

# WHO assessment of CRVS quality for use in Global Health Estimates

Gretchen Stevens

UN EGM on completeness and quality of vital  
statistics from civil registration, Nov. 2016



**World Health  
Organization**

# WHO Global Health Estimates

([www.who.int/evidence/bod](http://www.who.int/evidence/bod))

## Life tables and all-cause mortality

Feb 2014    update for 1990-2012 (WPP2012, UN-IGME, VR data)  
Mar 2016    update for 1990-2015 (WPP2015, UN-IGME, VR data)

## Comprehensive estimates of deaths by cause

May 2014    Update for 2000-2012 (WHO, UN, GBD2010, VR data)  
Nov 2016    Update for 2000-2015 (WHO, UN, GBD2015, VR data)

## WHO estimates of YLD and DALYs

June 2014    2000-2012 (GBD2010, WHO)  
Dec 2016    Update for 2000-2015 (WHO, UN, GBD2015, VR data)

# WHO Global Health Estimates

([www.who.int/evidence/bod](http://www.who.int/evidence/bod))

Country/regional/global estimates for deaths by cause for years 2000 to 2015, drawing on:

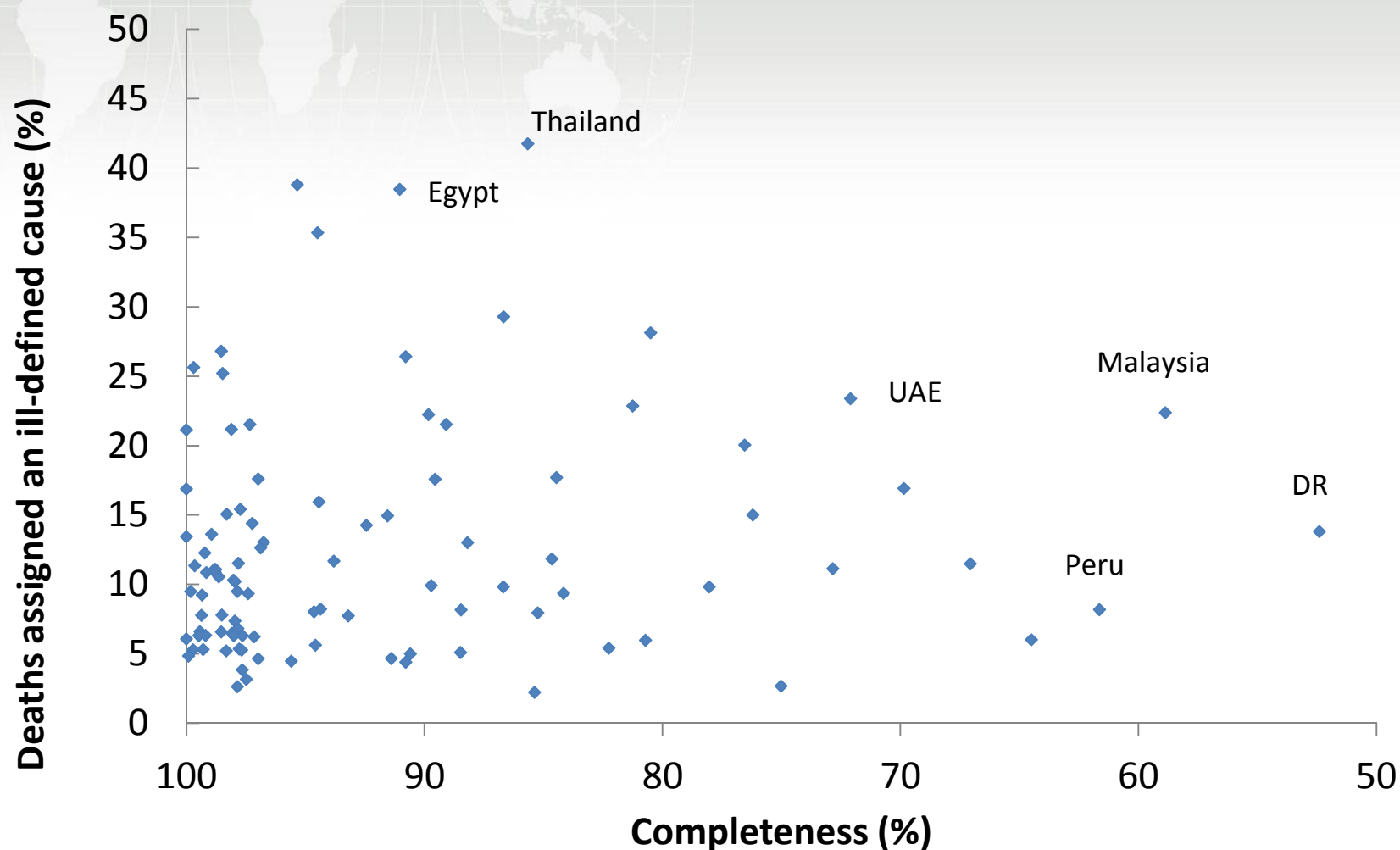
1. UN interagency envelopes (child mortality, all cause mortality)
2. WHO estimates for specific causes (child causes, HIV, TB, malaria, maternal, cancers, road injury, suicide, homicide etc) – increasing focus on SDG mortality indicators
3. Death registration data for other causes for countries with usable data
4. Use of GBD 2015 analyses for other causes for countries without useable VR data

# Inclusion criteria for death registration data

WHO analyzes data in the mortality database that fulfill the following criteria:

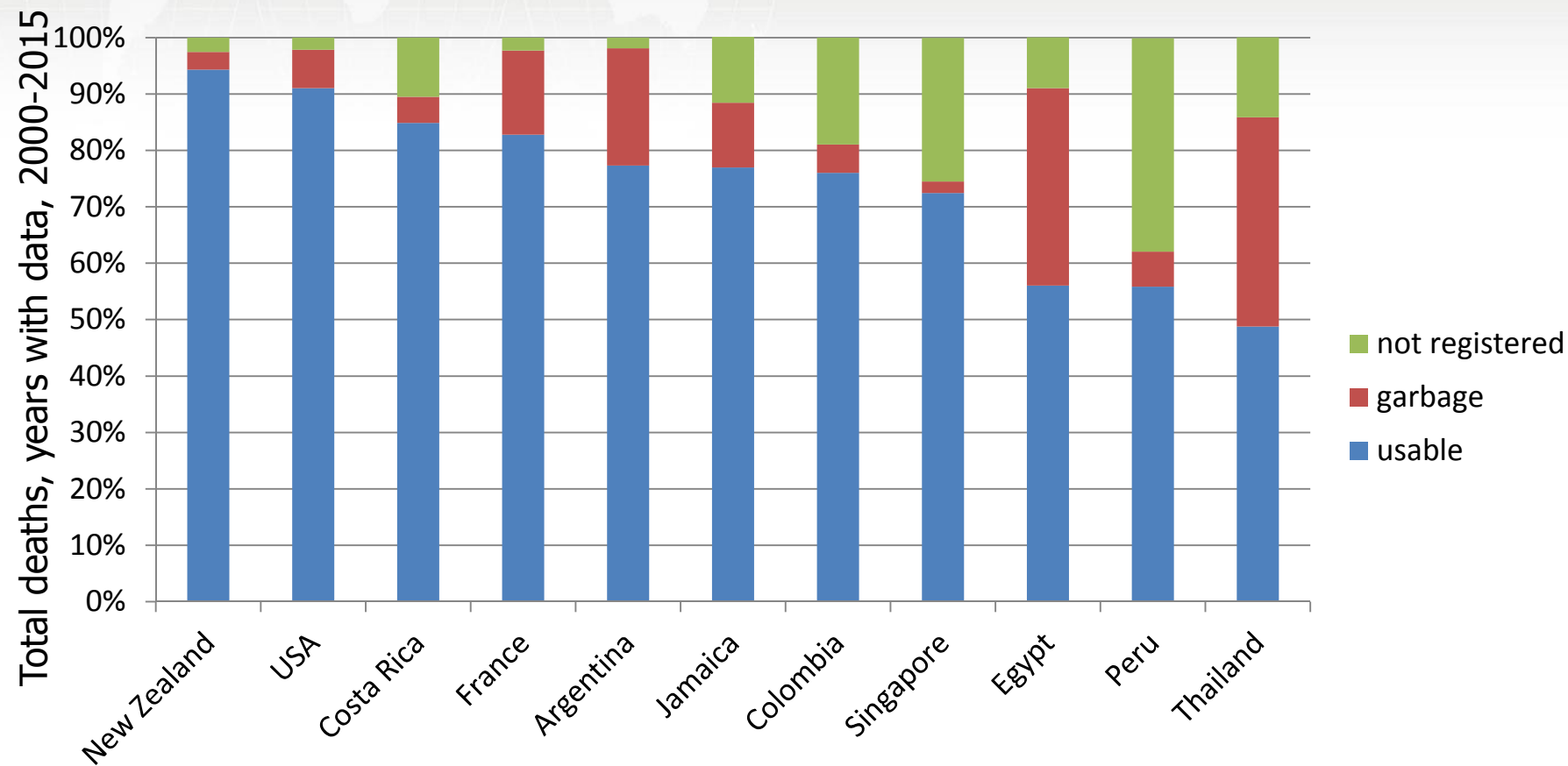
- Average usability during 2000-latest available is greater than 65%;

# Two main dimensions of quality



Source: WHO mortality database, average 2000-latest year

# Usability

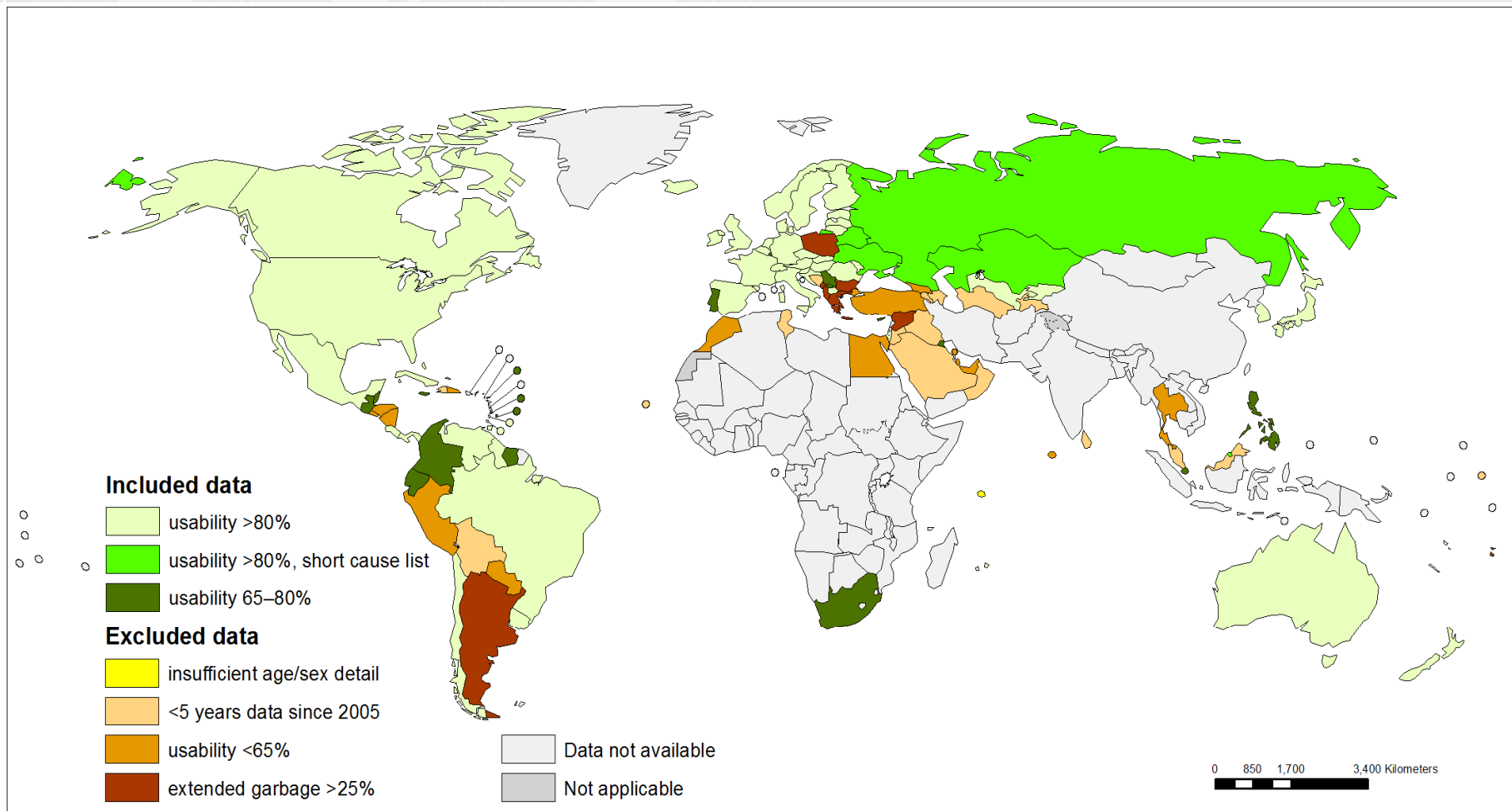


# Inclusion criteria for death registration data

WHO analyzes data in the mortality database that fulfill the following criteria:

- Average usability during 2000-latest available is greater than 65% (next slide);
- The data are available for 5-year age groups to ages 85 and over;
- At least five years of data are available during 2005-present;
- Average extended ill-defined proportion since 2005 is less than 25%.

# Death registration quality assessment, 2016



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization  
 Map Production: Information Evidence and Research (IER)  
 World Health Organization



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## In low-resource settings

**The newly-developed **Start-Up Mortality List** simplified standard list of causes of death (106 causes and 17 optional subcategories) will enable countries to start collecting info on causes of death.**

# A simplified approach

Causes of death

- **Created a Start-Up list of causes (SMoL)**

Training

- **Adapted existing training materials for doctors/certifiers**
- **Developed small training manual for clerical staff to input information**

Data capture platform

- **Integrated data entry interface into DHIS2 : all data in one place**