

IDSR AND PHEOC



IMPROVING CAUSES OF DEATH REPORTING



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BACKGROUND



- The current Civil Registration and Vital Statistics (CRVS) is experiencing challenges:
 - Delayed reports on the causes of deaths
- During COVID-19 pandemic, there was no system to report on the immediate cause of deaths
- Recent outbreaks i.e. food poisoning outbreaks demonstrated the importance of immediate access to cause of deaths by the department of health
- Hence, the announcement by His Excellency Honorable President Ramaphosa on the 15th of November 2024:
 - “All deaths of patients 12 years and below will be made notifiable in the Notifiable Medical Condition Surveillance System.”*
 - “An electronic medical certification of death system will be established to allow the National Department of Health to access cause of death information immediately after a death is certified.”*



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BACKGROUND



- The process of amending NMC Regulations commenced immediately after the announcement
- The legal opinion was sought from the Office of the Chief State Law Advisor
- The legal opinion: **the Minister is not authorized to add deaths on the NMC Regulations as deaths were not “medical conditions” or “notifiable medical conditions”** as per the definition in the Regulations.
- The notification through NMC was therefore not possible.



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IMPORTANCE OF IMPROVING THE CAUSE OF DEATH REPORTING



- **Public Health Planning and policy**
 - Identify leading causes of death
 - Guide allocation of resources for better planning
 - Monitor trends over time (detect emerging health threats):
 - Strengthen Event-Based Surveillance system
 - Evaluate the impact of interventions, policies and programs
 - Inform prevention strategies (target preventable disease)
- **Health System Performance**
 - Assess quality of care (avoidable or premature deaths)
 - Makes preventable causes of death visible
 - Identifies gaps in diagnosis or treatment
 - Highlights disparities by age, sex, geography and SE
 - Supports evidence-based advocacy for vulnerable populations
- **Support Pandemic Preparedness and Response strategies**
 - Real-time reporting of cause of death data during public health emergencies



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COD DATA COLLECTION



- **Medical certifiers** complete the DHA-1663 Death Notification Form which includes the international medical certificate of cause of death form (excluding the manner of death)
- **Quality of cause of death data is poor:**
 - Lack of training on MCCD
 - Medical school training too early - Focus on the forensic aspects rather than the public health importance
 - No further training
 - No quality assurance/audit processes in place
 - Form is handed over to family members/funeral undertaker after completion
 - No feedback to the certifiers on quality of the MCCD:
 - Commenced with the mortality surveillance rollout



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PROPORTION OF ILL-DEFINED CAUSES OF DEATH

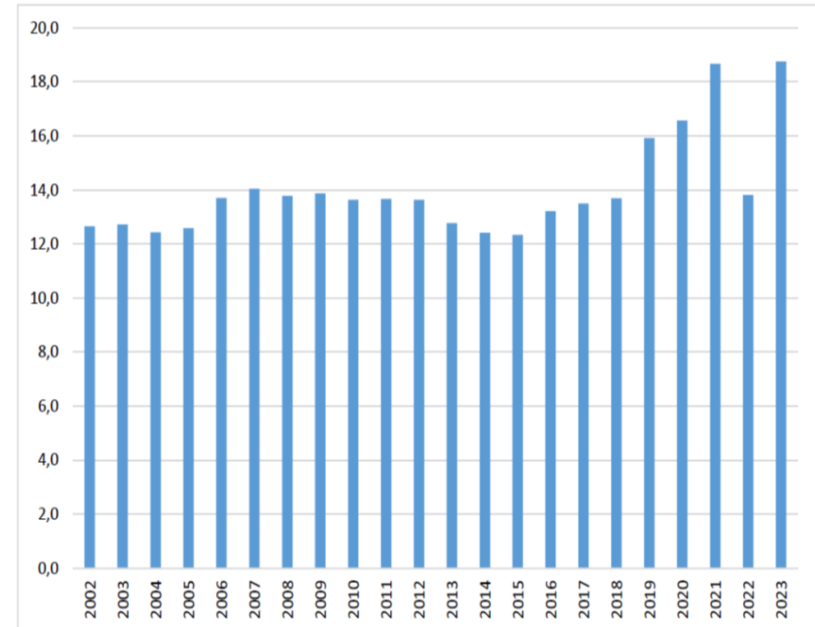


Table 4.3 - Distribution of deaths by main causes of death, 2023

No.	Main groups of underlying causes of death (based on ICD-10)	Number	Percentage (%)
18	Symptoms and signs not elsewhere classified (R00-R99)	89 370	18,8
9	Diseases of the circulatory system (I00-I99)	83 299	17,5
1	Certain infectious and parasitic diseases (A00-B99)*	67 666	14,2
20	External causes of morbidity and mortality (V01-Y98)	63 367	13,3
2	Neoplasms (C00-D48)	44 464	9,3
10	Diseases of the respiratory system (J00-J99)	37 793	7,9
4	Endocrine, nutritional and metabolic diseases (E00-E90)	34 081	7,2
11	Diseases of the digestive system (K00-K93)	11 089	2,3
14	Diseases of the genitourinary system (N00-N99)	10 713	2,3
16	Certain conditions originating in the perinatal period (P00-P96)	9 713	2,0
6	Diseases of the nervous system (G00-G99)	9 385	2,0
3	Diseases of the blood and immune mechanism (D50-D89)	4 651	1,0
5	Mental and behavioural disorders (F00-F99)	3 407	0,7
17	Congenital malformations (Q00-Q99)	3 040	0,6
13	Diseases of the musculoskeletal system etc. (M00-M99)	1 730	0,4
12	Diseases of the skin and subcutaneous tissue (L00-L99)	1 387	0,3
	COVID-19 (U071-U072)	985	0,2
15	Pregnancy, childbirth and puerperium (O00-O99)	563	0,1
8	Diseases of the ear and mastoid process (H60-H95)	28	0,0
7	Diseases of the eye and adnexa (H00-H59)	20	0,0
	Total	476 751	100,0

*Including deaths due to MDR-TB and XDR-TB

Figure C 2 – Percentage distribution of deaths assigned to symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified and year of death 2002–2023*



*Data for 2002–2022 have been updated with late registrations/delayed death notification forms processed in 2025/2026.

High proportion of ill-defined causes of death obscures the true cause of death profile

Stats SA. Mortality and Causes of Death 2023



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GENERAL GUIDELINES ON PROPORTION OF ILL-DEFINED CoD



- A country should aim for less than 10% ill-defined deaths, with <5% as the gold standard.

Proportion ill-defined	Interpretation
<5%	High-quality COD data
5–10%	Acceptable but improvable
> 10–15%	Low quality, caution needed
>20%	Poor quality, redistribution required



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Improving cause of death reporting program



- **Training of medical certifiers**
 - Free online training course in medical certification of cause of death is available at the Dept of Health Knowledge Hub (CPD: Clinical 3 and Ethics 2)
 - From 2027, all interns will be required to include certification of completion of the course as part of their logbook.
 - Hospitals will plan for medical certifiers in their facilities to complete the course.
- **Mortality surveillance system rollout in the country**
 - Develop QA and audit processes for MCCD
 - Strategic Plan and SOP for MCCD are under development
 - Hospitals to use surveillance data to improve certification and quality of MCCD.



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Improving cause of death reporting program



Improving Cause of Death Reporting

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Welcome to the Short Course in Cause of Death Reporting

We're delighted to have you join us!

Every death certificate you complete is more than a form—it's a critical piece of health intelligence that shapes policy, guides resource allocation, and informs strategies that save lives. Inaccurate reporting can distort mortality statistics and weaken public health responses, but your role as a healthcare professional can change that.

This short, self-paced online course is designed with your busy schedule in mind. Over the next few hours, you'll gain practical skills and insights to:

- Understand why accurate cause of death data matters for South Africa and beyond.
- Master the correct process for completing death certificates.
- Navigate special cases and unique scenarios with confidence.
- Know when to refer cases for forensic investigation.

By the end of this course, you'll not only meet HPCSA requirements and earn 3 Clinical CPD points and 2 Ethics CPD points, but you'll also contribute to improving national health strategies and global disease surveillance.

How the Course Works

Each of the 5 modules includes a video presentation followed by a short self-assessment multiple-choice quiz to reinforce your learning. The final assessment at the end of the course is a multiple-choice quiz covering all modules. You must obtain at least 70% for the final assessment to successfully complete the course. Once you achieve this, you'll be able to download your certificate of completion.



Thank You



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