

# **MYANMAR** CRVS country overview

As part of the CRVS D4H Initiative, Myanmar aims to increase the registration of deaths, improve the quality of cause of death data, and enhance understanding of the importance of civil registration. Combined, these activities will help to produce high-quality evidence for policy and planning.

# The Challenge

Myanmar has made great progress in strengthening **civil registration and vital statistics** (CRVS). In order to maximise the impact of CRVS on improved population health and the prevention of premature death and disability, the government requires **accurate, reliable, timely, and complete information** on birth and death registration, including data on cause of death (COD).

Currently, the government estimates that death registration is 60% complete and that approximately 75% of registered deaths have usable COD information.

Given this, Myanmar aims to increase the registration of deaths; improve the quality of cause of death data; and enhance general understanding of the importance of civil registration. Overall, **these activities will help produce high-quality information to inform policy and planning.** 

# Our Approach

As part of the Bloomberg Philanthropies Data for Health Initiative and in close collaboration with the country, **five interventions** have been developed to improve CRVS information collection processes.

They are centered around the important roles played by rural midwives in the collection of birth and death data from communities. Initially, the focus will be on Magaway and Mon States, and the Sagaing Region.



#### **INTERVENTION 1**

#### Strengthen the collection of birth and death data

Standard data collection forms and data transfer and management processes will be developed and implemented to strengthen the birth and death reporting system. This will be done in collaboration with key stakeholders in three selected areas.

This intervention will **reduce the burden of data collection** on health staff, minimize duplication and reporting errors, and ensure that **timely, reliable and accurate information** is available to key stakeholders.



#### **INTERVENTION 2**

#### Implement verbal autopsy for non-facility deaths

When people die at home or in areas without doctors, it is difficult to know what they died from. However, **cause of death information is critical** for governments to know for effective policy, planning and resource allocation.

Verbal autopsies are based on interviews about the signs and symptoms of someone before they died. In Myanmar, health system staff, such as midwives, will conduct verbal autopsies using a hand-held tablet. This information will then be used to determine the probable underlying cause of death for such cases.

### **INTERVENTION 3**

#### Improve the quality of medical certification of cause of death

Certification is the process doctors use to determine the **underlying cause of death.** Improved certification practices will **ensure that decision-makers have more accurate information** on what people are dying from. This is important for understanding public health priorities and providing clinical care.

Methods to **improve certification of cause of death** will be taught through a series of workshops and trainings of doctors and medical students, and will be integrated into the medical curriculum.



#### **INTERVENTION 4**

#### Strengthen mortality coding

Mortality coding is the process by which the underlying cause of death is selected from a sequence of diseases experienced by the deceased. This information is important for **analysing trends in mortality** for the people of Myanmar.

Data entry and analysis staff from MOHS and CSO will be trained in ICD-10 mortality coding, which will improve the quality of mortality statistics in Myanmar.

#### **INTERVENTION 5**

#### Enhance CRVS workforce capacity through training courses

Improving **national capacity, skills and knowledge** in CRVS is very important. Capacity development is needed to ensure high-quality registration of births and deaths. Capacity is also needed in ensuring that data are properly **compiled, checked, analysed** and transformed into usable vital statistics for policy and planning.

This intervention consists of trainings of key public health staff from Ministry of Health and Sport (MOHS), and the Central Statistics Office (CSO).

For more information on the CRVS D4H Initiative in Myanmar, contact Khin Sandar Bo, Data for Health Country Coordinator (**sbo@dataforhealth.org**), Professor Alan Lopez, University of Melbourne Technical Lead (**alan.lopez@unimelb.edu.au**), or Andres Montes, Vital Strategies Senior Project Officer (**amontes@vitalstrategies.org**).

# For more information, contact: E: CRVS-info@unimelb.edu.au W: mspgh.unimelb.edu.au/dataforhealth

CRICOS Provider Code: 00116K Version: 1016-02







Helping CDC Do More, Faster