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
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*. 


DEATH REPORTING IN SIERRA LEONE: 117 CALL ALERT SYSTEM (CONT.)

[Graph showing call alerts and Ebola cases from 2014 to 2016, with key events such as "House to House Campaign," "Operation Northern Push," and "End of Outbreak." Additional text: "Ongoing Engagement of 2800 community mobilizers, 6000 traditional healers, religious leaders, and 100+ radio stations across the 14 districts."]
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
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
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
Thank you