

DEPARTMENT OF HEALTH RESEARCH BRIEF

Verbal Autopsy with Participatory Action Research (VAPAR) Expanding the evidence base through partnerships for action on health equity
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Circumstances of mortality categories (COMCAT): a practical tool for health managers and planners

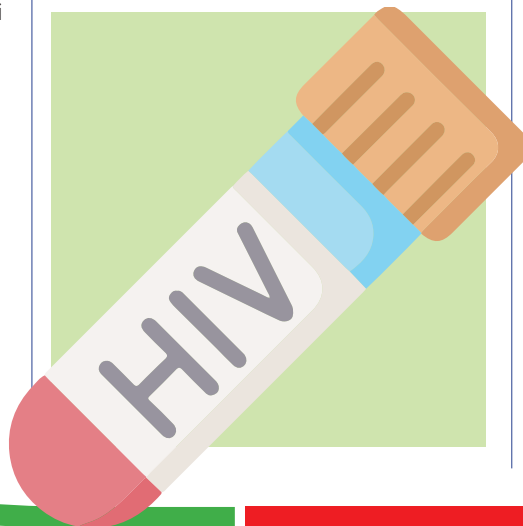
The Circumstances of Mortality Categories (COMCATs) concept I rito leri ri kongomaka eka ti health service managers and planners lava va lavaka kuva va kota ku landzelerisa population health as comprehensively as possible, hi ku tirhisa ti standardised methods. Swi vangelo swo karhi swa rifu akuri swona tool yo sungula ya xikongomelo lexi, kuna swivangelo swo tala na minhlohlotelo yo tala leyi yi nga tumbela loko hi langutane na tinomboro ta mafut. Xikombiso, Wansati loyi a loveke hikokwalaho kova ahume ngati yo tala loko a bebula va ta vula leswaku xi vangelo xa rifu I obstetric haemorrhage, kambe leswi aswi hambananga na wansati loyi a loveke hikokwalaho kova a bebulele kaya hi kuva anga kotanga kuya fika exibedlhele, loko hi langutisa eka loyi anga fikelela exibedlhele kambe hikokwalaho ka swi vangelo swi n'wana va nga koti ku n'wi pfuna. Ku kota ku hambanisa exikarhi ka swikombiso leswi swi mbirhi I swa nkoka ngopfu leswaku uta kota ku lavisisa na ku pulana/ku kunguhata swilo leswi swi ngata endla leswaku ku pumbeka mafu lawa aya nga fanelanga ya endleka.

Leswaku varhangeri va leka provincial/ regional or national levels, leswaku va kota kuva na vuxokoxoko byo fana na lebyi byi nga kombisiwa eka Figures 1 and 2, lebyi byi kombisa swi lo leswi swi endlekaka sweswi hi ntlawa lowu va wu rhangeleke, leswi swita endla leswaku va kota ku vona swi yimo/ntshikelelo lowu wu nga kona hi ku pfumala ka switirhisiwa nan a ntshikelelo lowu wu nga kona loko swita eku bebuleni. ku suka eka CSMFs, swilo leswi endlekaka nkarhi wo lowo leswi swi fambelanaka na mafu na swi vangelo

nkulu swa mafu swo nga voniwa hiku olova. Eka xikombiso lexi xa vuxokoxoko, ku pumbeka ka mafu lawa aya endleka eka vana va le hansi ka malembe ya 5 na ku pumbeka ka mafu lawa aya endleka hi ku vangiwa hi xitsongwa-tsongwana xa HIV/AIDSya vonakala. Hi nkarhi u n'we, the proportion of COMCATs due hikokwalaho ko tikeriwa loko swi hlangana no kuma swi tirhisiwato aswii yehli eka malembe la waya ya ntlhanu, leswi swi kombisaka ku tikeriwa eka va rhangeri va leka health. Mafu ya le hansi ka malembe ya 20, 'there are also relatively high proportions of the emergency COMCAT'. 'While this may partly reflect risk-related activities among younger people', kuna xivilelo lexi kulu hikokwalaho kova swi lo swo fana na free paramedic and ambulance services swi kalaka swi nga kumekiki on a 24-h, 7-day basis. Conversely, loko swi tirhisiwa swa mahala aswo vekiwa, VA with COMCATs a swi tav aswilo/tool ya kahle ku langutisisa nhlohlotelo lowu wu ngana swona.

Main findings

- High HIV- yi endla leswku kuva na ku hangalaka ka mavabyi na naku tatiseka ka mafu lawa ya vangiwa hi mavabyi lawa ya tshungulekaka. •



36.2% infections (of which 19.9% was HIV/AIDS and tuberculosis), 10.9% cancer, 14.1% cardiovascular, 11.4% other non-communicable disease (total non-communicable diseases 36.4%), 8.1% injuries, 4.0% pregnancy and neonatal and 15.2% indeterminate.

- ku pfumaleka ka switirhisiwa leswaku uta kota kufikelela xibedlhele kumbe tlininiki, poorku tsandzeka ku vona mavabyi na ku pfumaleka ka swi bedlhele swi famba e henhla ngopfu. 1.8% traditions, 16.6% emergencies, 17.9% recognition, 20.9% resources, 19.8% health systems, 17.5% inevitability and 5.5% multiple categories. • Improvements in recognition
- swi phiqo leswi swi sukaka eka ripfumelo ra xintima ati nga talanga eka vanhu lava – nakambe swilo swo fana na ripfumelo ra xintima loko swita eka timhaka ta swarihanyo swi tele ngopfu eka vanhu lava, they are often acted upon in parallel with care-seeking from the health services.
- hambu loko swi ngari tano, na loko ku kumbeteriwa, tvatshunguri va xinto vava va kume hi minkarhi leyi vanhu va lovaka hi yona.
- ku hunguteka ka mafu lawa ya endlekaka eka vana va malembe yale hansi ka 5, swi vangiwa hiku hunguteka ka mafu lawa ya endlekaka eka vana lava vahaku beburiwaka na ku hunguteka ka mavabyi yo tlulela.
- reductions in constraints of recognition and resources in COMCATs, while the emergency and health systems COMCATs did not change: may reflect a continuing lack of access to the 24-h, 7-day health services needed for effective paediatric care.



- important gains may have occurred in health information and messages being provided to parents as well as a reduction of financial barriers, both of which reflected by reductions in challenges related to recognition and resources, respectively.
- 5–19 years age group, despite the expected much lower overall mortality

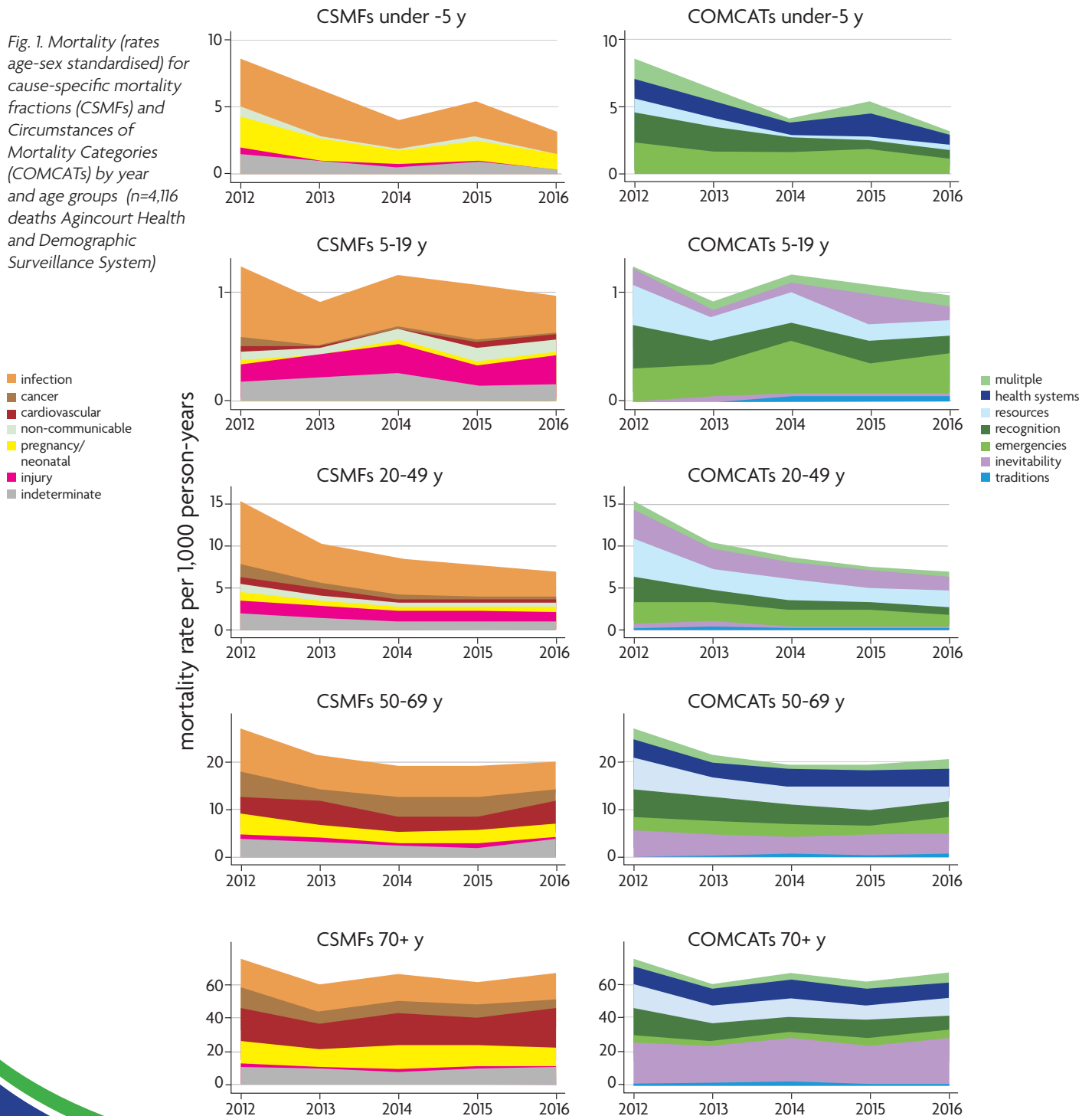
rates, there was the highest proportion of any age group for injury mortality, and for the COMCATs, the highest proportion of deaths characterised by emergency situations.

- non-communicable disease was accounting for an increasing proportion of overall mortality, possibly reflecting increasing rates of

obesity and other risk factors that are a concern for the future.

- the 50–69 years a - reductions in recognition and resource constraints.

Fig. 1. Mortality (rates age-sex standardised) for cause-specific mortality fractions (CSMFs) and Circumstances of Mortality Categories (COMCATs) by year and age groups (n=4,116 deaths Agincourt Health and Demographic Surveillance System)





COMCATs

Cause categories	Traditions	Emergencies	Recognition	Resources	Health Systems	Inevitability	Multiple
HIV/AIDS & tuberculosis	7	6	3	2	1	4	5
Other infections	7	4	1	3	2	5	6
Cancer	7	6	2	1	4	3	5
Cardiovascular disease	7	2	5	4	3	1	6
Other non-communicable	7	5	4	2	1	3	6
Injuries		1		3	5	2	4
Pregnancy and neonatal	5	2	6	4	1	7	3
Interdeterminate	7	1	6	2	5	3	4
All causes	7	5	3	1	2	4	6

Fig. 2. COMCATs (rank order) within major cause of death category, (n=4,116 Agincourt Health and Demographic Surveillance System)

Table 1: Circumstances Of Mortality Categories (COMCATs)

COMCATs	Description
Traditions	Traditional practices or beliefs influenced health seeking behaviour and the pathway to death
Emergencies	Sudden, urgent or unexpected conditions leading to death, which probably precluded life-saving actions
Recognition	Lack of recognition or awareness of serious disease (e.g. symptoms or severity) negatively influenced health seeking behaviour
Resources	Inability to mobilise and use resources (e.g. material, transport, financial) hindered access to health care
Health Systems	Problems in getting health care despite accessing health facilities (e.g. related to admissions, treatments and medications)
Inevitability	Death occurred in circumstances that could not reasonably have been averted (e.g. very elderly or recognised terminal conditions)
Multiple	A combination of the above categories affected the pathway to death; no single factor predominated

Source: Hussain-Alkhateeb L, D'Ambruoso L, Tollman S, Kahn K, Van Der Merwe M, Twine R, Schiöler L, Petzold M & Byass P. Enhancing the value of mortality data for health systems: adding Circumstances Of Mortality CATEGORIES (COMCATs) to deaths investigated by verbal autopsy Global Health Action 2019:1. Available at: <https://www.tandfonline.com/doi/full/10.1080/16549716.2019.1680068>

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