

Bangladesh



The Challenge

The Bangladesh government views civil registration and vital statistics (CRVS) as the foundation of rights, protections, entitlements and services from cradle to grave. To fully attain this vision, the registration of births and deaths must be universal. In addition, cause-of-death data needs to be high-quality and complete. Yet when the Bloomberg Philanthropies Data for Health Initiative began supporting government in 2015, completeness and coverage, including data on causes of death, remained extremely low.

The Approach

We are guided by principles of country ownership and leadership, and a commitment to capacity building and sustainability.

Impact

Led by government and its priorities for CRVS improvement, the Bloomberg Philanthropies Data for Health Initiative supported Vital Strategies and University of Melbourne to provide technical assistance in several aspects of CRVS.

CRVS Governance and Coordination: In 2016, the Government of Bangladesh established the Office of the Registrar General (ORG) as the civil registry authority for birth and death in the country. To address low registration, the ORG and the Ministry of Health and Family Welfare, under the leadership of the CRVS Secretariat at the Cabinet Division, began to enforce an existing mandate for frontline medical workers to assist with the civil registration of births and deaths. Now, frontline medical workers help families register vital events in a way that requires minimal effort on the family's behalf and places the responsibility for the registration of births and deaths in the hands of government authorities. This approach, called **the Kaliganj model was adopted for national scale.**

Counting Every Birth and Death: The implementation of the Kaliganj model resulted in an **increase in birth and death registration from 50% to 83% and from less than 10% to 90%**, respectively, in just a few years. To date, government has replicated it in at least one sub-district in each division of Bangladesh.

Better Facility Cause of Death Data: Prior to the involvement of the Data for Health Initiative, hospitals in Bangladesh were using a medical certificate of cause of death that did not conform to WHO standards, preventing the country from compiling high-quality cause of death information from hospitals.

The Ministry of Health and Family Welfare developed a new certificate which meets WHO standards allowing the collection of high-quality cause of death information. The new form was tested in multiple medical colleges and lower-level hospitals. Approximately

550 master trainers have trained 12,500 doctors and other relevant staff. Following the successful application at initial scale, the government of Bangladesh has rolled out use of the new form, trained doctors, and implemented mortality coding in 89 hospitals. The government intends to bring the form to all district level hospitals by 2021. For the first time, Bangladesh has over 130,000 coded medical certificates of cause of death that can be analyzed for policy and planning.

Understanding Community Mortality: With approximately 80% of deaths in Bangladesh occurring outside of hospitals with no doctor in attendance, it is of critical importance to learn as much as possible about the likely causes of these deaths.

The Data for Health Initiative supported the Ministry of Health and Family Welfare to implement and scale the application of verbal autopsy—a method that can be used to determine the most probable cause of death based on information obtained from a caregiver of the deceased. More than 28,500 verbal autopsies have been collected, **giving the government access for the first time to cause-of-death data for communities collected as part of routine CRVS activities.** Through a USD \$1.2 million investment by the government to support the improvement in the quality of facility and community death data, further rollout of verbal autopsy is planned. In addition, the Initiative is supporting the government to undertake data quality control and analysis, and to analyze and use verbal autopsy in vital statistics.

Ongoing Work

CRVS Governance and Coordination

In addition to the successes described above, the government continues to strengthen the Office of the Registrar General to take on its leadership role in civil registration in Bangladesh. In time, responsibilities will be transferred from the Cabinet Division to the Office of the Registrar General and Directorate General of Health Services. The government is also conducting a comprehensive review of all laws and regulations underpinning the CRVS system.

Counting Every Birth and Death

As noted, the government has demonstrated a high level of commitment to sustain and scale the Kaliganj model of civil registration developed under the Initiative. In coming years, we will support the government to expand coverage to at least eight additional districts in eight divisions.

Better Facility Cause of Death Data

The Ministry of Health and Family Welfare is institutionalizing the use of the international certificate of cause of death. In addition to incorporating certification into medical school curricula, doctors at 150 of the country's largest hospitals will be educated about proper cause of death certification. Professional coders will be recruited by the government and International Classification of Diseases mortality coding will be centralized. Government will also establish a quality control system for medical certificate data.

Understanding Community Mortality

The Ministry of Health and Family Welfare is building on the progress made to date in implementing verbal autopsy. In coming years, the Data for Health Initiative will support the ministry to prepare for scale-up to a nationally representative sample of sub-districts. Together, with improved facility cause of death data, this will provide the government with the most complete picture of mortality it has ever had.

Producing and Using Vital Statistics

Under the Initiative, the government is being supported to produce vital statistics from civil registration records for evidence-based policymaking. Personnel from the Office of the Registrar General, Bangladesh Bureau of Statistics and Ministry of Health and Family Welfare, as well as research and academic institutions, will be trained on the production of vital statistics, including completeness estimation for birth and death registration coverage. A Vital Statistics Technical Working Group will also be established at the Bureau of Statistics to build on and sustain capacity in producing vital statistics reports, including improved data on causes of death.