

RESILIENT STATISTICAL SYSTEMS IN PANDEMICS AND THE ROLE OF THE HEALTH SECTOR

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OUTLINE

INTRODUCTION: GOVERNANCE OF CRVS IN MALAYSIA

ROLE OF MINISTRY OF HEALTH

ISSUES AND CHALLENGES FACED DURING PANDEMIC COVID-19

4 WHAT'S NEXT







INTRODUCTION

Malaysia's Commitment

Malaysia has adopted the resolutions proposed in the Ministerial Conference in a Ministerial Declaration to 'Get Everyone in The Picture' and Regional Action Framework (RAF) for the Decade in 2014

Stakeholders

- Ministry of Home Affairs (MOHA)
- •Ministry of Health (MOH)
- National Registration Department (NRD)
- Department of Statistics Malaysia

(DOSM)



Civil Registration and Vital Statistics in Asia and the Pacific















GOVERNANCE OF CRVS IN MALAYSIA

STEERING COMMITTEE

Chaired by Secretary General of Ministry of Home Affairs (MOHA)

MEMBERS

Consist of representatives from various related government agencies:

Ministry of Home Affairs (MOHA)

Ministry of Health (MOH)

TVIInistry of Foreign Affairs

- Ministry of Women & Family
- Ministry of Education (MOE)
- Ministry of Economy Affairs (MEA)
- **National Registration Department** (NRD)
- **Department of Statistics Malaysia** (DOSM)
- Attorney General's Chambers (AGC)
- Malaysian Administrative Modernisation and Management Planning Unit (MAMPU)
- Department of Islamic Development

TERM OF REFERENCE (ToR)

To evaluate and endorse the suggestion, planning or enhancement activities on **CRVS**

TECHNICAL COMMITTEE

Chaired by Director General of National Registration Department (NRD)

MEMBERS

Consist of representatives from various related government agencies:

- **National Registration Department** (NRD)
- Ministry of Home Affairs (MOHA)
- Ministry of Health (MOH)
- **Department of Statistics Malaysia** (DOSM)
- Immigration Department of Malaysia
- Royal Malaysian Police (RMP)
- Social Welfare
- Department of Islamic Development
- Sabah State Secretary ix.
- Sarawak State Secretary

TERM OF REFERENCE (ToR)

prepare suggestion, planning and execute the enhancement on CRVS

TECHNICAL WORKING **GROUP (TWG)**

Chaired by Director of Population and Demography Statistics Division, DOSM

INTER **AGENCY PLANNING GROUP (IAPG)**

> Chaired by Chief Statistician, DOSM

DOSM PUBLICATION COMMITTEE

Chaired by Deputy Chief Statistician (Technical **Development and Social** Programme), DOSM

Maternal Mortality Data

Under-5 Mortality Data

Stillbirth Mortality Data

Covid-19 Mortality Data

Verbal Autopsy Data

DOSM

MEMBERS

TERM OF REFERENCE

Technical unit, MOH &

To check and verify the data

Vital Statistics

Cause of Deaths Statistics

Marriage & Divorce Statistics

Population Statistics

MEMBERS

All data providers & Stakeholders

TERM OF REFERENCE

To validate and endorse the statistics

Marriage and Divorce















ROLE OF MOH IN STRENGTHENING THE HEALTH SECTOR **IN MALAYSIA**

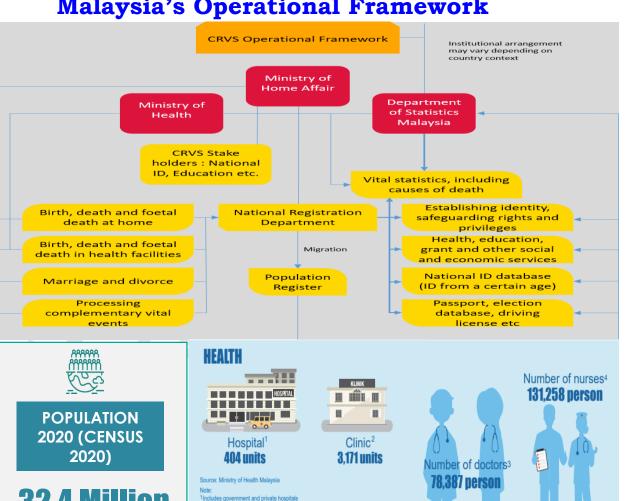
ROLE OF MOH

- Responsible for all health issues of the country
- Holds the highest authority in terms of laws, policies and guidelines related to public health
- Key stakeholder as a source for event registration as well as a key user of vital statistics, for health monitoring, health policy and research in Malaysia
- Acts as informants of the occurrence of births and deaths, and enable the certification of Cause of Death (COD)

COVERAGE OF HEALTH SERVICES

MoH covers a wide area of management under several offices. Among them include: Research and development, Legal advice, Management of Health Departments under the respective states, Family health, Disease control, Health education, Nutrition, Medical development and medical practice, Traditional and complementary medicine, Nursing, Oral health, Pharmacy and pharmaceutical, Regulatory affairs and Corporate communications

Malaysia's Operational Framework



² Refer to health clinics (includes maternal and child health clinics), rural clinics and community clinics Includes doctor & dentist for government and private but not includes officer at non KKM hospitals

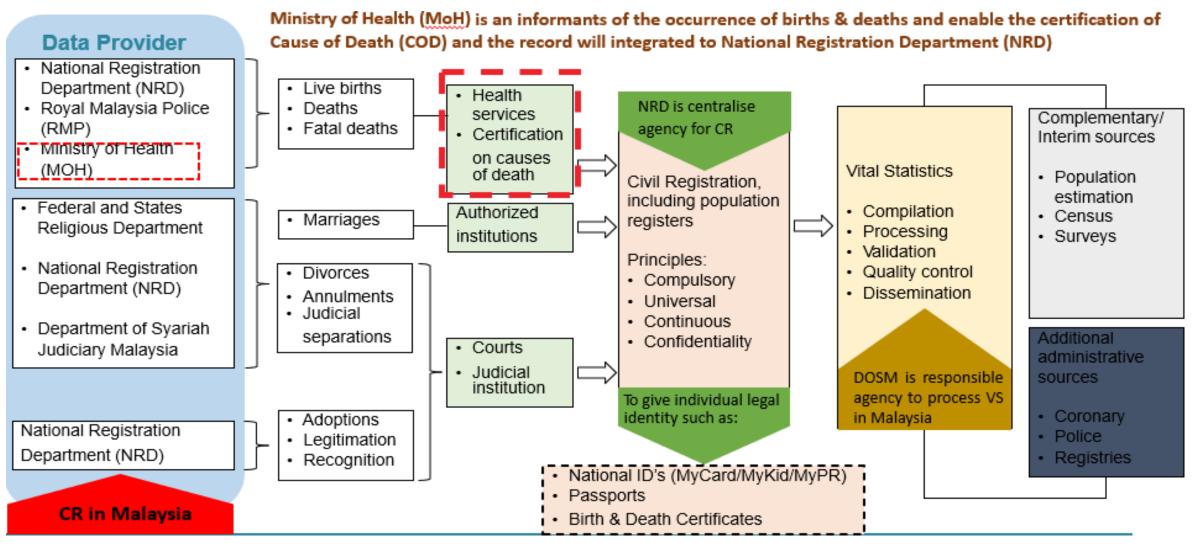
⁴ Includes nurse & community nurse for government and private







THE IMPORTANCE OF MOH IN CRVS FLOWS

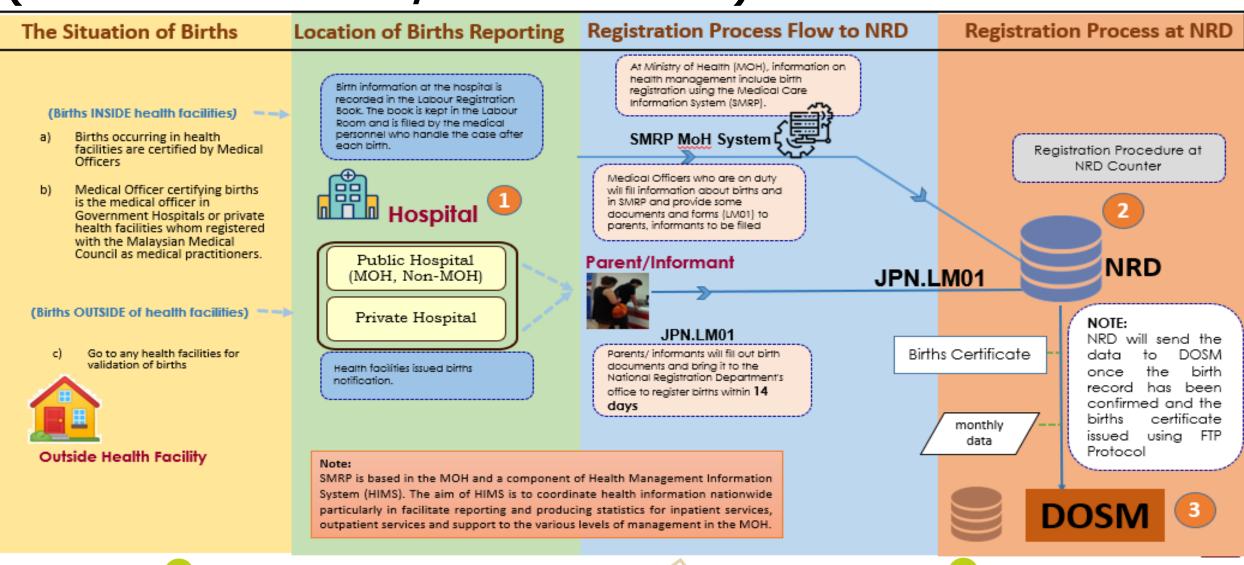








PROCESS FLOW OF BIRTHS REGISTRATION (PRIOR TO COVID-19/ AS IS PROCESS)

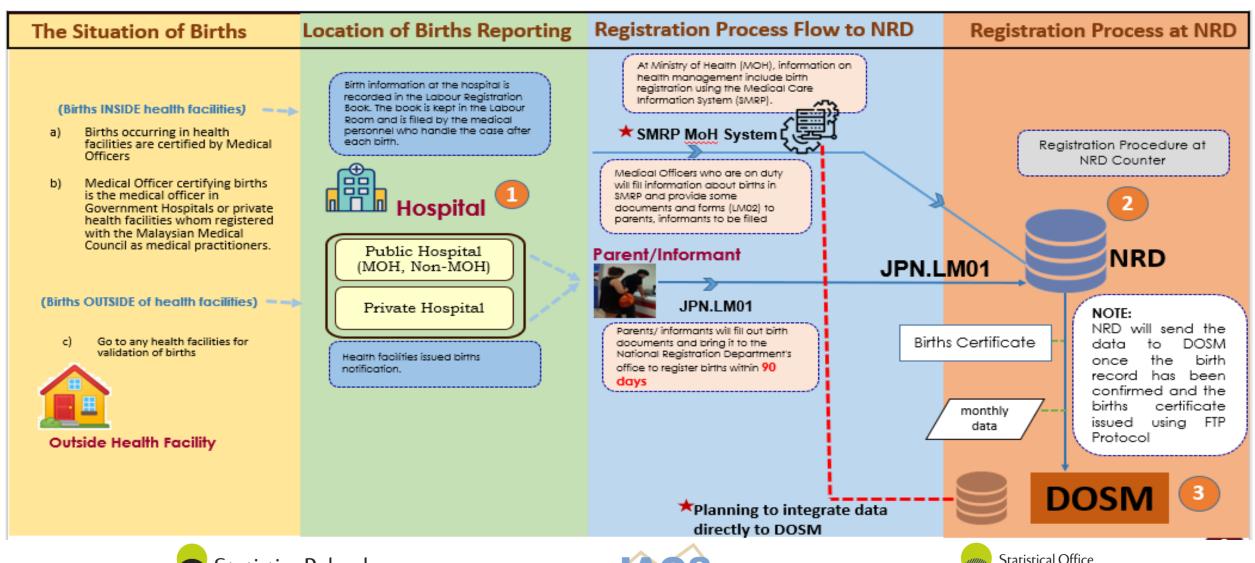








PROCESS FLOW OF BIRTHS REGISTRATION (DURING PANDEMIC)

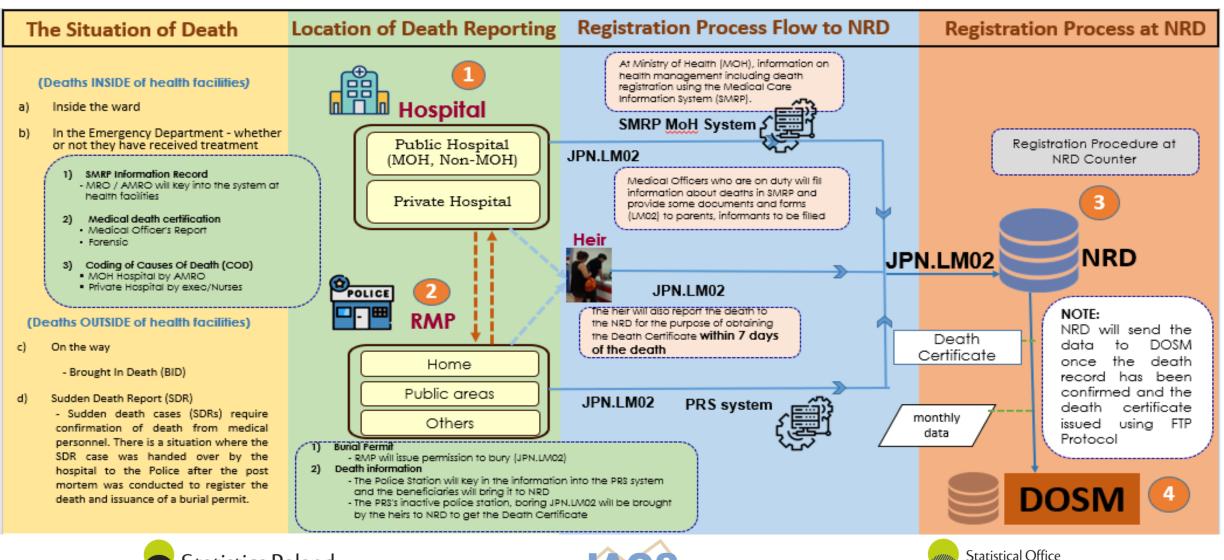








PROCESS FLOW OF DEATHS REGISTRATION (PRIOR TO COVID-19/AS IS PROCESS)

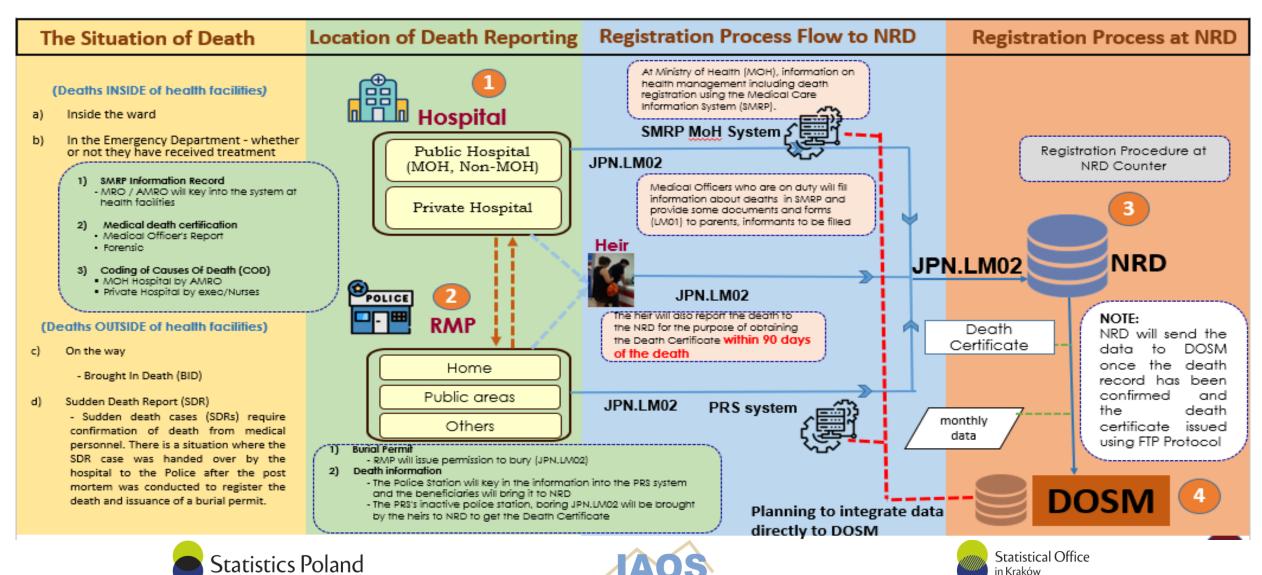








PROCESS FLOW OF DEATHS REGISTRATION (DURING COVID-19)



COLLABORATION WITH MOH



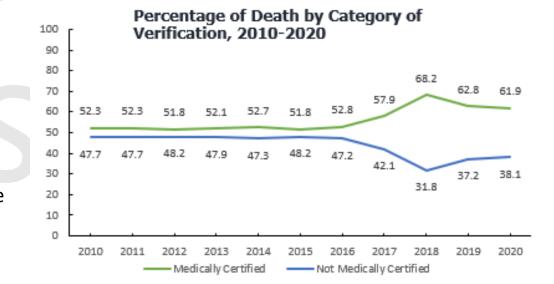
Data Integration For Birth and Death Between MOH and NRD

- To ensure all the births and deaths in health facilities are reported and registered.
- To avoid false information fraud information.
- To save time and energy as well as avoid duplicate data capture in NRD.
- To reduce and identify late registration of birth and deaths in health facilities.

2

Data harmonization with Ministry of Health (MOH)

- Technical Working Group with MOH:
 - Maternal Mortality Data (since 2007)
 - Under-5 Mortality Data (since 2018)
 - Stillbirth Mortality Data (since 2018)
 - Verbal Autopsy Data (since 2018)
 - Covid-19 Mortality Data (since 2021)
- Improve data on medical certificate and non medical certificate
 - 2010 : 52.3% medical certificate
 - 2020 : 61.9% medical certificate





Capacity Building

- Regular training to DOSM's coders
- o Increase certification of coders that will contribute to improve data quality on Causes of Death.







AGREEMENT TO COLLABORATE

1

- > DOSM asks for collaboration with MOH on 27 July 2020.
- ➤ MOH agreed to collaborate on 9 October 2020.

2

Technical Working Group has been established to discuss regarding the collaboration. The discussion have been done regularly since agreement established.

3

The discussion reviews and discusses the procedure for sharing data among agencies using an integrated data system







ISSUES FACED DURING PANDEMIC



Births and deaths registration are not included in essential services as stipulated in the Federal Constitution of Malaysia

- Registration offices were closed from mid-March to mid-May 2020, and later only available by appointment. This meant the births and deaths registration accessible by DOSM represented only a fraction of the expected births and deaths.
- ☐ Lagging up to 90 days for registration (by appointment)
- ☐ For example, on average DOSM will receive around 35,000 to 40,000 of birth data monthly from NRD. During the pandemic, DOSM only received less than 1,000 records in April 2020. However, all the occurrences during pandemic have been late registered starting June 2020 and onwards.

ITEMS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
BIRTHS	40,582	36,151	25,245	862	37,426	73,411	49,946	40,914	43,550	36,238	35,262	39,333
DEATHS	15,741	13,310	9,791	10,222	16,348	14,624	14,244	15,074	13,323	12,820	12,666	13,956



Estimation of live birth and death data

- ☐ Times-series method is used based on data from the past 10 years, as well as estimation methods more specific to the situation.
- ☐ Data from health facility







ISSUES FACED DURING PANDEMIC (CONT.)



Not mandatory for Private clinic to register birth and death using Medical Care Information System (SMRP)

□ SMRP is based in the Ministry of Health and a component of Health Management Information System (HIMS). The aim of HIMS is to coordinate health information nationwide particularly in facilitate reporting and producing statistics for inpatient services, outpatient services and support to the various levels of management in the Ministry of Health.



Under reporting of births and deaths statistics

- ☐ health facilities only cover registered cases to health facilities excluding those which are not reported directly to health facilities.
- ☐ Need to integrate data among agencies







WHAT'S NEXT



Close collaboration with MOH to strengthen the integration of birth dan and death data at real time of event occurrence



Improve the percentage of medically certified deaths through Verbal Autopsy (VA) activity



Capacity building to transition from ICD-10 to ICD-11 implementation







RESILIENT STATISTICAL SYSTEMS IN PANDEMICS AND THE ROLE OF THE HEALTH SECTOR



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