

# Vital Statistics Systems

- Civil Registration as the main source of data
  - The Regional Programme on CRVS
- Lessons learned from country assessments

**Regional Workshop on Production and Use of Vital Statistics**

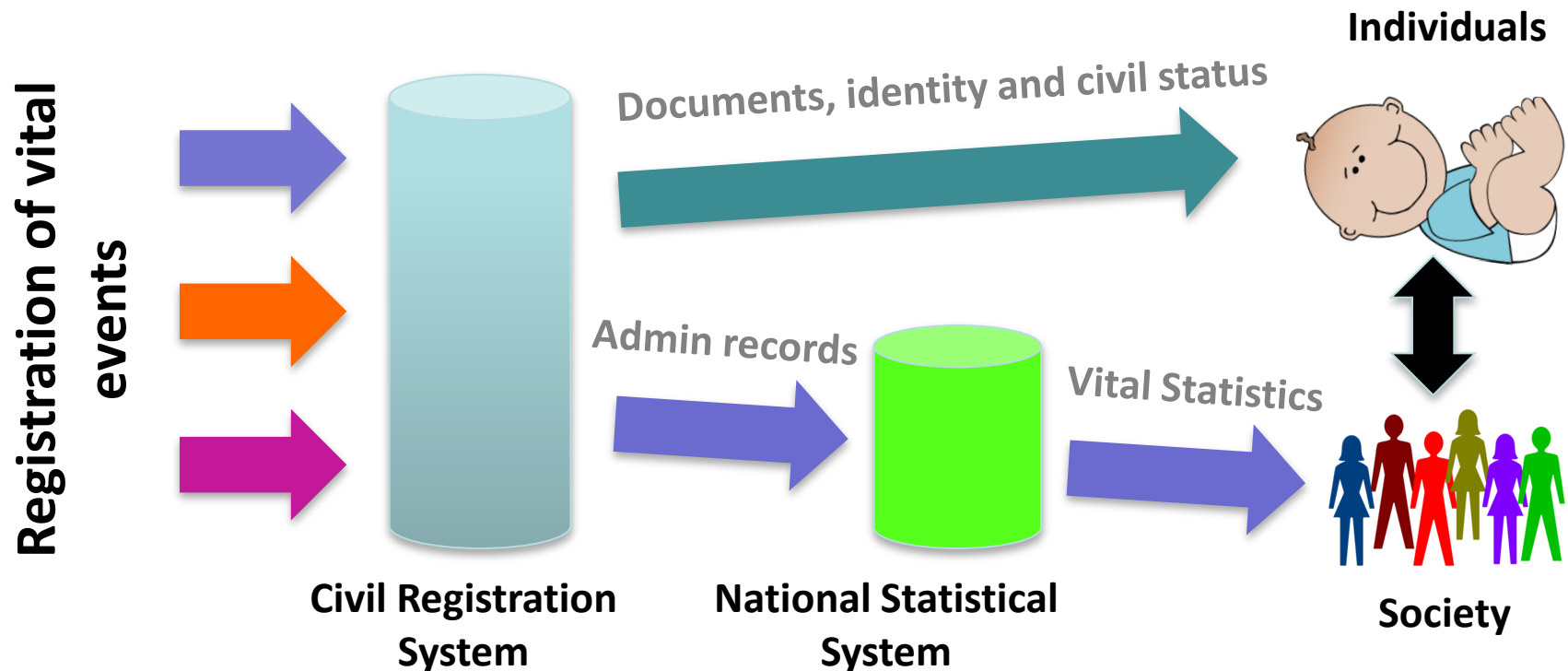
2-6 December 2013, Daejeon, Republic of Korea

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# What is CRVS?

- The functions of government that record the occurrence and characteristics of vital events in such a way that individuals benefit from an identity or proof of civil status, and society benefits from statistics on those vital events.



# What is CRVS?

- **Civil registration:** the official recording of the occurrence and characteristics of vital events.
- Should be continuous, permanent, compulsory and universal
- **Vital statistics:** data on vital events, such as population figures and causes-of-death statistics
  - Other sources of vital statistics: censuses, estimates and surveys



UN Photo/ Mark Garten

# What are vital events?

- The important events in people's lives:
  - **Birth** 😊
  - **Death** ☹️
  - **Marriage** 😊
  - **Divorce** ☹️ (sometimes separations and annulments as well)
  - **Adoption** 😊
  - *Some systems also include migration*
- Registering these events allows the production of vital statistics, which are crucial socio-economic indicators:
  - **Population estimates / Demography**
  - **Mortality and morbidity** (infant, child, and maternal mortality; causes of death)
  - **Fertility**
  - **Other social indicators** (e.g. marriage and adoption rates)

- Legal identity and provision of legal documentation
  - Registration of birth is the first legal acknowledgement of a child's existence
  - Access to health care and education
  - Confirmation of age at marriage
  - Eligibility for employment
  - Voting, conscription and possibly nationality
  - Important for inheritance
- Other incentives for registration
  - Mandatory
  - Allowances (ex child allowances)
  - Limit access to ex burial, medical services etc
  - **Incentives are powerful means to stimulate registration**

# Civil registration practices



- Registration should happen as soon as possible after the event
- Some events may need to be registered using special procedures or in certain institutions (hospitals etc)
- Registration should be accessible, which may create need for mobile registration offices
- Technically sound, coordinated and standardized
- Functions includes: recording, storing, safe keeping, retrieval, protection of confidentiality, certificate issuing....  
....and recording and reporting information for statistical purposes and to other government departments etc

# Why?

- Birth registration and legal identity is a human right.
- Other rights (e.g. employment in the formal economy, to open a bank account, migrate, protection of legal marriage).
- The vital statistics obtained through data from civil registration is crucial for policy making and measuring social and economic progress (MDG indicators, mortality, fertility, epidemiological transition).
- CRVS, at its core, is about the fundamental relationship an individual has with their government. It is therefore at the core of good governance.

# History of regional initiative



- **CRVS is not new to the Statistics Division or ESCAP.** It worked closely with the International Institute for Vital Registration and Statistics in the 1980s to organize a series of workshops and research.
- **CST1 (2009)** noted the urgent need for the improvement of vital statistics in the region.
- In 2010, SD and WHO organized a **regional forum**, and **CST2** mandated the Secretariat to develop a regional programme.
- In 2011, ESCAP adopted **resolution 67/11**. This requested the Secretariat to organize a High-level Meeting in 2012 among other activities.



# History continued...



- In December 2012, ESCAP and 19 other development partners organized the very successful **High-level Meeting on CRVS**. Over 230 senior officials from 46 countries and 22 organizations reached consensus on the **Regional Strategic Plan**.
- **CST3** (also December 2012) echoed the outcome of the HLM and endorsed the Regional Strategic Plan.

# The Regional Strategic Plan



The Regional Strategic Plan contains:

- **7 guiding principles**
- **8 outcomes:** each with potential country actions and regional support activities.

**...To be achieved by 2020!!**

**The 8 outcomes:**

- A. Public awareness
- B. Political commitment
- C. Investments
- D. Policies, legislation and implementation of regulations
- E. Legal documentation
- F. Statistics on vital events
- G. Coordination among key stakeholders
- H. Use vital statistics

# History continued...

- In April 2013, the **Global Summit on CRVS** took place, organized by WHO in collaboration with a group of partners (including ESCAP) in Bangkok and made the **“Bangkok Call for Partner Action”**



# History continued...



- In May 2013, ESCAP adopted **resolution 69/15** (Sponsored by the Philippines, Australia, Bangladesh, Cambodia, Japan and Turkey) on implementing the outcome of the HLM. This supported the endorsement of the Regional Strategic Plan and requested the Secretariat to organize a **Ministerial Meeting in 2014** and to **establish a Regional Steering Group**.
- In September 2013, CRVS was included as part of the outcome of the **Sixth Asian and Pacific Population Conference**. The outcome recognized that CRVS is critical for inclusive and sustainable development.
- In October 2013, the **Regional Steering Group** was formed. First meeting will be held next week (9-11 December)

# Regional Steering Group

- Responsible for overseeing the implementation of the **Regional Strategic Plan** and development of the Regional Action Framework
- As part of that, will greatly contribute to the consultations and organization of the Ministerial Meeting in 2014
- ESCAP received 79 nominations and 26 individuals were elected as members
- The group represents NSOs, MoH, Registrars, and partners across the ESCAP region



# 2014 Ministerial Meeting



- Will take place in **November 2014**, coinciding with the 25<sup>th</sup> anniversary of the Convention on the Rights of the Child
- Will be **high profile**: Prime Ministers, Ministers of Health, Ministers of Interior or Home Affairs, and Heads of National Statistical Organizations will be invited
- **Goal**: Make a ministerial declaration to achieve well-functioning CRVS systems in all countries by 2020 and endorse a **Regional Action Framework**.
- Will require **preparatory consultations** and negotiations with member States and development partners through 2014.

# ESCAP's role in CRVS



- **In countries:** ESCAP works with governments and development partners in countries to facilitate assessments and technical guidance, ensuring that CRVS activities engage **all relevant national stakeholders**
- **Regional level:** ESCAP works with development partners to **raise awareness and facilitate regional (and South-South) cooperation**
  - Provide international forums to establish political commitment and accountability
  - Conduct capacity building activities (such as this workshop)
  - Coordinates the activities of partners and shares information
  - Connecting with other regional initiatives in Africa, Latin America and the Middle East
  - Encourage CRVS to be a global development priority (including for CRVS to be a post-2015 development agenda target)

# Who are the partners?



United Nations  
Statistics Division



Empowered lives.  
Resilient nations.





# Assessments of CRVS systems



*The University of QLD and WHO have developed rapid and comprehensive standards-based, multi-sectoral and adaptable tools to assess CRVS systems (including Birth Registration).*

## **Rapid self-assessment (questionnaire based)**

- 48/62 ESCAP countries have conducted one

## **Comprehensive assessment (that ESCAP has received)**

- 5 countries have completed (Maldives, Philippines, Sri Lanka, Thailand & Timor-Leste)
- 4 countries are ongoing (Bangladesh, Indonesia, Mongolia & Nepal)
- Prospects in Cambodia, Lao PDR, Pakistan and Viet Nam

# Assessments of CRVS systems

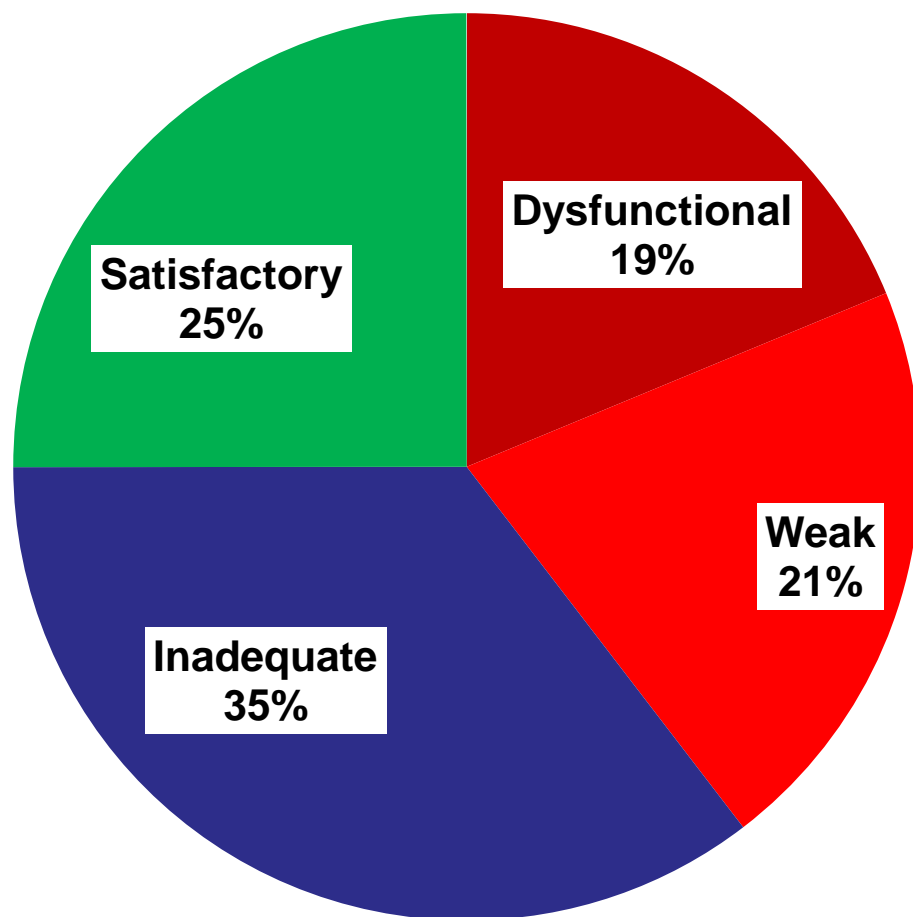
## Comprehensive assessment

- Can be adapted to national circumstances
- Country-based process
- Should lead directly to the development of a national CRVS plan

## Improving the quality and use of birth, death and cause-of-death information: guidance for a standards-based review of country practices



# Results of rapid assessments



Since 2009, 48 countries (out of 62) have conducted a rapid assessment using the University of QLD tool

|                     |           |
|---------------------|-----------|
| Dysfunctional 0-34  | <b>9</b>  |
| Weak 35-64          | <b>10</b> |
| Inadequate 65-84    | <b>17</b> |
| Satisfactory 85-100 | <b>12</b> |

# Challenges facing countries



- Poor coordination amongst responsible line ministries
- Inadequate financial and human resources
- Lack of public awareness of the importance of registering life events
- Inadequate training and capacity for certifying causes of death as well as coding of causes
- Weak legal frameworks or poor implementation of laws

# Case study: Lao PDR

- Last year completed an assessment of its CRVS system, with recommendations.
- This year Prime Ministerial Decree set up a CRVS committee at ministerial level. New Department established for CRVS.
- National Workshop held to identify priority actions, including drafting new laws and developing a medium term strategy.
- Training workshop to Thailand organized by ESCAP in Oct 2013
- CRVS is a new concept; seeking international support.



# Case story: Cambodia



- **2002:** New civil registration legal framework established but **by 2005** birth registration coverage was only 5%
- Plan, UNICEF and ADB **partnered** with the Cambodian government (Ministry of Interior and Ministry of Health)
- Mobile registration units went through the country registering births and deaths **for free** (marriages for a small fee)
- Large **public awareness campaign** was launched (radio and television ads) on the importance of birth registration
- ADB followed up with funding computerization of the civil registration system
- **2008:** Birth registration coverage increased to over 90%



| STATE OF HAWAII  |   | CERTIFICATE OF LIVE BIRTH  |                 | FILE NUMBER                             |
|--|---|--|-----------------|---|
| Child's First Name (Type or print)   |   | 1b. Middle Name  |                 |   |
| BARACK   |   | HUSSEIN  |                 |   |
| Sex  | 3. This Birth   | 4. If Twin or Triplet, Was Child Born  |                 | 5a. Birth Date                          |
| Male   | Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | Month<br>August |   |
| Place of Birth: City, Town or Rural Location   |   |  |                 |   |
| Honolulu   |   |  |                 |   |
| Name of Hospital or Institution (If not in hospital or institution, give street address) |   |  |                 | 6d. Is Place of Birth?                  |
| Kapiolani Maternity & Gynecological Hospital   |   |  |                 | Yes <input checked="" type="checkbox"/> |
| Usual Residence of Mother: City, Town or Rural Location                                  |   |  | 7b. Island      |   |
| Honolulu   |   |  | Oahu            |   |
| Street Address   |   |  |                 | 7c. Is Residence of Mother?             |

**Thank you!**