

## **ToR Verbal Autopsy Reference Group (VARG)**

### **Background**

Reliable and comparable data on the levels and causes of mortality are cornerstones for building a solid evidence base for health policy, planning, monitoring and evaluation.

Standardizing methods of collecting causes of death, assessing their quality and combining data for analysis and presentation from different sources requires international collaboration of all relevant disciplines.

Ideally, causes of death are reported by a physician using the standard medical certificate of cause of death. In some settings, no physician sees the dead in order to formulate and report causes of death. As an interim solution to this problem, verbal autopsy has become a primary source of information about causes of death for such cases where no physician can medically certify the cause of death. In an attempt to standardise collecting data using verbal autopsy, WHO has developed a verbal autopsy instrument for routine use to support compilation of national mortality statistics.

### **Purpose**

The purpose of the VARG is to support and advise WHO regarding:

- Development and maintenance of WHO VA standards;
- Refinement of the WHO VA instrument with evidence from the field;
- Standards and recommendations for VA training and implementation;
- Advancement of methods and tools for assigning causes of death from VA interviews;
- Use of the causes of death data determined by verbal autopsy;
- Use of the VA causes of death data as a complement to medically certified cause of death data; and
- Quality assessment and assurance of verbal autopsy data;
- Methods for comparing and evaluating VA results, including causes of death distribution estimated by different VA instruments

### **Functions**

In line with the Purpose and Function of the VARG, the members will promote the use and further enhancement of the WHO VA tools, i.e. WHO VA questionnaire and algorithms included in openVA or other implementations of the algorithms compatible with the WHO questionnaire.

1. Development & maintenance of the WHO VA standards
  - 1.1. Support the development, maintenance, and use of the WHO VA standards.
  - 1.2. Contribute to systematic update processes to maintain and enhance each component of the WHO VA instrument.
  - 1.3. Develop and implement principles, criteria, and schedules for updates and revisions.
  - 1.4. Evaluate and recommend mechanisms for improving the processes to update and revise the WHO VA standards.
2. Coordination & decision making
  - 2.1. Moderate and assign proposed updates for review to relevant groups as necessary.
  - 2.2. Contribute to the compilation and review of evidence to inform instrument updates and revisions.
  - 2.3. Review resulting feedback and suggestions submitted.
  - 2.4. Decide on proposals for updates and revisions for final approval by WHO.
3. Implementation support
  - 3.1. Develop principles, recommendations, guidance in relation to tools, considerations and policies for VA implementation in routine settings.
  - 3.2. Develop and maintain relevant guidance on implementing VA systems, including design, sampling, data collection, tabulation, quality assurance and analysis.

- 3.3. Coordinate with Collaborating Centers and other partners to disseminate, test, and update guidance and to give input on experience and lessons learned to inform guidance and provide technical advice.

## Structure

1. Membership and voting rights
  - 1.1. Collaborating Centers (CC) may nominate up to a maximum of two official members per single country CC and to a maximum of four official members per multiple countries CC. On a single voting process there is only one voting right per single country CC and up to a maximum of two voting rights per multiple countries CC. (In the absence of country representation and collaborating centres, for VA, institutions that provide implementation support are treated as collaborating centres).
  - 1.2. Centers/institutions may nominate additional "observers", who do not participate in voting.
  - 1.3. WHO, including the regional offices, is represented by its delegated officer, who participates in voting.
2. Chairs
  - 2.1. The VARG will have two co-chairs, which are elected by VARG members for a two-year period.
  - 2.2. The role of Co-chairs is detailed in the document "Responsibilities and privileges of chairs and co-chairs of WHO-FIC Network committees and reference groups". In particular, the 2 Co-chairs:
    - 2.2.1. have joint responsibility for the progress of work;
    - 2.2.2. update the Work Plan annually, listing in detail aims, activities, deliverables, timelines and responsibilities.
3. Secretariat
  - 3.1. The Secretariat is chosen by the 2 Co-chairs together with WHO.
  - 3.2. Main roles of the Secretariat are:
    - 3.2.1. act as Moderator of the update and revision platforms;
    - 3.2.2. prepare the mid-year and final reports of group activity for annual WHO- FIC Network meeting;
    - 3.2.3. compile official update and revision documents, both yearly and cumulative, for submission to WHO.
4. Working methods
  - 4.1. The VARG work is mainly conducted through the update and revision platforms which are workflow engines designed to facilitate communication within expert workgroups and ensure transparency of the processes.
  - 4.2. Work and communications are also carried out via e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC Annual Meeting.
  - 4.3. Official meetings of the Committee must be held in conjunction with international WHO- FIC meetings.
  - 4.4. Key deliverables of the VARG work include the lists of updates and revisions for the WHO VA instrument and standards.

## Outputs

- VA questionnaire (electronic and paper)
- Compilation of translations
- Standard cause of death list for VA with ICD mapping
- Recommendations and minimum criteria for cause of death assignment
- Question by Question guide
- Supervisor and interviewer training manual
- IT manual
- Curriculum for trainers/interviewers
- Guidance on sampling, analysis, and tabulation

- WHO database with VA raw data and cause ("SCI Repository")
- Strategy for strengthening VA methods, including development of a standard symptom-cause probability matrix
- Repository for VA methods and documentation

**Activities**

- Annual VA Reference Group workshop/meeting
- Maintenance of WHO VA standards and instrument; compile and review suggestions for amendments regularly; implement approved updates
- Monitor and support development and advancement of VA methods towards accurate, comparable standards

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