NATIONAL AND SUB-REGIONAL PRACTICES IN IMPLEMENTATION OF THE REGIONAL ACTION FRAMEWORK IN FIJI

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HON. MINISTER FOR HEALTH AND MEDICAL SERVICES

“Improving Fiji’s Civil Registration and Vital Statistics Together using Evidence and Appropriate Technology”
Acknowledgement

Ministry of Health and Medical Services
1. Director Health Information Research and Analysis
2. Director Epidemiology
3. National Health Information Officer
4. Senior Statistician
5. Manager IT
6. Mortality Statistical Officer

Fiji Bureau of Statistics
1. Government Statistician
2. Deputy Government Statistician
3. Senior Statistical Officer

Ministry of Justice
1. Registrar General

ITC Services
1. BDM Systems Analyst
What were the lessons learned in implementation of the regional action framework?

- **Goal 1**
  - Registry
    - Awareness and advocacy is key to ensuring national coverage and compliance
    - Provisioning accessibility to people in remote and maritime areas allows better coverage
    - Working with other departments and Ministries is vital to improve coverage and registration rates e.g. Education
  - Health
    - Creating awareness and training of community nurses to capture and document community birth and death improves coverage
    - There has to be a strong collaboration with health professionals to ensure they enter data in hospitals into information systems to capture all births and deaths
What were the lessons learned in implementation of the regional action framework?

- **Goal 2**
  - 100% Achievement (all birth and death registrations are issued with an official certificate)
  - Strong legislation and enforcement act as enablers for success

- **Goal 3**
  - The importance of standardised coding using ICD cannot be undermined and continues to provide better reflection on morbidity and mortality by categories
  - Not training doctors and nurse practitioners on cause of death certification leads to an increase in ill-defined causes of death
  - Both birth and death data although sourced at Health with a copy to Registry often leads to delays and data gaps
  - Importance of regular data analysis, between three core agencies is vital in identifying data gaps and addressing them
  - Publication of national statistics on online platforms will be key to get CRVS on the national agenda and public attention
What did work?

### BIRTH REGISTRATION

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total Registered</th>
<th>MoHMS Births Occurrence Record</th>
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<tbody>
<tr>
<td>2010</td>
<td>12654</td>
<td>4634</td>
<td>1018</td>
<td>846</td>
<td>1462</td>
<td>1279</td>
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<td>11066</td>
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<td>857</td>
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<tr>
<td>2014</td>
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</table>

What did work?
### DEATH REGISTRATION

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Year of Registration</th>
<th>Total Registered</th>
<th>MoHMS Deaths Occurred</th>
</tr>
</thead>
<tbody>
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<td>6081</td>
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<tr>
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<td>2011</td>
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<td>6622</td>
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<td>2014</td>
<td>4173</td>
<td>6083</td>
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<tr>
<td></td>
<td>2015</td>
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<tr>
<td></td>
<td>2016</td>
<td>3344</td>
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Number of Doctors trained on Medical Cause of Death Certification (MCDC)

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<tr>
<th>Division</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Jun-16</th>
<th>Total Trained</th>
<th># of Doctors</th>
<th>% Coverage</th>
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<tbody>
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<td>19</td>
<td>47</td>
<td>14</td>
<td>Oct</td>
<td>92</td>
<td>199</td>
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<td>17</td>
<td>0</td>
<td>65</td>
<td>35</td>
<td>130</td>
<td>156</td>
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<tr>
<td>Northern</td>
<td>11</td>
<td>16</td>
<td>0</td>
<td>20</td>
<td>Sep</td>
<td>47</td>
<td>88</td>
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<tr>
<td>Eastern</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>Nov</td>
<td>3</td>
<td>17</td>
<td>17.65</td>
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<tr>
<td>Total</td>
<td>38</td>
<td>52</td>
<td>47</td>
<td>100</td>
<td>35</td>
<td>272</td>
<td>460</td>
<td>59.13</td>
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</tbody>
</table>

Total of 15 Doctors trained as trainers Nationally

59% of Doctors Trained in Government

43% of Doctors Trained Nationally
What did work? …cont

✓ Health

- Waiver announced by Minister on the reissue fee on notification of birth and death in alignment with amnesty from RG for late registration penalty until further notice.
- Training of medical doctors on medical certification of death certificates (MCDC) by internal trainers
- Data quality audits on admission (morbidity) and mortality data
- Enhancement of PATISplus application (mortality module, clinical performance management reports)
- Improvement in the overall IRIS tool automated coding from 40% to 60%.
- Data analysis training and application for improved use of evidence for operational efficiency and decision making
- Access Point Network (APN) solution for registration of clients with National Health Number and Free Medicine Program at festivals during school holidays
What did work? …cont

✓ Registry
   ◦ Increase in community outreach to enable registration and access to certificates in the field
   ◦ Coverage and provision of services where there are no registry offices
   ◦ Establishment of additional registry offices in major towns to increase coverage by district from 40% to 60% (12/19)

✓ Statistics
   ◦ Data analysis and feedback to both Health and Registry to address data gaps and quality issues such as residential address and occupation details
   ◦ Inclusion of CRVS into the National Development Plan agenda through National Strategy on Development of Statistics (NSDS)

✓ ITC
   ◦ Data extraction and analysis (trend) of registration data from Registry systems.
   ◦ Discussion with MoHMS and Statistics in the design of new registry system to enable automated data transfer and partial registration using Health data.
What did not?

× Health
   - Lack of sufficient medical recorders and clinical coders
   - Lack of training for coders on ICD10 and ICD10AM

× Registry
   - Coverage had been affected by natural disasters that affected outreach programs*
   - Budget constraints lead to lower number of staff involved in registration practices and less outreach activities
   - Capacity to produce an awareness video is limited however, radio and newspaper (multi-lingual) advertisement prove effective also.

× Statistics
   - Data sharing between key agencies still needs approval at senior level whereby a Memorandum of Understanding is required to streamline the process
What are the major challenges at the national level that require regional actions?

- Review of legislation (BDM Act) and Health Medical records policy (Medical Records – storage, archival, EMR, social media concerns)
- Support for ICD training and capacity development for regional coding mechanisms
- National CRVS Strategy Development for Fiji
- Big Data tools and analysis for surveys
- Write up and publications of success stories (IRIS, Information Systems, Outreach, National Committee)
- Loss of technical support for ITC software development for new Registry system
Final Remarks

- Political leadership is imperative in translating commitment at the technical level to sustainable changes in the overall national systems.
- Small wins/changes are useful in building political support and cementing inter-departmental relationships.
- Multi-sectoral changes are not easy and take significant investments of time and energy of all those involved. Staff must understand the importance of the work that they do, and see the outcomes of these changes and impact on the population at large.

Country ownership and broad engagement are essential for embedding action in departmental functions to drive national agenda collectively.