Regional Situation on ICD Implementation and Related Activities in the South East Asia Region of WHO

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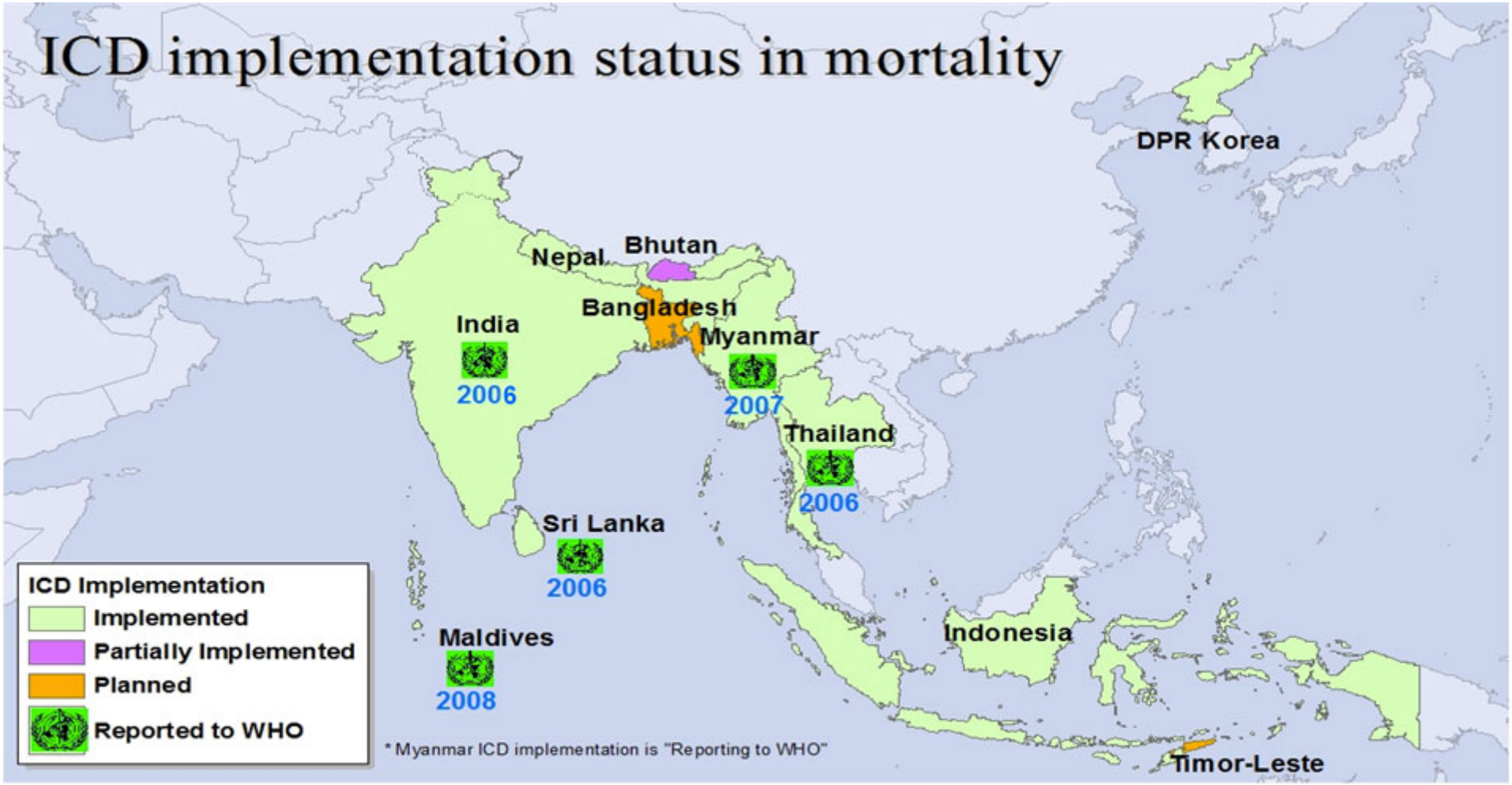
WHO-FIC Survey in the South-East Asia Region(SEAR) of WHO

- 2007-8 round of WHO-FIC survey:
  - India and Thailand responded completely
  - Partially completed responses from Bhutan, DPR Korea and Indonesia

- In 2012, the WHO-FIC survey was responded to by all 11 SEAR countries with complete data
  - Cross-Correlation of responses with other assessments such as CRVS assessments, GOE.

8 of the 11 SEAR countries have implemented ICD coding for mortality



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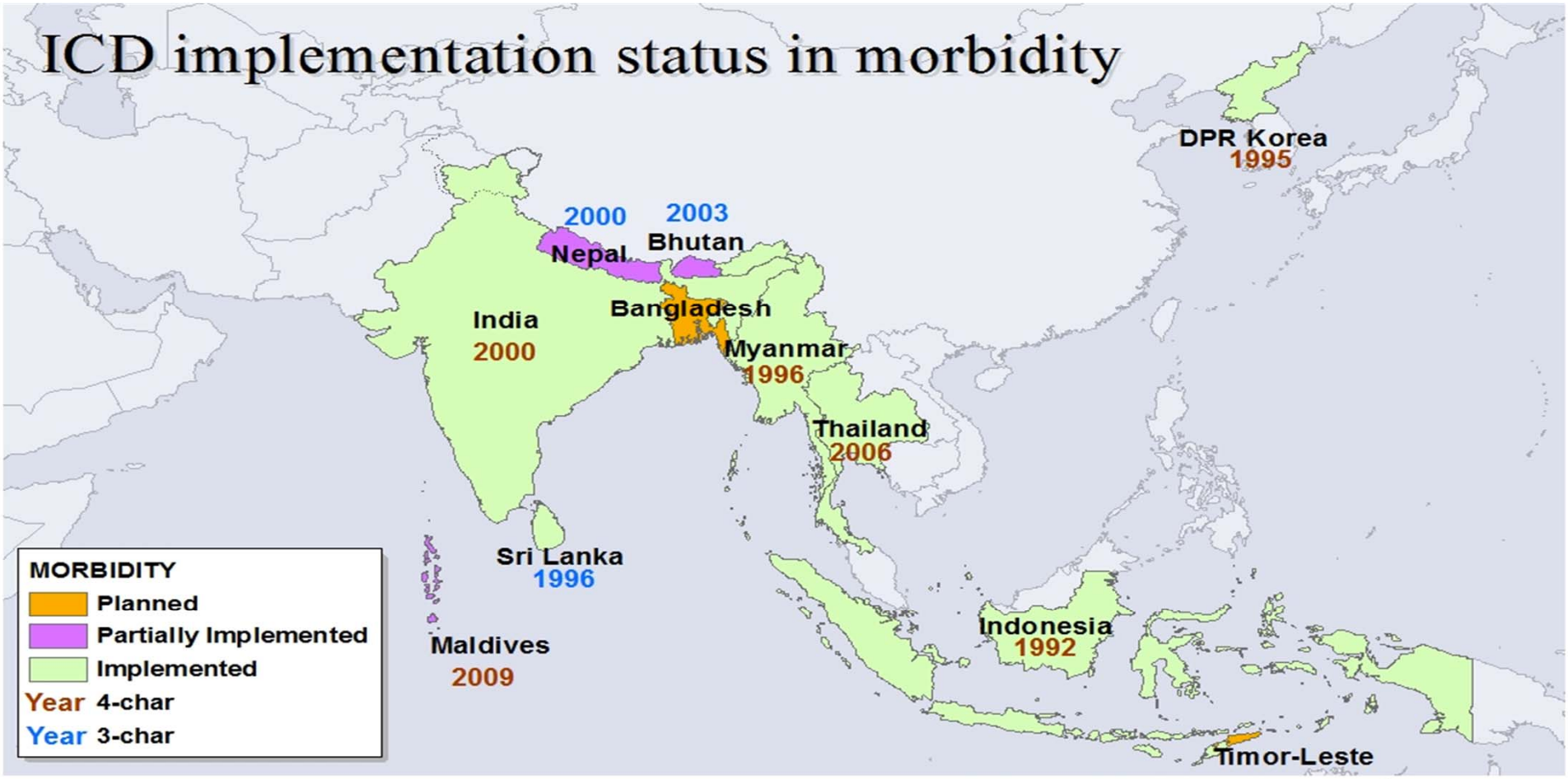
Data Source: World Health Organization
Family of International Classifications (WHO - FIC)
Map Production: HST
Year: 2012
World Health Organization

World Health Organization

7 of 11 SEAR countries have implemented ICD coding for Morbidity



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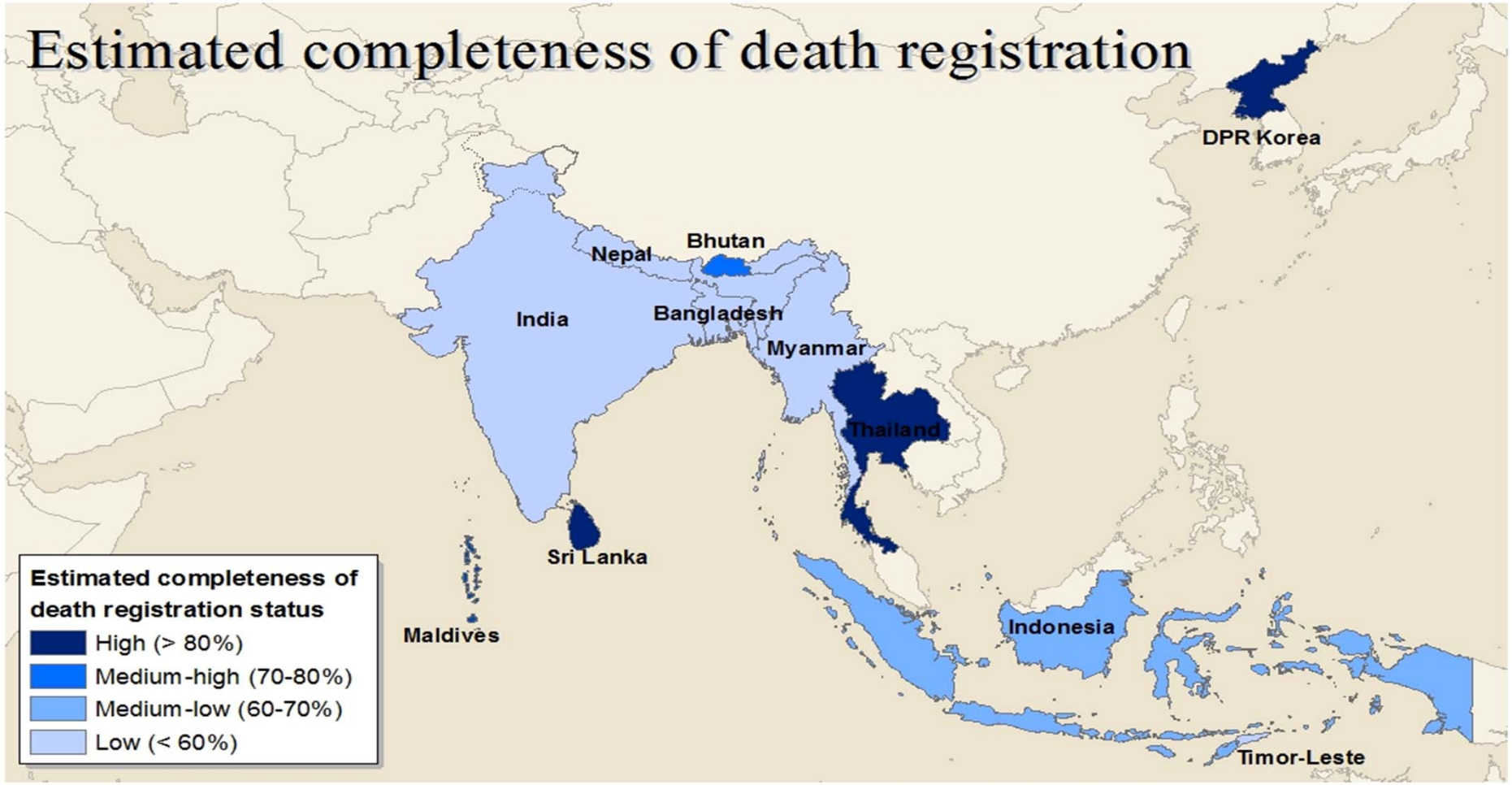
Completeness of Death Registration: 4 countries high ; 2 medium; 5 low



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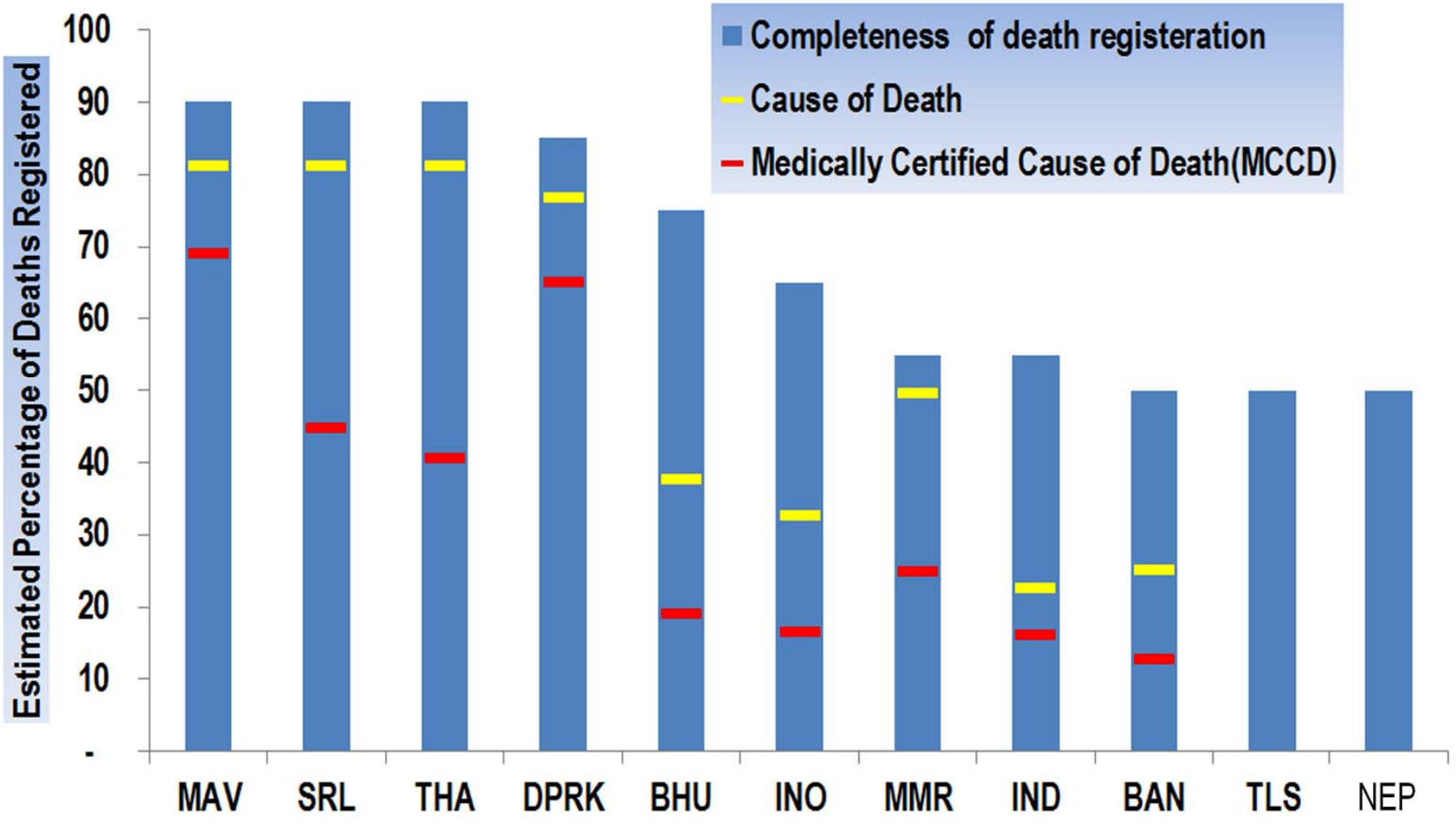
Completeness & Quality require major work for Mortality Statistics – MCCD less than half in 9 of 11 countries



Key Challenges around CRVS in the SEAR

- **Inadequate coverage & completeness of birth & death registration**
- **Poor quality of cause-of-death (COD) data.**
  - **For community deaths: Use of Verbal Autopsy to capture the most probable COD**
  - **For health facility deaths: Medically certified COD using the International Death Certificate**
  - **For unnatural deaths: Incorporation of police data on the COD**
- **Improper ICD coding of COD data, due to several reasons including inadequate training of coders at the national level**
- **Lack of regular quality audits to improve data quality, analysis and compilation of vital statistics from civil registration data**

Integrated COD & Birth Reporting System (ICODBRS) : The Objectives

1. **Improving quality & completeness of cause-of-death data:**
   - **For community deaths:** Verbal Autopsy.
   - **For health facility deaths:** MCCD using the International Death Certificate
   - **For unnatural deaths:** incorporate police data
2. **Reporting maternal deaths to MDSR system in 24 hours**
3. **Birth Reporting by Community Health Workers.**
4. **Reach-out to marginalized communities to capture data & improve their access to health programs.**
5. **Regular Data Quality Assessment & Compilation of VS**
6. **Linkage with CRS to filter duplication & fill gaps in CRS**

The Expected Outcome of Pilot & Scale-up of ICODBRS

In collaboration with the MOH, Civil Registration Office & NSO :

1. **A Regional Strategy developed for improving mortality statistics using routine CRS**
2. **Better quality mortality statistics: based on nationally representative COD data (facilities & community deaths)**
3. **All 5 components of CRVS system strengthening:**

   -- Legal basis and resources for civil registration
   - **Registration practices, coverage and completeness**
   - **Death certification and cause-of-death**
   - **ICD mortality coding practices**
   - **Data access, use and quality checks**

For Countries with common characteristics in CRVS, common strategic approaches can be adopted

Cluster 1: India & Indonesia- countries with large populations

- **SRS with VA & MCCD for facilities to get estimates for state / provinces**

Cluster 2: Thailand, SriLanka, DPRK- high completeness, but quality issues

- **Strengthen COD reporting with VA; periodic assessment of data quality, & apply findings to generate national and sub-national estimates.**

Cluster 3: Bangladesh, Myanmar and Nepal - CRS with low completeness.

– **SRS with VA or Sentinel surveillance, expand to complete coverage**

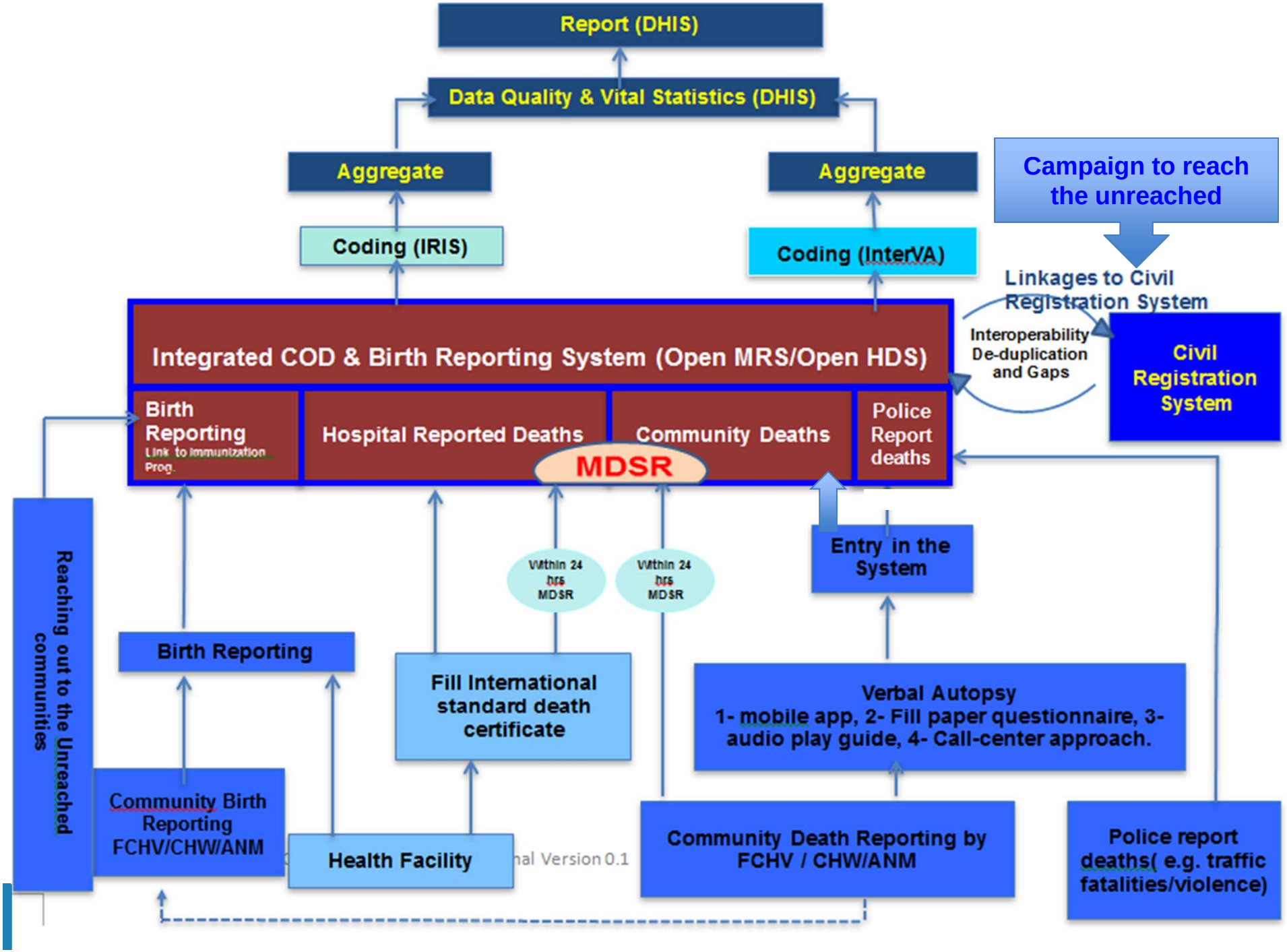
Cluster 4: Bhutan, Maldives, Timor-Leste, countries with small populations,

- **VA & MCCD with complete coverage within a short period.**

Countries	CRVS strengths	Limitations	Recommendations
India, Indonesia	Legal framework Human resources	Administrative challenges leading to patchy completeness	SRS with VA & MCCD to provide state/province level data Scale up over 2-3 decades
Thailand, Sri Lanka, DPR Korea	High completeness Efficient data compilation	Poor cause ascertainment Low utilization of data	Implement VA and COD validation studies on periodic basis Analyse data using validation studies to generate periodic estimates for policy use
Bangladesh, Myanmar, Nepal	Bangladesh has a nationally representative SVRS Myanmar has a long history of data compilation Nepal has increasing CRVS coverage in past decade	Poor completeness in all countries, including the SVRS in Bangladesh Lay reported causes of death, very limited implementation of MCCD for hospital deaths	Strengthen / implement SVRS with VA In Nepal and Myanmar, first establish sentinel surveillance sites, to develop and test strengthened registration/ COD protocols
Maldives, Bhutan, Timor Leste	Small populations Homogenous ethnicity	Human resources Geographic dispersion	Complete CRVS coverage with VA + MCCD

10 Components of ICODBRS – Huge EIC work required

1. **Mobilize Community Health workers for Community Death Reporting**
   - **Verbal Autopsy Data collection methods (Mobile Phone, Fill and forward paper VA for data entry, Call center approach)**
2. **Medically Certified Cause-of-Death(MCCD) for Hospital Deaths**
3. **Incorporation of Police data for unnatural Deaths**
4. **Within 24 hrs Reporting of Maternal Deaths to MDSR**
5. **Birth Reporting by CHWs to the Central Unit**
6. **Establish a Cause of death Central Unit (call center+OpenMRS)**
7. **Coding of COD data**
   - **IRIS Coding of COD for Health Facility Deaths**
   - **INTER VA for coding COD from Verbal Autopsy for Community Deaths**
8. **Regular data Quality Assessment and Compilation of VS**
9. **Linkage with CRS to filter duplication and fill the gaps in CRS**
10. **Campaign to reach-out to marginalized communities**


Report (DHIS)
Data Quality & Vital Statistics (DHIS)
Aggregate
Aggregate
Campaign to reach the unreached
Coding (IRIS)
Coding (InterVA)
Linkages to Civil Registration System
Integrated COD & Birth Reporting System (Open MRS/Open HDS)
Interoperability De-duplication and Gaps
Civil Registration System
Birth Reporting
Link to Immunization Prog.
Hospital Reported Deaths
Community Deaths
Police Report deaths
MDSR
Reaching out to the Unreached communities
Within 24 hrs MDSR
Within 24 hrs MDSR
Entry in the System
Birth Reporting
Fill International standard death certificate
Verbal Autopsy
1- mobile app, 2- Fill paper questionnaire, 3- audio play guide, 4- Call-center approach.
Community Birth Reporting FCHV/CHW/ANM
Health Facility
Community Death Reporting by FCHV / CHW/ANM
Police report deaths(e.g. traffic fatalities/violence)

Are we shooting in the Dark!

"..... the consequences of inadequate systems for civil registration – that is, counting births and deaths and recording the cause of death..... Without these fundamental health data, we are working in the dark. We may also be shooting in the dark. Without these data, we have no reliable way of knowing whether interventions are working, and whether development aid is producing the desired health outcomes."

Dr Margret Chan,
Director-General, World Health Organization
12 November 2007