**Scoping Review of Digital Tools for** Mortality Surveillance in Sub-Saharan Africa

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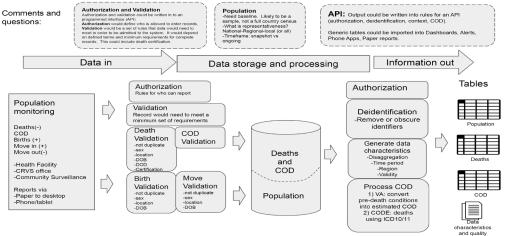
## Background

- 25% of births globally and 46% of SSA births are unregistered<sup>1</sup>
- 4 in 10 of world's deaths are unregistered, dropping to 1 in 10 deaths recorded in African Region
- Two-thirds of LMICs have established a standardized system to report causes of death, demonstrating the importance and priority of these systems, but still require strengthening to help respond to health
- The lack of fully functioning CRVS systems in many LMICs is an obstacle for adequate monitoring of many SDG indicators



### Goals

- Support the **development and strengthening** of a comprehensive national mortality surveillance system that relies on digital solutions
- Propose a conceptual system architecture for a functional digital mortality surveillance system

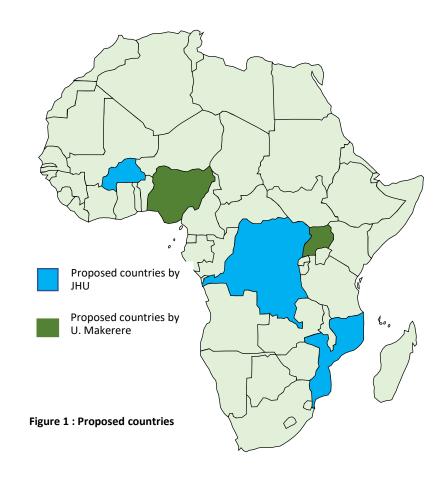


### Mortality surveillance defined

- Continuous near-real-time data collection on births, deaths, and causes of deaths, consistently with existing global or national standards
- □ Ideally, should include updated population counts by age and sex
- Geographically contained, whether national or subnational, with population representativeness
- Data generated are analyzed to produce reliable and interpretable estimates of all causes and cause-specific mortality with relevant disaggregation (by age, sex, and other selected characteristics)
- Regular data release for use in policy and program decision-making, learning, and research

### Methods

- Landscape review at global and selected country levels
  - Burkina Faso, DRC, Mozambique (JHU)
  - Nigeria and Uganda (U. Makerere)
- Comprehensive literature review (2005-2022)
- Country Key informant interviews (senior officials and technical officers, n=122)
  - existing digital tool for mortality surveillance
  - experience in the adoption and implementation of digital tools
  - Stakeholders' perspectives on digital tools for mortality surveillance



### Global mortality data platforms: Data elements

	DATA ELEMENTS						
SURVEILLANCE SYSTEMS	Population count Pregnancies Births recording Death recording		Death recording	Cause of death method	Socio-economic & demographic characteristics		
Civil registration and vital statistics (CRVS) / Population registers	No	No	Yes	Yes	Yes	Limited	
Routine Health Information System (RHIS)	No	Partially	Partially	Partially	Partially	Limited	
Maternal and Perinatal Death Surveillance and Response /Integrated Disease Surveillance and Response	No	No	No	Partially	Partially	No	
Sample Vital Registration System with cause death	Yes (sample)	Yes	Yes	Yes	Yes	Limited	
Repeated Household surveys	Yes (sample)	Yes	Yes	Yes	Limited	Yes	
Population censuses	Yes	No	Limited	Limited	No	Yes	
Health and Demographic Surveillance Systems	Yes	Yes	Yes	Yes	Yes	Partially	
Community worker reporting of vital events	Limited	Yes	Yes	Yes	Yes (if included)	Limited	
Burial sites surveillance/morgues	No	No	No	Yes	Limited	Limited	
National ID systems	Limited	No	Limited	Limited	No	Limited	

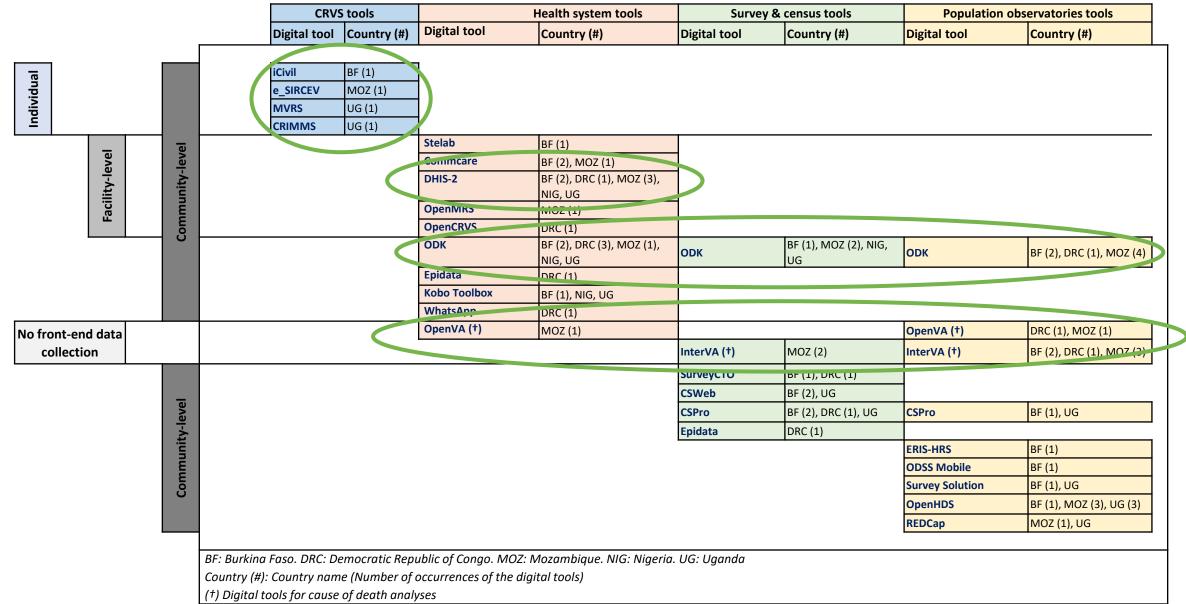
## Global mortality data platforms: Other features

	OTHER FEATURES									
SURVEILLANCE SYSTEMS	Notification linked to CRVS	National / subnational scope	Geographic representativene ss	Short term scale up nationally	General country capacity for implementation at scale	Digital solutions	Frequency of Data Collection	Mortality surveillance capacity		
Civil registration and vital statistics (CRVS) / Population registers	Yes	National & subnational	Limited	Challenging	Developing	OpenCRVS;eCR VS; mCRVS	Continuous	Limited on short		
Routine Health Information System (RHIS)	No	National & subnational	No	Limited	Yes	DHIS-2	Continuous	Partially		
Maternal and Perinatal Death Surveillance and Response /Integrated Disease Surveillance and Response	No	Limited	No	Yes	Yes	None	Weekly/monthl y	Limited		
Sample Vital Registration System with cause of death	No	National /Limited for subnational	Yes	Yes	Limited	Multiple	Continuous with regular surveys	Yes		
Repeated Household surveys	No	National /Limited for subnational	Yes	Yes	Yes	Multiple	Annual	Yes		
Population censuses	No	National & subnational	Yes	Limited	Yes	CSPro (limited)	Every 10 years	No		
Health and Demographic Surveillance Systems	No	No	Yes	Yes	Limited	Multiple	Continuous with regular surveys	Yes		
Community worker reporting of vital events	No	No	Limited	Yes	Limited	Multiple	Continuous	Limited		
Burial sites surveillance/morgues	No	No	No	Yes	Yes	SORMAS, ANACoD3	Continuous	Limited		
National ID systems	Yes	National & subnational	Limited	Challenging	Limited	No	Continuous	Limited		

# Mortality data platforms at the country level are limited and fragmented

Surveillance systems	Burkina Faso	DRC	Mozambique	Uganda	Nigeria
Civil registration and vital statistics (CRVS) (6)	Ves	Yes	Yes	Yes	Yes
Routine Health Information System (RHIS) – (5)					
DHIS2 (ENDOS, SNIS, SISMA_MGDH)	Yes	Yes	Yes	Yes	Yes
Registries (Police, Military, Cancer, Mortuaries, Refugees – UNHCR, Electoral,				Vac	Yes
District and Community)				Yes	res
Stelab (SIMR)	Yes				
Afenet	Yes			Yes	
ONSP	Yes		NA		
leDA (pcime-maternity)	Yes	NA			
One health	Yes				
MS (COVID19)	Yes			Yes	
SISMA_APE	NA		Yes		
OPenMRS			Yes		
Maternal and Perinatal Death Surveillance and Response/Integrated Disease		Yes	NA	Yes	Yes
Surveillance and Response (MPDSR) (7)	NA	ies	NA	ies	165
Sample Vital Registration System with cause of death (1)		NA	Yes	NA NA	NA
Repeated Household surveys (2)					
DHS	Yes	Yes	Yes	Yes	Yes
SMART	Yes				
RAMMPS	Yes	Yes	Yes		
Population censuses (10*)	Yes	Yes	Yes	Yes	Yes
Population surveillance Systems (3)					
HDSS	Yes (n=5)	Yes (n=1)	Yes (n=3)	Yes (n=3)	Yes (1)
CHAMPS			Yes		
Burial sites surveillance/morgues (9)	NA	Yes	Yes		
National ID systems (8)	INA	NA	NA	Yes	

# Experience in the use of digital tools and maturity of systems at the country level



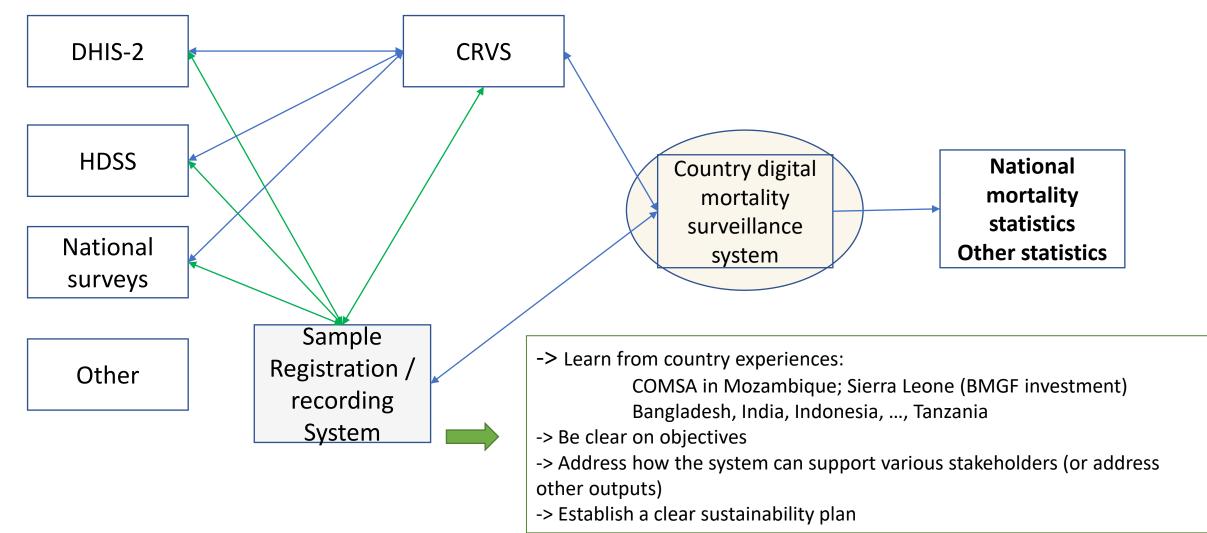
# Summary of country reviews

- **1. General agreement and recognition** of the need and importance of mortality surveillance
- 2. Mortality data implicates many actors beyond the Ministry of Health
  - <u>Coordination and alignment</u> are a challenge
  - Many duplications
- 3. Long-standing experience in implementing diverse platforms for mortality data collection: **some countries more than others** 
  - Continuous platforms are not operating optimally for mortality
  - <u>No linkages</u> and coordination
  - Interoperability is an after-thought and not implemented
  - Poor data on cause of death and consistency with international data standards such as ICD
- 4. Multiple experiences in the use of digital tools for data collection exist but are **fragmented and generally recent and evolving** 
  - Multiple tools are being used but often ad hoc, often led by external partners
  - No coordinating body or regulatory framework for implementation

# Features of a Country Digital Mortality Surveillance System (DMSS)

- 1. National and subnational representativeness (data from facility and community)
- 2. Prioritizes digital solutions for data collection, transformations, and release
- **3. Efficiency through linkages** (or integration) with existing mortality data platforms on data collection, analysis/triangulation, and release
- 4. Continuous and recent data on mortality statistics
- 5. Data consistent with **international data norms** (e.g., ICD; data quality measures)
- 6. Responds to **real-time data queries** from the public using a digital solution
- 7. Addresses the need of the **MoH programs and country stakeholders** for specific mortality statistics
- 8. Releases period mortality statistics no more than annual time periods

Add/Identify a platform that produces reliable mortality statistics and is linked with and strengthens existing platforms



# Challenges

- There is currently a weak vision and commitment to a national mortality surveillance system
- Leadership and governance: who will lead the effort?
- Financial and human resources (availability, capacity)
- Logistical challenges: infrastructure, equipment, electricity, internet
- Technological: capacity to design, implementation and maintenance of digital tools; following global data standards
- Challenges in extending existing platforms to the community level to improve data completeness
- Challenges to digitalize data collection processes despite increasing interest in digital data
- Maintaining reliable data with high quality
- Private sectors not fully involved or tapped into

# Thanks

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