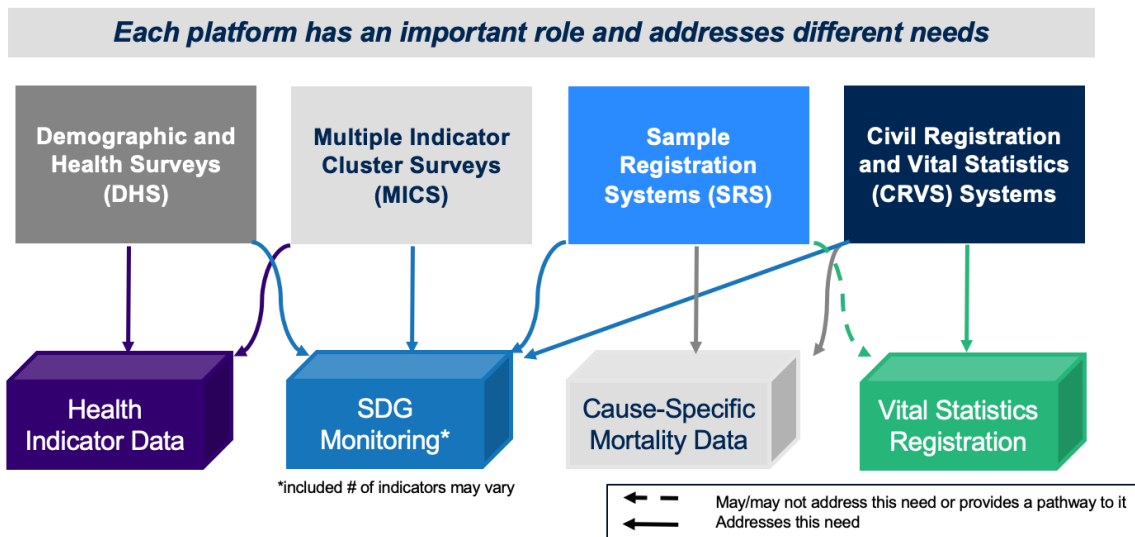# COMPARING FOUR MORTALITY DATA COLLECTION PLATFORMS

Complete civil registration and vital statistics (CRVS) systems are lacking in many low-and middle-income countries, contributing to gaps in mortality estimates which constrains overall health planning, programming, and policy. Over the years, a multitude of different initiatives have sought to address these gaps. A recent review considered four (4) of these platforms due to their widespread use and global recognition, and included sample registration systems (SRS), CRVS, Demographic and Health Surveys (DHS), and Multiple Indicator Cluster Surveys (MICS). It concluded that although mortality data is collected by a range of platforms, each platform addresses different needs beyond the collection of data to generate mortality estimates. A summary report and companion spreadsheet capturing more detailed information on each platform's characteristics, benefits, and limitations are be available here or can be shared upon request.

Each platform has an important role and addresses different needs

*included # of indicators may vary

← – – May/may not address this need or provides a pathway to it
←——— Addresses this need

Characteristic	Demographic and Health Surveys (DHS)	Multi Indicator Cluster Surveys (MICS)	Sample Registration System (SRS)	Civil Registration and Vital Statistics (CRVS)
Cause of Death (CoD): method of capture	Rarely captured, unless accompanied with post-hoc verbal autopsy survey.	Not captured apart from assigning to broad categories of maternal or child mortality.	Can include collection of verbal autopsy and/or social autopsy, minimally invasive tissue sampling, or complete autopsy.	Medical personnel/ health facility reports. May include autopsy in some cases. Inaccurate CoD may be assigned in some cases when an autopsy is not conducted.
Death Registration	Registration not provided.	Registration not provided.	May provide registration or a pathway to registration.	Death registration provided.
Integration Across Systems	Data is used to inform planning & policy but does not necessarily feed into other databases or systems.	Data is used to inform planning & policy but does not necessarily feed into other databases or systems.	Often integrated with other health information systems (e.g., DHIS-2) & can support improvement of CRVS.	Often linked to other government systems (e.g., voter registration system, pension, child support, etc.).
Level of Data Disaggregation for Mortality Data	National estimates, typically only maternal & child.	National estimates, typically mother & child only.	Sub-national & national estimates, all ages	Sub-national & national estimates, all ages
Accuracy of Mortality Data	Mortality data can be vulnerable to selection bias & reporting errors.	Mortality data can be vulnerable to selection bias & reporting errors.	Due to more active sampling, lower likelihood of missed events.	Due to more passive sampling methods, deaths are missed & specificity of CoD may vary.
Applications of Platform Data	Health system planning & policy, SDG reporting	Health system planning & policy, SDG reporting	Health system planning & policy, epidemic and public health response, improving CRVS, disease surveillance.	Health system planning & policy, SDG reporting, voter registration, pension support, child support, etc.
Level of Digitization	Generally digitized.	Generally digitized.	Generally digitized.	Generally poor digital infrastructure.
Platform Design & Ownership	Platform (i.e., indicator modules) designed in collaboration with local partners based on available resources and needs for each survey. Design may be driven by DHS with off-the-shelf modules & data collection tools.	Platform (i.e., indicator modules) designed in collaboration with local partners based on available resources and needs for each survey. Design uses MICS off the shelf modules & data collection tools.	Typically, locally led & owned. External partners may be involved intermittently, especially during start-up.	Typically, locally led & owned. External partners may be involved intermittently.
Data Analysis	National statistics office with external technical assistance is required.	Carried out almost exclusively by the national statistics office.	Typically carried out locally by the health and/or statistics entities.	Typically carried out exclusively by the national statistics office.

Largely a benefit   Has both benefits and limitations   Largely a limitation