Asia-Pacific Leadership and
Policy Dialogue for Women's
and Children's Health

ACCOUNTABILITY

Development of Civil Registration and Vital Statistics Systems

Rationale

Civil Registration and Vital Statistics (CRVS) systems comprise the total process of collecting information on the occurrence and characteristics of vital events (e.g. birth, death, cause of death, marriage, adoption, etc.); and generating vital statistics through the compilation, analysis, evaluation, presentation and dissemination of data. The importance of CRVS is reflected in the very first recommendation of the UN Commission on Information and Accountability for Women's and Children's Health, which states that by 2015 "all countries [would] have taken significant steps to establish a system for registration of births, deaths and causes of death,…".

CRVS systems help provide human and civil rights to citizens, and are the only source of universal and continuous population data which help governments plan what services are required, and assess whether these services are meeting their intended objectives. For example, Ministries of Health can access epidemiological and demographic information to help define and prioritize health system interventions. Education departments have access to data on the number of children of school-going age and can plan for the provision of adequate schooling infrastructure and services. Many other government departments – such as those in charge of finance, employment, justice, housing, social security and other social sectors – can also better plan for, deliver and monitor services provided.

There is also a strong impetus for CRVS systems in the run up to 2015, as population data are necessary to calculate 42 out of the 60 MDG progress indicators; and in the absence of these systems, estimates need to be computed which are most often not accurate or cost effective. In April 2012, the Human Rights Council adopted a resolution recognizing birth registration as a human right, an important step in building national political commitment to strengthening CRVS.

Getting started

As many countries already have some form of CRVS system in place, a first step would be to carry out an assessment of the current status of the administrative, infrastructural and technical capacities of the existing system, as well as the coverage and quality of vital statistics generated (if any). The various areas to be assessed for ascertaining the quality of vital statistics include: registration and certification practices, coverage and completeness; International Classification of Diseases (ICD) mortality coding practices; data access, use and quality; and processes used for generating statistics. WHO and Health Information Systems Knowledge Hub (HISHub) provide tools and guidance on this assessment (see *Toolkit*). Countries might then develop a tailored investment case highlighting the core value proposition of CRVS to the country. This would help mobilize the required resources and support, and in establishing/ improving CRVS systems in the country.

Approaches / Steps

Stimulate political and financial commitment
Create a supportive national legal framework
Incentivise public cooperation and nurture trust
Design/implement infrastructure and administrative processes
Develop a human resource base
Monitor and evaluate the performance of the CRVS system

1. Stimulate political and financial commitment:

- Mobilise high-level political backing for development of the CRVS system.
- Develop costed country improvement plans to help secure commitment for long-term funding for the development and maintenance of the CRVS systems.

2. Create a supportive national legal/ policy framework:

- Create/ refine legislation, including a national law and other relevant regulations, to define CRVS and clarify institutional/ operational aspects of designing and implementing the CRVS system.
- The framework may consider designating responsibility for registration and certification (e.g. via a central registration authority), as well as making registration compulsory.
- The law should also support and be consistent with international standards and definitions, such as for fetal death or still births, and ICD coding practices.

3. Incentivise public cooperation and nurture trust:

- Incentivise citizens to register vital events in a timely manner through removing barriers to registration (e.g. registration fees and difficulties in accessing facilities).
- Create public awareness of the benefits of CRVS, in terms of ensuring human rights and better access to public and private services, through advocacy and educational campaigns.

4. Design/ implement infrastructure and administrative processes:

- Assign roles, responsibilities and reporting structures between those who report vital events (e.g. individuals, the health system and local civil servants/registrars), those who collate the data (e.g. local registry offices and the national statistics office) and those who use the information (e.g. government departments).
- Enable more efficient information sharing between government departments and other stakeholders, e.g. through use of mobile and other technologies.
- Effectively use technologies (e.g. electronic, mobile) for the collection and storage of data, as well as the retrieval, compilation and dissemination of vital statistics.

5. Develop human resource capacities:

- Develop human resource capacity at all levels to adequately support the CRVS system to achieve and maintain complete coverage of CRVS systems, especially in remote regions.

- Train medical records officers and health professionals, for example, in certifying cause of death and ICD coding.

6. MONITOR AND EVALUATE THE PERFORMANCE OF THE CRVS SYSTEM:

- Establish an independent mechanism such as a national independent committee to regularly monitor and evaluate the CRVS system in terms of inputs (e.g. budgets and human resources), processes (e.g. access to CRVS facilities and completeness of data) and outputs (e.g. time lag between collection and publication of data) and put in place systems to measure outcomes and impact.

ROLE OF ACTORS

This summary may be of use to national governments, policy-makers, national registration and statistics offices, healthcare coordinators, and other advocates of CRVS systems. Various stakeholders across sectors, such as the owners and beneficiaries of the CRVS system, must be brought onboard for successful achievement of the intended objectives.

TOOLKIT

STEP INVOLVED	RESOURCES
Developing and implementing CRVS systems	▪ WHO, HISHub (2012): "Strengthening practice and systems in civil registration and vital statistics: A Resource Kit". ▪ Australian Bureau of Statistics and HISHub (2010): "Advocating for civil registration: guide to developing a business case for civil registration", Working paper No. 15.
Cause of death coding	▪ WHO (2010): "International Statistical Classification of Diseases and Related Health Problems (ICD)".
Assessment tools	▪ WHO, HISHub (2009): "Improving the quality and use of birth, death and cause of death information: Guidance for a standards-based review of country practices". ▪ WHO, HISHub (2010): "Rapid assessment of national civil registration and vital statistics systems".

CASE STUDY

Linking registration to state health insurance schemes in Thailand

The first civil registration law was enacted in Thailand in 1909, followed by more comprehensive legislation in 1956. The 1970s saw focused population targeting by government services, accompanied by the expansion of state health insurance schemes.

The National Civil Registration Office under the Department of Local Administration, Ministry of Interior is the central authority responsible for civil registration in the country. All births, deaths and migrations are required by law to be registered with the local registration office. All provincial and almost all district registration offices are connected electronically with the central civil registration system. The system covers 96% of all births and 98% of all deaths.

The Ministry of Public Health is responsible for the recording and publication of vital statistics. In 1996, an electronic system was introduced which resulted in reduced delays and data discrepancies, and increased system efficiency. Birth and death data is now transferred electronically to the MOPH from the civil registration system on a monthly basis.

The registration system is based on a unique 13-digit identification number generated for all citizens at birth. Since 2011, the ID cards are provided to each registered citizen at the age of seven. This number forms the basis of all identification documents and is used for registration in state health insurance schemes. The reimbursement system of these insurance schemes acts as a source of individual inpatient data, which is utilised for enhancing the quality of the CRVS database. The management of birth, death and other vital statistics has also become more effective based on this collaborative system.

Low quality cause of death information and low skill levels of public health professionals remain key challenges for the country. However, the implementation of improved processes for CRVS, along with the integration with the state health insurance scheme, has contributed to the development of a well functioning CRVS system in Thailand.

OPPORTUNITIES TO ENGAGE

- Countries can access a number of toolkits and resources developed to support the process of developing/strengthening their CRVS systems. Regional strategies for the improvement of CRVS in Asia and the Pacific as well as Africa are in the process of development.

RESOURCES

- HISHub Country Studies:
  - Gamage et al (2009). *Assessing the production, quality and use of national vital statistics: A case study of Sri Lanka*. Documentation Note no. 1, University of Queensland.
  - Hufana et al (2009). *Assessing the production, quality and use of national vital statistics: A case study of the Philippines*. Documentation Note no. 2, University of Queensland.
  - Lopez et al (2011). *Strengthening practice and systems in civil registration and vital statistics: A Resource Kit*. Case studies on Thailand, Sri Lanka, China and Iran. Working Paper no. 19, University of Queensland.
  - Mikkelson L (2009). *Assessing the quality of vital statistics systems: Lessons from national evaluations in Sri Lanka and the Philippines*. Working Paper no. 8, University of Queensland.
- HMN (2012). *Health Metrics Network MOVE-IT Country Projects in Africa and Asia*. Rev. 2. Geneva: HMN.
- Kijsanayotin B (2011). *Using health care service administrative data to improve national vital statistics: Thailand experiences*. Bangkok: Health Systems Research Institute.
- Lancet (2007). *Who Counts? Lancet Series*. Available at: http://www.thelancet.com/series/who-counts
- PMNCH (2012). Knowledge Summary 17: *Civil Registration and Vital Statistics*. Available at: http://portal.pmnch.org/knowledge-summaries/ks17
- UNDESA (2001). *Principles and recommendations for a vital statistics system: Revision 2*. New York: UNDESA.
- UNECA, AfDB (2012). *Registering Death, Assigning and Certifying Cause of Death and Compiling Statistics under the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS): Draft Inception Paper*. Addis Ababa: UNECA.
- UNESCAP (2012). *Draft Regional Strategic Plan for the improvement of Civil Registration and Vital Statistics in Asia and the Pacific*. Bangkok: UNESCAP.

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