Bloomberg Philanthropies

DATA FOR HEALTH INITIATIVE

BANGLADESH
CRVS country overview

The Challenge

Bangladesh faces a range of challenges including rapid population growth, unplanned urbanization, an epidemiological shift, and population displacement due to climate change. Efforts to plan and implement measures to mitigate the effects of these challenges will greatly benefit from a fully functional CRVS system that registers all vital events and generates timely, complete and reliable data on births, deaths and causes of death.

While a high level of political commitment has supported the significant progress made to-date, increased coordination among government stakeholders at the national level remains a pressing need. Better cooperation and collaboration among stakeholders will lead to fewer missed opportunities to capture and utilize information on vital events.

Our Approach

Building on the findings from the Bangladesh Comprehensive Assessment (2011) and the CRVS Investment Plan, Bangladesh, in collaboration with the Bloomberg Philanthropies Data for Health Initiative, has identified **six interventions** to improve system performance.

INTERVENTION 1

#### Establish a functioning Office of the National Registrar for Births and Deaths

The Office of the Registrar General for Births and Deaths (ORG) was sanctioned in 2013 and established in 2016, in part, with support from the Data for Health Initiative. A robust ORG in Bangladesh will result in efficient and **effective management of the CRVS system.** Rates of registration, coordination between key agencies, data flow and linkage, and reporting of vital statistics can all be expected to improve as the ORG becomes more functional. This central institution will have a national impact and allow for a guided scaling-up of interventions as part of the Initiative.

INTERVENTION 2

Improve completeness of notification and registration

Reducing the costs, complexity, and burden to undertake reporting and registration increases the likelihood that each event is notified, improving the quality and completeness of vital statistics. This intervention will **increase the notification of vital events from Upazila Health Complexes** to the civil registration authorities through community health workers. As birth and death data are already being collected by these workers, this intervention will **identify, define, standardize, and build on existing processes.**
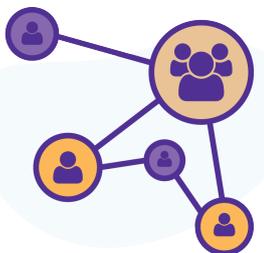
INTERVENTION 3

Introduce verbal autopsy for community deaths

Most deaths in Bangladesh are unregistered, occur in the community, or are unattended by a doctor who can determine the cause of death (COD). This means there is **little empirical data on the patterns and trends in COD**. Automated verbal autopsies (VAs) consist of interviews with the caregivers of deceased individuals, and application of a computer algorithm to assign the most likely COD. This intervention will be introduced at the sub-district level in a phased manner, designed to test VA implementation, develop capacities for VA interviewers and supervisors, and learn lessons to permit eventual widespread use.

INTERVENTION 4

Improve certification of cause of death

Medical certification is the process doctors use to determine the **underlying cause of death**. Improved certification practices will **ensure that decision-makers have more accurate information** on what people are dying from. This is important for understanding public health priorities and providing clinical care. In order to **improve medical certification of cause of death,** a core team of master trainers will be established. This team will then roll-out certification training to hospital-based physicians. This will involve introducing the 2016 International Form of Medical Certificate of Cause of Death.

INTERVENTION 5

Strengthen mortality coding

Training physicians in medical certification of cause of death (COD) must be accompanied by training in mortality coding, a process by which the underlying COD is selected and translated into an alpha-numeric code. To do this correctly **mortality coders have to be well trained in the rules and regulations of the International Classification of Diseases (ICD)**. This intervention will provide training on mortality coding to a cadre of ICD coders, thereby building local **capacity, and increasing the availability and quality of COD data**.

INTERVENTION 6

Build capacity in data analysis, interpretation and dissemination

Training in **estimation methods on the completeness of birth and death registration** will allow Bangladesh to regularly monitor how their CRVS system is progressing in registering all births and deaths. In addition, **capacity is needed to check and analyze cause of death statistics**, and reduce uncertainty about the disease burden and patterns of mortality in the population. A range of training courses and electronic tools will be offered to institutions that are mandated with producing vital statistics to ensure that the data, when released, are fit for policy use.

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