

Improving data

VERBAL AUTOPSY FOR
HEALTH SYSTEMS STRENGTHENING

Improving Health



Monday 17th October 2016 09:00 - 13:00

Organised by
Centre for Global Development University of Aberdeen and
Institute for Global Health University College London

Improving data improving health: Verbal Autopsy for health systems strengthening

Universal registration of vital events is lacking in many resource-poor countries. Despite the attention to global disease burdens, the majority of deaths in Africa and Asia are never recorded. The lack of information on the health of the world's poor seriously limits the validity of disease burden estimates and more crucially, the capacity of the health system to respond. Developing methods to understand why people die is therefore an important strategy for addressing health inequalities and saving lives.

Verbal autopsy (VA) is a pragmatic approach to determine levels and causes of death for people who die outside health facilities and/or where registration of deaths is incomplete or absent. Applied in over 45 low and middle-income countries, VA is an effective means of generating population health data in lieu of functioning civil registration and vital statistics (CRVS) systems. VA uses a standard interview with final caregivers on the medical signs and symptoms of the deceased prior to death, which are interpreted to conclude probable medical causes of death.

Acknowledging the global deficit in cause of death registration, considerable momentum has developed around the application of VA for CRVS. As VA transitions towards routine use, automated methods to interpret VA data have been developed. InterVA is a probabilistic model that can process large volumes of data consistently and cheaply, and which has recently been adapted for use in mobile and smartphone applications. This offers new possibilities of scale and raises important considerations about sharing cause of death conclusions on an individual level with informants at the time of interview.

By virtue of the deaths it investigates, VA can also be considered as an opportunity to examine social exclusion from access to health systems. 'Social Autopsies' (SAs) seek to understand how and why deaths occur relative to particular social contexts. SA acknowledges the social determinants of mortality and provides complementary information to that of medical causes of death for planning and resource allocation. Extending this principle, categorising deaths in terms of the circumstances of mortality can provide routine information on modifiable social and health systems factors that limit access to good quality care for disadvantaged groups.

In this workshop, we will reflect on VA as a broad suite of approaches for health systems strengthening. We will review: InterVA and mobile VA for CRVS; and contextualised approaches such as verbal autopsy and social autopsy (VASA) and verbal autopsy and participatory action research (VAPAR). We will also explore how information from VA can be made available to non-academic groups and to those who develop and implement policy as part of a broader health systems strengthening approach. The overall purpose is to consolidate a suite of methods with the potential to bring together communities and policy makers with better data and improved capacity for evaluation, and to identify priorities for VA in health systems strengthening.

The research is funded by a Development Grant as part of the Health Systems Research Initiative from Department for International Development (DFID)/Medical Research Council (MRC)/Wellcome Trust/Economic and Social Research Council (ESRC) (MR/N005597/1). Image credit © 2013 GMB Akash, Courtesy of Photoshare

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PROGRAMME

0900 Coffee and Registration

0930 Welcome and opening remarks | Professor Ibrahim Abubakar UCL and Dr Zöe Mullan, Lancet Global Health

0945 Keynote: Monitoring mortality and causes of death in the SDG era | Dr Ties Boerma, Department of Information, Evidence and Research World Health Organization

1000 Keynote: Learning from mortality: pragmatic approaches to verbal autopsy for better health | Prof Peter Byass, Umeå Centre for Global Health Research

1020 Mobile VA, technological advances and ethical priorities | Dr Edward Fottrell, UCL

1040 Coffee

1100 Keynote: Social Autopsy, a method to examine barriers to health care, risky behaviours and missed opportunities for health intervention | Dr Karin Källander, Malaria Consortium

1120 Verbal Autopsy and Participatory Action research (VAPAR): People-centred and action-oriented methods in South Africa | Dr Lucia D'Ambruoso, University of Aberdeen

1140 Interfacing: making connections within and between states, through data dynamics, and with the international community | Dr Kobus Herbst, Africa Health Research Institute

1200 Panel discussion and closing remarks

1230 Lunch

BIOGRAPHIES + SESSION SUMMARIES



Dr Zoë Mullan | Editor in Chief Lancet Global Health

Zoë Mullan joined The Lancet as an Assistant Editor in 1999, becoming Senior Editor in 2002. She has worked on several of The Lancet's large global health series and special issues, including those on chronic non-communicable diseases, maternal health, the global health workforce, disability and stillbirths. She is based in London.



Professor Ibrahim Abubakar | Director Institute for Global Health, University College London

Ibrahim Abubakar is Director of the UCL Institute for Global Health. He led the UCL Centre for Infectious Disease Epidemiology, UCL-TB and was a senior investigator at the MRC Clinical Trials Unit. He was head of TB at Public Health England. He qualified in medicine in 1992 and initially trained in general medicine before specialising in public health medicine. His academic public health training was undertaken at the London School of Hygiene and Tropical Medicine, University of Cambridge and the University of East Anglia. He serves on/chairs several expert/advisory groups for the WHO and the European Centre for Disease Prevention and Control.



Dr Ties Boerma | Director Department of Information, Evidence and Research World Health Organization

Dr. Boerma is the World Health Organization's Director of Information, Evidence and Research. He has over 30 years of experience working in global public health and research programmes, including 10 years at national and districts levels in Africa. He has worked for different United Nations organizations, bilateral donors, national governments and research institutions and has published extensively on AIDS, maternal and child health in epidemiological, demographic, and public health journals. A national of the Netherlands, he received his degree in medicine (MD) from the University of Groningen, and a PhD in medical demography from the University of Amsterdam.

Keynote | Monitoring mortality and causes of death in the SDG era Cause-specific mortality is the foundation of public health and mortality targets are prominent in the Sustainable Development Goals 2016-2030. Data derived from death registration systems with medical certification and coding using the International Classification of Diseases 10th revision are considered the standard. Coverage and quality of such systems however is low in over 100 countries and an estimated two-thirds of deaths go unrecorded globally. To address these gaps death registration systems, as part of civil registration and vital statistics (CRVS) systems, need to be strengthened and new ways to obtain cause of death information are being developed. This includes wider application of verbal and social autopsy methods in the context of for instance improving CRVS systems, which has considerable potential to improve the available information on cause of death patterns in high mortality countries.



Professor Peter Byass | Director Umeå Centre for Global Health Research, Umeå University

Professor Byass has worked in Global Health for 30 years, particularly around Africa. Professor Byass likes to measure health in meaningful ways and expose some of the massive global inequities in health and disease.

Keynote | Learning from mortality: pragmatic approaches to verbal autopsy for better health

In much of today's world, individual deaths are unlikely to be registered – yet cause of death registration is the obvious entry point to understanding population health problems and needs. New approaches to verbal autopsy make this possible in principle – but need widely implementing.

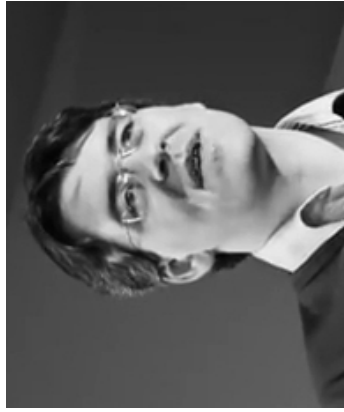


Dr Lucia D'Ambruoso | Lecturer Centre for Global Development, University of Aberdeen

Dr D'Ambruoso is a social scientist interested in combining participatory methodologies with health surveillance for health system strengthening. Dr D'Ambruoso is lecturer in global health at the University of Aberdeen, a Global Affiliate of the Umeå Centre for Global Health Research and an honorary lecturer at the University of the Witwatersrand in South Africa.

Presentation | Verbal Autopsy and Participatory Action research (VAPAR): People-centred and action-oriented methods in South Africa

This presentation will report on the development of a people-centred health systems research project called VAPAR (Verbal Autopsy and Participatory Action Research). VAPAR is a method to combine extended VA data describing mortality in large groups of people in terms of social and systems circumstances, to provide complementary information on medical causes. VAPAR then combines these with local knowledge gained from Participatory Action Research (PAR), a process in which communities organise evidence for action. The method is embedded in the health system at different levels throughout to ensure practical relevance.



Dr Edward Fottrell | Senior Lecturer Institute for Global Health, University College London

Dr Fottrell is an epidemiologist with expertise in health measurement in resource-poor settings, community-based intervention research and population surveillance data processes. Ed is the technical lead of experimental and quasi-experimental health and behaviour change interventions in Bangladesh. He has worked in Ethiopia, India and Somaliland.

Presentation | Mobile VA, technological advances and ethical priorities

Using mobile phones to combine simplified VA data collection instruments with automated methods to assign cause of death creates an opportunity to greatly increase the coverage and timeliness of cause-specific mortality data. Drawing on recent field experiences, this talk will describe advances in mobile phone implementation of VA and highlight key operational and ethical challenges, as well as opportunities for public health action, that are emerging.

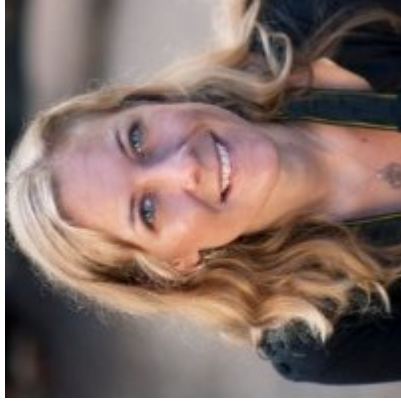


Dr Kobus Herbst | Deputy Director Africa Health Research Institute

Dr Herbst is a public health consultant and data scientist with experience in managing projects in public health and research. At the Africa Health Research Institute, he was responsible for one of the earliest publications showing the decline in population mortality following the introduction of anti-retroviral treatment. Dr. Herbst leads the INDEPTH research data management programme and is the founder of the INDEPTH Data Repository, the first of its kind specializing in longitudinal population data from LMICs. (<http://www.indepth-ishare.org>).

Presentation | Interfacing: making connections within and between states, through data dynamics, and with the international community

Verbal autopsy methodology is moving from health and demographic surveillance systems (HDSS) to CRVS systems. HDSSs are increasingly confronted by the need to not just observe local populations but to provide an intervention framework to respond. I will draw on my experience over 16 years in managing a HDSS site in an area heavily affected by the HIV pandemic, in conjunction with my experience in promoting and implementing data sharing in the INDEPTH Network of more than 50 HDSSs to reflect on the interfaces between HDSS and local health services, and HDSSs as data producers in a national and international context with data users as it pertains to verbal autopsy derived cause specific mortality data.



Dr Karin Källander | Senior Research Advisor Malaria Consortium

Dr Källander leads research on maternal, neonatal and child health, including mobile health (mHealth). She is a specialist in health systems research, child health epidemiology and control of pneumonia, malaria and other infectious diseases. Dr Källander has over 14 years' experience as researcher, lecturer, programme coordinator, and consultant in both development and emergency settings, including seven years living and working in a low-income country. She has a deep understanding of the health sector and working with governments and policy makers in Africa to achieve desired outcomes.

Keynote | Social Autopsy, a method to examine barriers to health care, risky behaviours and missed opportunities for health intervention

Effective implementation of child survival interventions depends on improved understanding of cultural, social, and health system factors affecting utilisation. Standardised instruments exist for collecting and interpreting information on common barriers to health care, risky behaviours, and missed opportunities for health interventions in deceased children under 5 years old and pregnancy related deaths. One such tool is Social Autopsy. In this session, Dr Källander will describe the methodology, development, and summarise results of how this method can be used to help researchers, implementers and district stakeholders understand where health care delays take place, which interventions can be most effective to prevent deaths, and which harmful behaviours most urgently need to be addressed.

Sponsors

This meeting is supported a Development Grant from the Health Systems Research Initiative UK Department for International Development (DFID), Economic and Social Research Council (ESRC), Medical Research Council (MRC) and the Wellcome Trust (MR/N005597/1).

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