



PAPUA NEW GUINEA

CRVS country overview

Since 2014, there have been substantial investments in strengthening Papua New Guinea's civil registration and vital statistics system. However challenges still remain, especially around the integration of mortality surveillance systems.

The Challenge

Civil registration and vital statistics (CRVS) in Papua New Guinea (PNG) is characterised by multiple and overlapping systems of vital events reporting. A 2014 CRVS Rapid Assessment reported that **coverage of birth and death registration was less than five percent**, and the collection of cause of death (COD) data was very limited. Overall, the system was rated as requiring substantial improvements in all areas.

Since the assessment there have been **substantial investments in strengthening the CRVS system** that are closely aligned with the rollout of the National ID Card (NID) program. The number of civil registration offices has increased from one to 10, and birth registration is now a requirement for issuing an NID. **Challenges still remain** in strengthening the ongoing registration of births, and to increase the level of death registration, which is not presently linked to the NID.

Our Approach

As part of the Bloomberg Philanthropies Data for Health Initiative and in close collaboration with the country, **six interventions** have been developed to strengthen the CRVS system in a sustainable manner. The overall country strategy is based on three pillars:

- 1 Facilitating the formation, operation and contribution of key national committees to provide oversight and governance for the CRVS system
- 2 Bringing together the disparate mortality data collections into one coherent national surveillance system, which will consolidate unique records on deaths. This will include the integration of verbal autopsy data for community deaths
- 3 Targeted training to build capacity in hospitals to correctly certify deaths, competently assess data quality, and conduct basic data analyses.



INTERVENTION 1

Re-establish the National CRVS Committee

A national committee is required to help **provide high-level support and coordination** on country CRVS activities, ensuring progress towards national goals. This intervention will support the re-establishment of the National CRVS Committee that was created in May 2014. The committee will identify the role of stakeholders and their relationship to the CRVS system, and provide **guidance on linking relevant policies and plans on CRVS**.



INTERVENTION 2

Establish a mortality technical working group

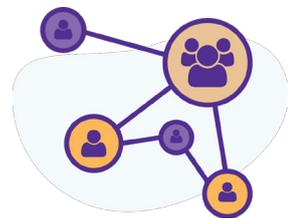
A mortality technical working group will be comprised of leaders from the Government and research sectors with extensive knowledge and experience of disease patterns in PNG. The working group will **critically analyse and review the various sources of mortality data** and provide a setting for medical and public health experts to discuss and develop policy recommendations for the National Department of Health. The expected result is a general **improvement in the quality of mortality data, and of health planning and policy formulation.**



INTERVENTION 3

Improve the quality of medical certification of cause of death

Improved certification practices **ensure that decision-makers have more accurate information** on the leading causes of death. Although the international form of medical certificate of COD has been introduced in all hospitals in PNG, certification is not compulsory or widely practiced. Methods to improve certification of COD will be implemented through a 'training of trainers' model to create a cadre of **locally-based master trainers** at the national and provincial levels. The model will also introduce training in certification as a permanent part of **undergraduate and postgraduate training.**



INTERVENTION 4

Develop a national mortality surveillance system

There are numerous sources of mortality data in PNG. These sources are not coordinated or integrated into the CRVS system, and there is no comprehensive overview of such data in the country. This intervention will support the development of a national mortality surveillance system as an integral part of the eNHIS platform which **collects, interprets and reports on all COD data.** As part of this, a COD register will be established, allowing for the continual review of mortality data, which will provide better information for **health policy, evaluation, and planning.**



INTERVENTION 5

Improve the notification and registration of births and deaths

The current **rates of birth and death notification, registration and certification are very low.** A missed opportunity is the lack of reporting of events occurring at health facilities to the Civil and Identity Registry Office. A system of direct data exchange will be proposed using the electronic National Health Information System (eNHIS) and the civil events database. BD4H will facilitate workshops to bring together stakeholders to discuss and evaluate the **option and usefulness of using eNHIS reporting for vital events notification to the Civil and Identity Registry Office.**



INTERVENTION 6

Enhance CRVS workforce capacity

Capacity development is needed for the high-quality notification and medical certification of births and deaths, and to ensure that data are properly **compiled, checked, analysed** and transformed into statistics as evidence for policy and planning. This intervention will build a **cadre of local staff in key institutions** relevant for a fully functional CRVS system who have a detailed understanding of best practices in such a system.

For more information on the CRVS BD4H Initiative in Papua New Guinea, contact the Data for Health Country Coordinator (CRVS.PNG@dataforhealth.org), Professor Ian Riley, University of Melbourne Technical Lead (ian.riley@unimelb.edu.au), or Romain Santon, Vital Strategies Senior Program Officer (rsanton@vitalstrategies.org).

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