

**MEASURING AND MONITORING THE  
PROBABILITY OF DYING OF  
CARDIOVASCULAR DISEASE, CANCER,  
DIABETES, OR CHRONIC RESPIRATORY  
DISEASE BETWEEN AGES 30 AND 70:  
GHANA'S PERSPECTIVE**

**Presented at the Expert Group Meeting on Indicator  
Framework for the Post-2015 Development Agenda held in  
New York, 25-56 February 2015**

# BACKGROUND

- Studies on causes of death in Ghana have typically been based on hospital records due to the poor coverage of the Civil Registration and vital Statistics System. Registration of Births and Deaths in currently stand at approximately 65% and 25% respectively.
- A recent study on the patterns of cardiovascular disease (CVD) mortality among 19,289 complete autopsy cases recorded for the period 2006-2010 at the Korle Bu Teaching Hospital (KBTH) in Accra revealed that CVDs constituted approx. one-fifth (**22.5%**) of all causes of death at KBTH (Agyemang et al, 2012).
- The WHO estimates the probability of dying from cardiovascular disease, cancer, diabetes, or chronic respiratory disease between ages 30 and 70 as **27 percent** (WHO, 2013).

# SOURCES & METHOD OF DATA COLLECTION

## ○ **Administrative sources:**

- At the national-level, data for analysing causes of death, including CVD and related indicators currently come from the logbooks of the Pathology Departments of the various hospitals in the country.
- **Disadvantage:** Not population-based and coverage is uncertain, mostly urban-based; calculating the denominator for estimating the probability of death may be a challenge.

## ○ **Community-level:**

- Other small-scale studies depend on the verbal autopsy data gathered as part of the Demographic Surveillance Systems set up in three districts in the southern, central and northern parts of the country by the Ghana Health Service and the Ministry of Health.
- **Challenge:** The development of a demographic surveillance system in all districts may be more reliable but not sustainable; enormous resources required to continuously monitor demographic events in communities and ensure that verbal autopsies are accurately coded.

## ○ **Civil Registration and Vital Statistics System (CRVS):** All deaths in the country are expected to be certified (Registration of Births and Deaths Act 1965, Act 301) so CRVS can serve as the most comprehensive and reliable source of data but coverage is low.

# DEVELOPING A RELIABLE AND SUSTAINABLE WAY OF MEASURING AND MONITORING DEATHS DUE TO CVDS AND OTHER RELATED ILLNESSES

- Ghana's future plan is to strengthen the Civil Registration and Vital Statistics (CRVS) system in order to generate credible national-level demographic (fertility, mortality, marriage, divorce) estimates and cause of death statistics.
- As a result, a comprehensive assessment of the CRVS system in Ghana was conducted in Oct-Nov, 2014 within the framework, principles, guidelines of the African Programme for Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS).
  - The Oversight Committee and Task Teams for the assessment were constituted from the 11 stakeholder institutions responsible for the registration, analysis and dissemination of civil and vital events
  - genuine commitment demonstrated by all stakeholders.
- The results of assessment will be used to draw up a strategic plan on how to improve the system and submitted to Cabinet for approval.
- In the interim, mobile vans and IT equipment are being purchased under the Ghana Statistics Development Project for the Births and Deaths Registry this year to help improve coverage and data capture.

# DEVELOPING A RELIABLE AND SUSTAINABLE WAY OF MEASURING AND MONITORING DEATHS DUE TO CVDS AND OTHER RELATED ILLNESSES

- The manual system of data capture using registers has also now been replaced with an automated system, where all registration forms are scanned and processed into an electronic national database.
  - This will allow the information to be conveniently stored, organized and managed, thereby making the data easily accessible to stakeholders for legal, administrative and other official purposes.
- Backlog of manual entry forms now being entered and extracted into the electronic database with financial support from the GSDP. Process to be completed by end of February 2015.
- There are also plans to analyse all captured registered events and produce annual reports for Ghana, no matter the coverage.
  - First report to be ready by end of 2015.
  - The reports will give us a fair idea on the population's health status and where we stand in terms of population size and demographic dynamics.

**THANK YOU FOR YOUR  
ATTENTION!**