Bloomberg Philanthropies

DATA FOR HEALTH INITIATIVE

COLOMBIA

CRVS country overview

Colombia has identified three interventions to improve system performance, with a focus on improving the capture of vital events and quality of vital statistics data.

The Challenge

Colombia has demonstrated its political commitment towards improving its civil registration and vital statistics (CRVS) system, as well as an understanding of the critical value of vital statistics for effective planning and health policy decisions. In 2002, a Presidential Decree created an Intersectoral Commission for the Management of Vital Statistics, which has since convened on a regular basis.

The main issues affecting quality and completeness of vital statistics in Colombia are the lack of a strategy to detect and register vital events in rural, ethnic, and dispersed communities; management and normative guidance in the health sector to account for vital events that go unreported; and a siloed CRVS system with poor interoperability of information systems.

Our Approach

In collaboration with the Bloomberg Philanthropies Data for Health Initiative, the country has identified **three interventions** to improve the capture of vital events and quality of vital statistics data: 1) improve the coverage and quality of vital statistics in rural municipalities and ethnic groups; 2) strengthen the management of vital statistics at national and subnational levels; and 3) optimise CRVS information systems and their interoperability.

Intervention 1

Improve the coverage and quality of vital statistics in rural municipalities and ethnic groups

Due to inadequate coverage by the CRVS system, data on vital events and cause of death (COD) in rural and ethnic communities are lacking. Consequently, the Colombian government is limited in its ability to make informed policy to improve the health status of this population. Development and implementation of a proactive search system will improve capture of vital events and quality of COD data in rural and dispersed populations through mobile notification and automated verbal autopsy (VA). The application of VA will determine probable COD for community-based deaths in rural populations.

Intervention 2

Strengthen the management of vital statistics at national and subnational levels

CRVS stakeholders have identified voids and overlapping functions in system processes that need to be detailed and addressed. The use of enterprise architecture will facilitate this task as it will allow stakeholders to visualise key missing linkages and fragmented processes in the system, therefore pin pointing specific areas of action required for a more efficient and responsive CRVS system.

A technical-legal review on the profuse body of laws and regulations enacted currently, will provide scope for a harmonised, comprehensive normative framework. Stakeholder capacity-building in application of ANACONDA for assessing vital statistics data quality, estimating completeness of vital event registration, and development of training programmes and decision support tools for medical certification of COD will improve the management and quality of vital statistics data at national and subnational levels.

Intervention 3

Optimise CRVS information systems and their interoperability

Colombia has only partially integrated the diverse information systems operating within the CRVS system, which has resulted in incomplete vital statistics as captured and reported by the National Administrative Department of Statistics (DANE).

Colombia has a well-established automated coding system (MMDS) performed by a centralised group of coders and technicians at DANE; less than 25% of deaths are rejected by MMDS and coded manually. Adoption of Iris automated coding is compliant with international standards for coding of COD data, and will improve speed, consistency and quality of coding through uniform and standardized application of ICD rules.

Birth and death information is transmitted from the Ministry of Health and Social Protection (MSPS) to DANE through the RUAF-ND births and deaths information system; however, other sources of information are not integrated with RUAF-ND, leading to missing information in reported vital statistics. Integration and optimisation of information systems is required to improve the quality of Colombia's vital statistics for policy- and decision-making.

For more information on the CRVS D4H Initiative in Colombia, contact Gloria Lucia Henao, CRVS Country Coordinator (**glondono@dataforhealth.org)**, or Margarita Ronderos Torres, University of Melbourne Technical Lead (**mronderos@unimelb.edu.au**).

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