IMPROVING DEATH REGISTRATION COMPLETENESS
EXPERIENCES FROM THE PACIFIC ISLANDS

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ELEMENTS OF IMPROVING COMPLETENESS OF DEATH REGISTRATION

- Advocating the importance of death registration
- Understanding coverage and completeness
- Setting targets & a vision for the CRVS system
- Identifying gaps, bottlenecks, dead-ends and duplication
- Establishing clarity around roles
- Supporting structural changes that facilitate improved registration
- The legal framework
- Establishing routine reporting – including completeness
- Endorsement of national plan
ADVOCACY

• Improving death registration is a function of understanding why death registration is important

• Committee advocacy
  • Regional meetings, direct engagement in committee meetings

• Political & government advocacy
  • White papers, CRVS info notes and country profiles
  • Presentations to ministers

• Stakeholder advocacy
  • I.e. National nurses training, annual meeting of provincial governments
  • Engagement across sectors - i.e. sectors that need to update records when a death is registered (social welfare, electoral roll, passports, ID etc.)
  • Educating doctors and health information staff within the collection system

• Community advocacy
  • Radio and community education programs
  • Work through social structures such as church organisations
UNDERSTANDING COVERAGE AND COMPLETENESS

- Countries need to know where they stand in order to improve registration completeness.
- This should include both recording or notification of death and completed registration of deaths.
- National coordination committee should map processes for registering a death.

Coverage is a measure of the population that the registry system serves.
- This is primarily, although not exclusively, an issue of access to the reporting system- and may be influenced by geography or other considerations such as the legal intent of the system, social or cultural influences.
- If coverage describes the population for which registration is actually possible, completeness is a measure of how well we actually capture all of the events in that population.
- Measuring completeness at a national level (as indicated in the SDG targets, and plans such as the Pacific Regional Action Framework) implicitly assumes national coverage as we cannot register events where there is no access to registration.
Setting Targets – A Vision for CRVS

• Countries should agree on what they want to achieve
  • A “vision” for the system as a whole
  • Targets under the Regional Action Framework

Goal 1: Universal civil registration of births and deaths
By 2024, at least X % of all deaths in the given year are registered.
By 2024, X% of all deaths in the given year are registered and have a medically certified cause of death
SYSTEM MAPPING
IDENTIFYING GAPS, BOTTLENECKS, DEAD-ENDS AND DUPLICATION

Male 21 dies from road traffic accident in Betio

Onlookers

Relatives

Police

Ambulance

Body taken to EOPD (Betio Hospital)

Doctor completes death certificate

Certificate stamped by EOPD nurse

Police case form completed (2 copies / handwritten)

Copy filed by police (on case investigation file)

Copy to relatives

Sent to EOPD

Sent to Medical Records

Sent to HU

Clarity where sent certificate admission detail or police form

On time notification?

Yes

Enter into death register - separate book for late registration

Island Clerk

Certificate handwritten, signed and stamped. Given to family (no copy kept)

Quarterly return for on time registrations completed is sent to Tarawa central CR office every quarter (mid of following month)

If report is not received by the due date a letter is sent but no further follow up

Registered

No

Later registration application form completed and fee of $11 paid

Order made by Late-Registration Assessor

Copy filed

Copy attached to quarterly return for central registry office

NSO must request data if needed which would be extracted from database (as excel file)

Entered into Access database as unit record data

Handwritten into register (different register by island and on-site late registrations)
ESTABLISHING CLARITY AROUND ROLES

- Increasing death registration requires the process to be clear and accessible.
- Is the health sector notifying deaths known to the health service to the registry?
- Do ministers and funeral directors have a role in notification or provision of evidence?
- Is the death certificate the legally recognised document or are there alternatives?
- What evidence is required, and where can this be obtained?
- What is the role of the police, the coroner, the court and how do these linkages work?
- What other stakeholders need to know when a death is registered (to “close” a record – ie electoral roll) and how is the data shared?
STRUCTURAL CHANGES

• Death registration must be accessible.

• Geographically – Improving coverage
  • Utilisation of the health services
  • Potential delegation to other agencies
  • Decentralising the registration offices/ access points

• Utilisation – improving completeness where registration is geographically accessible
  • Removing costs (or simplifying payments)
  • Advocacy for community and key system stakeholders
  • Ease of process – what evidence is “sufficient”
  • Removal of “alternative” documentation for formal purposes
THE LEGAL FRAMEWORK

• Is the registration of deaths required (in all circumstances)?
• Are the timeframes defined?
• Whose role is it to notify?
• Is there a legal expectation for health to notify the registrar?
• Is the legal framework clear for stillbirth vs neonatal deaths

• Best Practice Guidelines for CRVS in the Pacific Islands
  www.pacific-crvs.org/docs
ESTABLISHING ROUTINE REPORTING

- Data on registered deaths should be published regularly, with appropriate caveats – regardless of the completeness.
  - Separate by notified deaths and formally registered deaths

- National reporting should note where estimates are used due to a lack of registered data

- Importance of accountability to drive change
NATIONAL PLANS AND COORDINATION

• National plans need to prioritise death registration and cause of death collection.

• This needs to be a priority across sectors – not just for the health sector.

• Activities targeting improved registration of births can often be extended to include a focus on death registration with few extra resources or time