Collection of Statistics on Causes of Death

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Regional Office for the Eastern Mediterranean

Relevance of cause of death information

- Legal
 - To certify the occurrence of a death
 - To define the nature: natural causes or not
 - Civil Registration / vital statistics
- Statistical
 - Demographic aspects: sex, age, ethnic group, residence, socioeconomic data
- Epidemiology / public health
 - Cause(s)
 - Data for specific groups: infant and maternal deaths





The 7steps standardization = comparability

- 1. Have a dead
- 2. Have a form
- 3. Fill in the form
- 4. Code causes of death
- 5. Data checking and validation
- 6. Data Quality assessment
- 7. Tabulate and disseminate





Quality

assurance

Feedback

Process

monitoring

Step1:Have a dead

- Most difficult step
- Success depends on being able to find death that occur in all different locations
- A functional CRVS system that ensures that all dead interface with a medical facility or a medical practitioner before being buried







Step 2: Have a form

- Use international form for certification of deaths, 2016 version
- Paper (has to be legible) or electronic format
- Automated system for collection of causes of deaths with validation in data entry- More accurate more timely

Administrative Data (can be	further	spec	ified by country)					
Sex	Fe Fe	emal	e	Male Male	Male Uni		known	
Date of birth	DD	Μ	M Y Y Y Y Date of death D D I		D D N	MMYYYY		
Frame A: Medical data: Part 1 and 2								
1 Report disease or condition			Cause of death				Time interval from onset to death	
directly leading to death on line a	0	a						
Report chain of events in		b	Due to:					
State the underlying source		c	Due to:					
on the lowest used line	C	d	Due to:					
2 Other significant condition death (time intervals can be brackets after the condition)	is contr include	ibuti: d in	ng to					
Frame B: Other medical da	ta							
Was surgery performed within the last 4 weeks?					Unknown			
If yes please specify date of s	urgery				DD	M	M Y Y Y Y	
If yes please specify reason for surgery (disease or condition	or)							
Was an autopsy requested?						Unknown		
If yes were the findings used in the certification?			Yes 🗌	No		Unknown		
Manner of death:								
Disease A			Assault			Could n	ot be determined	
Accident Legal inte			Legal intervention	n		Pending	, investigation	
Intentional self harm			War			Unknov	vn	





Step 3: Fill the form

- Train your physicians on how to complete the deaths certificate to conform with international standards.
- Concept of underlying cause of death.
- Report as many causes as possible if not sure which killed the patient.
- Be careful when transferring from paper to digital- data entry errors.
- Store each death as one record micro data
- Automated systems have inbuilt validations.
- WHO on-line certification course.
- National workshops.
- DHIS-2 SMoL
- Training materials :Handbook for certification of deaths.







Step 4:Code causes of death

- Coding centralized or decentralized.
- Manual or automated coding.
- Train your coders on ICD-10 compliant coding (Causal hierarchy).
- Coders to use selection rules to determine cause of death (comparability & standardization).
- Put a validation system in place.
- Manual or automated coding.
- Use full list or SMoL
- WHO ICD-10 on line training course.
- National training courses





Step 5: Data checking and validation

- Use CoDEdit tool for routine checks on data in order to minimize errors.
- Free WHO tool available at
 <u>http://www.who.int/health
 info/civil_registration/en/</u>







CoDEdit builds capacity to perform routine checks



Tool is an MS ACCESS based application

Tool is automated so knowledge of MS ACCESS is not required.

Basic understanding of ICD-10 is needed

Step 6: Data quality assessment

- Use ANACoD to assess the quality of national mortality statistics
- Two important assessments: coverage and quality of data
- Tool is an Excel-based application, all analyses are automated
- <u>http://www.who.int/healthinfo</u> /anacod/en/
- Also, checklist minimum standards and controls







Minimum standards and controls for generating reliable cause-of-death information within a civil registration and vital statistics system

Check-list			
uality controls on compilation/finalisation of cause-of-death	statistics		
Which of the following analyses have you undertaken?	If answer is "Yes" on the left, then are the results readily available?		
Basic data checks	🗆 Yes 🔲 No		
Completeness of data	🗆 Yes 🔲 No	\longrightarrow \Box Yes \Box No	
Proportion of total deaths as coded to ill-defined causes	🗆 Yes 🔲 No	\longrightarrow \Box Yes \Box No	
Leading causes of death	🗆 Yes 🗌 No	\longrightarrow \Box Yes \Box No	
Distribution of age and sex patterns	🗆 Yes 🔲 No	\longrightarrow \Box Yes \Box No	
Proportion of communicable, non-communicable diseases and injuries	🗆 Yes 🔲 No	\longrightarrow \Box Yes \Box No	
Trends over time	🗆 Yes 🔲 No	\longrightarrow \Box Yes \Box No	



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Minimum standards and controls for generating reliable cause-of-death information within a civil registration and vital statistics system

Check-list						
Global standards in cause-of-death data collection						
Definition of the causes of death to be recorded						
Do you use WHO definition?		Yes No				
Definition of the underlying cause of death						
Do you use the concept of the underlying cause of death?		🗆 Yes 🔲 No				
Medical certificate of the cause of death						
Do you use the International Form of Madiant Castificate of Cause of Death 2		🗆 Yes 🔲 No				
Medical Certificate of Cause of Deathr						
International Classification of Diseases (ICD)						
Which version of ICD are you using?	□ ICD-10	□ ICD-9 □ ICD-8 □ None				
Are you using the detailed list of ICD causes or a condensed list for coding?	Detailed	Condensed list				
Quality controls on data generation procedures						
Reporting and non-reporting areas						
Do you have a list of areas that are included/excluded?		🗆 Yes 🔲 No				
Deaths registered with their causes as medically-certified						
What is the proportion of the registered deaths that have a cause of death mentio	ned?					
What is the proportion of the registered deaths that occurred outside of health-fac	cilities?					
Who contifies these deaths?						
Standards and reporting requirements						
Fetal, perinatal, neonatal and infant mortality						
Do you jonow Who standards?						
Natemai mortaiity Do vou follow WHO standards?		🗆 Yes 🔲 No				







ANACoD - PART II

Step 2. Crude deaths rates

No of deaths

male

26 517

889

348

129

148

249

377

428

487

710

1 0 9 9

1 602

1 847

2 0 3 3

1 405

3 4 4 5

4 374

3 880

3 0 6 7

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Age-group (yrs)

All ages

0 1-4

5-9

10-14

15-19

20-24

25-29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

70-74

75-79

80+



Azerbaijan 2007

Completeness of civil registration data is estimated by dividing the reported deaths by the UN estimates* ===> 87%

Observed

Crude death rate per 1000 population	Both sexes	→	5.9	Life expectancy at birth (years)	Both sexes	\rightarrow	74.2
	Males	>	6.3		Males		71.3
	Females	\rightarrow	5.5		Females	\rightarrow	77.0
% Annual rate of population growth (UI	N*Both sexes	\rightarrow	1.35				
	Males	>	1.49				
	Females	\rightarrow	1.21				
*UN source: United Nations, World Population Pro	spects the 2010 re	vision					
Organization							
nional Office for the Eastern Mediterranean							
	Crude death rate per 1000 population % Annual rate of population growth (U *UN source: United Nations, World Population Pro Organization	Crude death rate per 1000 population Males Females Annual rate of population growth (UN' Both sexes Males Females VIN source: United Nations, World Population Prospects the 2010 re Organization	Crude death rate per 1000 population Both sexes Males Females Males Females Males Females Males Females Organization	Crude death rate per 1000 population Males Females Males Females Ma	Crude death rate per 1000 population Both sexes 5.9 Males 6.3 Females 5.5 K Annual rate of population growth (UN" Both sexes 1.35 Males 1.49 Females 1.49 Females 1.21 VIN source: United Nations, World Population Prospects the 2010 revision	Crude death rate per 1000 population Both sexes	Crude death rate per 1000 population Both sexes

ANACoD - PART III



20 leading causes of death, all ages					
	Both sexes	Nos	%total		
1	Other cardiovascular diseases	11,718	23.2		
2	Cerebrovascular disease	9,089	18.0		
3	Ischaemic heart disease	6,075	12.0		
4	III-defined diseases (ICD10 R00-R99)	4,197	8.3		
5	Other digestive diseases	2,677	5.3		
6	Other malignant neoplasms	2,073	4.1		
7	III-defined injuries/accidents (ICD10 Y10-Y34)	1,877	3.7		
8	Other respiratory diseases	1,574	3.1		
9	Other neuropsychiatric disorders	1,269	2.5		
10	Lower respiratory infections	1,142	2.3		
11	Nephritis and nephrosis	1,116	2.2		
12	Diabetes mellitus	748	1.5		
13	Stomach cancer	608	1.2		
14	Cirrhosis of the liver	598	1.2		
15	Hypertensive disease	590	1.2		
16	Trachea, bronchus and lung cancers	547	1.1		
17	Other conditions arising during the perinatal period	414	0.8		
18	Tuberculosis	291	0.6		
19	Birth asphyxia and birth trauma	281	0.6		
20	Liver cancer	260	0.5		





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Step 7: Tabulate and disseminate

- Make your data visible
- Publish causes of deaths in MOH annual reports
- Publish on Website of MOH and CSOs
- Be open and transparent on data limitations
- Identify the gaps in data management and inadequate use of new technologies
- Identify gaps in analytical skills
- Improve presentation of statistical data





Step 7: Tabulate and disseminate (cont)

- Reduce the delays between data compilation and dissemination
- Foster interaction between producers and users of statistics
- Publish leading causes of deaths.
- Use causes of deaths in "Policy Briefs" given to policy makers
- Use in national 5 year MOH plans
- Use or build a list of causes that is relevant for public health and prevention





World 2012: Leading causes of death

Rank	Cause	Deaths (000s)	% deaths	cumulative % deaths
0	All Causes	55,859	100.0	
1	Ischaemic heart disease	7,356	13.2	13.2
2	Stroke	6,671	11.9	25.1
3	Chronic obstructive pulmonary disease	3,104	5.6	30.7
4	Lower respiratory infections	3,052	5.5	36.1
5	Trachea, bronchus, lung cancers	1,600	2.9	39.0
6	HIV/AIDS	1,534	2.8	41.7
7	Diarrhoeal diseases	1,498	2.7	44.4
8	Diabetes mellitus	1,497	2.7	47.1
9	Road injury	1,255	2.3	49.4
10	Hypertensive heart disease	1,141	2.0	51.4
11	Preterm birth complications	1,135	2.0	53.4
12	Cirrhosis of the liver	1,021	1.8	55.3
13	Tuberculosis	935	1.7	56.9
14	Kidney diseases	864	1.6	58.5
15	Self-harm	804	1.4	59.9





Cycle of data collection, management, analysis and dissemination







http://www.emro.who.int/entity/civilregistration-statistics/index.html

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