



SRI LANKA

CRVS country overview

As part of the CRVS D4H Initiative, Sri Lanka is focused on improving the quality of mortality statistics. Through four prioritised interventions, CRVS system performance will be enhanced, leading to a significant shift in the quality of vital statistics.

The Challenge

Although largely manual, the Sri Lankan **registration system manages to register most births and deaths. However it is slow** in compiling data from all the registration points, coding cause of death data, and releasing vital statistics. The **high completeness** of birth registration is facilitated by the fact that almost all births take place in hospitals with many hospitals offering registration services.

Close to half of all deaths occur at home, but because of the many registration points, death registration is also considered to be complete. Deaths outside hospitals are usually not medically certified, instead, the cause of death (COD) is reported by either the village head or civil registrar, neither of whom is medically trained. As a result the **quality of the COD data is very poor** and not fit to be used for planning or policy.

Our Approach

In collaboration with the Bloomberg Philanthropies Data for Health (D4H) Initiative the country has identified **four interventions** to advance CRVS system performance that aim to: 1) improve the accuracy of COD data; 2) improve the accuracy, efficiency and consistency of ICD coding; and 3) strengthen staff capacity to analyse the quality of CRVS system outputs.

The main goal of the D4H strategy in Sri Lanka is to improve the quality of COD data, and to ensure that all COD data are correctly coded in a timely manner. By effectively addressing current shortcomings in this part of the CRVS system, **we expect to see a significant shift in the quality of vital statistics.**



INTERVENTION 1

Improve the quality of medical certification of cause of death

Sri Lanka has approximately 130,000 deaths each year and legally death registration must include a cause of death. Around 40% of deaths occur in hospitals and are medically certified. However, certification knowledge and practice among doctors is variable with many not certifying according to ICD rules and the need for additional training is evident. A major intervention will be to train a sufficient number of Master Trainers who can subsequently train doctors in hospitals to certify deaths according to ICD rules. Improved certification practices will ensure that **decision-makers get accurate information** on what people die from. This is important for developing **policies to prevent premature deaths and for allocating resources** according to public health needs.

INTERVENTION 2



Implement verbal autopsy for non-facility deaths

Because of the high proportion of people who die at home unattended by a doctor, it is difficult to know the true cause of death (COD). Currently, a one-page questionnaire is used by registrars for deaths that have no medical death certificate. This questionnaire, however, is insufficient to reliably determine what might have been the cause of death and results in a very high proportion of deaths being given an ill-defined or poorly specified COD.

By introducing automated verbal autopsy, that is based on a systematic interview with the decedent's family about the signs and symptoms experienced before dying, Sri Lanka will, for the first time, get **reliable population-level information of what people die from outside hospitals.**

INTERVENTION 3



Introduce and support automated coding

Mortality coding is a complex process by which the underlying cause of death is selected from a death certificate that contains the sequence of diseases leading to death. To be able to do this correctly, **mortality coders have to be well trained.**

Manually coding some 130,000 death certificates per year is a slow process. Sri Lanka is currently facing significant backlogs and delays in disseminating this data. In addition to this, the high proportion of deaths coded to ill-defined and unusable codes results in a lack of clarity on what the leading causes of deaths are in Sri Lanka. Automating this process using Iris, a coding software, will lead to significant **improvements in the quality of coding and the timeliness of cause of death statistics.**

INTERVENTION 4



Enhance CRVS workforce capacity through training courses

Capacity development of relevant staff is needed to ensure high-quality registration of births and deaths. Institutional capacity building is critical to ensure that data are properly **compiled, checked, analysed** and transformed into vital statistics that are useful for health policy and planning.

Training in ANACONDA, an electronic tool that analyses the quality of cause of death data, will build capacity in institutions to check their cause of death statistics, enabling them to identify inconsistencies and errors more immediately. This will empower institutions to **improve the quality of their mortality statistics** ensuring they are reliable for health policy and planning. Accurate mortality statistics are of particular relevance to countries like Sri Lanka where populations are ageing and disease patterns are changing from communicable to non-communicable diseases.

For more information on the CRVS D4H Initiative in Sri Lanka, contact Abu Sayeed, Data for Health Country Coordinator (abusayeedmh@gmail.com), Dr Lene Mikkelsen, University of Melbourne Technical Lead (l.mikkelsen@unimelb.edu.au), or Joan Thomas, Vital Strategies Project Officer (jthomas@vitalstrategies.org).

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