

REGISTRATION & COLLECTING OF STATISTICS ON CAUSE OF DEATH IN HEALTH SECTOR- VIETNAM

Ms. Hoang Thu Huong
Head of Statistics and Payment Method Division
Ministry of Health

Data on birth and deaths play an important role in assessing status of the implementation of the socio-economic, healthcare strategic objectives. Data on births and deaths, if provided completely, timely, accurately are important bases for policy development, planning and advocacy and communication. The Health Information Management System (HMIS) associated with a network of health service delivery has functions to collect process and analyze data on health care activities and health status of the population. Mortality data in HMIS include the number of deaths and causes of death reported from the hospitals and the information gathered from community (Book A6/YTCS of CHCs). According to MOH's regulations, any birth and death event that occurs in health facilities is recorded immediately in the original recording forms and registers. On the other hand, births and deaths occurring at home will be collected in statistical recording system at communal health centers (CHCs) in collaboration with a network of village health workers. In Viet Nam, most of the deaths occur at home, only about 14 % of all deaths occurring in hospitals (Report on Results of Investigation "Burden of Disease 2008" by the Hanoi Medical University). Thus, recording statistics of death and diagnosing causes of death has many challenges.

Ministry of Health has issued The Decision No.6378/QĐ-BYT dated October 22, 2018 on the promulgation of the Ministry of Health's Action Plan to implement the National Action Program on Civil Registration and Vital Statistics (CRVS) in the period of 2017-2024, in which developed specific activities, assigned tasks and responsibilities for Departments, General Departments and agencies directly under MOH, Departments of Health of provinces and centrally-run cities; coordinate with related ministries, agencies and organizations and effectively implement the objectives, tasks as assigned according to the Decision No. 101/QĐ-TTg dated January 23, 2017 by the Prime Minister approving the National Action Program on Civil Registration and Vital Statistics in the Period 2017 - 2024.

I. Implementation results of the National Action Program on Civil Registration and Vital Statistics (CRVS) in the period of 2017-2024

1. Participate in the Steering Committee and the working group to implement the Action Program of the Ministry of Health (MOH). The Ministry of Health has appointed 01 Deputy Minister of Health to join the Steering Committee and establishing a CRVS team in Health sector.

2. Legislation regarding the CRVS in the Health sector, as follows:

- The Ministry of Health promulgates Circular No. 27/2019/TT-BYT of the Minister of Health regulating the issuance and use of medical certificates. birth certificate.

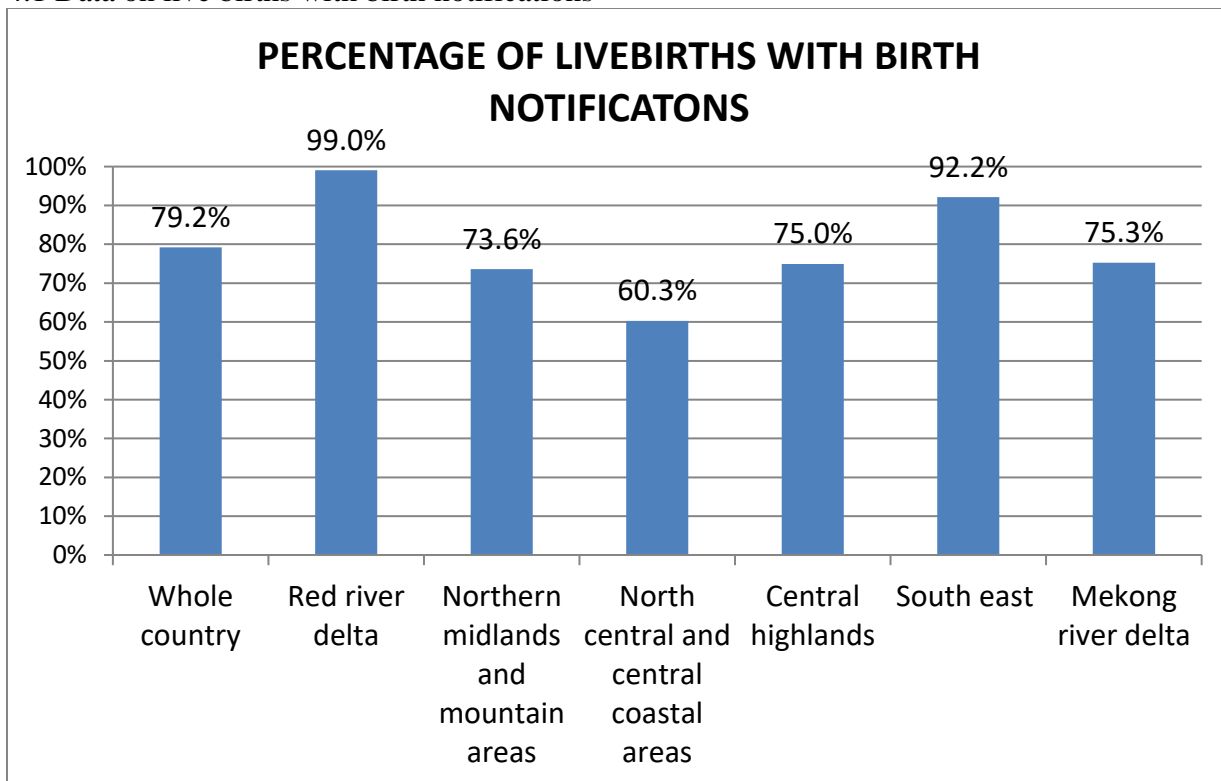
- Circular No. 37/2019/TT-BYT of the Ministry of Health stipulating the regime of statistical reporting of the health sector. Circular 37 has supplemented the collection and reporting of a number of indicators related to the tasks assigned by the Ministry of Health in CRVS National Action Plan. To improve the quality of data on mortality, the MOH revised the Death registration (book A6) in which collect each death cases by age, sex and place of death, death attended by health workers, by 70 common causes/ group of COD in the community according to ICD10 code, 70% of died people had medical treatment in the health facilities before the death 30 days, therefore it's necessary to have forms/guideline to collect these deaths.

- Circular No. 24/2020/TT-BYT stipulating the form of diagnosis of causes of death, issuance of death notification and death statistics at health facilities. The Cause of Death Certificate (MCCD) as recommended by the World Health Organization has been translated and applied at health facilities in Vietnam.

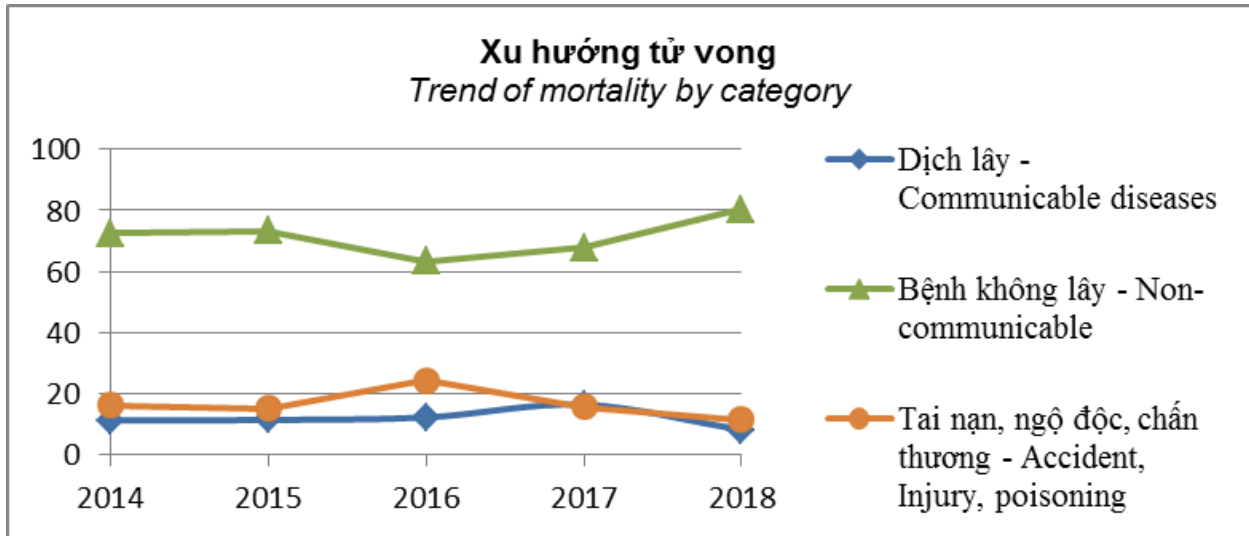
- ICD 10 guidelines

4. Birth, death and cause of death statistics

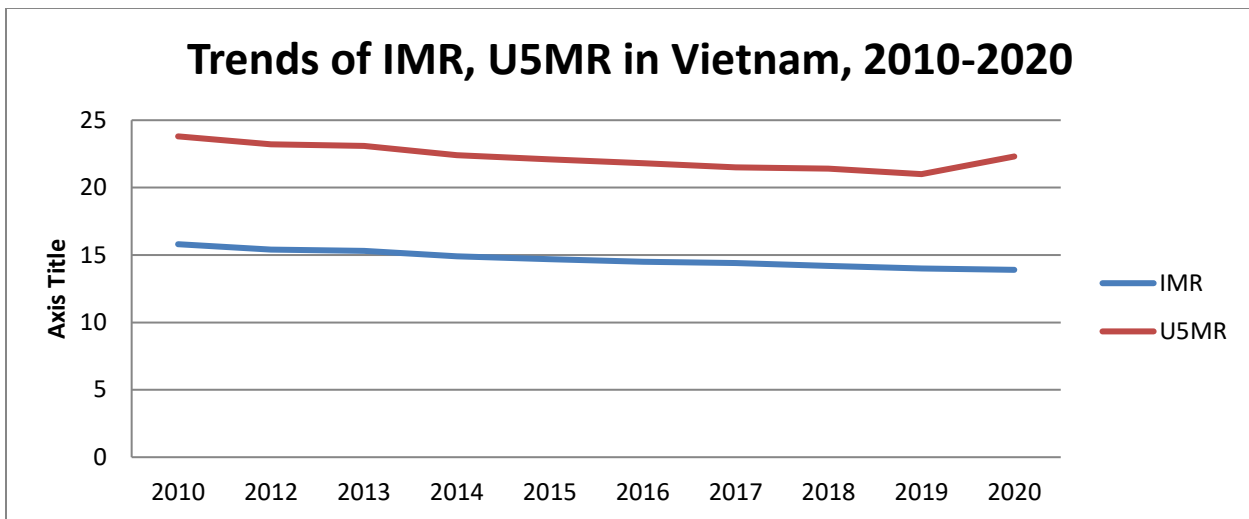
4.1 Data on live births with birth notifications



4.2 Death in hospital



4.3 IMR, U5MR in period 2000-2020



5. IT applications

The Ministry of Health has developed electronic medical statistics software to meet the requirements of periodical reporting at all levels according to Circular No. 37/2019/TT-BYT and added a mortality monitoring module (A6) to serve report each death by age, sex, and disease/disease group. Until now, 59/63 provinces have deployed the software. The software for ICD 10 coding is available on the website of the Ministry of Health.

6. Training for staff working in statistics and planning

The Ministry of Health organized TOT courses on MCCD, how to filling book at CHCs and reporting system, training on electronic health statistics software for 63 provinces/cities, hospitals, Departments, units at the central level.

II. Difficulties and shortcomings:

Although actively implementing the Action Program on CRVS, after 5 years of implementation, there are some difficulties and problems, which are:

1. Legal documents: a number of legal documents have been issued, but have not yet covered the components of the system and have not been synchronized, specifically: lack of documents regulating the application of a set of tools to determine phytoplankton in Vietnam. community; regulations on data sharing for deaths in other ministries; Coordinate and use electronic databases with the Ministry of Public Security, Vietnam Social Security, and the Ministry of Justice

2. Limited quality of birth, death and cause of death statistical information

The number of live births is quite high because over 90% of births are in health facilities, missing information about births in mountainous and remote areas due to health workers to access. Deaths collected from health facilities, this data is very low compared to reality. To collect the majority of deaths in the community, it is necessary to coordinate and exchange information from other Ministries (police, courts...). If assigned to the Health sector, it is necessary to establish a system to collect deaths and causes of death in accordance with Vietnamese conditions.

According to the evaluation report of the MCH Department of MOH, up to now there are 80% of living births have birth. Regarding the issuance of death notification, currently the rate of death cases having death notification is very low.

Health personnel of the health information system are part-time work and turn over.

There is no unique code for people, the database at the different levels is poor, there is no connection from many different sources.

* *The causes of shortcomings*

- Lack of coordination of competent authorities in reporting cause of death statistics for deaths occur outside of hospital.
- Lack of guideline on ICD coding of causes of deaths from management agencies (who perform coding work, qualification, retraining, and monitoring and supervision work, coding advice for difficult-to-diagnose cases of death).
- The training on ICD coding has not been paid attention. In the universities or colleges, the training on ICD coding focuses on coding the diseases related to health insurance payment.
- MCCD has been applied in hospitals from year 2021.
- The application of IT in the management of each case of birth, death in community is still limited.

III. Priority issues in the next 5 years

1. To develop a database of births, deaths with full details on each case

2. Deploying use of form death notification and coding cause of deaths according WHO recommendations for all deaths in the community and health facilities including severe cases, the relative of dead asked to go home.
3. Completed vital information gathering records and forms and interviewing tools for collecting information and causes of deaths (verbal autopsy) in order to help gather information the dead cases out side of health facilities.
4. Capacity building for staff of the health facilities such as hospitals, clinics, and health centers communes / wards and village health workers. Engaging in collecting, aggregating data of births, deaths and causes of death on coding causes of deaths according to ICD 10. Determining causes of deaths and completing death notification following WHO recommendations in pre-service training programs at medical schools
5. Develop legal documents on the notification of death and causes of death in the health sector: person / unit responsible (medical units where dead cases happen; by the CHCs when deaths happen in the community); time to complete notification; provisions of monitoring on reporting and use of data.
6. Develop regulations on coordination in identifying and recording the cause of death between the health and Justice sector.
7. Strengthening international cooperation: exchanging experiences, using WHO's VA toolkit for deaths outside health facilities...

Hanoi, 08 November 2021