



SOLOMON ISLANDS

CRVS country overview

Six interventions have been developed in the Solomon Islands to advance system performance by focusing on unmet objectives from the National CRVS Improvement Plan. These interventions will help advance a system that operates according to international best practice.

The Challenge

Despite recent improvements in the CRVS system of the Solomon Islands, further progress is urgently needed. A systematic assessment of the CRVS system was performed in 2013. It revealed the system performs poorly compared to other countries in the Asia-Pacific region. Presently, **only a small proportion of births and deaths are registered: 28% and 2% respectively**. Mortality and **cause of death (COD) data are limited** and come largely from census estimates or international modelling. Owing to the lack of reliable data, it is very **difficult for public health policy makers to develop strategies** that address the health needs of their population.

Our Approach

As part of the Bloomberg Philanthropies Data for Health Initiative and in close collaboration with the country, **six interventions** have been developed to advance system performance by focusing on unmet priority objectives from the National CRVS Improvement Plan (2016-2020). These interventions will help to advance a system that operates according to international best practice, particularly for mortality and COD.

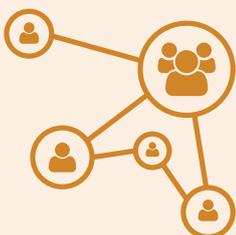
As part of the overall D4H strategy to **complement country-led CRVS improvement measures**, the Initiative will partially fill the funding gap identified in the National CRVS Improvement Plan and provide essential technical assistance.

INTERVENTION 1

Establish a national mortality committee

As CRVS systems are complex and involve a number of stakeholders, national committees are required to help **provide high-level support and coordination** on country activities, ensuring progress towards national goals.

The mortality committee will be comprised of senior physicians, nurses, NRH administrators and provincial health representatives. The committee will provide **advisory and technical support** on: use of the international form of the death certificate for facility-based deaths, accurate medical certification of COD, mortality coding, data quality assessment and analysis needs, and verbal autopsy for community deaths.



INTERVENTIONS 2 & 3



Improve the quality of medical certification of cause of death

Improved certification practices will **ensure that decision-makers have more accurate information** on what people are dying from. This is important for understanding public health priorities and providing clinical care. Medical certification of COD is not compulsory in the Solomon Islands. As a result, there is **very limited mortality data**, data available not nationally representative, and health policy-makers are unable to identify mortality trends in the population to make informed decisions. Methods to **improve certification of COD** will be implemented through a comprehensive plan aimed at a core team of local Master Trainers. This will be carried out in conjunction with national roll-out of the international form of medical certificate of COD.

INTERVENTION 4



Introduce manual mortality coding

Mortality statistics on COD are one of the principal data sources for assessing a population's health and guiding public priorities. High-quality coding is an essential part of generating **reliable and accurate mortality statistics**. Mortality coding is the process by which the underlying COD is selected from the sequence of diseases leading to death. Currently, the country does not code COD and does not have country staff trained in ICD-10 coding. Training in manual coding will underpin the overall D4H strategy to **increase the availability and improve the quality of COD data in the Solomon Islands**.

INTERVENTION 5



Implement verbal autopsy

Cause of death information is critical for governments to know for effective policy, planning and resource allocation. Currently, nurses write a report about deaths in health facilities and the community, however the report is of limited value in assessing COD. Verbal autopsies are based on **systematic interviews about the signs and symptoms** of someone before they died. In the Solomon Islands health system staff will conduct verbal autopsies using a standardised questionnaire to **determine the probable underlying COD** for such cases.

INTERVENTION 6



Enhance CRVS workforce capacity

Improving **national capacity, skills and knowledge** in CRVS is very important. Capacity development is needed to ensure high-quality registration of births and deaths. **Training in ANACONDA** will build capacity in the Solomon Islands to analyse their cause of death statistics, enabling them to identify inconsistencies and errors in their mortality datasets and subsequently improve the quality of their mortality statistics, making them more reliable for health policy and planning.

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