



**INSTITUTIONALIZING COMMUNITY  
HEALTH CONFERENCE**

**27-30 MARCH 2017**

**JOHANNESBURG, SOUTH AFRICA**

**Dr. BRIMA OSAIO-KAMARA**

**Sierra Leone**

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Coverage of death registration (last updated: December 2014, United Nations Statistics Division)



- No information
- Under 50 per cent
- 50-74 per cent
- 75-89 per cent
- 90 per cent or more

This map is for data illustration purposes only. The boundaries shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

**Death reporting  
in Sierra Leone  
is < 50%**

## DEATH REPORTING IN SIERRA LEONE: CIVIL REGISTRATION

- CRVS a priority for the government
- National Civil Registration Act 2016 exists as a legal basis for CRVS
- Secretariat at Ministry of Internal Affairs



**THE NATIONAL CIVIL REGISTRATION  
ACT 2016**

*Supplement To The Sierra Leone Gazette VOL. CXLVII, No.21*

## DEATH REPORTING IN SIERRA LEONE: INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR)

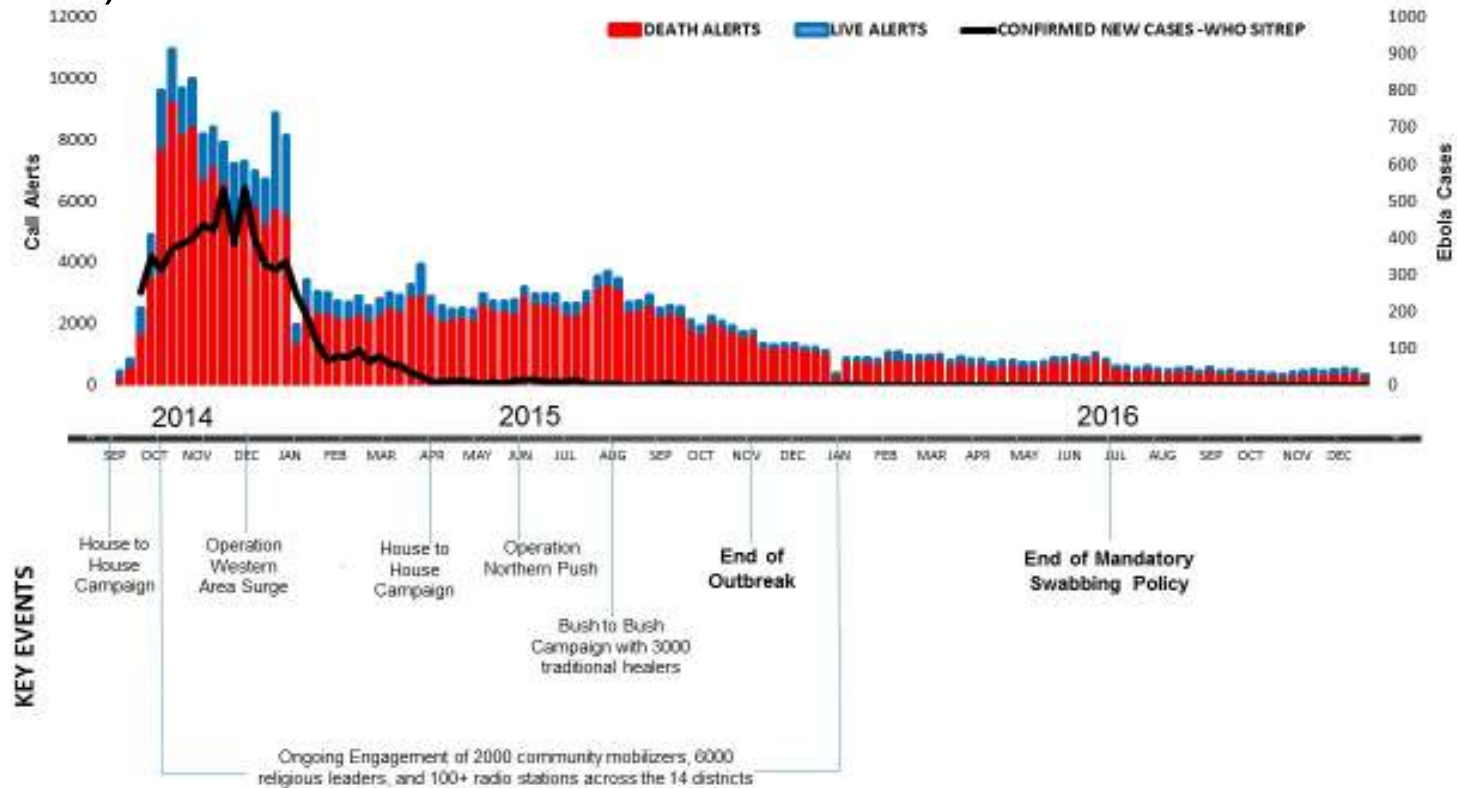
- Electronic reporting system in place for WHO's IDSR system with weekly data from >95% of health facilities on all priority diseases
- Facility-based maternal mortality reporting form part of the system: 618 reported in 2016 (estimated about 2000)
- Discussions ongoing to add under-five deaths
- Ongoing activities to strengthen community-based surveillance and reporting of diseases and other health conditions or events from communities to formal health systems reporting mechanism



## DEATH REPORTING IN SIERRA LEONE: 117 CALL ALERT SYSTEM

- **September 2014:** a toll-free, nationwide Ebola call center was established as an alert system for public health officials and to support surveillance efforts for response
  - **November 2015:** After the end of Ebola outbreak, the call system remained in place under policy of mandatory death reporting and Ebola testing for all deaths
  - **July 2016:** the policy changed from mandatory Ebola testing for all deaths to testing only in case of suspected Ebola
    - Although the reporting policy effective during the epidemic was modified, and call volumes have decreased since then, *the system is an excellent opportunity to continue as a surveillance tool*
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# DEATH REPORTING IN SIERRA LEONE: 117 CALL ALERT SYSTEM (CONT.)



## ■ DEATH REPORTING IN SIERRA LEONE: NEW COMMUNITY HEALTH WORKER (CHW) POLICY

- Reporting births and deaths is part of the scope of work for CHWs in new policy currently being rolled out in Sierra Leone
  - CHWs could play considerable role in notifications for all deaths in catchment areas with mobile phone coverage, thus better linking communities to death reporting
  - Notifications could be transferred through common data platform to both civil registration and mortality surveillance systems for follow-up and additional data collection
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## COUNTRYWIDE MORTALITY SURVEILLANCE FOR ACTION (COMSA): A SUSTAINABLE SAMPLE REGISTRATION SYSTEM

- Three years of funding from the Gates Foundation in two countries (Sierra Leone and Mozambique)
  - Continued funding through government budget and/or development banks and partners
- Set up approx. 300 to 700 representative enumeration areas across a country with dedicated data collection teams
  - Prospectively sample approximately 4% of deaths
  - Conduct verbal autopsy (VA) on all identified deaths
  - Perform pathology-based cause of death ascertainment on subset of approx. 200 deaths
  - COMSA staff will ensure vital events detected are translated into registrations and certifications
- Integrate SRS data with other existing data (such as DHIS2) and calculate statistics at the provincial level and below
  - National and subnational crude birth and death rates
  - Age-group specific mortality rates and cause-specific mortality fraction and rates
  - Validate VA cause of death against pathology-based cause of death
- Rapidly share data for action

COMSA enumeration areas as “starter CRVS” that can expand to full CRVS system

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## SUMMARY

- Considerable efforts are currently on the way in Sierra Leone to improve CRVS and death reporting from other sources
  - The 117 death alert system and momentum to improve health reporting systems after Ebola epidemic are opportunities for the country
  - Death reporting from the communities has been especially challenging
  - The 117 death alert system, community-based surveillance and the CHW policy can help to strengthen community-based reporting
  - The COMSA project will provide an additional “starter CRVS”
  - Strong leadership will be needed to coordinate the ongoing activities and scale up to death reporting systems with high quality and coverage
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Thank you

