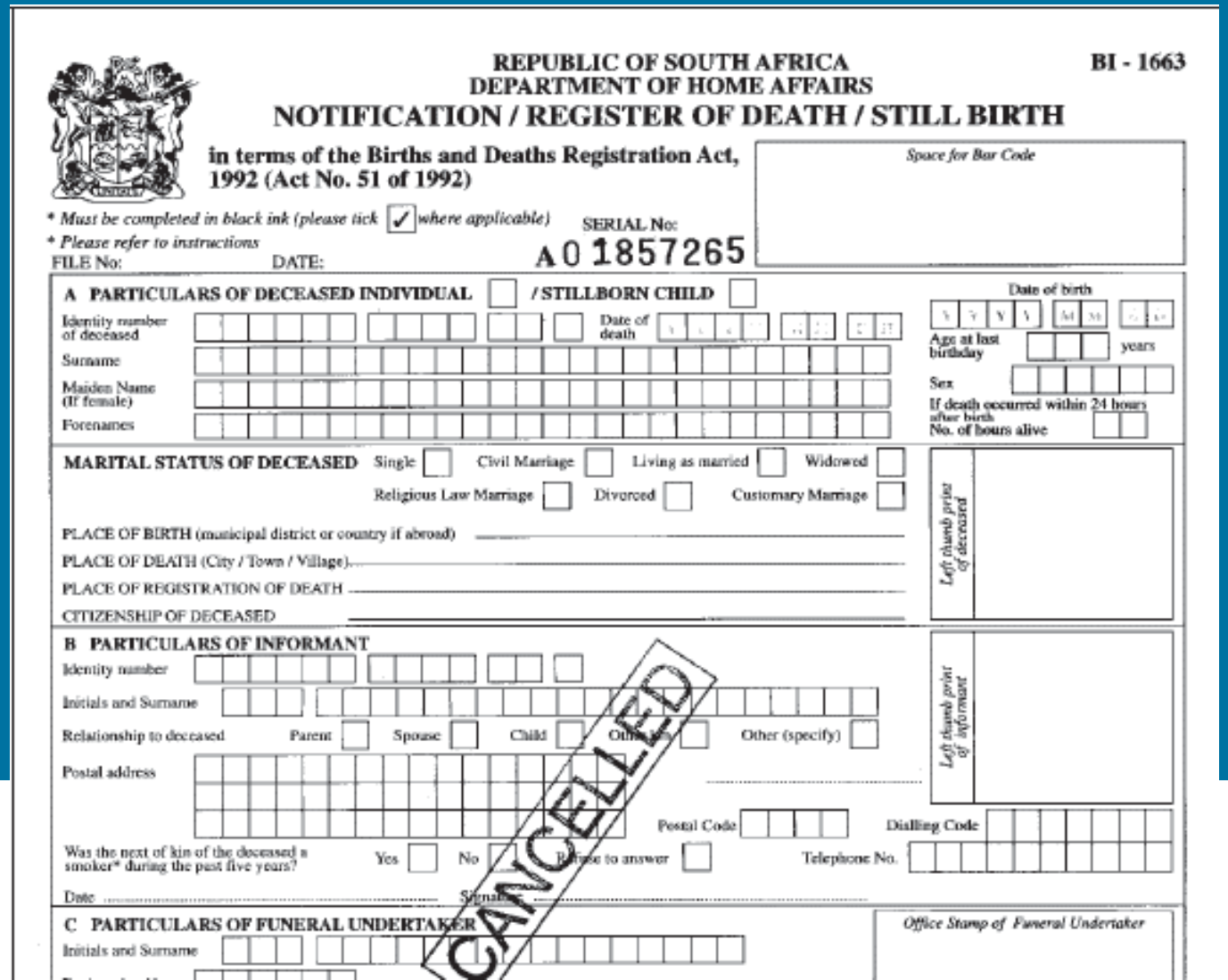
THE VITAL NEED FOR DEATH REGISTRATION – *LESSONS FROM SOUTH AFRICA*

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SAMRC BURDEN OF DISEASE RESEARCH UNIT

21ST INTERNATIONAL AIDS 2016 CONFERENCE, DURBAN
18-22 JULY 2016

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CIVIL REGISTRATION AND VITAL STATISTICS IN SOUTH AFRICA



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

BI - 1663

NOTIFICATION / REGISTER OF DEATH / STILL BIRTH

in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)

Space for Bar Code

* *Must be completed in black ink (please tick ✓ where applicable)*
* *Please refer to instructions*

SERIAL No: A0 1857265

FILE No: DATE:

A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD

Identity number of deceased
Date of death
Date of birth
Surname
Maiden Name (If female)
Forenames
Age at last birthday years
Sex
If death occurred within 24 hours after birth No. of hours alive

MARITAL STATUS OF DECEASED Single Civil Marriage Living as married Widowed Religious Law Marriage Divorced Customary Marriage

Left thumb print of deceased

PLACE OF BIRTH (municipal district or country if abroad)
PLACE OF DEATH (City / Town / Village)
PLACE OF REGISTRATION OF DEATH
CITIZENSHIP OF DECEASED

B PARTICULARS OF INFORMANT

Left thumb print of informant

Identity number
Initials and Surname
Relationship to deceased Parent Spouse Child Other (specify)
Postal address
Postal Code Dialling Code
Was the next of kin of the deceased a smoker* during the past five years? Yes No Refuse to answer Telephone No.
Date Signature

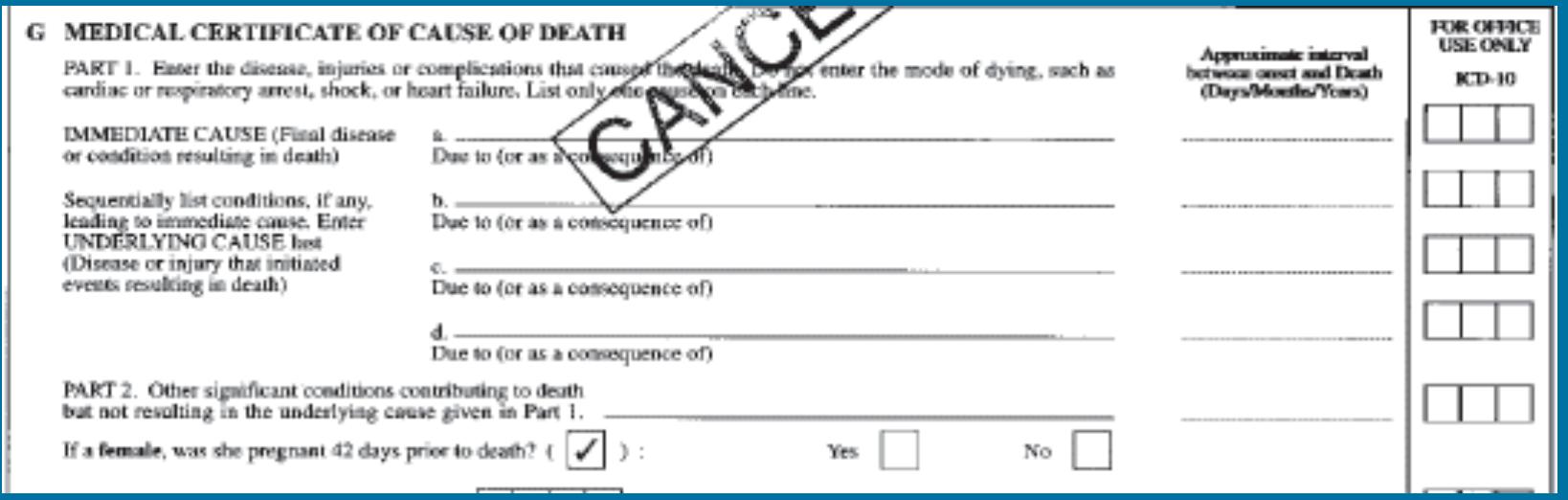
CANCELLED

C PARTICULARS OF FUNERAL UNDERTAKER

Office Stamp of Funeral Undertaker

Initials and Surname

CIVIL REGISTRATION AND VITAL STATISTICS IN SOUTH AFRICA



G MEDICAL CERTIFICATE OF CAUSE OF DEATH

PART 1. Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Approximate interval between onset and Death (Days/Months/Years)

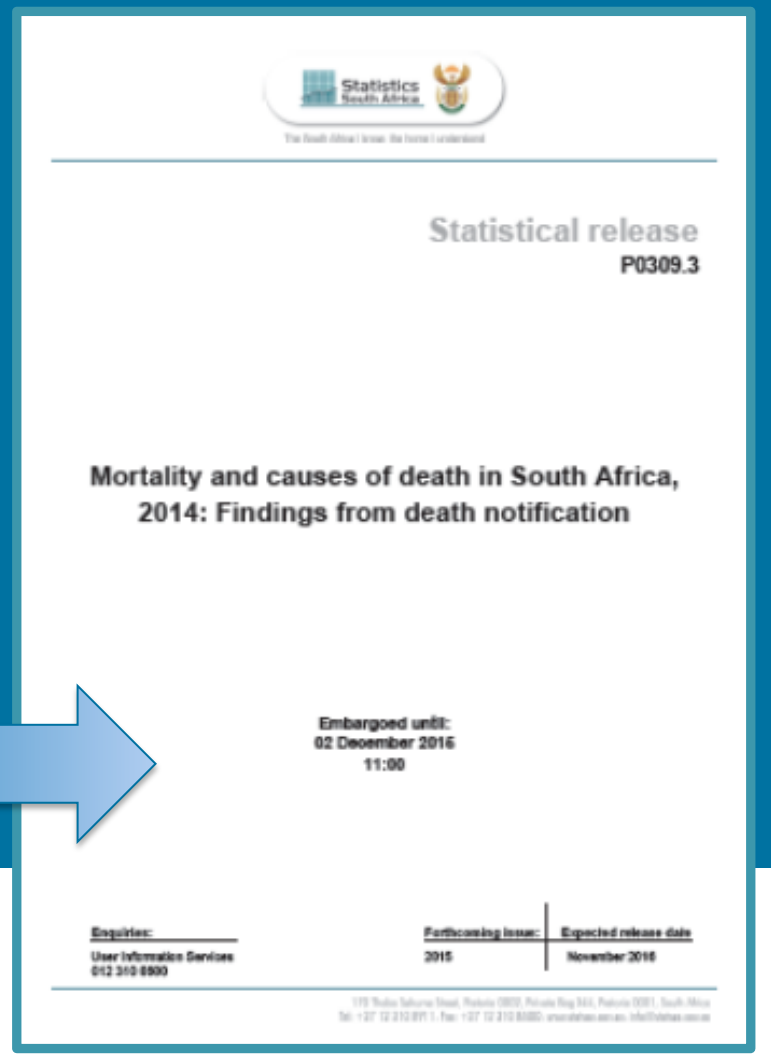
FOR OFFICE USE ONLY
ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. _____ Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)
b. _____ Due to (or as a consequence of)
c. _____ Due to (or as a consequence of)
d. _____ Due to (or as a consequence of)

PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. _____

If a female, was she pregnant 42 days prior to death? (✓) : Yes ☐ No ☐



Statistics South Africa

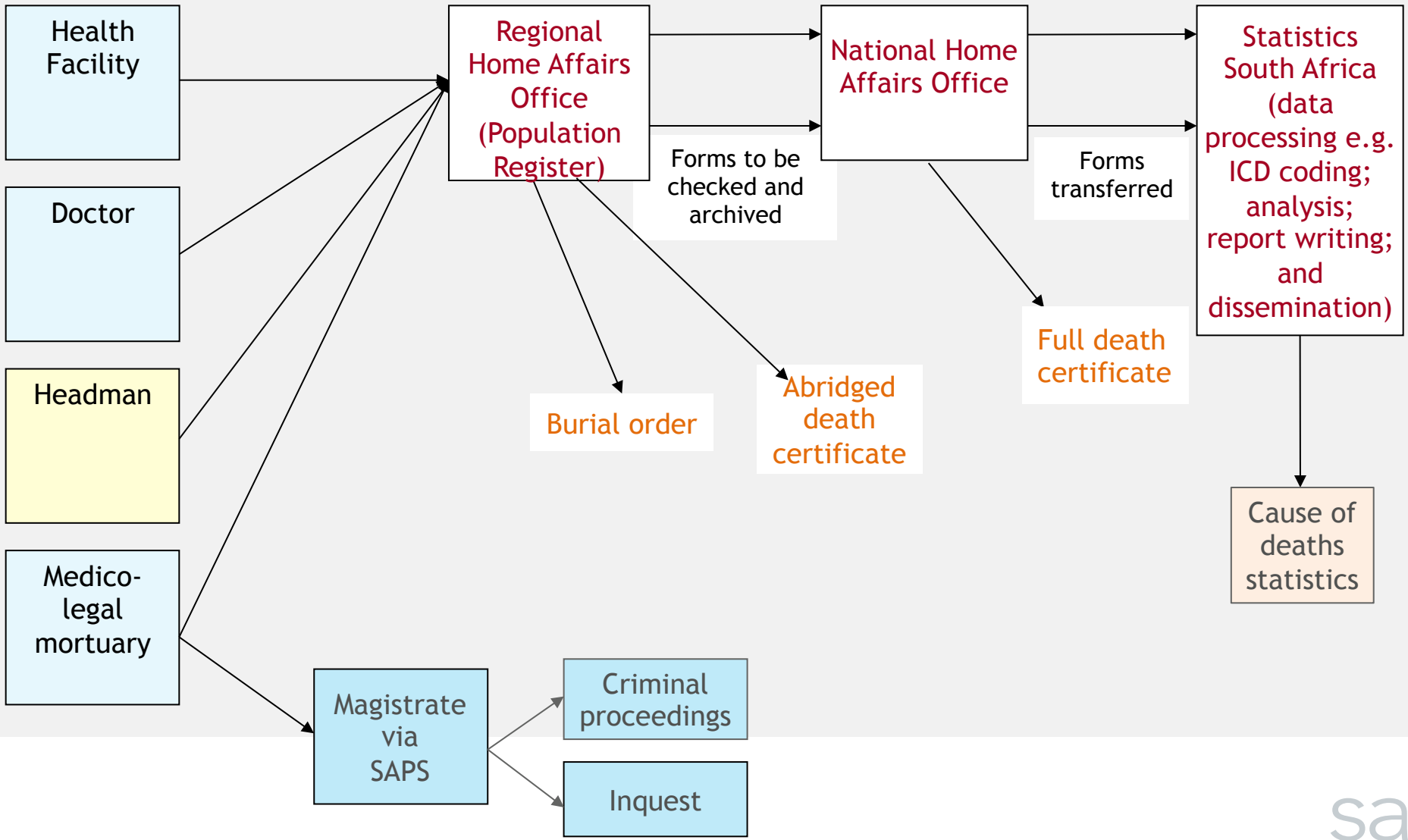
Statistical release
P0309.3

Mortality and causes of death in South Africa, 2014: Findings from death notification

Embargoed until:
02 December 2016
11:00

Enquiries:	Forthcoming issue:	Expected release date
User Information Services 012 310 8600	2015	November 2016

CIVIL REGISTRATION AND VITAL STATISTICS



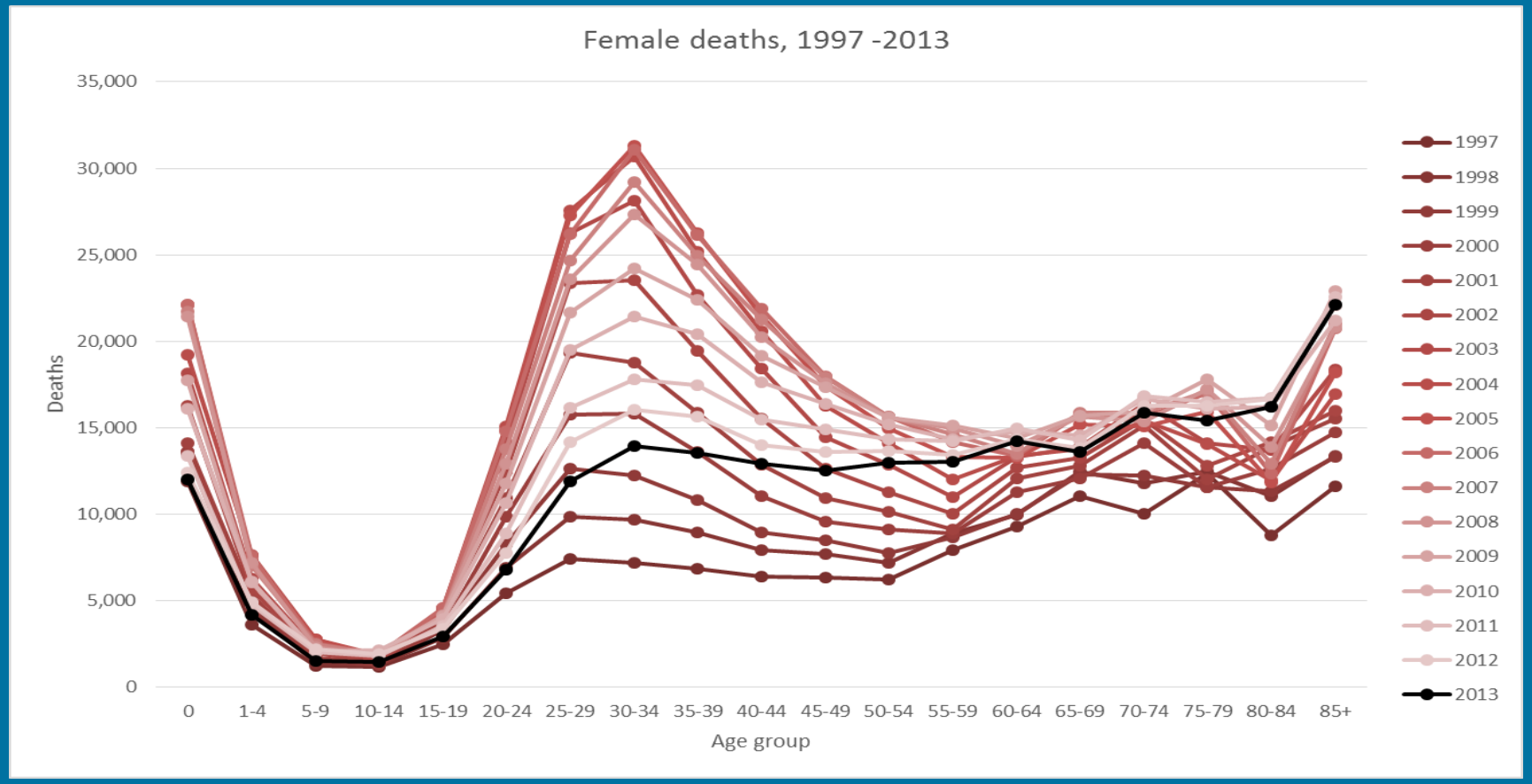
CONCERTED NATIONAL EFFORT

- ***Completeness*** of registration has improved - now more than 90% of deaths are registered
- ***Statistical reports*** *on cause of death* routinely produced within 12 mths
- *Manner of death* is missing on DNF and limits info about injuries
- ***Quality of medical certification needs to be improved***
  - Ill-defined causes and garbage codes (eg cancer with unspecified site) account for about 30% of deaths
- ***Extensive mis-classification of causes -*** particularly HIV/AIDS

Sources: Bradshaw et al, SAMJ 1998; Bradshaw et al, BODRU Technical Report 2010; Pillay-van Wyk et al, SAMJ 2011; Joubert et al, PlosONE 2013, Burger et al, SAMJ 2015

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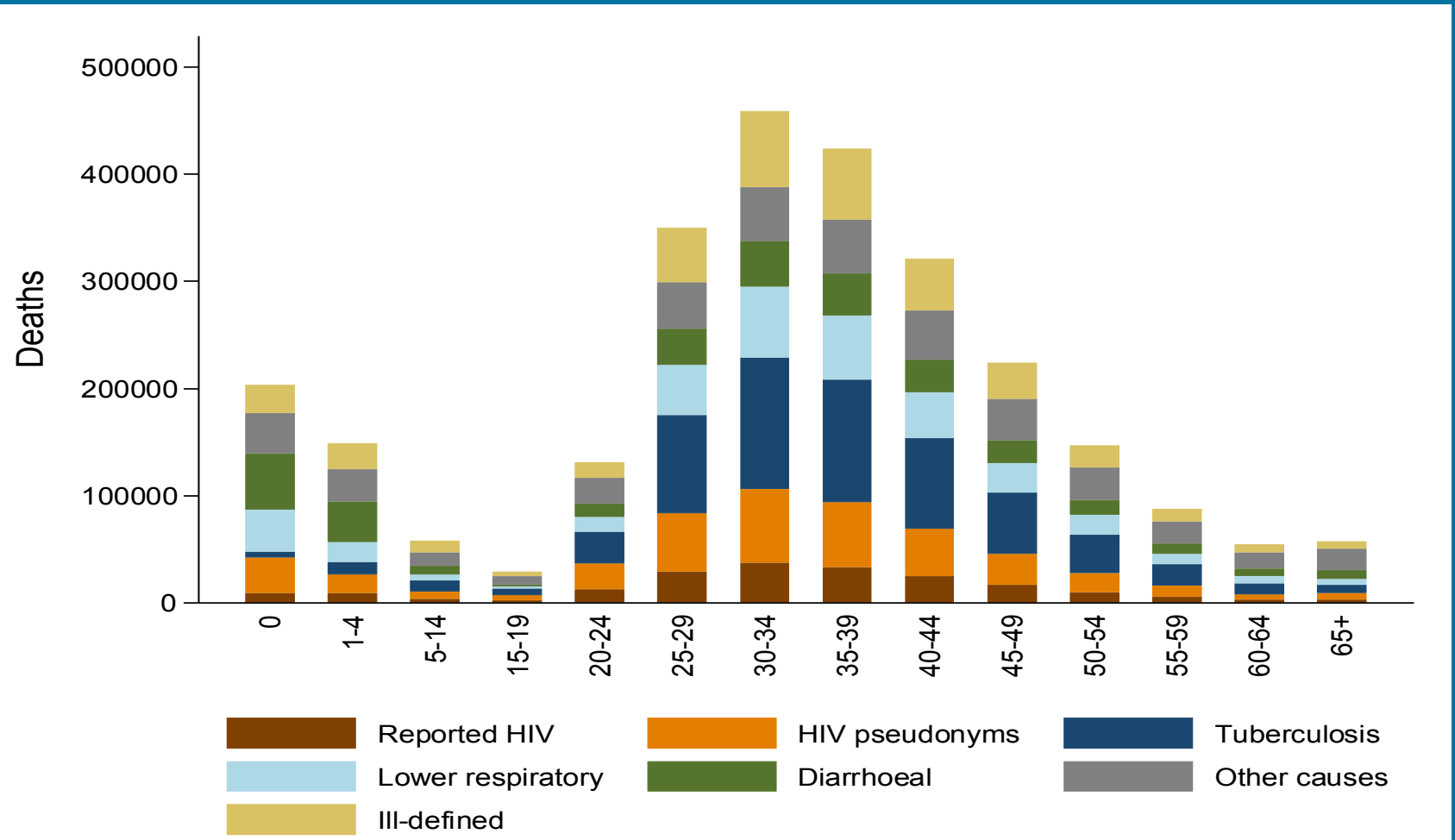
NUMBER OF FEMALE DEATHS BY AGE SOUTH AFRICA



- All cause deaths increased year on year until 2005/6 with distinct age pattern of AIDS, followed by annual decreases consistent with ARVs
- ***HIV flat-lined at 2% of reported deaths until 2007, and then increased to 5% in 2014***

Source: Own analysis of Stats SA data

2ND NATIONAL BURDEN OF DISEASE ESTIMATES OF AIDS DEATHS, 1997- 2010 (N=2,812,000)



We estimate that 93% of AIDS deaths are mis-attributed to HIV pseudonyms or causes such as pneumonia, TB or ill-defined

Source: Bradshaw et al, AIDS 2015; Pillay-van Wyk et al, BODRU Tech Report 2015

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TRACKING NUMBERS OF DEATHS FROM AIDS

- Despite considerable improvement in CRVS - South Africa remains ***unable to track the number of AIDS deaths reliably***
- Country is currently limited to
  - monitoring trends in numbers of deaths by age and sex, without cause of death information
  - estimates of mis-classified AIDS using burden of disease approach
  - estimates of mis-classified AIDS deaths based on validation studies
  - localised studies

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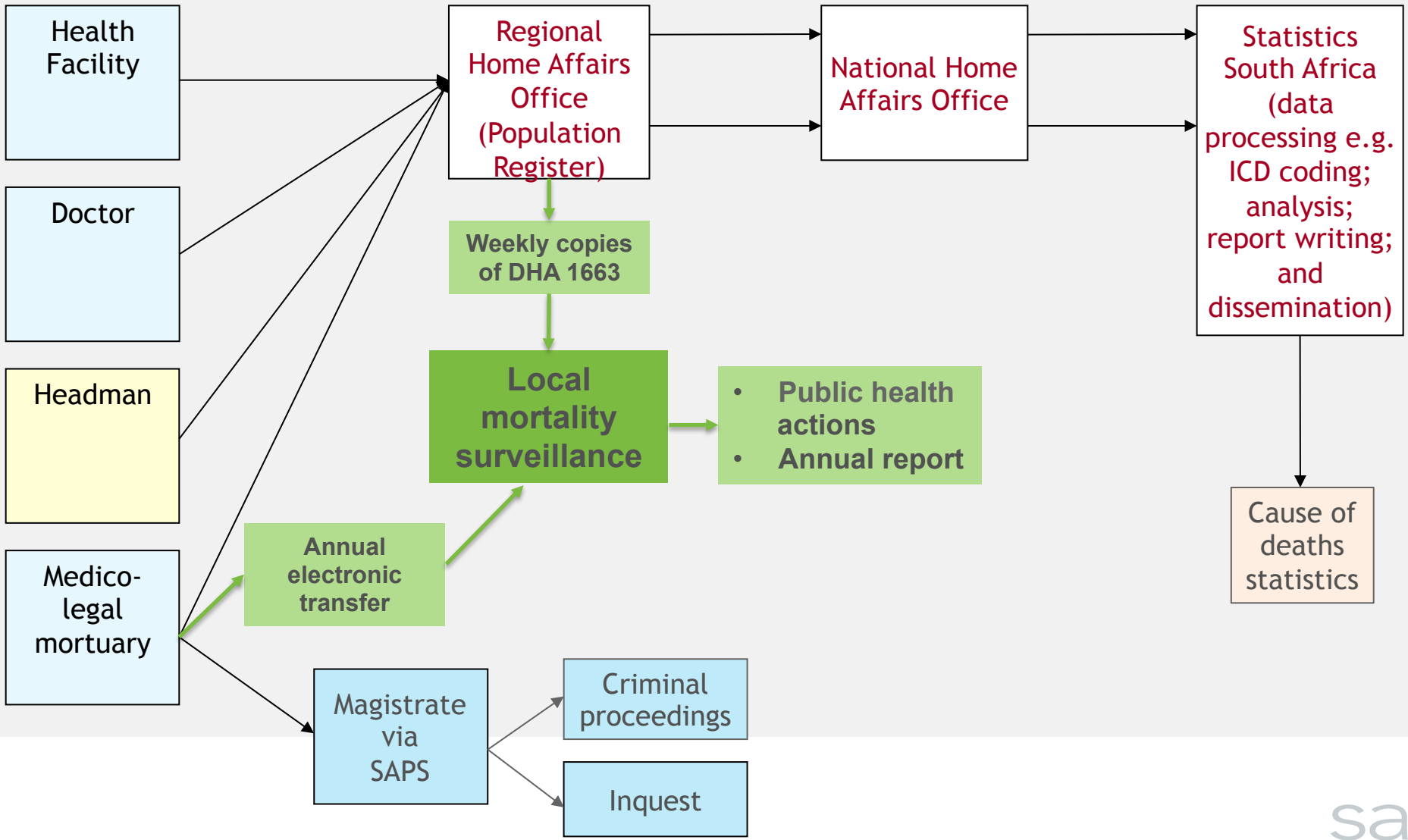
STRENGTHENING MORTALITY SURVEILLANCE – *WESTERN CAPE EXPERIENCE*

- Partnership between Department of Health, Local Government and SAMRC with co-operation of Department of Home Affairs
- Extended the City of Cape Town mortality surveillance system
- Developed a web-based data capture system with automated coding of cause of death
- Geographic information coded with local insight
- Doctors trained in medical certification
- Statistical reports oriented to health planning

Source: Bradshaw et al, WHO Bulletin 2006; Groenewald and Pieterse, SAMJ 2007; Groenewald et al, WHO Bulletin 2010 Western Cape Mortality Surveillance Reports 2008-2014

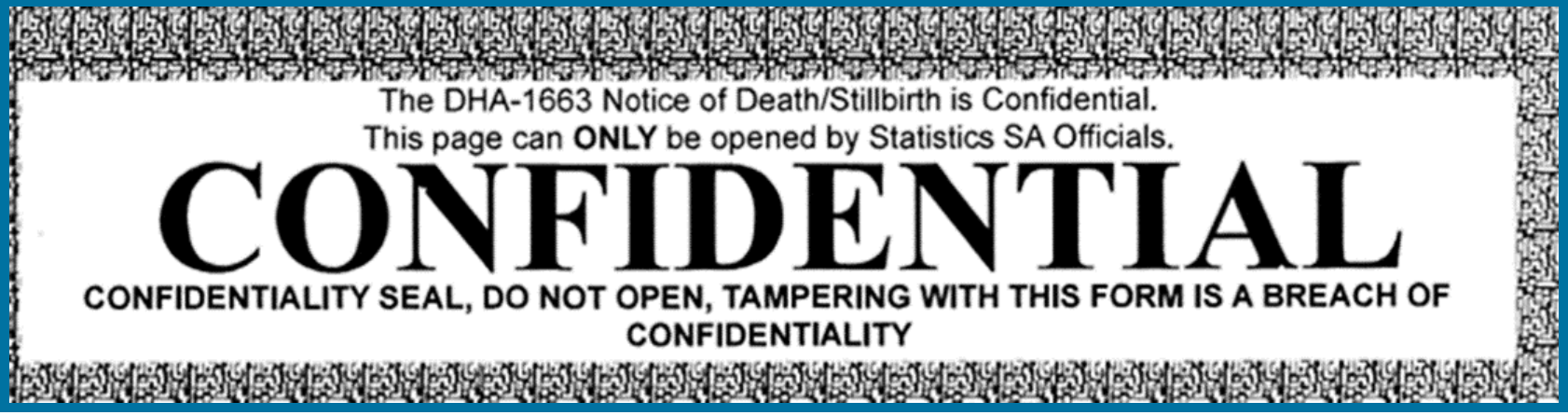
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CIVIL REGISTRATION AND VITAL STATISTICS



WESTERN CAPE LOCAL MORTALITY SURVEILLANCE

- Information has been used for public health actions – eg rapid monitoring diarrhea deaths in children
- Identified information used by DOH to assess health service performance including services for HIV and AIDS
- **March 2014** - Death Notification Form amended to provide a single self sealing page for cause of death section - to improve confidentiality



Source: Groenewald et al, SAMJ 2015

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CONCLUSION

- Given extent of the HIV epidemic and the investment in treatment and prevention programmes, a "***game changer***" is urgently needed to enable the country to track numbers of AIDS deaths directly

- *Experience from Western Cape highlights the need for Department of Health and local government engagement so mortality surveillance can be oriented to public health action - including tracking the number of AIDS deaths*