

# Counting every death, saving every life: Why deaths data are vital in Africa<sup>1</sup>

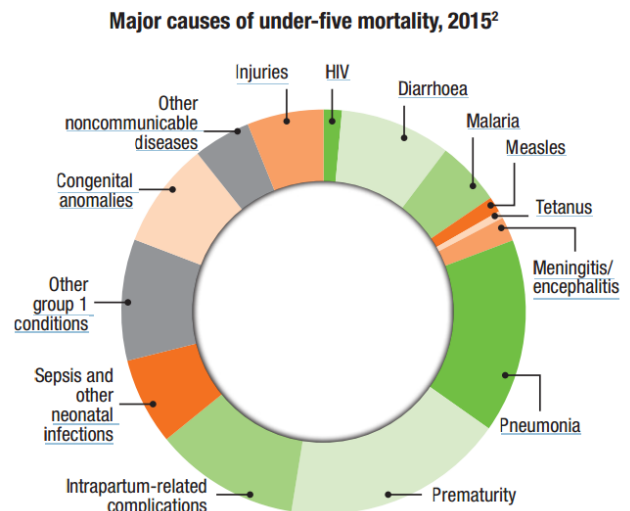
In February 2015, the African Ministers responsible for Civil Registration, including many African Ministers of Health, made a declaration (Yamoussoukro Declaration) recognizing the critical need for real time mortality data in African countries (ECA, 2015a), especially in the aftermath of the Ebola outbreak<sup>1</sup>.

## Why is mortality data important?

Mortality data is a critical underpinning for modern health systems. Knowing deaths and cause of death information allows health systems to shape policies and programmes, deliver health services and monitor population health outcomes.

The Sustainable Development Goals focus the world's attention on the importance of data about death, with health-related targets requiring ongoing measurement of maternal, newborn and child mortality, as well as deaths including those from infectious diseases, non-communicable diseases, suicide and road traffic accidents.

A large number of health targets in the Sustainable Development Goals call for the availability of data on all-cause and cause-specific mortality. These goals represent a significant increase in demand for mortality data than was the case for the Millennium Development Goals. An integrated and better designed mortality statistics in the context of CRVS should inform and monitor the Sustainable Development Goals' progress, including universal health coverage more effectively.

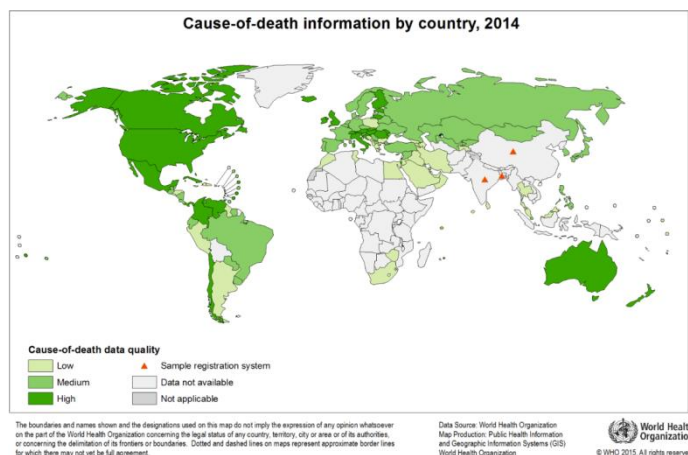


Source: WHO 2016. World Health Statistics 2016

## Data Risks

The report *World Health Statistics 2016: Monitoring Health for the SDGs* notes that many countries lack adequate data on deaths, with an estimated 53% of deaths going unregistered, and progress in improving death registration. The map below shows the quality of cause of death data globally.

In addition, the number of targets related to specific health conditions in the Sustainable Development Goals presents a greater risk for multiplication and further fragmentation of the present systems to meet the Sustainable Development Goals data demand at global and national levels<sup>ii</sup>.



Source: World Health Organization 2016

<sup>1</sup> The fact sheet is a contribution of WHO to the 4<sup>th</sup> Conference of Ministers Responsible for Civil Registration. August 2017

## Three data lessons from the Ebola crisis<sup>iii</sup>

As of 29 November 2015, a total of 28,637 Ebola cases (including 11,315 deaths) had been reported from six West African countries – Guinea, Liberia, Mali, Nigeria, Senegal and Sierra Leone (WHO, 2015a). The mortality data deficiencies from the Ebola outbreak were very clear. An ECA report released in January 2015 noted that each of the affected countries had public health systems which did not have the basic tools to collect or update data. The report strongly advocated for improved data systems.

A report released by the Report of the Ebola Interim Assessment Panel in 2015 found that member States had largely failed to implement the core capacities required under the International Health Regulations (2005) for surveillance and data collection (WHO, 2015b, para. 14), noting that data were not aggregated, analysed or shared in a timely manner and in some cases not at all. The Panel recommended the data collection should be introduced, including geospatial mapping, health communications, and platforms for self-monitoring and reporting.

For mortality statistics development, there are three immediate lessons and imperatives:

- **The first lesson is that many African countries are in similar positions of lack of mortality data.** The World Bank and WHO highlighted in 2014 the global deficiencies in national data on causes of death, particularly for many African countries (see map). This means, many may face similar challenges in collecting real time and accurate data in a situation of health emergency (World Bank-WHO, 2014).
- **The second lesson is that a strong health information systems and national statistics systems are essential building blocks for resilient health systems.** A 2015 article in the Lancet noted that resilient health systems are strong by virtue of the information they collect and by implication, health systems are weaker when there is lack of data.
- **The third data lesson is that work must start now to design better mortality statistics systems in partnership.** The UN Economic Commission for Africa, the African Symposium on Statistical Development, WHO and many other African partners, have been working on improvement of CRVS and mortality data for a considerable time. These efforts have led to a growing body of experiences and lessons learned from countries of hospital and cause of death data strengthening in many countries. In addition, recent investment approaches, such as those for the Global Financing Facility in support of Every Woman, Every Child have highlighted the approaches needed to finance integrated improvements.

## Urgent Needs

In 2015, WHO, African Symposium for Statistical Development and the UN Economic Commission for Africa published a five year technical strategy, based on the Ministers call for action after the Ebola outbreak. The overarching objective is to make readily available continuous, harmonized, quality mortality and cause of death data and statistics for African countries, guiding the development of better planned, designed and integrated mortality systems.

The vision is to record all deaths in Africa, to provide essential information to shape resilient health systems for healthy African lives. Drawing on the WHO targets for universal civil registration of births and deaths, including causes of death, the aspirational goals for this strategy are to have significant improvements in their reporting by 2020, such that:

- 60 per cent of deaths in a given year are continuously notified, registered and certified with key characteristics.
- 80 per cent of deaths in hospitals have causes of death reliably determined and officially certified in real time.
- 50 per cent of deaths in communities have probable cause of death determined in real time, and collection systems designed in a representative way<sup>iv</sup>.

## Starting Points

It takes years to establish well-functioning civil registration and vital statistics systems that register all deaths and record all causes of death. However, there are interim measures that countries can use to gather information.

However, there is much that has been learned about the urgent need for better mortality data in the past 5 years, especially in the aftermath of the Ebola outbreak, when African Ministers noted that the need for death registration and real time cause-of-death information was no longer optional but critical<sup>v</sup>.

- In 2014, WHO released new guidance for the improvement of mortality statistics in countries, especially low and middle income countries, where cause of death and death registration are known to be weak<sup>vi</sup>. This guidance noted that countries with weak systems should focus on strengthening the CRVS platform, improve hospital recording of causes of death, optimize data from multiple sources, and use available innovations to improve birth and death enumeration and registration in representative civil registration administrative areas, for example, through sample vital registration processes). In this system, all births and deaths would be identified through active case finding, in close collaboration with the health sector.
- In 2014, WHO also released a Start-Up List<sup>vii</sup> for the International Classification of Disease (ICD), designed as a first step for countries wanting to improve their cause of deaths systems in hospitals. Once implemented, countries are then able to scale their systems to use the full ICD.
- In 2017, WHO also released a verbal autopsy instrument<sup>viii</sup>, designed for all age groups, including maternal and perinatal deaths, and also deaths caused by injuries.

## Role of the WHO and Partners

Regional and global partnerships are very important for improving mortality data. In 2014, the World Bank and WHO released targets for improvement of civil registration and vital statistics systems which focussed attention on multiple sources of mortality information necessary for modern health systems (table below). Partners such as Global Fund, Bloomberg Philanthropies and others work in ongoing partnership with WHO to improve these important data systems.

Targets	2020	2025	2030
Births in given year are registered	80%	90%	100%
Children whose births are registered have been issued certificates	70%	85%	90%
Deaths in given year reported, registered, and certified with key characteristics	60%	70%	80%
Maternal and newborn deaths reported, registered, and investigated	80%	90%	100%
Deaths in children under 5 reported, disaggregated by age and sex	60%	70%	80%
Cause of deaths in hospitals reliably determined and officially certified	80%	90%	100%
Countries have community assessments of probable cause of death determined by verbal autopsies using international standards	50%	65%	80%

Source: World Bank-WHO 2014.

<sup>i</sup> WHO-ASSD-UNECA IMPROVING MORTALITY STATISTICS IN AFRICA Technical Strategy 2015 – 2020

<sup>ii</sup> *ibid*

<sup>iii</sup> *ibid*

<sup>iv</sup> WHO-ASSD-UNECA IMPROVING MORTALITY STATISTICS IN AFRICA Technical Strategy 2015 – 2020

<sup>v</sup> Ministerial Statement: Third Conference of African Ministers responsible for Civil Registration Republic of Côte d'Ivoire, 12 and 13 February 2015

<sup>vi</sup> [http://www.who.int/healthinfo/civil\\_registration/CRVS\\_MortalityStats\\_Guidance\\_Nov2014.pdf?ua=1](http://www.who.int/healthinfo/civil_registration/CRVS_MortalityStats_Guidance_Nov2014.pdf?ua=1)

<sup>vii</sup> [http://www.who.int/healthinfo/civil\\_registration/smol/en/](http://www.who.int/healthinfo/civil_registration/smol/en/)

<sup>viii</sup> <http://www.who.int/healthinfo/statistics/verbalautopsystandards/en/>