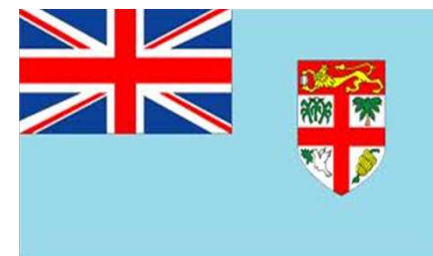


# NATIONAL AND SUB-REGIONAL PRACTICES IN IMPLEMENTATION OF THE REGIONAL ACTION FRAMEWORK IN FIJI

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HON. MINISTER FOR HEALTH AND MEDICAL SERVICES



*"Improving Fiji's Civil Registration and Vital Statistics Together using Evidence and Appropriate Technology"*

# Acknowledgement

## Ministry of Health and Medical Services

1. Director Health Information Research and Analysis
2. Director Epidemiology
3. National Health Information Officer
4. Senior Statistician
5. Manager IT
6. Mortality Statistical Officer

## Ministry of Justice

1. Registrar General

## Fiji Bureau of Statistics

1. Government Statistician
2. Deputy Government Statistician
3. Senior Statistical Officer

## ITC Services

1. BDM Systems Analyst

# What were the lessons learned in implementation of the regional action framework?

## ■ Goal I

### ➤ Registry

- Awareness and advocacy is key to ensuring national coverage and compliance
- Provisioning accessibility to people in remote and maritime areas allows better coverage
- Working with other departments and Ministries is vital to improve coverage and registration rates e.g. Education

### ➤ Health

- Creating awareness and training of community nurses to capture and document community birth and death improves coverage
- There has to be a strong collaboration with health professionals to ensure they enter data in hospitals into information systems to capture all births and deaths

# What were the lessons learned in implementation of the regional action framework?

## ■ Goal 2

- 100% Achievement (all birth and death registrations are issued with an official certificate)
- Strong legislation and enforcement act as enablers for success

## ■ Goal 3

- The importance of standardised coding using ICD cannot be undermined and continues to provide better reflection on morbidity and mortality by categories
- Not training doctors and nurse practitioners on cause of death certification leads to an increase in ill-defined causes of death
- Both birth and death data although sourced at Health with a copy to Registry often leads to delays and data gaps
- Importance of regular data analysis, between three core agencies is vital in identifying data gaps and addressing them
- Publication of national statistics on online platforms will be key to get CRVS on the national agenda and public attention

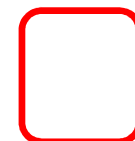
## What did work?

BIRTH REGISTRATION									
Year of Birth	Year of Registration							Total Registered	MoHMS Births Occurrence Record
	2010	2011	2012	2013	2014	2015	2016		
2010	12654	4634	1018	846	1462	1279	529	22419	22089
2011		11066	4501	1151	1336	1021	857	19932	20425
2012			11282	4409	1635	973	508	18807	20178
2013				12929	4224	1351	527	19031	20970
2014					12633	3611	768	17012	20249
2015						13146	2778	15924	20510
2016							6858	6858	9692



## What did work? ...cont

DEATH REGISTRATION									
	Year of Registration							Total	MoHMS
Year of Birth	2010	2011	2012	2013	2014	2015	2016	Registered	Deaths Occurred
2010	3037	869	1462	228	163	301	21	6081	6182
2011		3151	2161	245	228	620	21	6426	6663
2012			4113	1657	106	647	96	6619	6766
2013				4637	1114	811	60	6622	6826
2014					4173	1687	223	6083	6927
2015						4176	1780	5956	6688
2016							3344	3344	3103



## What did work? ...cont

Number of Doctors trained on Medical Cause of Death Certification (MCDC)								
Division	2012	2013	2014	2015	Jun-16	Total Trained	# of Doctors	% Coverage
Central	12	19	47	14	Oct	92	199	46.23
Western	13	17	0	65	35	130	156	83.33
Northern	11	16	0	20	Sep	47	88	53.41
Eastern	2		0	1	Nov	3	17	17.65
<b>Total</b>	<b>38</b>	<b>52</b>	<b>47</b>	<b>100</b>	<b>35</b>	<b>272</b>	<b>460</b>	<b>59.13</b>
Total of 15 Doctors trained as trainers Nationally								
59% of Doctors Trained in Government								
43% of Doctors Trained Nationally								

## What did work? ...cont

### ✓ Health

- 👉 Waiver announced by Minister on the reissue fee on notification of birth and death in alignment with amnesty from RG for late registration penalty until further notice.
- 👉 Training of medical doctors on medical certification of death certificates (MCDC) by internal trainers
- 👉 Data quality audits on admission (morbidity) and mortality data
- 👉 Enhancement of PATISplus application (mortality module, clinical performance management reports)
- 👉 Enhancement of Consolidated Monthly Routine Information Systems (CMRIS - Maternal and Child Health module and capture of community births and deaths in Public Health Information System module)
- 👉 Improvement in the overall IRIS tool automated coding from 40% to 60%.
- 👉 Data analysis training and application for improved use of evidence for operational efficiency and decision making
- 👉 Access Point Network (APN) solution for registration of clients with National Health Number and Free Medicine Program at festivals during school holidays



## What did work? ...cont

### ✓ Registry

- ↳ Increase in community outreach to enable registration and access to certificates in the field
- ↳ Coverage and provision of services where there are no registry offices
- ↳ Establishment of additional registry offices in major towns to increase coverage by district from 40% to 60% (12/19)

### ✓ Statistics

- ↳ Data analysis and feedback to both Health and Registry to address data gaps and quality issues such as residential address and occupation details
- ↳ Inclusion of CRVS into the National Development Plan agenda through National Strategy on Development of Statistics (NSDS)

### ✓ ITC

- ↳ Data extraction and analysis (trend) of registration data from Registry systems.
- ↳ Discussion with MoHMS and Statistics in the design of new registry system to enable automated data transfer and partial registration using Health data.

## What did not?

### × Health

- 💡 Lack of sufficient medical recorders and clinical coders
- 💡 Lack of training for coders on ICD10 and ICD10AM

### × Registry

- 💡 Coverage had been affected by natural disasters that affected outreach programs\*
- 💡 Budget constraints lead to lower number of staff involved in registration practices and less outreach activities
- 💡 Capacity to produce an awareness video is limited however, radio and newspaper (multi-lingual) advertisement prove effective also.

### × Statistics

- 💡 Data sharing between key agencies still needs approval at senior level whereby a Memorandum of Understanding is required to streamline the process

## What are the major challenges at the national level that require regional actions?

- ✘ Review of legislation (BDM Act) and Health Medical records policy (Medical Records – storage, archival, EMR, social media concerns)
- ✘ Support for ICD training and capacity development for regional coding mechanisms
- ✘ National CRVS Strategy Development for Fiji
- ✘ Big Data tools and analysis for surveys
- ✘ Write up and publications of success stories (IRIS, Information Systems, Outreach, National Committee)
- ✘ Loss of technical support for ITC software development for new Registry system

## Final Remarks

- Political leadership is imperative in translating commitment at the technical level to sustainable changes in the overall national systems
- Small wins/changes are useful in building political support and cementing inter-departmental relationships
- Multi-sectoral changes are not easy and take significant investments of time and energy of all those involved. Staff must understand the importance of the work that they do, and see the outcomes of these changes and impact on the population at large.

**Country ownership and broad engagement are essential for embedding action in departmental functions to drive national agenda collectively.**