



MEDICAL CERTIFICATION OF CAUSE OF DEATH

Certification is the process doctors use to determine underlying cause of death. Improved certification practices ensure that decision-makers have accurate information on what people are dying from. This is important for understanding public health priorities and providing good clinical care.

The Challenge

Currently, it is estimated that 140 countries with 80% of the world's population do not have reliable cause of death data. Measuring how many people die each year and why they died is one of the most important means for assessing the effectiveness of a country's health system. Ideally, analyses are based on the **underlying cause of death**, which is recorded on the medical certificate of cause of death (the 'death certificate').

Death certificates written by doctors are the main source of mortality data for a country. Certification is an important part of a doctor's duties as the information recorded in a death certificate helps decision-makers to determine health priorities, resource allocation, and the prevention of deaths due to similar causes.

Correctly identifying the cause of death can be difficult, particularly for people who die outside of hospitals, or had limited interaction with healthcare providers prior to death. Evidence also shows that doctors often do not have adequate opportunities to learn about certification as part of their medical training¹. As a result, many countries have very **limited mortality data**, data available is often not nationally representative, and policy-makers are unable to identify mortality trends in the population to make informed decisions.

Our Approach

As part of the Bloomberg Philanthropies Data for Health (D4H) Initiative, countries will be supported to improve the quality of medical certification of cause of death. Activities on offer include:

- Establishing national mortality committees. Local committees are important in coordinating and monitoring activities aimed at improving cause of death data, and creating national plans for certification improvement.
- Introducing the International Form of Medical Certificate of Cause of Death. Using the international form ensures consistency and standardisation in the identification of the underlying cause of death. It also supports high-quality mortality coding.
- Training courses on certification. This course is delivered as a 'training of trainers' program for doctors on ICD-compliant certification practices. Doctors who attend this course will become master trainers for training doctors in their country.
- Integrating training curriculum. To ensure the ongoing impact of any educational program, it is important that medical school curriculum on certification is updated, offered regularly, and assessed as part of continuing medical education.

- Measuring and monitoring the quality of certification. It is important for countries to have a simple, quick and standardised tool to assess the quality of certificates. This can be used to measure the quality of certification, identify areas for improvement, and monitor progress over time.

effectiveness of programs and policies to prevent deaths; identify emerging challenges to health; provide insights into neglected health problems; understand how causes of death are changing; and monitor progress with national health development goals.

Building local skills and systems on certification will also lessen the reliance of countries on incomplete or estimated cause of death data. Through linking with other activities as part of the Initiative, such as improving registration practices, implementing or strengthening mortality coding, and verbal autopsy, countries will be able to accurately report on cause of death data, many for the first time.

Expected Benefits

Improved certification practices ensure that **decision-makers get more accurate information** on who dies, from what, and where. With this information, countries will be able to monitor and evaluate disease and injury trends in their population; evaluate the

Figure 1: Sample from the International Form of Medical Certificate of Cause of Death (WHO 2016)

| Administrative Data (can be further specified by country) | | | | | | | | | | | | | | | | | |
|---|---------------------------------|---------|----------------|---|---|-------------------------------|---|---|---------------|----------------------------------|---|---|-----------------------------------|---|---|---|---|
| Sex | <input type="checkbox"/> Female | | | | | <input type="checkbox"/> Male | | | | <input type="checkbox"/> Unknown | | | | | | | |
| Date of birth | D | D | M | M | Y | Y | Y | Y | Date of death | D | D | M | M | Y | Y | Y | Y |
| Frame A: Medical data: Part 1 and 2 | | | | | | | | | | | | | | | | | |
| 1 Report disease or condition directly leading to death on line a Report chain of events in due to order (if applicable) State the underlying cause on the lowest used line | | | Cause of death | | | | | | | | | | Time interval from onset to death | | | | |
| | a | | | | | | | | | | | | | | | | |
| | b | | Due to: | | | | | | | | | | | | | | |
| | c | | Due to: | | | | | | | | | | | | | | |
| d | | Due to: | | | | | | | | | | | | | | | |
| 2 Other significant conditions contributing to death (time intervals can be included in brackets after the condition) | | | | | | | | | | | | | | | | | |

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