



Pacific
Community
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CAPACITY DEVELOPMENT FOR GENERATING, DISSEMINATING AND USING CAUSE OF DEATH DATA IN PACIFIC ISLAND COUNTRIES

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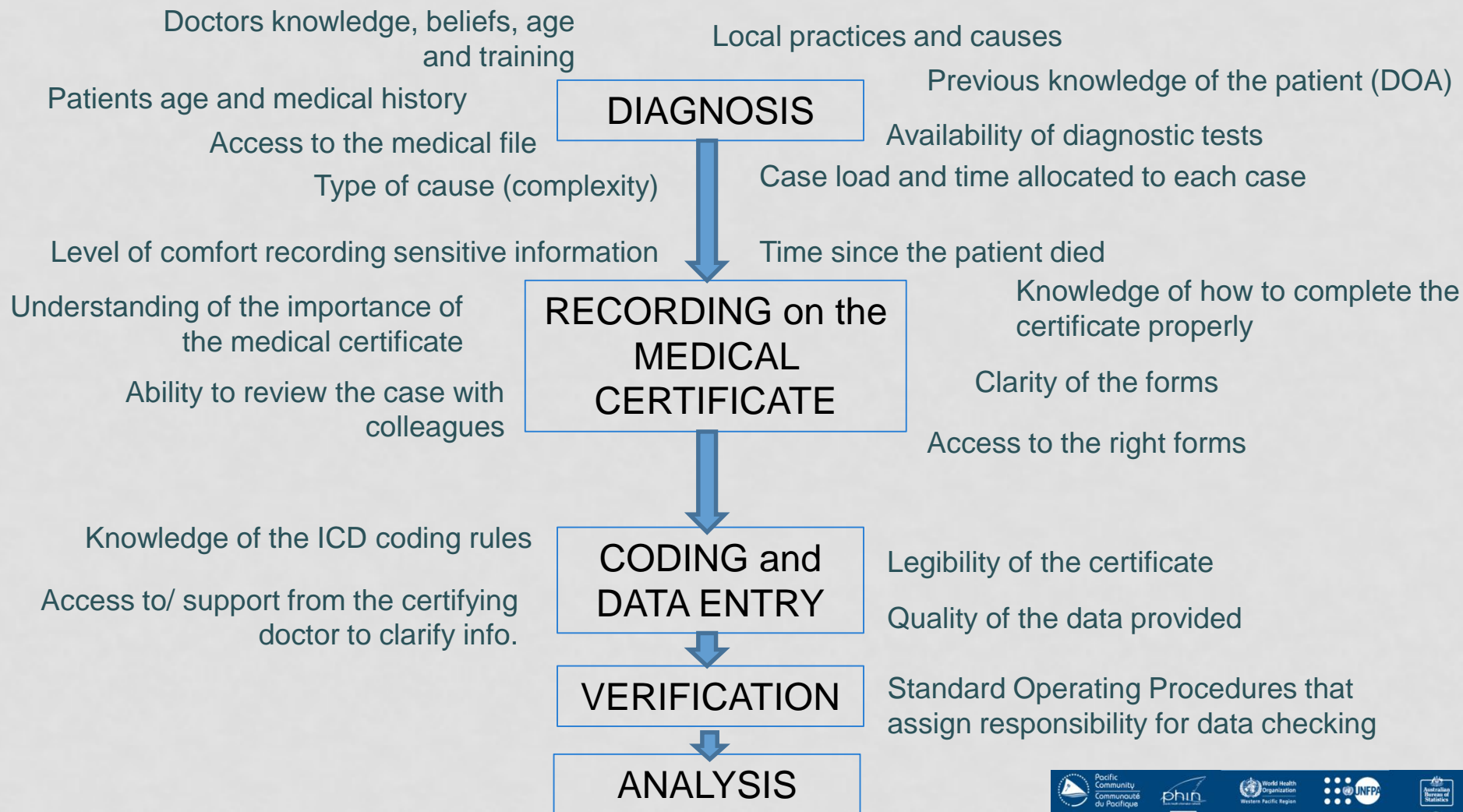


UNDERSTANDING INFLUENCES ON CERTIFICATION

- Anecdotal evidence from doctors in the region that many other factors play into their decisions around what to certify
- Analysis study of attitudes to certification – of doctors in Federated States of Micronesia – Dr Nancy Vu (Cleveland Clinic)
- Doctors feel unsupported to influence change in their own systems, and may actively avoid certifying specific causes of death (such as external causes, those that may create stigma)
- Only Fiji has been successful in implementing broad scale training for doctors



STEPS TO RELIABLE COD





DEATH CERTIFICATION

- Death certification training for the region has been revised to include a greater focus on:
 - How cause of death data is used in policy and budget decisions
 - Other sources of data for DOA cases
 - How doctors can identify the social and organisational influences that may affect their practice
 - Sharing of experiences re dealing with social and organisational influences
 - Creating supportive environments for certification
 - Legal reporting structures in the country
 - How to write legal reports and give evidence
 - Practice in presenting evidence
- New approach to be reviewed at regional meeting in November.



SUPPORTIVE ENVIRONMENTS FOR CERTIFICATION

- Hospital policy on certification
- Routine medical audits/ reviews
- Strong links with the legal sector – through national committees and MOU
- Routine external review of certification practices
- Training incorporated into university courses on a routine basis.



CODING SUPPORT

- Building systems that strengthen links between HIS and medical doctors.
 - Including coders/ HIS staff in the certification training and review meetings
 - Formalising these links in hospital policy
- Sustainable solutions to coding
 - Recognising that small countries do not see the volume of cases for high quality coding > establishing coding agreements with Australia and New Zealand
 - Use of IRIS where practicable for large countries (working through HIS system re-development)
 - Supporting countries to recognise coders as a specialised position
- Routine review of data quality
 - Coding checked (at the General mortality list level) as part of the Data analysis report writing courses



COD ANALYSIS AND REPORTING

- COD analysis has been a critical component of analysis training in the region
- COD should be published with caveats based on completeness and quality assessment – but should be published.
 - This may be as simple as proportional mortality
 - Should include disaggregation by age-group and sex
- Working with doctors and health staff to increase demand for high quality empirical data (rather than estimates)