	Dynamic updating of measurements	Information available on the execution of the risk management plan and its updates according to the stage of the health emergency and on responses to the unanticipated challenges.
1.1.1.2	Indicator	Release of a condensed version	A condensed version is available with a significant amount of information on the risk management plan, aimed at the general population.

1.1.2	Sub-variable	Epidemiological surveillance	Refers to the epidemiological surveillance reports on the course of the health emergency in the country or territory. The following indicators are monitored: number of people who have been tested, number of confirmed infections, number of hospitalizations, number of persons who have died (with confirmed diagnosis or suspected of infection), and number of persons released from the hospital. Data is also included on the occupation rate of hospital beds and intensive care units, as well as information on genomic surveillance or virus mutation. The reports must be published regularly, disaggregated by demographic and time variables on an official website and in coordination with the entities responsible for managing the health emergency.
1.1.2.1	Indicator	Report on infections	Regular information available on the number of persons infected, broken down by type of diagnostic tests, gender, age, race/ethnicity, geographical location, and date of notification.
1.1.2.2	Indicator	Hospitalizations report	Regular information available on the number of persons admitted to public and private health establishments, broken down by gender, age, race/ethnicity, geographical location, and date of notification.
1.1.2.3	Indicator	Report on intensive care unit (ICU) occupancy rate	Regular information available on the total number of intensive care unit (ICU) beds and number of beds occupied in public and private healthcare establishments, broken down by geographical location, and date.
1.1.2.4	Indicator	Report on number recovered	Regular information available on the number of persons discharged broken down by gender, age, race/ethnicity, geographical location, and date of notification.
1.1.2.5	Indicator	Report on the number of deaths	Regular information available on the number of persons with a confirmed diagnosis who have died, broken down by gender, age, race/ethnicity, geographical location, and date of notification.
1.1.2.6	Indicator	Report on the number of suspected deaths	Regular information available on the number of persons who have died in health institutions and outside them who are suspected to have been infected with the disease, broken down by gender, age, race/ethnicity, geographical location, and date of notification.
1.1.2.7	Indicator	Report on tests	Regular information available on the number of tests administered, broken down by type of test, result, gender, age, race/ethnicity, geographical location, and date of notification.
1.1.2.8	Indicator	Genomic surveillance	Regular information available on genomic sequencing of the virus in a country or territory. These data can be broken down by variant and mutation of interest and concern for health authorities.
1.1.3	Sub-variable	Measures of prevention and control	Refers to information on health measures that people can take to protect their health and lives. Information is also available on how the disease spreads and can be stopped, and the protocols to follow if infection is suspected. This information needs to be presented in language that is clear and understandable to everyone.

1.1.3.1	Indicator	Biosecurity measures	Information available on how to correctly use personal protective equipment against the disease. If the State provides protective medical devices, it also needs to publish guides or steps to accessing them.
1.1.3.2	Indicator	Specific measures targeting vulnerable populations	Information available on preventative actions aimed at the populations with the greatest risk of infection (older adults, health workers exposed to the disease, people with comorbidities), in keeping with the WHO's official guidance and directives.
1.1.3.3	Indicator	Diagnostic tests	Information available on the protocol for accessing diagnostic tests for the disease in the country or territory.
1.1.3.4	Indicator	Authorized laboratories	Information available on the laboratories or centers authorized to perform diagnostic tests for the disease and on the licenses authorizing the use of imported diagnostic tests.
1.1.3.5	Indicator	Symptoms of the disease	Information available on the most common symptoms of the disease, as well as the less common ones.
1.1.3.6	Indicator	Isolation	Information available on isolation protocols to prevent the spread of the disease.
1.1.3.7	Indicator	Biosafety protocols	Information is available on the biosafety protocols established to reduce the risks of infection, both in the home and in public spaces. This information needs to be updated to reflect the development of the most reliable scientific evidence.
1.1.3.8	Indicator	Availability in native languages	Prevention and control measures are available in the native languages of the country's different population groups.
1.1.4	Sub-variable	Disease care	Refers to information on the protocols that must be followed once infection with the disease has been confirmed. This information includes the steps that health services must take during the state of emergency, guides on the treatments available, and directives in the event of the patient's hospitalization or death.
1.1.4.1	Indicator	Infection protocol	Information on how to behave if infection with the disease is suspected or confirmed. Also refers to the measures available for checking in to isolation centers if isolation at home is not possible; the protocol for checking in to a hospital; and the means of communicating about the patient's health with relatives.
1.1.4.2	Indicator	Care protocol	Information available both for staff who directly and indirectly assist people suspected of or infected with the disease in a health facility and for users who must follow a protocol to access medical care.
1.1.4.3	Indicator	Availability of health services	Information available on the supply of public and private medical services that are operational and adequate for treating the disease. This information includes the location of regular and field hospitals, as well as other centers that provide disease detection and therapy services.

1.1.4.4	Indicator	Health services accessibility	Information available on levels of access to public and private health centers to facilitate patient movement should medical care be needed for the disease causing the health emergency.
1.1.4.5	Indicator	Treatment	Information available on patient care both in and outside health centers. This includes drugs authorized for outpatient use and treatments performed in hospitals.
1.1.4.6	Indicator	Hospitalizations	Information available on the intensive care unit (ICU) occupancy in each public and private health facility.
1.1.4.7	Indicator	Protocol for deaths	Information available on notification protocols and biosafety measures that must be followed when the disease causes a death.
1.1.5	Sub-variable	Healthcare unrelated to the disease	Refers to information on protocols for providing care to populations affected by other illnesses unrelated to the cause of the health emergency. The information include specific information for different groups of healthcare services users: people with chronic illnesses, pregnant women, older adults, children, adolescents, etc.
1.1.5.1	Indicator	Care protocol	Information available in the form of guides to caring for persons with communicable and noncommunicable illnesses during the health emergency. Information includes the biosafety protocols that public and private health facilities must follow when providing care to their users.
1.1.5.2	Indicator	Continuity of care	Information available on changes to or continuity of treatments for communicable and noncommunicable illnesses. Must provide guidance to patients on how to continue with their therapies by adapting to the health emergency, such as through telemedicine services, virtual checkups, and specific times for in-person care.
1.1.5.3	Indicator	Health education	Information available on the risk and consequences of interrupting health treatments and the connection between the disease causing the health emergency and other pre-existing conditions.
1.1.5.4	Indicator	Drug distribution	Information available on how to access medications, including maps with distribution centers or home delivery services.
1.1.5.5	Indicator	Regular vaccination schedule	Information available on the schedule for regular vaccinations, including changes to dates and the number of shots available. These data include guidelines on which populations must be vaccinated, biosafety measures when visiting a vaccination center, the benefits of getting vaccinated, and the risks of not following the vaccination schedule.
1.1.5.6	Indicator	Sexual and reproductive health	Information available on the availability of free contraceptives and healthcare centers. A list of sexual health and reproductive services that are operational during the emergency is reported, and health kits are distributed to victims of sexual and domestic violence. A list of pre- and postnatal healthcare services specifying operating hours and how to get appointments is also published.

1.1.6	Sub-variable	Vaccination against the disease	Refers to availability of the vaccination plan and schedule. It specifies whether there is a mechanism for citizens to check when they can be vaccinated and how to obtain a digital or physical certification of their vaccination.
1.1.6.1	Indicator	Information on the vaccines	Refers to information on the technology, safety, and efficacy of the vaccines authorized and available in the country or territory. This includes the foreseeable side effects of vaccination and the mechanism for reporting atypical reactions to the vaccine.
1.1.6.2	Indicator	Vaccination process	A version of the country or territory's vaccination plan that is understandable to all citizens is available on government websites.
1.1.6.3	Indicator	Vaccination schedule	The vaccination schedule for the population is available, along with criteria and justification for it.
1.1.6.4	Indicator	Questions about vaccination scheduling	A mechanism is available for consulting an official communication channel digitally or through text messages about vaccination appointments.
1.1.6.5	Indicator	Digital vaccination certificates	An official mechanism is available and operational through which citizens can, in person or online, request certification of their vaccination.
1.1.6.6	Indicator	Vaccination communication plan	A communication plan for the vaccination process available on official dissemination platforms and in different formats to reach the entire population.
1.1.6.7	Indicator	Availability in native languages	Vaccination plan available in the native languages of the different population groups comprising the country or territory.
1.1.6.8	Indicator	Periodic releases	The updates to the vaccination plan are made available to all citizens on a timely basis.
1.1.6.9	Indicator	Pharmacy surveillance reports	Pharmacy surveillance reports on possible side effects of vaccines (mild, moderate, and severe) are available. This information also specifies whether mechanisms are available for citizens to report them in a timely manner (in person or digitally).
Sub-variables and indicators for "Officials and advisory group responsible for managing the health emergency"			
1.2.1	Sub-variable	Information on officials	Refers to the availability of information on the public officials directing the health emergency policies.
1.2.1.1	Indicator	Profiles of the officials from the entities managing the health emergency.	The profiles, description of functions, and contact information for the officials, along with their roles in the entities handling the health emergency policies, are available.

1.2.1.2	Indicator	Statement of conflict interest.	of of	Statements of conflict of interests made by the officials in charge of the health emergency are available.
1.2.1.3	Indicator	Statement of assets and income	of and	Statements of assets and income made by the officials in charge of the health emergency are available.
1.2.2	Sub-variable	Consultants and advisors		Refers to the availability of information on the consultants and advisors called upon to assist health authorities in managing the health emergency. The information includes their profiles, declarations of conflict of interest, and minutes of meetings should they take part in specific committees or groups during the health emergency.
1.2.2.1	Indicator	Consultant and advisor profiles		The profiles and job descriptions of the officials comprising consultative or advisory groups providing support during the health emergency are available.
1.2.2.2	Indicator	Statement of conflict interest.	of of	The statements of conflict of interest of the officials comprising consultative or advisory groups providing support during the health emergency are available.
1.2.2.3	Indicator	Meeting minutes		Recordings and/or summaries of the minutes of the consultative or advisory groups providing support during the health emergency are available.
1.2.2.4	Indicator	Background of how the consultative and advisory groups are formed	of the	A background document detailing the formation of the consultative and advisory groups providing support during the health emergency is available.
Sub-variables and indicators for “Proposed health emergency legislation”				
1.3.1	Sub-variable	Laws or decrees		Refers to the availability of information on the laws and/or official decrees approved and published during the health emergency.
1.3.1.1	Indicator	Information on laws or decrees		The laws or decrees related to the health emergency are available.
1.3.1.2	Indicator	Background of laws or decrees	of decrees	A background document is available detailing the enactment of laws or decrees related to the health emergency.
1.3.2	Sub-variable	Rights restrictions and suspensions		Refers to the availability of official information on the rights restricted or suspended during the health emergency.
1.3.2.1	Indicator	Information on rights limitations	on	Information available on the decrees restricting or suspending rights and freedoms during the health emergency.

1.3.2.2	Indicator	Legal provisions in force	Information is available on the rights restrictions or suspensions in force during the health emergency. This information will be updated and communicated via a variety of media to all citizens.
Sub-variables and indicators for “Procurement and contracting processes during the health emergency”			
1.4.1	Sub-variable	Administrative contracting	Refers to the availability of information on administrative contracts during the health emergency.
1.4.1.1	Indicator	Procurement plan	The procurement plan for contracting goods and services during the health emergency is available.
1.4.1.2	Indicator	Publication of proposals	The proposals for procurement of goods and services during the health emergency are available to the public.
1.4.1.3	Indicator	Publication of tenders	The tenders for procurement of goods and services during the health emergency are available to the public.
1.4.1.4	Indicator	Publication of contracts	The contracts for procurement of goods and services during the emergency are available.
1.4.1.5	Indicator	Procurement records	The records of goods and services procured during the health emergency are available.
1.4.1.6	Indicator	Reports on tenders awarded	The reports on tenders for procurement of goods and services during the health emergency are available to the public.
1.4.2	Sub-variable	Direct contracting	Refers to the availability of information on direct contracts that did not go through a normal process during the health emergency.
1.4.2.1	Indicator	Procurement plan	The procurement plan for direct contracting is available.
1.4.2.2	Indicator	Contracting rationale	The rationale for direct contracts is published.
1.4.2.3	Indicator	Publication of contracts	The resolutions that make the direct contracting official are available.
1.4.2.4	Indicator	Reports on tenders awarded	Technical reports on the direct contracts awarded are available.
1.4.2.5	Indicator	Background of suppliers chosen	Background on the suppliers awarded direct contracts are available.
1.4.3	Sub-variable	Special hiring of human resources	Refers to the availability of information on the special hiring of human resources (health professionals and technical personnel) to address the health emergency.

1.4.3.1	Indicator	Procurement plan	The human resources special contracting plan is available.
1.4.3.2	Indicator	Contracting rationale	The rationale for special human resources contracting is published.
1.4.3.3	Indicator	Publication of contracts	The resolutions formalizing the special hiring of human resources are available.
1.4.4	Sub-variable	Vaccine procurement	Refers to the availability of information on vaccine procurement contracts, procurement plans, delivery schedule, and assigned budget.
1.4.4.1	Indicator	Public version of contracts	The public versions of the vaccine procurement contracts signed with pharmaceutical companies are available.
1.4.4.2	Indicator	Procurement plan	A vaccine procurement plan and information on negotiation with pharmaceutical companies is available.
1.4.4.3	Indicator	Delivery timeline	A timeline is available on delivery of the vaccines according to the commitments made in the contracts signed by the pharmaceutical companies.
1.4.4.4	Indicator	Scientific support	The scientific documentation presented by the pharmaceutical company seeking authorization of the use of its vaccines in the country or territory is available.
1.4.4.5	Indicator	Budget	The budget allocated for vaccine acquisition is available.
Sub-variables and indicators for “Reducing uncertainty, rumors, and false information”			
1.4.5	Sub-variable	Section of the official website aimed at combating disinformation	Refers to a space on the official website dedicated to combating disinformation, responding to alerts of false information in a timely manner, and clarifying or pushing back on disinformation that may endanger the health and lives of people during the health emergency. The information is available in different native languages and formats readable by people with disabilities through the official channels for mass communication with citizens.
1.4.5.1	Indicator	Timely response to disinformation	A communication and information verification unit responds in a timely manner to rumors and disinformation in order to reduce people’s doubts and uncertainties.
1.4.5.2	Indicator	Availability in formats accessible to persons with disabilities	Alerts clarifying or pushing back on rumors or disinformation are available in a variety of formats adapted to people with disabilities.
1.4.5.3	Indicator	Availability in native languages	Alerts clarifying or pushing back on rumors and disinformation are available in the different native languages of the country or territory.

1.4.5.4	Indicator	Availability through official channels	Alerts clarifying or pushing back on rumors and disinformation are available through the different official channels for communication with citizens.
1.4.5.5	Indicator	Official spokespersons pushing back on disinformation	Refers to the availability of one or more official spokespersons for the public entities managing the health emergency whose role is to reduce informational uncertainty, answer questions, and push back on disinformation.
Variables for “Accountability”			
2.1	Variable	Public finances of the health emergency	Refers to the availability of information on the budget for addressing the health emergency, its planning, and its execution by the various public entities involved.
2.2	Variable	Plans and compliance	Refers to the availability of public entities’ strategic plans for addressing the health emergency.
2.3	Variable	Decision-making	Refers to the availability of information on the main decisions made by officials in charge of making decisions and managing public resources during the health emergency.
Sub-variables and indicators for “Public finances of the health emergency”			
2.1.1	Sub-variable	Budget	Refers to the availability of the budget for addressing the health emergency, both the draft document and the approved document.
2.1.1.1	Indicator	Draft budget	Draft budget for the health emergency is available on the official websites or channels of dissemination.
2.1.1.2	Indicator	Approved budget	The approved budget for addressing the health emergency and any amendments to it are available on the official website and dissemination channels.
2.1.2	Sub-variable	Budget execution	Refers to availability of documents on budget execution.
2.1.2.1	Indicator	Partial execution reports	Partial budget execution reports (monthly, quarterly, semiannual) are available on the official website or dissemination channels.
2.1.2.2	Indicator	Annual reports	Annual budget execution report available on the official website or dissemination channels.
2.1.2.3	Indicator	Records on approved and executed budget	Records of the budgets approved for the health emergency available on the official website.
2.1.2.4	Indicator	Audits of public spending	Audit reports on budget execution are available on the official website.

2.1.2.5	Indicator	Records of public spending audits	Records of audit reports on execution of the budget to respond to the health emergency available.
Sub-variables and indicators for “Plans and Compliance”			
2.2.1	Sub-variable	Strategic plan	The strategic plan for addressing the health emergency and its effects on the different areas of State operations and on society is available.
2.2.1.2	Indicator	Operating plan	The national operating plan for addressing the health emergency and its effects on the different areas of State operations and on society is available.
2.2.1.3	Indicator	Other specific or sector-specific plans	The plans of specific sectors or institutions involved in the response to the health emergency are available.
2.2.2	Sub-variable	Compliance with the strategic plan	Refers to availability of reports on compliance with the strategic plan.
2.2.2.1	Indicator	Compliance reports	Reports on compliance with the national strategic plan for addressing the health emergency are available.
2.2.2.2	Indicator	Management report	Reports on compliance with the operating plan for addressing the health emergency are available.
2.2.2.3	Indicator	Final management report	The final report on the management of the officials who were in charge of executing the strategic plan during the health emergency is available.
2.2.2.4	Indicator	Records of annual reports	Records of reports on compliance and strategic plan management available.
Sub-variables and indicators for “Decision making”			
2.3.1	Sub-variable	Issues and agreements	Refers to the availability of agreements and issues to be addressed by the officials leading and managing the different stages of the health emergency.
2.3.1.1	Indicator	Issues to address	The topics and agendas of the main decision-making sessions held during the health emergency are available on the official website.
2.3.1.2	Indicator	Decisions made and agreements reached	The decisions made and agreements reached during the health emergency are available on the official website.
2.3.1.3	Indicator	Records of decisions made	The records of the decisions made or agreements reached during the health emergency are available on the official website.

2.3.1.4	Indicator	Health decisions	The records on the health decisions made and the scientific evidence on which they were based are available on the official website.
Variables for “Citizen participation”			
3.1	Variable	Calls for participation	Refers to the availability of calls for participation so citizens in general can be informed and participate in health emergency actions through spaces for consultations, complaints, and suggestions.
3.2	Variable	Mechanisms of participation	Refers to the availability of participation mechanisms like calls for aid volunteers, information campaigns, and interactive online spaces.
Sub-variables and indicators for “Calls for participation”			
3.1.1	Sub-variable	Calls for participation	Refers to the availability of calls for participation with reasonable deadlines, both prior to making the decisions and in preparation for interventions.
3.1.1.1	Indicator	Terms of calls for participation	Information available on how to participate, the objective, the dates, the mechanisms, and the locations.
3.1.1.2	Indicator	Timely notifications	The calls for participation are publicized reasonably in advance to facilitate citizen participation.
3.1.2	Sub-variable	Public hearings	Refers to the availability of calls for participation in public hearing.
3.1.2.1	Indicator	Public hearings	Calls for participation in public hearings to explain and give the rationale for measures related to the health emergency disseminated on official websites or dissemination channels
3.1.2.2	Indicator	Follow-up on the results of the public hearings	The results of follow-up on the public hearings are available.
Sub-variables and indicators for “Participation mechanisms”			
3.2.1	Sub-variable	Mechanisms for participation through the website	Refers to the availability of forms and forums on the website for collecting and responding to questions, suggestions, consultations and initiatives.
3.2.1.1	Indicator	Form on website	A form available on the website so citizens can send queries, complaints, suggestions, and other initiatives related to the health emergency.
3.2.1.2	Indicator	Opinion forums	Opinion forums available on the website where citizens can post queries, complaints, suggestions, and other initiatives related to the health emergency.

3.2.1.3	Indicator	Operability	The citizen participation model is operational and users receive responses within a reasonable amount of time that is appropriate to their needs.
3.2.2	Sub-variable	Social media	Refers to the availability of official social media accounts for collecting and responding to questions, suggestions, consultations, and initiatives.
3.2.2.1	Indicator	Use of social media	The social media accounts of the public entities responsible for managing the health emergency (Facebook, Twitter, Instagram, etc.) are active.
3.2.2.2	Indicator	Updates and responsiveness through social media	The social media accounts of public entities are up to date and provide answers to citizens who ask questions or raise concerns regarding highly relevant public information during the health emergency.
3.2.2.3	Indicator	Social media participation	Spaces for citizen participation on social media established by the State to hear different population groups and address their specific questions are open and active.
Variables for “Open data”			
4.1	Variable	Emergency procurement and contracts:	Refers to the availability of information in open data format on budgets, contracting, and public procurement for addressing the health emergency.
4.2	Variable	Epidemiological surveillance:	Refers to the availability of epidemiological surveillance information in open data formats for indicators on the disease causing the health emergency: number of people who have been tested, number of confirmed infections, number of hospitalizations, number of persons who have died (with confirmed diagnosis or suspected of infection), and number of persons released from the hospital. Information on genomic surveillance or virus mutation is also included. These data must be disaggregated according to demographic and time variables. Care must be taken to ensure personal information is protected in public records.
4.3	Variable	Health authorizations:	Refers to the availability of information on health authority authorizations of medical devices and health products issued during the state of emergency. This includes import authorization records and laboratory registration, as well as the companies authorized to use or sell the devices and products. The information must be disaggregated by type of product (molecular tests, antibody tests, antigen tests, medical oxygen, personal protective equipment, medical devices, etc.), company name, validity, import amounts, country of origin, etc.

4.4	Variable	Response capacity of the healthcare system	Refers to the availability of information on the healthcare system's capacity to respond to the health emergency. This includes data on the availability of hospital beds, intensive care beds, mechanical ventilators, medical oxygen (oxygen tanks, oxygen concentrators, oxygen plants, cryogenic tanks, etc.) and health personnel (both frontline and specialists). These data must be disaggregated by variables like geographic location, healthcare facility, and operability.
Sub-variables and indicators for "Emergency procurement and contracts"			
4.1.1	Sub-variable	Public budget	Refers to the availability of the budget for addressing health emergency in open data format.
4.1.1.1	Indicator	Available online	The data is available online from an official source.
4.1.1.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.1.1.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.1.1.4	Indicator	Disaggregated data	The data are disaggregated by variables like sector or area of investment, initial budget, and amended budget.
4.1.1.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.1.1.6	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.1.1.7	Indicator	Open license use	The terms of use or license for the data allow anyone to freely use, reuse, or redistribute them.
4.1.2	Sub-variable	Budget execution	Information on budget execution available in an open data format.
4.1.2.1	Indicator	Available online	The data is available online from an official source.
4.1.2.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.1.2.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.1.2.4	Indicator	Disaggregated data	The data are disaggregated by variables like sector or area of investment, initial budget, amended budget, and executed budget.
4.1.2.5	Indicator	Updated data	Data is up to date and available in a timely manner.

4.1.2.6	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.1.2.7	Indicator	Open license use	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.1.3	Sub-variable	Contracting	Information on public contracting during the health emergency is available in an open data format.
4.1.3.1	Indicator	Available online	The data is available online from an official source.
4.1.3.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.1.3.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.1.3.4	Indicator	Disaggregated data	Data disaggregated by variables like type of good or service, supplier, price, manufacturer, quantity, purchase date, expiration date, contracting entity, etc.
4.1.3.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.1.3.6	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.1.3.7	Indicator	Open license use	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
Sub-variables and indicators for “Epidemiological surveillance”			
4.2.1	Sub-variable	Registry of infected people	Records of cases of persons infected with the disease causing the health emergency are available.
4.2.1.1	Indicator	Available online	The data is available online from an official source.
4.2.1.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.2.1.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.2.1.4	Indicator	Disaggregated data	The data are disaggregated by variables like type of diagnostic test, gender, age, race/ethnicity, geographic location, and date of notification.

4.2.1.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.2.1.6	Indicator	Vulnerable populations	The data are available and disaggregated by indigenous peoples or ethnic groups, migrants, LGBTI populations and other populations.
4.2.1.7	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.2.1.8	Indicator	Open use license	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.2.1.9	Indicator	Privacy and protection of personal information	The data is correctly anonymized to avoid identifying individuals.
4.2.2	Sub-variable	Registry deaths of	Records of the persons with the disease causing the health emergency who have died are available.
4.2.2.1	Indicator	Available online	The data is available online from an official source.
4.2.2.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.2.2.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.2.2.4	Indicator	Disaggregated data	The data are disaggregated by variables like comorbidities, gender, age, race/ethnicity, geographic location, and date of notification.
4.2.2.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.2.2.6	Indicator	Vulnerable populations	The data are available and disaggregated by indigenous peoples or ethnic groups, migrants, LGBTI populations
4.2.2.7	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.2.2.8	Indicator	Open use license	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.2.2.9	Indicator	Privacy and protection of personal information	The data is correctly anonymized to avoid identifying individuals.
4.2.3	Sub-variable	Registry hospitalized people of	Records of cases of persons hospitalized with the disease causing the health emergency are available.

4.2.3.1	Indicator	Available online	The data is available online from an official source.
4.2.3.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.2.3.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.2.3.4	Indicator	Disaggregated data	The data are disaggregated by variables like comorbidities, gender, age, race/ethnicity, geographic location, and date of notification.
4.2.3.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.2.3.6	Indicator	Vulnerable populations	The data are available and disaggregated by indigenous peoples or ethnic groups, migrants, LGBTI populations
4.2.3.7	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.2.3.8	Indicator	Open license use	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.2.3.9	Indicator	Privacy and protection of personal information	The data is correctly anonymized to avoid identifying individuals.
4.2.4	Sub-variable	Registry of diagnostic test results	Records of the results of diagnostic tests to confirm or rule out the presence of the disease causing the health emergency are available.
4.2.4.1	Indicator	Available online	The data is available online from an official source.
4.2.4.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.2.4.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.2.4.4	Indicator	Disaggregated data	The data are disaggregated by variables like type of diagnostic test, result of the diagnostic test, gender, age, race/ethnicity, geographic location, and date of notification.
4.2.4.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.2.4.6	Indicator	Vulnerable populations	The data are available and disaggregated by indigenous peoples or ethnic groups, migrants, LGBTI populations

4.2.4.7	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.2.4.8	Indicator	Open license use	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.2.4.9	Indicator	Privacy and protection of personal information	The data is correctly anonymized to avoid identifying individuals.
4.2.5	Sub-variable	Registry of vaccinated people	Records of people vaccinated against the disease causing the health emergency are available.
4.2.5.1	Indicator	Available online	The data is available online from an official source.
4.2.5.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.2.5.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.2.5.4	Indicator	Disaggregated data	The data are disaggregated by variables like at-risk group gender, age, race/ethnicity, geographic location, and date of notification.
4.2.5.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.2.5.6	Indicator	Vulnerable populations	The data are available and disaggregated by indigenous peoples or ethnic groups, migrants, LGBTI populations
4.2.5.7	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.2.5.8	Indicator	Open license use	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.2.5.9	Indicator	Privacy and protection of personal information	The data is correctly anonymized to avoid identifying individuals.
4.2.6	Sub-variable	Genomic surveillance	Refers to availability of genomic surveillance records.
4.2.6.1	Indicator	Available online	The data is available online from an official source.

4.2.6.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.2.6.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.2.6.4	Indicator	Disaggregated data	The data is disaggregated by variables like virus genome sequences and variants of concern or interest in a country or territory.
4.2.6.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.2.6.6	Indicator	Vulnerable populations	The data are available and disaggregated by indigenous peoples or ethnic groups, migrants, LGBTI populations
4.2.6.7	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.2.6.8	Indicator	Open use license	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.2.6.9	Indicator	Privacy and protection of personal information	The data is correctly anonymized to avoid identifying individuals.
4.2.7	Sub-variable	Registry of persons who died and were suspected of having the disease	Information available on deaths that took place without a confirmed diagnosis but where the disease causing the health emergency is suspected to be the cause, both inside and outside healthcare facilities.
4.2.7.1	Indicator	Available online	The data is available online from an official source.
4.2.7.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.2.7.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.2.7.4	Indicator	Disaggregated data	The data are disaggregated by variables like notification criteria, comorbidities, gender, age, race/ethnicity, geographic location, and date of notification.
4.2.7.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.2.7.6	Indicator	Vulnerable populations	The data are available and disaggregated by indigenous peoples or ethnic groups, migrants, LGBTI populations

4.2.7.7	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.2.7.8	Indicator	Open use license	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.2.7.9	Indicator	Privacy and protection of personal information	The data is correctly anonymized to avoid identifying individuals.
Sub-variables and indicators for “Health authorizations”			
4.3.1	Sub-variable	Diagnostic tests	Refers to the availability of information on records of approved and rejected authorizations—by use and type—of diagnostic tests used during the health emergency.
4.3.1.1	Indicator	Available online	The data is available online from an official source.
4.3.1.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.3.1.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.3.1.4	Indicator	Disaggregated data	The data are disaggregated by variable like type of test, manufacturer, country of origin, business name of the importer, etc.
4.3.1.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.3.1.6	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.3.1.7	Indicator	Open use license	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.3.2	Sub-variable	Authorized laboratories	Refers to the availability of information on records of laboratories authorized to perform the diagnostic tests used during the health emergency.
4.3.1.1	Indicator	Available online	The data is available online from an official source.
4.3.1.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.3.1.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.

4.3.1.4	Indicator	Disaggregated data	The data are disaggregated by variables like company name of the laboratory, representatives, security level, date of authorization, validity of the authorization, types of authorized tests, etc.
4.3.1.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.3.1.6	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.3.1.7	Indicator	Open use license	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.3.2	Sub-variable	Medical devices	Refers to the availability of information of the authorization records of used medical devices or supplies during the health emergency.
4.3.1.1	Indicator	Available online	The data is available online from an official source.
4.3.1.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.3.1.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.3.1.4	Indicator	Disaggregated data	The data are disaggregated by variables like type of device or medical supply (oxygen plant, oxygen generator, medical oxygen in its different forms, masks, etc.), manufacturer, country of origin, business name of the importer, etc.
4.3.1.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.3.1.6	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.3.1.7	Indicator	Open use license	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
Sub-variables and indicators for “Response capacity of the healthcare system”			
4.4.1	Sub-variable	Health establishments	Refers to the availability of the records of public and private health establishments authorized to care for the sick during the health emergency.
4.4.1.1	Indicator	Available online	The data is available online from an official source.
4.4.1.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.

4.4.1.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.4.1.4	Indicator	Disaggregated data	The data are disaggregated by variable like category of the health facility (level of care), number of total and available hospital beds, number of total and available ICU beds, location, and operational health personnel.
4.4.1.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.4.1.6	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.4.1.7	Indicator	Open use license	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.4.2	Sub-variable	Intensive care beds	Refers to the availability of information on records of intensive care beds available in public and private health facilities to care for the sick during the health emergency.
4.4.2.1	Indicator	Available online	The data is available online from an official source.
4.4.2.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.4.2.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.4.2.4	Indicator	Disaggregated data	The data are disaggregated by variables like health facility, number of total and available ICU beds, geographic location, and date on which occupancy figures were updated.
4.4.2.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.4.2.6	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.4.2.7	Indicator	Open use license	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.4.3	Sub-variable	Mechanical ventilators	Refers to the availability of information from records showing the number of mechanical ventilators and their status (operational or inoperative) to care for the sick during the health emergency.
4.4.3.1	Indicator	Available online	The data is available online from an official source.
4.4.3.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.

4.4.3.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.4.3.4	Indicator	Disaggregated data	The data are disaggregated by variables like health facility, number of total and operational mechanical ventilators, location, and date on which figures were updated.
4.4.3.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.4.3.6	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.4.3.7	Indicator	Open use license	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.4.4	Sub-variable	Medical oxygen	Refers to the availability of information on records of medical oxygen storage or production capacity in public and private health facilities to care for the sick during the health emergency.
4.4.4.1	Indicator	Available online	The data is available online from an official source.
4.4.4.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.4.4.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.4.4.4	Indicator	Disaggregated data	The data are disaggregated by variables like health establishment, number of oxygen cylinders, total oxygen cylinder capacity, number of oxygen plants, production capacity of oxygen plants, number of operating plants, number of cryogenic tanks, capacity of liquid oxygen available in cryogenic tanks, location, and date on which the figures are updated.
4.4.4.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.4.4.6	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.4.4.7	Indicator	Open use license	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.
4.4.5	Sub-variable	Health personnel	Refers to the availability of information from the records on health personnel available in each health facility during the health emergency. These records must be disaggregated by variables such as health establishment, specialty, type of contract, age, gender, and date on which the figures were updated.

4.4.5.1	Indicator	Available online	The data is available online from an official source.
4.4.5.2	Indicator	Reusable formats	Data is available in reusable formats to use in new calculations and data visualizations (CSV/XLSX/APIs). Formats such as PDF or HTML are considered non-reusable digital formats.
4.4.5.3	Indicator	Full availability	The full data sets can be downloaded. When only parts of the data are available, the data are not fully available.
4.4.5.4	Indicator	Disaggregated data	Whether or not the data is disaggregated by variable, and if so, whether by one variable, two, or more.
4.4.5.5	Indicator	Updated data	Data is up to date and available in a timely manner.
4.4.5.6	Indicator	Data with documentation	The data include detailed documentation and a dictionary or catalog defining the disaggregated variables.
4.4.5.7	Indicator	Open use license	The terms of use or license for the data must allow anyone to freely use, reuse, or redistribute them. The license must be available.

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