

THE PACIFIC VITAL STATISTICS ACTION PLAN

Brisbane Accord Group -

Presentation for the Asia-Pacific Regional Steering Group for CRVS

Pacific Vital Statistics Action Plan

- In place since 2011 updated on an ongoing basis (last major revision 1st qtr 2016)
- Coordinates the activities of the Brisbane Accord Group
- 12 agencies
- Formal agreement in place by partners (10 signatures)
- External reviews support this as an effective coordination mechanism.



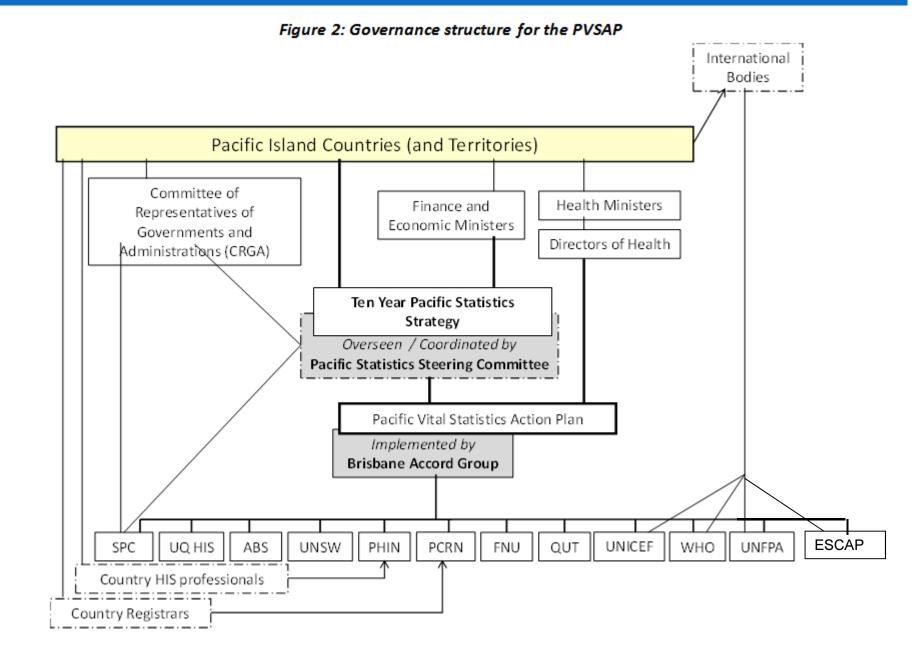


Figure 1: Steps in developing a national plan (as supported through the PVSAP)

Build support / conduct rapid assessment

Establish a national coordination committee

> Conduct a comprehensive assessment and prioritise key issues

Develop a national CRVS improvement strategy and ensure key stakeholder support

Implement plan and monitor progress

PVSAP Regional Priorities

- Support countries to complete national comprehensive assessments and plans
- Support regional best practice in legislation
- Governance and Accountability
- Encourage appropriate use of IT to support registration
- Develop a sustainable regional capacity in certification training
- Develop regional coding capacity
- Encourage countries to ensure national CRVS systems are adequately resourced
- A greater emphasis on data analysis and accessibility, and subsequently use of data for policy and planning
- Platforms for data dissemination at both national and regional levels
- Support registry practices for good data management and appropriate data sharing

PVSAP Regional Activities

Issue	Activities	Currently Funded (Y/N)
Continue to build political support for CRVS in the Pacific Islands through appropriate forums.	Provide appropriate updates and information to key regional forums such as the Pacific Heads of Health (HoH) meetings, Pacific Ministers of Health (PMH) meeting, Heads of Planning and Statistics (HOPS), and others as appropriate	Yes
	Encourage all Pacific countries to set and report against targets in the RAF.	NA
Support all countries to have up to date and documented assessments and priorities	assessments in the Pacific	Routine - can possibly be absorbed by existing resources
	Provide an update of Country assessment and plan progress for PSSC	Yes
	Encourage countries to review and publish national plans, and provide	(Routine –
	individual support as appropriate (see country group pages)	additional funding requested)
Support national planning and investment strategy	Develop and publish example report templates	(Routine – additional funding requested)
development	Publish completed national reports (with country permission) to the Pacific-CRVS website to provide best practice examples	Yes
	Document the Solomon Islands Investment Plan process as a "case study" in how these can be done	No

lssue	Activities	Currently
		Funded (Y/N)
Improve measures of completeness	Participate in international development of methods (especially record	Yes
and coverage for births and deaths	linkage) regarding assessing completeness	
in the Pacific	Identify opportunities to apply record linkage analysis to assessing birth	No – funding
	and death registration completeness both retrospectively against the	required
	previous census and proactively with the upcoming census round.	
	Investigate opportunities for mapping health and registry access points	No – funding
	under Pop-GIS.	required
Ensure all countries have	Update and polish the legislation best practice guidelines (currently	Routine - can
legislation that supports modern,	published as a "working document")	possibly be
efficient and effective CRVS		absorbed by
systems		existing resources
	Identify high priority countries for legislative review support based on	No – funding
	national CRVS plans and assessments, and support both an assessment	required
	against the best practice guidelines and drafting of new legislation as	
	required (see Country pages)	
Support the development and roll	Formally publish the IT guidelines	Routine - can
out of IT systems that meet		possibly be
minimum functionality standards		absorbed by
		existing resources
	Encourage the use of IT guidelines by countries designing or planning	No – funding
	system upgrades	required
	Work with selected countries to assess their current IT against regional	No – funding
	best practice and document options for improvement (see Country pages)	required
	Investigate options and seek funding for a regional development of IT	Funded through
	systems involving relevant countries (see country pages)	World Bank
Registry Practices	Work with selected countries to formally document registry practices and	No – funding
	publish these as examples for other countries.	required

Issue		Activities	Currently Funded
			(Y/N)
Community Engagement			No – funding required
		Support media distribution of key CRVS messages	No – funding required
Data Sharing within Nationa Systems International Data Sharing	Seek and make available on the website examples of best practice for MoUs re data sharing	Routine - can possibly be absorbed by existing resources	
		Ensure provisions for data sharing incorporated into Best practice legislation guidelines	Routine - can possibly be absorbed by existing resources
		Trial data sharing arrangements between selected countries – Pilot project.	NZ supporting some
		Work with 1-2 countries to develop a trial policy on tracking medical referrals and outcomes for vital statistics data.	No – funding required
Cause of Death Data	Certification	Provide training on certification as part of the newly established Pacific medical internship program	Routine - can possibly be absorbed by existing resources
		Encourage access to/ use of on-line and available training resources for certification	Routine - can possibly be absorbed by existing resources
		Investigate the options of accrediting medical certification training for CME under POHLN	No – funding required
		Publish the study on doctors attitudes to certification in FSM	Yes
		Review options for expanding the study on doctors attitudes to certification.	No – funding required
		Develop and deliver regional training in medical certification?? (linking practice and community engagement)	No – funding required
		Work with Medical Associations to incorporate medical certification into ongoing programs for CME.	Routine - can possibly be absorbed by existing resources
		Work with SPC Gender and broader Asia Pacific Partnership to identify if there is an opportunity for training on certification and referral practices	

lssue		Activities	Currently Funded (Y/N)
Cause of Verbal A Death Data	Verbal Autopsy	Document and publish potential issues with current questionnaires from physician review in FSM Publish guidance notes for Pacific countries considering VA and support trial	Yes No – funding required
	Coding	VA process in one country to test these. Work with smaller countries to establish MoUs to support periodic out of country coding (or quality checks)	Routine - can possibly be absorbed by existing resources
		Provide follow up support to countries who have started using IRIS for coding mortality data	No – funding required
Analysis and Reporting		Move forward with proposal to support a regional coding centre/ solution. Update training materials and standard report template to ensure these cover new SDG requirements and publish on website	No – funding required Routine - can possibly be absorbed by
		Assist countries that have already participated in a DARW course to complete their publications (see country pages)	existing resources Routine - can possibly be absorbed by existing resources
		Conduct a DARW course (including preparation and follow up) for countries with poor quality/ incomplete data – Samoa, Vanuatu, Solomon Islands, Kiribati, Tuvalu (and possibly PNG)	Funded through BAG partners
		Conduct a second round DARW for countries due to undertake a second report or update the initial one (Niue, Cook Islands, Nauru, Fiji, Tonga, Am. Samoa)	No – funding required
		Update and formalise teaching materials for publication	Routine - can possibly be absorbed by existing resources – but additional resources would assist
		Investigate use of POHLN for development of data preparation/ cleaning course	No – funding required
		Develop an on-line training module (or source appropriate materials) for	Routine - can possibly

	Activities	Currently Euroded
lssue		Currently Funded
		(Y/N)
Analysis and Reporting		Yes
	available.	
	Investigate attachments for specific projects on analysis – where possible	
	work through programs such as DDM	
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	work through programs such as DDM	
Best Practice Dissemination/	Continue to update the Pacific-CRVS website as a platform to publish CRVS	Yes
Building regional capacity	related reports and guidelines	
	Improve linkages between the Pacific-CRVS website and the ESCAP CRVS	Routine - can possibly
	site.	be absorbed by
		existing resources
	Document "Best Practice" Examples from the Pacific and publish these on	Routine - additional
	the web	resources would be
		useful
	Support the engagement of regional networks (PCRN, PHIN and PSSC) with	Routine – additional
	the PVSAP	resources would be
		useful
Linking CRVS to regional	Continue to ensure Pacific issues and concerns are represented in regional	Yes
Development Frameworks	forums such as the Regional Steering Group for CRVS	
-		Yes
	(for SDGs), and the Healthy Islands Framework.	
Encourage appropriate links		No – funding required
with Identity management	guidelines that supports ID systems and population registers as possible.	- .
systems and Population		Routine - can possibly
Registers		be absorbed by
		existing resources
Support development of	Document potential role of CRVS in emergencies – Support PCRN work	
CRVS systems to support	program in this area.	
emergency/ disaster		
response		
10000100		

lssue	Activities	Currently Funded
		(Y/N)
Sustainability of support	Engage with Donors as appropriate to keep them appraised of BAG work	Routine - can possibly
		be absorbed by
		existing resources
	Provide a joint briefing for DFAT (and other interested donors)	Routine - can possibly
		be absorbed by
		existing resources
	Continue to seek additional funding through regional and global programs as	Routine - can possibly
	opportunities arise.	be absorbed by
		existing resources
	Document "Best Practice" Examples from the Pacific and publish these on	Routine - additional
	the web (as above) under the BAG banner for visibility	resources would be
		useful

- **PLUS** Activity plans
 - By Subregion, according to specific needs
 - By Country, according to nationally identified priorities and negotiated requests

Key Highlights

- Best practice guidelines and system support- IT and Legislation
- Data analysis and reporting writing
 - Data support
 - Capacity building and training
 - Assistance to publish
 - Hosting and dissemination
 - Use of data for research and policy
- Registry practices and outreach
 - Country to country TA
- Data sharing trials/ Data linkage
- Growing opportunities: Linkage with sectors such as education

Improving through experience – operational research

- Some of the topics and experiences that BAG partners have identified as being important to document include:
 - The use of system mapping to assess CRVS systems in the Pacific
 - Linking CRVS and Education Data (ie Tonga and Vanuatu)
 - Experiences linking CRVS to National Development Strategies
 - The potential uses of automated coding systems in the Pacific
 - Challenges in community engagement for CRVS
 - Fiji experiences in improving cause of death data through certification training, coding and quality audits.
 - Links between poverty and access to registration

Many of the topics presented by countries at the regional CRVS meeting in Feb 2016 were noted as potential short papers or case studies

Research/ Study	Current/ planned	Institution(s)
Causes of death in Fiji (historical data)	Current	UNSW
Hospital Causes of death in Samoa	Current	UNSW
NCD mortality baselines in the Pacific	Current	SPC and UNSW
Fertility trends in the Pacific	Current	SPC and UNSW
Measuring country baselines for the RAF	Current	SPC and UNSW
Infant and child mortality in the Pacific	Current – Draft paper under development	SPC and UNSW
Doctors attitudes to reporting cause of death	Planned	SPC and UQ
Doctors attitudes to COD reporting and VA in FSM	Fieldwork complete- currently being written up	Cleveland clinic Foundation (with FSM/ SPC)
Improvements in coding and subsequent data for planning – based on the Fiji trials (and possibly also Sols) / The role of IRIS in improving coding efficiency in the Pacific Islands.	Planned	UQ, ABS and QUT – FIJI
 Cross sectional mortality for selected causes in the Pacific – such as: Maternal mortality Suicides and Violence Accidents and Injury etc 	Planned & Underway	SPC and university partners (students) With UWS.
Mortality in high risk populations – ex-prisoners	Planned (approvals underway)	Griffith University with SPC
Impact of varying the open ended age group for life tables on estimates for the Pacific	Planned (as time permits)	SPC (and other interested partners)
Capture-recapture analysis of births and deaths from routine registration data against the 2016 census round	Planned (following the 2016 census round for countries of interest)	SPC with partners
Attitudes towards reporting deaths from violence amongst doctors and a review of laws related to reporting.	Pending support	SPC – partners needed.
Legislation in the Pacific – Cross sectional analysis against the "best	Completed. Some revisions	SPC, WHO

Key Gaps

- Coding and medical records support
- Certification training and support
- Time to write up lessons learned/ best practices
- Resources to fund operational research needs and to translate research outcomes into practice
- Funding support for research
- Ability to support broader community based outreach and media in selected countries.
- Funding to support more country led exchanges and internships

Ongoing challenges

- Resources
- Country capacity to absorb and integrate TA
- Political engagement for cross-sectoral support for CRVS at the national level.
- Integration of CRVS into national statistics strategies and development plans
- Partner coordination especially as more agencies move into the area.