

PHILIPPINES

CRVS country overview

In line with their strong commitment to improving civil registration and vital statistics, the Philippines has identified six interventions to improve system performance, with a focus on improving mortality statistics and strengthening staff capacity.

The Challenge

The Philippines has shown a high-level of political commitment and understanding of the critical value of reliable vital statistics for effective planning and health policy. It is a signatory to UNESCAP's Ministerial Declaration for Universal Registration in Asia and the Pacific, and has been a key player in developing the Regional Action Framework for Improving CRVS in the region.

Several CRVS assessments carried out since 2009 have revealed **aspects of the system that need strengthening, particularly regarding death registration and quality of cause of death data**. While almost all births get registered in the Philippines it is estimated that only 66% of deaths get registered.

Our Approach

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

INTERVENTION 1



Improve the quality of medical certification of cause of death

The Philippines has more than half a million deaths a year. Death certificates written by doctors are the main source of mortality data. Correctly identifying the cause of death is not always easy, particularly for those people who die outside of hospitals.

Building a cadre of skilled, local Master Trainers introducing medical certification into medical school curricula, and monitoring the quality of medical certificates will ensure that decision-makers get more accurate information on what people die from. This is important for developing policies to prevent premature deaths and for allocating resources.

INTERVENTION 2



Implement verbal autopsy for non-facility deaths

When people die at home unattended by a doctor, it is difficult to know what they died from. Almost **two-thirds of deaths in the Philippines take place outside of medical settings** and the cause of death (COD) for these is assigned by a medical officer, who relies on limited information from the family to determine a probable COD. By introducing automated verbal autopsy, based on a systematic interview with the decedent's family or caregiver about the signs and symptoms experienced before dying, doctors will get access to a computer calculated **diagnosis to help them assign a COD**.

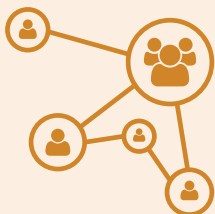
INTERVENTION 3



Introduce and support automated coding

Mortality coding is a complex process by which the underlying COD is selected from a death certificate containing the sequence of diseases leading to death. To be able to do this correctly **mortality coders have to be well trained in ICD rules and regulations**. Manually coding half a million death certificates is a slow and costly process, often leading to backlogs and late release of the data. Automating this process with the coding software, Iris, will lead to significant **improvement of the quality of coding and timeliness of cause of death statistics**.

INTERVENTION 4



Enterprise architecture analysis

Enterprise architecture (EA) is a tool that applies system science and analysis to better describe, understand, analyse, compare and visualise the **organisation, processes, workflows and functionality** of a CRVS system. Using EA maps, bottlenecks, duplication and other inefficiencies can be identified. Building capacity for EA in the Philippines to regularly **assess the core business processes of their system is a fundamental intervention** for introducing system innovations

INTERVENTIONS 5 & 6



Enhance CRVS workforce capacity

Capacity development of staff is needed to ensure high-quality registration of births and deaths. Training in **estimation methods on the completeness of birth and death registration** will allow the Philippines to annually monitor how their CRVS system is progressing in registering all births and deaths. **Training in ANACONDA** will build capacity in institutions to check and analyse their cause of death statistics, and reduce uncertainty about the true disease burden and what different population groups die from.

For more information on the CRVS D4H Initiative in the Philippines, contact Carmina Sarmiento, Data for Health Country Coordinator (csarmiento@dataforhealth.org), Dr Lene Mikkelsen, University of Melbourne Technical Lead (l.mikkelsen@unimelb.edu.au), or Joan Thomas, Vital Strategies Project Officer (jthomas@vitalstrategies.org).

For more information, contact:

E: CRVS-info@unimelb.edu.au

W: mspgh.unimelb.edu.au/dataforhealth

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