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

### **Kobus Herbst**

Improving data improving health: Verbal Autopsy for health systems strengthening.

London 17 Oct 2016



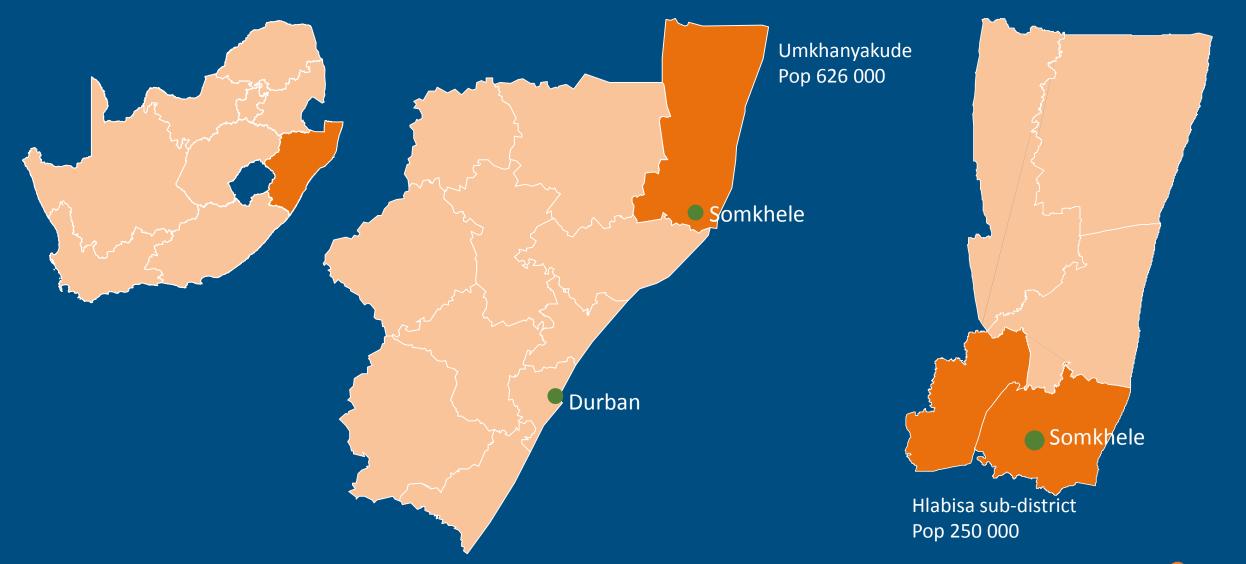


### Outline

- Three vignettes
  - Local: Decline in HIV-related mortality in the Hlabisa health sub-district in rural northern KwaZulu-Natal
  - National: South Africa Ministerial Committee on Mortality and Morbidity in Children
  - International: INDEPTH Verbal Autopsy Data Sharing

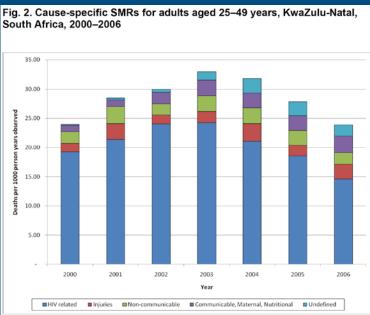


### HIV-related Mortality Decline in northern KwaZulu-Natal - 1

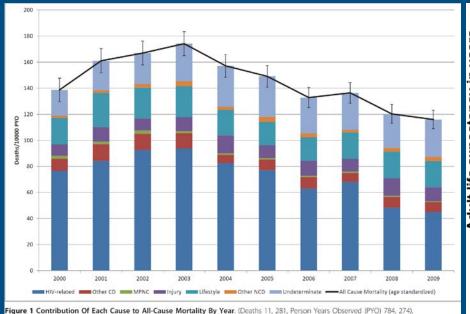




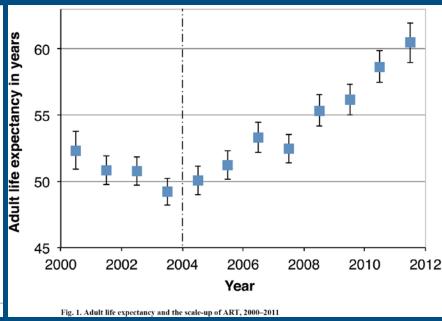
### HIV-related Mortality Decline in northern KwaZulu-Natal - 2



Herbst A, Cooke G, Bärnighausen T, KanyKany A, Tanser F, Newell M. Adult mortality and antiretroviral treatment rollout in rural KwaZulu-Natal, South Africa. Bull World Health Organ. 2009;87(10):754-62.



Herbst AJ, Mafojane T, Newell ML. Verbal autopsy-based cause-specific mortality trends in rural KwaZulu-Natal, South Africa, 2000-2009. Popul Health Metr. 2011;9:47.



Bor J, Herbst AJ, Newell ML, Barnighausen T. Increases in adult life expectancy in rural South Africa: valuing the scale-up of HIV treatment. Science. 2013;339(6122):961-5.

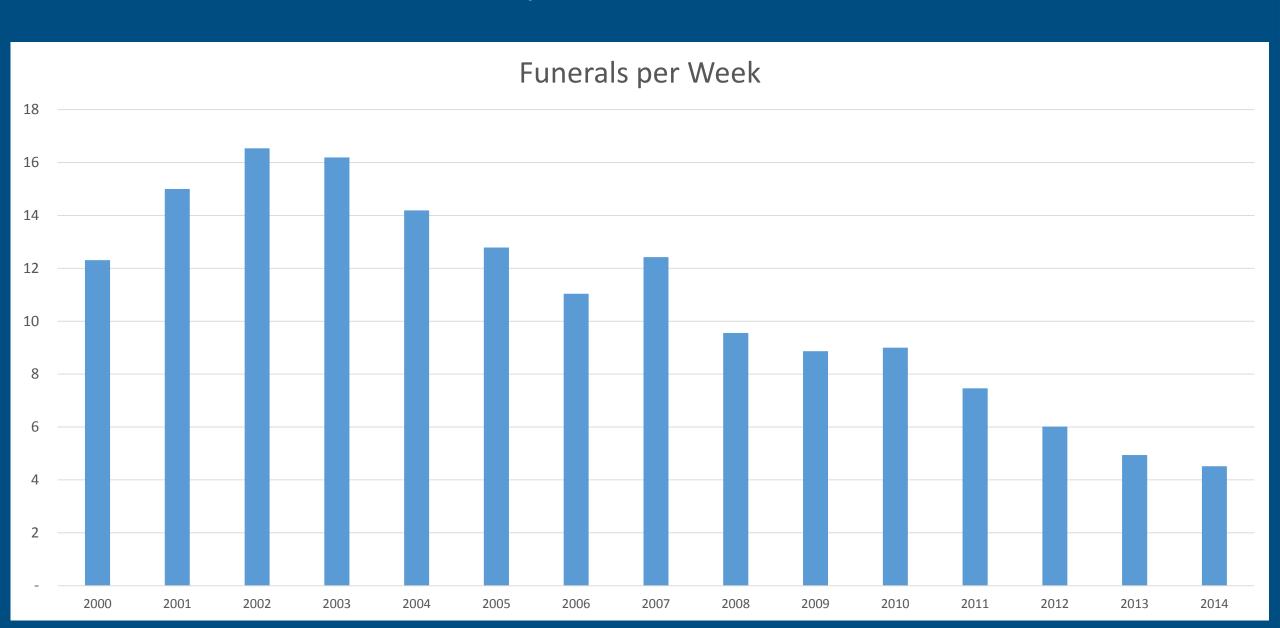


# Local Impact

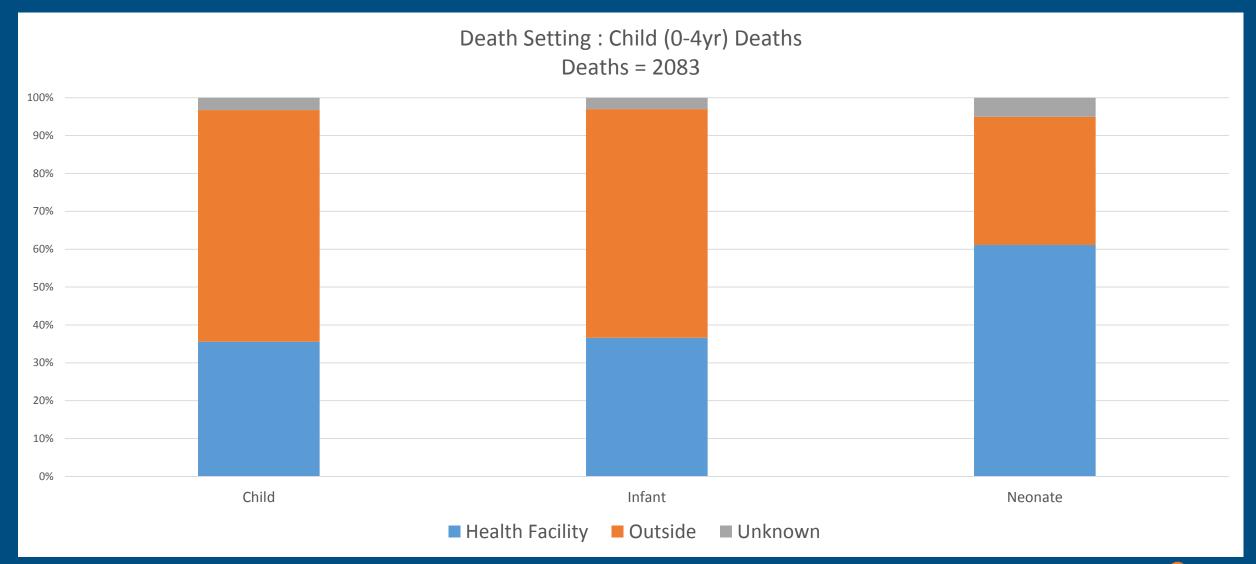
- Anne Case & Anu Garrib & Alicia Menendez & Analia Olgiati, 2013. "Paying the Piper: The High Cost of Funerals in South Africa," Economic Development and Cultural Change, University of Chicago Press, vol. 62(1), pages 1 – 20
  - on average, households spend the equivalent of a year's income for an adult's funeral, measured at median per capita African (Black) income.
  - Approximately one-quarter of all individuals had some form of insurance, which helped surviving household members defray some fraction of funeral expenses. However, an equal fraction of households borrowed money to pay for the funeral



# Mortality decline re-stated

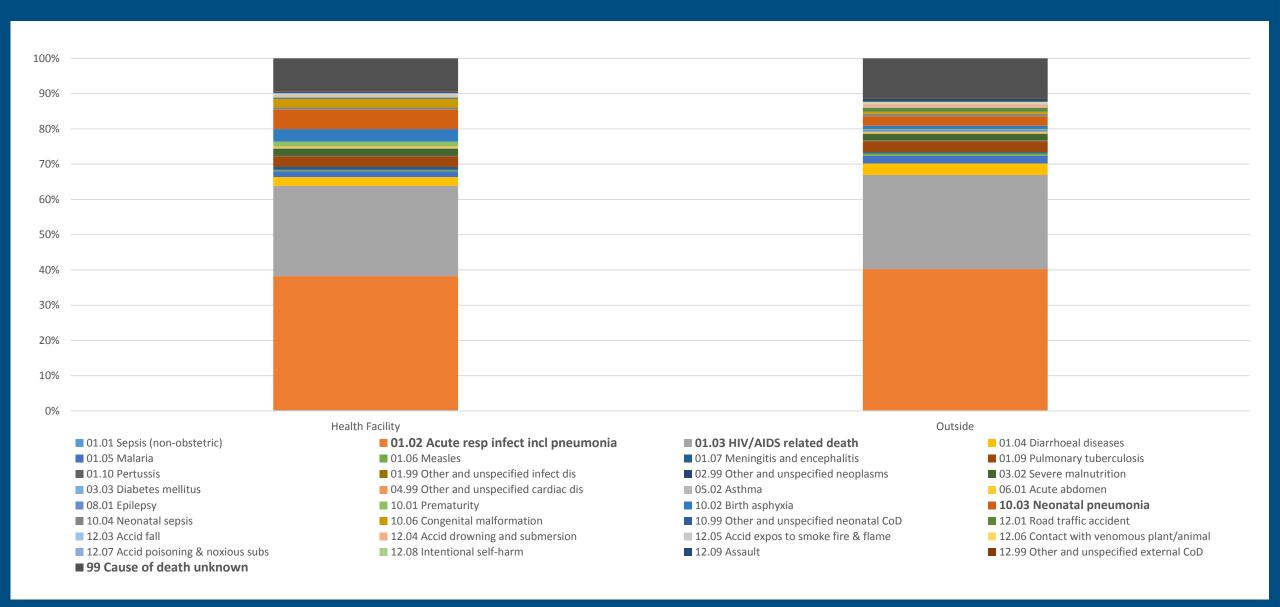


### Child Mortality - Ministerial Committee on Mortality and Morbidity in Children

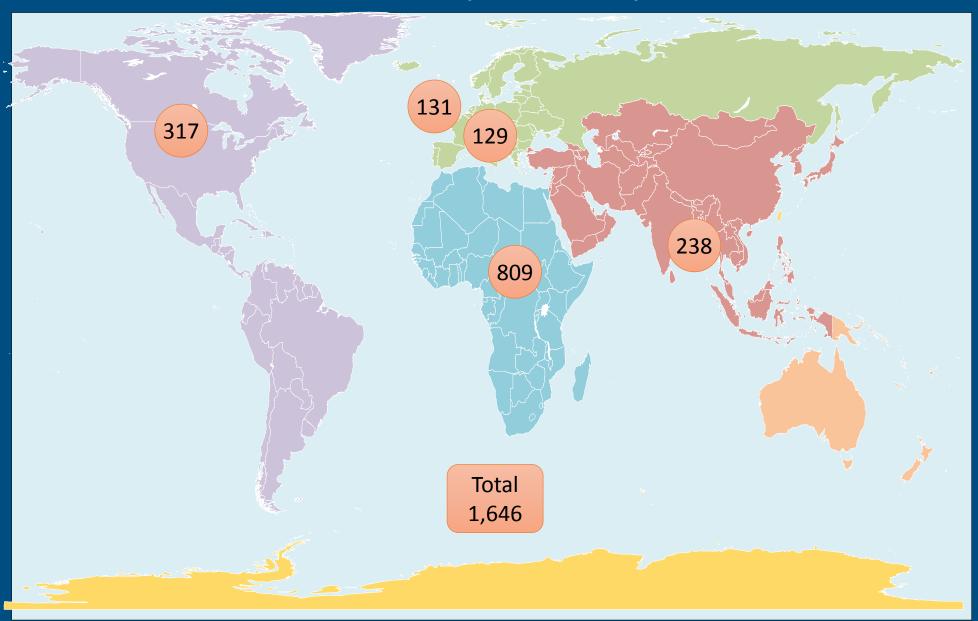




# Cause of Death by Place of Death



# INDEPTH Data Repository Downloads



# **INDEPTH Network Cause-Specific Mortality**

- Most popular download 320 downloads to date
  - User feedback age categories in dataset inflexible
- Solution link to individual level micro-data
  - Individual identity disclosure risk revealing date of birth and date of death
  - Risk manifests itself at local community level



Table 1 Evidence for barriers to sharing of routinely collected public health data				
Category	Barrier	Peer-reviewed		Non peer-reviewed
		Empirical data	Non-empirical*	
Technical	1. Data not collected	[6,21,24,31]	[2,4,7,18,22,14,26-28,30]	[3,23,25]
	2. Data not preserved		[33]	[3,32,34,35]
	3. Data not found		[45]	[3,34]
	4. Language barrier			[36]
	5. Restrictive data format		[40]	[3,34,36-39,41]
	6. Technical solutions not available		[42]	[37]
	7. Lack of metadata and standards	[21,24,43]	[40,44,45]	[1,35-37,39,41,46]
Motivational	8. No incentives		[27,45,49]	[35]
	9. Opportunity cost	[51,52]	[13,33,50,53]	[35]
	10. Possible criticism		[33]	[32]
	11. Disagreement on data use	[21]	[49]	
Economic	12. Possible economic damage		[7,26,27,30]	[55]
	13. Lack of resources	[56,21]	[13,27,28,30,42,53,57]	[3,23,34-36,39,37]
Political	14. Lack of trust	[19,59,60]	[33,61]	[34-37]
	15. Restrictive policies		[30]	
	16. Lack of guidelines		[45,62,65]	[37,41,63,64]
Legal	17. Ownership and copyright		[62,65,66,69]	[37,63,64,67]
	18. Protection of privacy	[12,19,59,73,75]	[44,57,62,66,72,74]	[36,37,64,67,68,70,71]
Ethical	19. Lack of proportionality			[76]
	20. Lack of reciprocity	[51,52]	[50,77,78]	
Number of unique documents (% of total)		14 (21.5%)	30 (46.2%)	21 (32.3%)
*No or little original data presented.				