Author’s response to reviews

Title: Reliable mortality statistics in Myanmar: A qualitative assessment of challenges in two townships

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Author’s response to reviews:

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Dear Editor,

Many thanks for the comments and suggestions by the two reviewers as well as recommendations by the Editor. We found it very useful. We had addressed all the questions and suggestions in the revised text; which we highlighted in the “grey shade” areas. Revised manuscript with tables, figures and supplementary files are submitted. Together with them, we also submitted responses to the comments by editors and reviewers.

Myitzu Tin Oung
On behalf of all the authors
Reviewer reports:

C Rao (Reviewer 1): General comments

The article describes a qualitative analysis of the functional status of vital registration system in Myanmar. The objectives, methods and findings are presented well, and the discussion section makes useful and important recommendations to strengthen the system. Please find below several comments and suggestions that could improve the quality of the article.

1. On page 4, the usage of the term 'coverage' is not consistent with the standard definition of this term - coverage is defined as 'the percentage of the national population that is represented in the reported statistics'.

Actually, what you mean is the 'completeness' = the proportion of reported deaths out of the total estimated deaths that would have occurred in the study population during the study period'. In fact, in the reference provided in the bibliography (reference 5), the correct term 'completeness' has been used.

The term coverage should be replaced by 'completeness'.

We have replaced all terms “coverage” with “completeness”.

2. Line 101: Edit as follows: '…with each participant was purposively selected based on…'

We have revised the whole section of data collection according to reviewer 2 (Line 118-151)

3. The meaning of the sentence on Line 103-104 'Field notes were taken …' is not clear. If these notes are independent of the FGD/KII audio recordings, then this should be stated clearly. If so, you could move this sentence on field notes lower down in the paragraph, to indicate that these field notes of impressions of the interviewers/facilitators were supplementing the audio transcripts of the interviews.
Conversation during KII and FGD (not field notes) were taken by the note takers who were trained and experienced research assistants. At the same time, the audio recording was taken.

We have deleted the term “field note” and revised. (Line 150-151)

4. Line 122-124: edit the sentence 'This law should allow states that the local administrators from the General Administrative Department (GAD), Ministry of Home Affairs…'

We have deleted the sentence and we have added more information about GAD administrators and roles of health staff in the revised manuscript (Line 178-196)

5. Line 126: mentions that deaths are not reported to health centres.

But the previous text on the law only mentions that deaths need to be reported to the local administrators from the General Administrative Department (GAD), Ministry of Home Affairs, who are the local Ward Administrator or Village Tract Administrator.

Is there a law/guideline that deaths must be reported to health centres? If so, you must mention it. Otherwise, there does not appear to be any legal necessity for the community to report deaths to health centres.

Please clarify the role of the health system in CRVS, and whether there are any legal or administrative rules for such involvement.

There is no law/guideline that household members must report deaths to health centers.

But in the Ward and Village Tract Administration Law, it was stated that “the regulations related to vital registration functions of WA or the VTA are: 1) the administrators have to provide instruction to the household members for registering births and deaths within 3 days of occurrence of the event; 2) they have to supervise recording births and deaths and informing to health centers”.
At the same time, in the vital registration training manual, health staff is assigned to record, register and report vital events.

The facts indicated that recording and registering of deaths are conducting by the health staff without the support of specific vital registration law. This gap is one of the challenges for the success of VRS in Myanmar. We need clearer and more specific law that states mandatory reporting of deaths to the health staffs who are assigned to record, register and report vital events.

We have revised and explained more about the situation under the section “Lack of enforcement of mandatory death registration” (Line 178-196). We added the specific recommendation in the “Discussion” (Line 344-353)

6. Similar clarification is required for the section on issuance of death certificates, and the section on notification of household deaths, in regard to whether there are any laws or official instructions on the role of the health system or health personnel for these functions. If there are no official rules, it would be difficult to enforce.

We have mentioned roles of health staff in the VRS and official instructions in the Background section (Line 68-72), in the Result section of revised manuscript (Line 191-196) (Line 199-200).

7. The flow chart in figure 1 does not mention anything about the WA or VTA. The chart must show their role. Do the WA or VTA have to report the deaths to the health centre? Also, what about the family, are they supposed to report to the WA/VTA or can they report directly to the health centre? These aspects must be clearly shown in the flow chart.

The flow chart in figure 1 mentioned about the formal reporting process within the health sector and finally to the CSO. So, we did not include the suggested role of WA and VTA in Figure 1.

We included one more figure (Figure 3) and more information (line 206-230) to show how death is reporting in practice.

8. In summary, even if there is no formal rule, then please describe the informal arrangements under which the health centre has a role in death registration.
The Discussion section should include detailed comments about how the CRVS system should be revised to formalise the role of the health sector; provide detailed guidelines for health system activities related to CRVS; and ensure that adequate resources (finance, training, IT equipment, and even stationery) provided to the health sector to fulfil its roles in the CRVS.

We have revised and discussed the suggested points in the “Discussion” section (Line 346-351; Line 358-361; Line 372-382; Line 392-395; Line 414-416)

9. The CRVS system cannot just tell the health sector to perform these roles without any support or financial/technical resources. All these points should be raised and discussed at length in the discussion, with a clear statement that proper resources must be provided to the health system, and workload factor should be accounted for peripheral health staff.

We have revised and discussed the suggested points in the “Discussion” section (Line 372-382; Line 422-434).

10. In regard to COD certification practices for deaths in the community, the article should mention the role and experience of Verbal Autopsy for this function in Myanmar and/or other countries in the Asia-Pacific region.

We have revised (Line 401-409).

11. The article should also describe the current practices in Myanmar for the analysis and publication of annual reports on vital statistics from the VRS in Myanmar. In addition to data plausibility, information should also be provided on the adequacy of statistics in terms of availability of key indicators (life expectancy at birth, risks of under-five and adult mortality, maternal mortality ratios, leading causes of death by sex and age, as well as information on data completeness, and age-standardised death rates by cause.
See below

12. The article should also mention whether the annual reports includes such indicators for sub national level, and the timeliness of such reports. These findings can be obtained from document review, which is also a form of observational analysis/qualitative methodology relevant for such studies. If there are weaknesses in some of the above features, they should be mentioned in the Discussion as areas which need strengthening.

Thanks for the useful suggestions mentioned in no 11 and 12. But this study was conducted to study the registration operations at the community level, not including the central level and the responsibilities of central office. So, at this time, we could not include these information in this paper.

It was added as one of the limitations of the study in the “Discussion” section (Line 440-442). I included the related recommendation in the revised manuscript. (Line 443-449)

Reviewer 2 (Reviewer 2): PEER REVIEWER ASSESSMENTS

OBJECTIVE - Full research articles: is there a clear objective that addresses a testable research question(s) (brief or other article types: is there a clear objective)?

No - there are minor issues

DESIGN - Is the current approach (including controls and analysis protocols) appropriate for the objective?

No - there are major issues

EXECUTION - Are the experiments and analyses performed with technical rigor to allow confidence in the results?

No - there are minor issues
Statistics - Is the use of statistics in the manuscript appropriate?
N/A - there are no statistics in this study

INTERPRETATION - Is the current interpretation/discussion of the results reasonable and not overstated?
Yes - the author's interpretation is reasonable

OVERALL MANUSCRIPT POTENTIAL - Is the current version of this work technically sound? If not, can revisions be made to make the work technically sound?
Maybe - with major revisions

PEER REVIEWER COMMENTS:

GENERAL COMMENTS: * What is your overall impression of the study?
This fairly well-written manuscript titled: "Reliable mortality statistics in Myanmar: A qualitative assessment of challenges in two townships" adds to the literature in this less-studied area of research.

* What the authors' have done well?
The Introduction, Results and Discussion Sections of the paper are fairly well-written, succinct and coherent. The authors reviewed the literature well, provided adequate justification for the study. The authors provided enough information for authors who may want to replicate the study findings. The Results section was informative and was supported by Tables and Figures which were well-presented. The Authors adequately discussed their findings in the light of published literature

In what ways does it not meet best practice?
I only have some concerns with the Methods Section of the manuscript. As it is currently, it is too concise and I feel that there is a need for an additional description of different components of the section to improve its clarity.

I have identified some revisions which will help the authors improve the manuscript

REQUESTED REVISIONS:

Introduction

"To improve the performance of VRS, this study identified barriers at the operational level in three dimensions which undermine the quality of mortality statistics: administrative support, technical capacities and public awareness and cooperation [7, 8]. These findings contribute to a better understanding of the system barriers to be addressed by policy and administrative reform."

Comment: This paragraph reads like the conclusion paragraph of the study rather than the introduction Section. There is a need for a clearly stated study objective. It could read:

"The objective of this study was to evaluate the performance barriers of VRS in Myanmar. The study findings could contribute to a better understanding of the system barriers to be addressed by policy and administrative reform."

We have revised (Line 87-90).

Methods Section

This needs to be better organized and should not run like a single paragraph.

Page 5, line 91 - 93 should have a sub-heading: "Study design". Also, information about the study period should be added here. "The study was conducted during the period of January and August, 2016."
"Information was collected in two selected townships of Mandalay Region. The selection of townships emphasized understanding how death registration practices differ in two different contexts, i.e. more urbanized Myingyan Township with 31.8% urban population and less urbanized Myittha Township with 9.9% urban population."

How/where were the health workers who participated in the FGD and KII selected from?

How/where were the community members who participated in the FGD and KII selected from?

In the abstract section, it was stated that the number of FGDs was 14 but this was not stated in the Methods section.

Was there any data saturation during data collection process?

There is a need to differentiate between how the FGD data and KII data were collected.

There is a need for more details regarding how the data/transcripts were organized and analyzed.

We have revised the whole “Methodology” section as suggested (Line 95-159)
Results

This section is well-written and clear

Discussion

Abbreviations needs to be defined when first used. E.g., MWs, CSO. Etc

Revised

The authors need to add a last paragraph preceding the Conclusion Section, in this paragraph, the authors need to summarize the limitations of this study

We have added limitations of the study as suggested (Line 436-447).

References

The references and reference style are OK.

Editor Comments:

In addition to the referee comments, please address the following editorial points:

1. Please include blank English language copies of your interview/FGD guides as additional file and ensure there is sufficient detail on how these were developed/validated in the methods.

Prepared in Additional file 1

We have revised “Methodology” section to provide more information about qualitative data collection.
2. COREQ guidelines

In accordance with BioMed Central editorial policies (http://www.biomedcentral.com/submissions/editorial-policies#standards+of+reporting), could you please ensure your manuscript reporting adheres to COREQ guidelines (http://intqhc.oxfordjournals.org/content/19/6/349.long) for reporting qualitative studies. This is so your methodology can be fully evaluated and utilized. Can you please include a completed COREQ checklist as an additional file when submitting your revised manuscript.

Prepared in Additional file 2