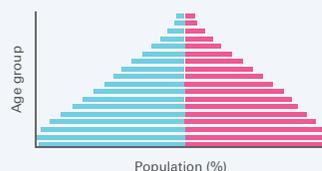


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Quick reference guide: The 10 steps



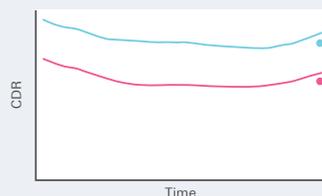
1



Data input checks

Provides an overview of the input data that allows you to check for any potential errors or inconsistencies. Tabulates deaths by standard International Classification of Diseases (ICD) and Global Burden of Disease (GBD) tabulation lists, by age and sex.

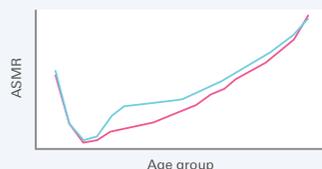
2



Crude death rate

The estimated and calculated crude death rates (CDR) from the input data are used to assess the extent of potential underreporting of deaths.

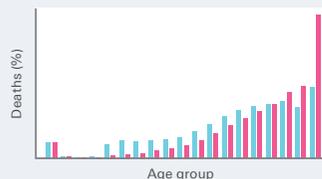
3



Age-specific mortality rates

The age- and sex-specific mortality rates are shown in a log-plot. Inconsistencies such as a non-linear line after age 35 should be investigated as they could indicate incompleteness of death reporting. The male rates should be consistently higher for all ages, especially between 20 and 35 years of age.

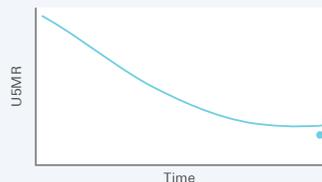
4



Age-sex distribution of deaths

The age distributions of deaths should show a higher concentration of deaths among children under one-year of age, lowest at ages 5-14, followed by a rapid increase for males in their early twenties, and then gradually increasing with age for males and females.

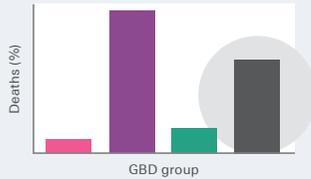
5



Completeness of child mortality

This step compares the calculated level of child mortality from the input data with external estimates from censuses and surveys, allowing you to calculate the relative difference between the two. This gives an estimate of the extent of under-registration of child deaths. This step also produces a life table from the input data, which includes life expectancy.

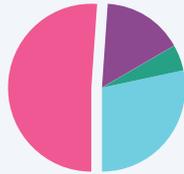
6



Mortality by broad GBD groups

An important first step in assessing the quality of cause of death (COD) data is to look at the distribution of deaths by three broad cause groups (communicable; non-communicable; external) and assess whether they are consistent with expected patterns given current mortality conditions. This step also shows the number of deaths assigned to unusable and insufficiently specified ('garbage') causes, which is an important indicator of data quality.

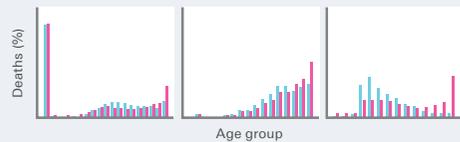
7



Quality of cause of death data

This step analyses the extent of COD diagnoses in the input data that are of no or limited use because they do not accurately reflect the true underlying COD. The unusable causes of death are further classified into types of errors, and into severity levels according to the impact they can have on misleading policy and planning.

8



Age pattern of mortality by broad groups

As the risk of dying from different diseases and injuries changes with age, the age pattern of deaths within each of the three broad cause groups will also be different. If you do not see a distinct age pattern for each of these three groups you are likely to have problems with misdiagnosis in the input data.

9



Rank	ICD-10 code	Short description	Rank	ICD-10 code	Short description
1	001	Septicemia	1	001	Septicemia
2	002	Septic shock	2	002	Septic shock
3	003	Septic meningitis	3	003	Septic meningitis
4	004	Septic arthritis	4	004	Septic arthritis
5	005	Septic peritonitis	5	005	Septic peritonitis
6	006	Septic endocarditis	6	006	Septic endocarditis
7	007	Septic thrombophlebitis	7	007	Septic thrombophlebitis
8	008	Septicemia, unspecified	8	008	Septicemia, unspecified
9	009	Septicemia, unspecified	9	009	Septicemia, unspecified
10	010	Septicemia, unspecified	10	010	Septicemia, unspecified
11	011	Septicemia, unspecified	11	011	Septicemia, unspecified
12	012	Septicemia, unspecified	12	012	Septicemia, unspecified
13	013	Septicemia, unspecified	13	013	Septicemia, unspecified
14	014	Septicemia, unspecified	14	014	Septicemia, unspecified
15	015	Septicemia, unspecified	15	015	Septicemia, unspecified
16	016	Septicemia, unspecified	16	016	Septicemia, unspecified
17	017	Septicemia, unspecified	17	017	Septicemia, unspecified
18	018	Septicemia, unspecified	18	018	Septicemia, unspecified
19	019	Septicemia, unspecified	19	019	Septicemia, unspecified
20	020	Septicemia, unspecified	20	020	Septicemia, unspecified

Leading causes of death

A useful way to gain an overview of the policy utility of mortality data is to rank the leading COD. There should be no unusable causes (highlighted in red or orange) ranked among the 20 leading causes of death.

10



Vital statistics performance index (VSPI)

The VSPI is a single summary score of the performance of a vital statistics system, which takes into account five essential components of data quality. The overall VSPI score can be broken down into scores for each of the five different components. The lower the component scores (bigger segments of the pie chart), the higher priority should be given to that component in strategies to improve the data.

Swiss TPH



The University of Melbourne recognises the Swiss Tropical and Public Health Institute for their partnership and contribution

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