Technical matters:

Consideration of the recommendations arising out of the Technical Discussions on “Covering every birth and death: improving civil registration and vital statistics”

Civil registration is defined as the compulsory, permanent, continuous and universal recording of the occurrence and characteristics of vital events. Registration records are essential to establish legal identity and nationality, as well as to access services including health. Furthermore, vital statistics on births, deaths and causes of death (COD) are essential for population health assessment, monitoring of health progress, and health policy analysis. The correctness of the health indicators for mortality statistics would depend on the counting of every death and accuracy of COD data.

Comprehensive assessments of civil registration and vital statistics (CRVS) systems, were undertaken by eight of the 11 Member States of the WHO South-East Asia Region, using the WHO tool. The findings showed inadequate coverage of birth and death registration, poor quality of COD data, incorrect coding of ICD-10 (International Classification of Diseases), lack of audits of civil registration data quality, and inadequate interagency coordination between key stakeholder ministries. The technical discussions on “Covering every birth and death: Improving civil registration and vital statistics” were held in the WHO Regional Office in New Delhi on 16–17 June 2014.

During the discussions, the draft regional strategy on strengthening the role of health sector in improving civil registration and vital statistics was finalized (Annex 1). It consists of five strategic areas: (i) legal and organizational framework for CRVS; (ii) political commitment and intersectoral collaboration for national capacity-building, partnership, advocacy and outreach; (iii) birth and death registration: completeness and coverage; (iv) Recording causes of death, ensuring completeness and quality; (v) creating demand for health and vital statistics, enabling service delivery and planning through use in: (a) evidence-based decision-making and (b) linkage to other activities.

The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi, India, from 14 to 17 July 2014 reviewed the attached working paper and made the following recommendations:
**Actions by Member States:**

(1) Comprehensive assessment of CRVS system should be undertaken as appropriate.

(2) Health sector-specific interventions such as but not limited to strengthening health systems and health information systems (HIS), training on listing causes of death under ICD-10 and on medical certification of cause of death (MCCD) should be accelerated.

(3) Verbal autopsy mechanism should be scaled up to determine the most probable cause of death occurring outside the health facilities, as appropriate.

(4) Health services should be linked to CRVS to promote registration of births and deaths.

**Actions by the WHO Regional Office:**

(1) WHO should provide technical support to Member States upon request to strengthen the CRVS system.

(2) The capacity of Member States should be built to develop a simple tool to capture COD and web-based computerized registration system with linkages to HIS.

(3) Technical support should be provided to countries upon request to develop national capacity for implementation of ICD coding.

The working paper and the draft Regional Strategy for Strengthening the Role of the Health Sector for Improving CRVS and the HLP recommendations are submitted to the Sixty-seventh Session of the Regional Committee for its consideration.
Introduction

1. Civil registration is defined as the compulsory, permanent, continuous and universal recording of the occurrence and characteristics of vital events. Registration records are essential for establishing legal identity and nationality, as well as accessing services. Further, vital statistics on births, deaths and causes of death are essential for population health assessment and health policy analysis, such as for monitoring progress towards the Millennium Development Goals (MDG). National civil registration and vital statistics (CRVS) systems are the best sources for such data.

2. CRVS systems may comprise the following key stages:
   - recording of the occurrence of vital events (births, deaths, etc.) and associated characteristics;
   - notification of the occurrence of vital events to individuals and families and to the appropriate registration authorities;
   - formal registration of vital events through the civil registration system;
   - issuance of certificates of birth, death, and causes of death to family members and relevant authorities;
   - compilation, analysis and interpretation of vital statistics based on the information generated through registration and certification; and
   - archiving of individual records for future use.

3. The health sector has a particularly strong need for functional CRVS. Unless every birth is counted, the denominator for almost all the health indicators would be incorrect. Similarly, the correctness of the numerator for all health indicators for mortality statistics would be dependent on the counting of every death and the accuracy of cause of death data. CRVS are the only way to obtain continuous, compulsory, cost-effective data on births, deaths and causes of death. Reliable vital statistics from civil registration systems can provide essential inputs to 42 of the 60 MDG indicators. It is, therefore, imperative to promote these systems in order to make intercensal population estimates more reliable and reduce data gaps and discrepancies.

4. The WHO Regional Office for South-East Asia has developed a regional strategy for strengthening the role of the health sector in improving CRVS to provide a unified direction and political support to prioritize it. Technical Discussions on Covering every birth and death: improving CRVS, were held in the WHO Regional Office on 16–17 June 2014. A total of 78 participants attended with representation from ministries of health, civil registration and national statistics office from 10 of 11 Member States. Development partners, NGOs and research organizations were also well represented at the technical discussions – Asian Development Bank (ADB), UNICEF, UNESCAP, Plan International, Gates Foundation, Centre for Global Health

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Research (CGHR), Central Bureau of Health Intelligence (CBHI, WHO-CC) of the Government of India, University of Queensland (UQ) and Cambridge Economic Policy Associates (CEPA). The draft regional strategy on strengthening the role of the health sector in improving CRVS has been finalized for endorsement by the RC.

5. The regional strategy focuses on health sector initiatives at regional, national and local levels towards achieving universal birth and death registration and better quality mortality statistics from routine CRVS systems. In practice, this could potentially be achieved through implementation of specific activities within the health sector, as well as through close collaboration and coordination of health sector activities with other sectors and national stakeholders in the CRVS system.

The role of the health sector

6. “Accurate vital statistics and the ability to monitor and respond to causes of death and disability underpin many global health targets, including new commitments to universal health coverage and tackling the global epidemic of noncommunicable disease…. This would prevent an estimated 10 million deaths…….” World Bank/WHO 2014 Global CRVS Scaling Up Investment Plan 2015–2024.

7. The health sector can play a critical role in accelerating the development and strengthening of the CRVS system. Currently, there is an increasing trend in occurrence of births in health facilities, or at least, with skilled birth attendants. Hence, for births, the majority of events can be adequately captured on occurrence by the respective health sector institutions or personnel, and notified to local registration offices. While deaths in health facilities could be directly notified for registration, deaths in the community are commonly brought to the notice of local health staff, given their close proximity to the community. Hence, there is potential for the health sector to act as key notifiers of deaths in the community for registration, as well as undertake more detailed enquiries to ascertain the causes of death. Further, there is a demand in the health sector for routine and reliable data on deaths by age, sex and causes of death, which can only be met by CRVS systems.

Current situation in South-East Asia

8. In general, civil registration of births and deaths is conducted in all countries of the South-East Asia Region (SEAR), within a broad legal and administrative framework. However, as in all countries, civil registration in the countries of the Region is put in place with the primary purpose of establishment of legal identity, including family relationships. Hence, where such legal documentation for births is not linked with accessing services or there are no financial incentives to register deaths, there is little motivation for the community to participate in registration; hence notification and registration are often not completed. In all countries of SEAR, the processes for compilation of vital statistics from civil registration need to be strengthened; at present, data from CRVS systems have uneven coverage and completeness, and the quality is poor, particularly in terms of recorded and coded causes of death. This vastly limits the utility of these data for health sector purposes.
9. Since end-2010, comprehensive assessments of CRVS systems have been completed, using the WHO tool. Strategic plans for improvement of CRVS systems are being developed in eight of the 11 countries of SEAR: Bangladesh, Democratic People’s Republic of Korea, Indonesia, Maldives, Nepal, Sri Lanka, Thailand and Timor-Leste. CRVS comprehensive assessments are also planned for Bhutan, India and Myanmar. Further, the WHO Regional Office has also supported Bangladesh to develop a five-year investment plan for CRVS with prioritized activities along with costing, as part of an initiative supported by the Canadian International Development Agency (CIDA).

Conclusions and recommendations

10. Though multisectoral processes are required, strengthening the CRVS system as a whole can be complex and will take time. The health sector can move immediately to accelerate those parts of the CRVS systems that are its own responsibility. This includes notifications of births and deaths and ascertaining causes of death, which require considerable strengthening. In addition, the health sector can create demand through links with services such as immunization and UHC.

11. These goals are consistent with the UNESCAP Regional Action Framework and the World Bank/WHO 2014 Global CRVS Scaling Up Investment Plan 2015–2024, which identify the global goals as: universal civil registration of births, deaths and other vital events, including reporting causes of death, and access to legal proof of registration for all individuals by 2030.

12. The specific health goals of the regional strategy for strengthening the role of the health sector for improving CRVS, are:

• support the universal civil registration of births and deaths;
• provide relevant documentation related to notification and certification to facilitate the civil registration of births and deaths to all individuals; and
• produce accurate, complete and timely vital statistics, with a focus on causes of death based on civil registration data2.

13. The regional strategy for strengthening the role of the health sector for improving CRVS focuses on five strategic areas as listed below:

   Strategic Area 1: Legal and organizational framework for CRVS
   Strategic Area 2: Political commitment and intersectoral collaboration for national capacity-building, partnership, advocacy and outreach
   Strategic Area 3: Birth and death registration: completeness and coverage
   Strategic Area 4: Recording causes of death, ensuring completeness and quality
   Strategic Area 5: Creating demand for health and vital statistics, enabling service delivery and planning through use in: (a) evidence-based decision-making, and (b) linkage to other activities

2 Separate targets will be established for institutional and non-institutional causes of death.
14. The health sector can play an instrumental role in supporting the creation of demand for registration where possible through linking with health services such as immunization or universal health coverage (UHC).

15. The formal registration of the important events in the lives of people is critical for the protection of rights, a core component of good governance and sound administration, and crucial for producing reliable statistics on the demographics and health of the population. The improvement of CRVS systems is thus imperative for sustainable and inclusive development and will be central to the achievement of the health and development agenda post-2015, including UHC.

16. The regional strategy for strengthening the role of the health sector for improving CRVS launches a collective intervention focusing on strengthening the role of the health sector across the Region to improve CRVS systems in ways that are efficient and evidence-based.

17. Partnership between stakeholders and development partners is a quintessential prerequisite for the successful implementation of this strategy at both country and regional levels.

18. The experiences of countries that have successfully embarked on efforts to improve CRVS systems demonstrate that although circumstances and starting points vary, there are common actions to be taken, which can happen in parallel and in an iterative manner.