



The Role and Importance of Civil Registration and Vital Statistics Systems

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M·A4Health

Measurement and Accountability for Results in Health:
A Common Agenda for the Post-2015 Era

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CRVS cluster technical paper:

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Key messages

Effective civil registration systems are critical for accurate planning and monitoring of health care systems. The availability of reliable, up to date, continuous vital statistics depends on the level of development of the civil registry. The registration of vital events promotes the access of entitlements, including access to health care. Identifying who is in the country contributes to the post-2015 inclusive agenda of leaving no one behind.

Accurate and timely vital statistics are key to monitoring progress in achieving national and global health goals. Vital statistics are also central to improving health at a population level through informing a country's policies and plans for education, water and sanitation, social protection, food security, and labor and employment, as well as the provision of health services.

The post-2015 global priorities assume a level of morbidity and mortality knowledge which is currently lacking. Health decisions cannot continue to be made in the absence of global morbidity and mortality data. This data is required for countries to move to universal health coverage, through informing policy formulation, implementation, and evaluation. Effective investment decisions by donors, development agencies and governments require consistent information about population health and mortality.

There cannot be any 'data revolution' without a complete vital statistics system linked to

effective civil registration. This requires institutional change, new alliances and cross-sectoral collaboration, with a much stronger focus on the use of data for accountability.¹ Integration of data sources makes for a strong statistical system, and requires the linking of administrative records for life events.

Investments in CRVS and the health sector are mutually beneficial. The health sector contributes to CRVS systems through its role in the notification of births and deaths and the compilation of data. The health sector also benefits from the increased availability of vital statistics for planning, measurement and accountability.² This key role is now well recognized, and investments in the health sector, such as for improving coverage of Reproductive Maternal Newborn and Child Health services, can be used to improve CRVS systems.

Comprehensive, coordinated CRVS assessments are the starting point for CRVS strengthening. In response to the growing political commitment, as of May 2014, 25 of the 75 2010 Commission on Information and Accountability for Women's and Children's Health (COIA) priority countries have completed comprehensive assessments, and a further 16 have these planned or underway. CRVS systems are now being recognized as holistic systems requiring more coordination among government agencies and institutions, (for example civil registration, health, and statistics), and among Development Partners.

Emergence of CRVS as a global development priority

Statistics developed from systematically collecting and analyzing births, deaths, marriages, and other life events, are known as vital statistics. The need for accurate and timely vital statistics is key to monitoring progress of national and global health goals, and for tracking inequities across geographies and population groups.^{3,4} Vital statistics constitute a base to estimate population size, mortality and causes of death,⁵ life expectancy, and fertility trends. They are essential for health policy and priority setting, planning, service delivery, and monitoring and evaluation. Having accurate and complete vital statistics also improves health through informing country's policies and planning for education, water and sanitation, social protection, food security, and labor and employment.

The preferred way of collecting vital statistics is through civil registration, a prime function of government. It provides individuals with documentation needed to establish a legal identity and family relationships, and, by extension, to exercise their civil rights, to obtain access to services, and to participate in modern societies.⁶ Civil registration is defined by the United Nations as the *“Universal, continuous, permanent and compulsory recording of vital events provided through decree or regulation in accordance with the legal requirements of each country.”*

Birth registration contributes to establishing an individual's legal identity, and permitting the individual to engage fully in society and contribute to economic growth. In childhood, birth certificates may be required for a child to access essential services, such as health and

education, and to establish the child's connection with the family in times of crisis. Throughout life, birth certificates may be required to obtain social assistance or a job in the formal sector, to buy or prove the right to inherit property, and to vote and obtain a passport.

There are persistent challenges to monitoring and reporting health-related events, such as births and deaths. There is a particular concern for more accurate maternal, newborn and child health measurement and accountability. Children who are not registered at birth are also unlikely to be registered should they die, resulting in infant and under-five mortality levels being significantly under-estimated, and causing inaccurate denominators for many other measures. Registration of deaths is poorer than that of births, given a lack of incentives for family members to register the event. The World Health Organization (WHO) estimates that two-thirds of all deaths globally are not registered. This situation is particularly critical in Africa. This has significant implications on assessing world progress in investments in global health and development, particularly in reproductive, maternal, newborn, and child health.

A good CRVS system lies at the heart of accountability for health on a number of levels⁷—through the strategic priorities agreed to nationally and globally, and through communities where individuals are assured access to and quality of specified services. Supporting and strengthening CRVS systems is also an investment in a healthy and actively engaged society, in a functioning democracy, and in driving economic growth.

While the importance of registering vital events is well-recognized globally, in practice the infrastructure to actually register the events and the understanding of their importance, may be lacking in many countries.⁸ With CRVS systems receiving growing attention as a primary source of information in the discussion of the post-2015 development agenda, the global community now has an opportunity to address this oversight.^{9,10} There is an urgent need to build or strengthen both the process to register events, and the use of the data to inform national and sub-national health-related policy and programming, and to contribute to the post-2015 inclusive agenda of leaving no one behind.

Political momentum on CRVS investment has been driven by the UN Secretary General's *Global Strategy for Women and Children's Health (2010)* as well as by COIA, which was established to determine the most effective international institutional arrangements for global reporting, oversight and accountability on women's and children's health. One of COIA's recommendations was that by 2015 "*all countries have taken significant steps to establish a system for registration of births, deaths and causes of death, and have well-functioning health information systems that combine data from facilities, administrative sources and surveys*". This, together with regional and national advocacy, has led to a growing commitment to resolve current weaknesses in national CRVS. The role of the health sector is now well recognized—both as a beneficiary from and a contributor to stronger CRVS systems.

Furthermore, the ongoing debates on the post-2015 development agenda have given further impetus to the momentum for the improvement of CRVS systems. In August 2014, the Open Working Group of the General Assembly on Sustainable Development Goals (SDGs) submitted its report to the General Assembly at its sixty-eighth session. The report proposed a set

of SDGs and relevant targets that would be integrated eventually into the post-2015 development agenda. Goal 16 of the proposed SDGs sets a target that countries should: "*by 2030 provide legal identity for all, including birth registration*". Additional proposed SDGs include several health-related targets that would rely on measurements using CRVS systems. Many other proposed goals and targets, such as SDG target 17.18, suggest obtaining information on population data disaggregated by age and sex, and obtaining information on vulnerable populations in a country, all of which could ideally be drawn from viable CRVS systems. Hence, CRVS systems are an essential underpinning of the post-2015 development agenda. While the exact scope and content of the new development agenda is yet to be finalized, it is likely that the new set of internationally-agreed development goals would add urgency for investing in CRVS systems.

Building on this momentum, the World Bank Group and WHO, in consultation with several agencies and countries, and with financial support from Canada, developed the CRVS Scaling-up Investment Plan for 2015–2024.¹¹ The goal is to obtain universal civil registration of births, deaths, and other vital events (including reporting cause of death), and access to legal proof of registration by 2030 for all individuals in the 75 low- and middle-income countries prioritized by the COIA. Furthermore, a Global Financing Facility for Reproductive, Maternal, Newborn, Child, and Adolescent Health (GFF) will be launched in July 2015 with a dedicated component to strengthen national CRVS systems. These global initiatives will build on the regional activities already underway, such as the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS),¹² the Ministerial Conferences on CRVS in Asia and the Pacific,^{13,14} the WHO Eastern Mediterranean Strategy,¹⁵ as well as the call for universal birth registration in Latin America and the Caribbean.¹⁶

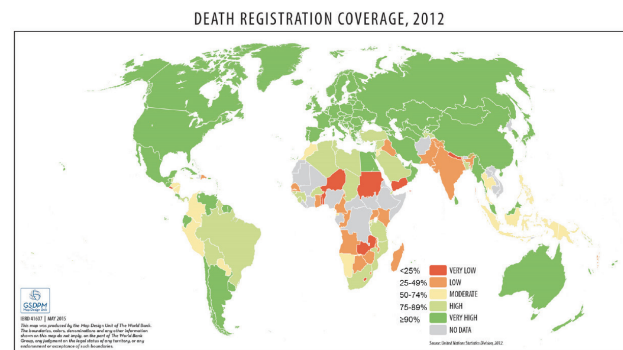
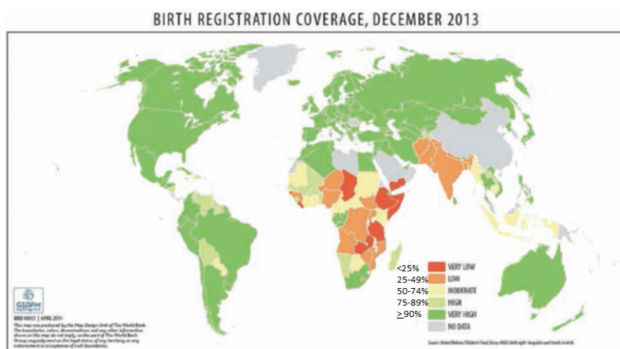
The current landscape for CRVS

Despite the centrality of the CRVS in nation states, over 75 low- and middle-income countries have in place very weak, almost non-existent CRVS systems. As a result, levels of birth and death registration are low and cause-of-death reporting is almost non-existent. Low levels of birth registration means that children who are not registered at birth are also unlikely to be registered should they die, resulting in a significant underestimation of levels of infant and under-five mortality. Low death registration and cause-of-death reporting means that mortality information has to be estimated using statistical modeling, or expensive and sporadically-timed alternatives, such as surveys.

Since 2004, there has been only a modest increase in global birth registration rates of children under five, from 58 percent to 65 percent, with increases being most significant in East and Southern Africa.¹⁷ Sub-Saharan Africa has

the lowest levels of birth registration. According to the latest UN guidance,¹⁸ birth registration should be “immediate” (where defined, this is usually 7–30 days); up to 12 months is viewed as “late registration;” and beyond 12 months is considered “delayed registration.”

Two-thirds of all deaths globally are not counted, and only 34 of 194 countries report high-quality data on deaths and causes of death. Out of 46 African countries, 42 do not have credible death registration data.



Moving to desirable systems

Typically, various institutions and government departments are responsible for ensuring that vital events are registered with the civil registry,

and ensuring that individuals receive the certificates confirming that the vital events have occurred. The civil registration system provides

certification for individuals of a vital event, which in turn supports the process of establishing legal identity and the production of national identification documents, and which also ensures the integrity of population databases and electoral rolls. In addition, information compiled from registration records enables development of national and sub-national analysis and reports on vital statistics.

CRVS systems have different roles, and utilize many different players, as illustrated in **Figure 1** below. These include flows of data into population registers and national statistical databases, and production and dissemination of vital statistics, using information from civil registries and other sources.

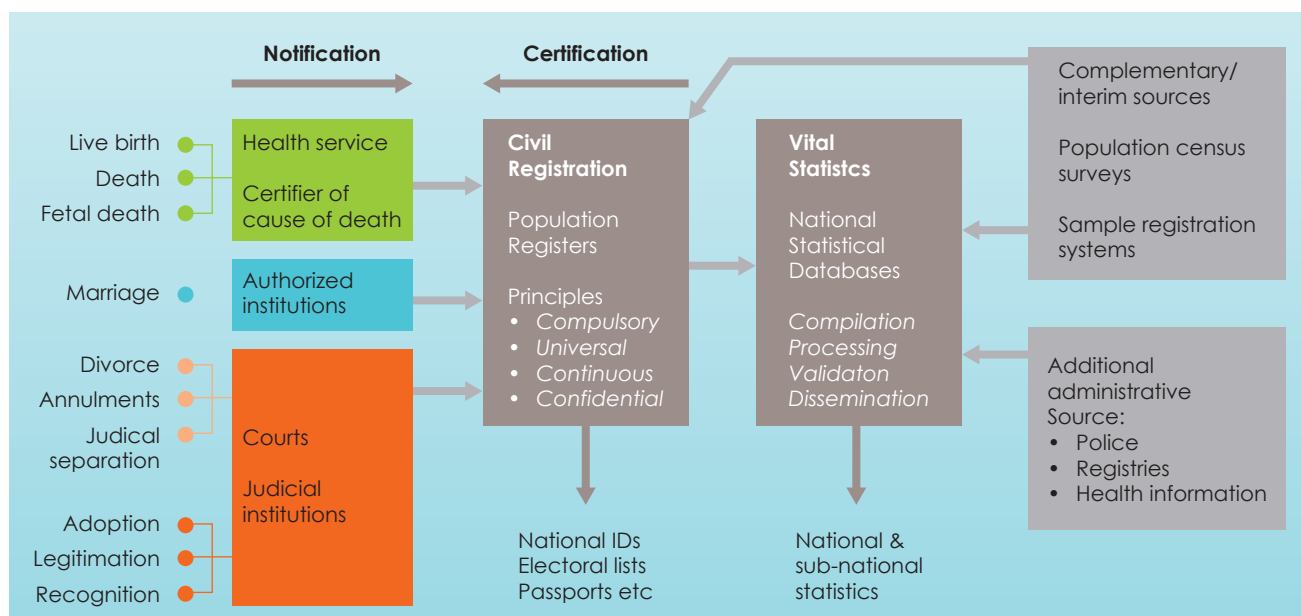
Strengthening registration systems is based on the principles of continuity, permanence and availability, universality, confidentiality, timeliness, and accuracy. Registration should also be compulsory, although this should not become a barrier to accessing essential services, as has sometimes happened with birth registration and education.¹⁹

The legal framework for civil registries has other requirements: a holistic approach across all involved government agencies and institutions; collection and use of data in an efficient and effective manner; accurate information captured and disseminated in a timely manner; transparency to ensure that registries are implemented and managed through clear rules that promote accountability for the fair handling and use of information, while protecting individual privacy rights; the ability of individuals to be able to access their personal information, and where necessary, to challenge and correct any inaccuracies; and the requirement that CRVS support citizens' identities and civil status, without threatening the safety of individuals who might be put at risk by the intentional or inadvertent disclosure of personal information.

Key CRVS components to be improved for the health sector

Overall, more integrated approaches, combined with active collection and outreach can be required to improve CRVS systems. This is

Figure 1: Required components of the CRVS system



shown by the fact that countries which have made gains, and have functioning systems, use a variety of mechanisms to improve basic registration of births and deaths, and recording of causes of death:

- **Birth Registration** must be better linked to service delivery, particularly maternity care, postpartum care and child health services. One area of particular interest is the opportunity provided by the immunization of infants.²⁰ Given that the vast majority of newborns receive the BCG tuberculosis vaccine and other vaccinations at birth, health workers have the opportunity to issue the child a vaccination card and remind the parents about registering their child. This can be checked during vaccination contacts before their first birthday and monitored by inclusion of a space to mark whether the child has been registered, either in the vaccination registers or in cards kept at health facilities. Vaccinators can be trained to remind parents about birth registration and to educate them on where to go to have their child registered. New and innovative technologies can play a key role, such as using short messaging services (SMS) for early notifications of birth, dispatching mobile outreach registration units to cover remote and mountain areas, and establishing seasonal offices for registration in areas with extreme weather conditions. In addition, the backlog of unregistered children can be reduced by requiring presentation of a certificate when initially registering a child for school. All of these measures can help ensure that the absence of a birth certificate does not impede the enjoyment by a child or family of rights such as education or health care.
- **Death registration** can be improved through more complete and timely reporting of deaths by health facilities.

Information about all deaths in health facilities should be provided to the civil registration authorities along with relevant key characteristics such as age, sex, and the date, location, and cause of death. Mortality data should be collected as part of a national household survey plan, with application of verbal autopsy (VA) in a follow-on survey using standard tools and automation where feasible. Surveys should also include questions on place of death, and registration status, in order to facilitate estimation of registration coverage. Drawing on administrative records for burial and other mortality services can also improve recording of deaths. Completeness can be improved by requiring death certificates for burial, and by acquiring information on hereditary and property rights. The demand for mortality statistics is a particular challenge and is no longer a matter of choosing between death registration and other data sources—surveys, censuses, sentinel and sample registration systems, and facility-based data—but one of ensuring that these additional sources are optimally integrated with CRVS systems.

- **Cause of death registration** requires building capacities for the accurate certification of cause of death and statistical coding according to the International Classification of Diseases (ICD) standards. The simple list of causes of death developed by WHO can be used in settings where capacities for full ICD implementation are not available. Collaborations between registration authorities and the health sector are required to apply verbal autopsy appropriately in settings where medical certification of all deaths is not feasible.²¹ This includes some settings where there may be comprehensive reporting of death by age and sex, such as occurs in urban areas, but no reporting of data on causes of death.

Box 1: Learning from country success stories and assessments

Some countries have seen remarkable improvements in CRVS systems in recent years, particularly in improving outreach, and incentivizing demand and multi-sectoral coordination. For example, **Brazil** has made significant progress with birth registration, establishing civil registry services in maternity hospitals and providing hospitals with a small payment incentive to register births. The Ministry of Health and the Brazilian Statistical Institute also made birth and death statistics available on the Internet within just one year.^a Another example of success is **South Africa**, which has also seen major improvements in birth registration in recent years. Death registration has also improved after the process was made a compulsory step before burial. Certification on the cause of death has improved following the training of certifying officials in hospitals as well as the introduction of an automated coding system.^b Some countries, such as **Botswana**, are building an 'organic' link between birth registration, National Identification Systems and death registration, and establishing interoperability with other Government systems for individual data authentication. In Botswana, as elsewhere, the establishment of the on-site registration centers in health facilities has seen a remarkable improvement in CRVS. All countries can develop a fully integrated CRVS system, although the time it takes to do this may vary. This has already successfully been done in **Uruguay** and **Peru**, and is proceeding fast in some other low and middle income countries, such as **Bangladesh** and **Kenya**. Many countries have conducted assessments of the current status of CRVS using assessment tools developed by the WHO, by the University of Queensland,^c and by the Regional Core group led by the Economic Commission for Africa (ECA). These involve a review by country stakeholders, including government agencies responsible for registration, statistics, health, and others, as appropriate for each country.

^a Danel and Bortman 2008. *An assessment of LAC's vital statistics system: the foundation of maternal and infant mortality monitoring*. HNP discussion paper series. Washington, DC: World Bank.

^b Lehohla and Mathenge 2013. *Breaking with Broken Systems: EU/UNICEF Partnership for the Legal Identity of African, Asian and Pacific Children*. Page 25. <http://unicefstories.files.wordpress.com/2013/10/pan-african-study-tour-revised.pdf>

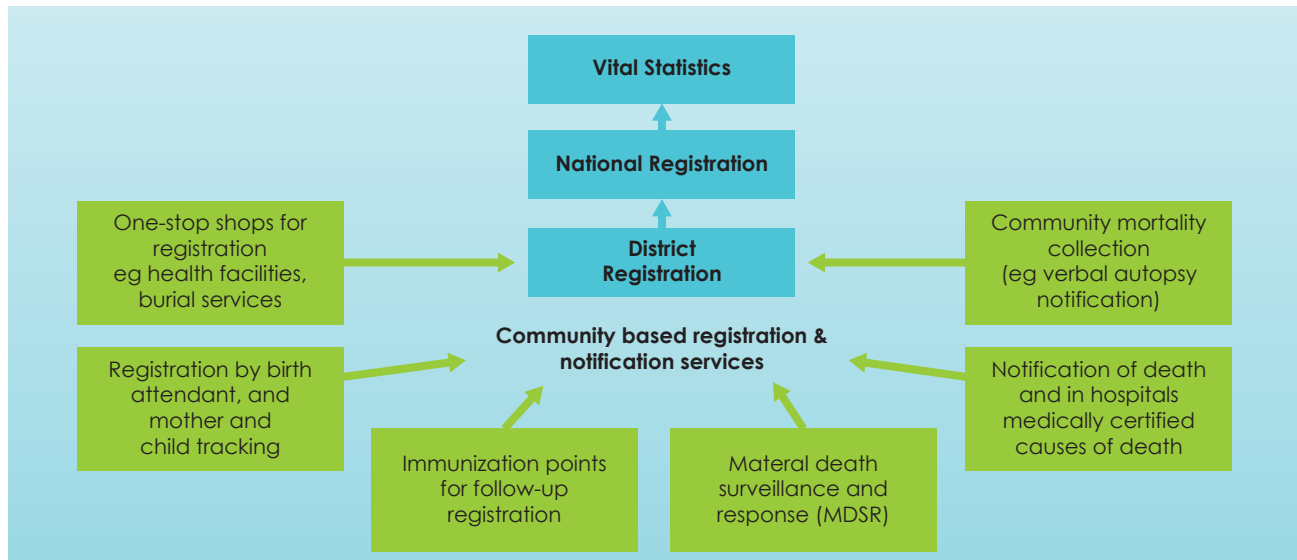
^c World Health Organization & University of Queensland (2010). *Rapid assessment of national civil registration and vital statistics systems*. Geneva, (WHO/IER/HSI/STM/2010.1).

Building up statistical systems from the 'ground level'

There are a number of approaches for building national CRVS systems through investments in local district systems and through networks of providers and community-based services. Simplifying the process and providing a vital-event registration service within existing structures with which citizens interact can dramatically increase registration coverage. Registration offices cannot be opened in every village and community, but existing local networks (formal and informal) have to be used to obtain the declaration which can be passed on to the lowest office of registration, often at the district level, either through paper or electronically.

Systems should transfer information and serve people in the communities where they are located (**Figure 2**). Eliminating fees for registration of vital events is important, and penalties for late registration should not deter people from registering. Ensuring that registration is confidential, and communicating this, may build confidence among some of the excluded groups to encourage them to register. New technologies can facilitate data collection, compilation, and sharing. Well-functioning information and communication technology (ICT) infrastructure at the level where services are provided, including a reliable power source, availability of Internet access, and cell phone coverage, can provide the enabling environment for developing local information and modern CRVS systems.

Figure 2: 'Ground-level' input to a national CRVS system



Experience is growing with innovative solutions, such as electronic registries, mobile applications, open source and integrated ICT solutions, electronic coding, and verbal autopsy tools.

To work well, the data in the civil registry needs to be complete and to be available for analysis and use at all levels. At the apex is the National Statistical Offices (NSOs) that

are part of a multi-pronged set of activities that produce, disseminate, and use the data to produce vital statistics for national and sub-national decision making, including public health planning and monitoring. Health information contributes to and benefits from vital statistics, and a close working relationship between health and statistical institutions is essential.

Overcoming the challenges

Persistent barriers for CRVS systems

CRVS systems are comprised of a number of inputs, processes, and outputs that depend on a number of factors in order to function. Once a country has politically committed to CRVS systems for the delivery of statistics for measuring progress, various barriers need to be overcome:

- Individual and community-level awareness and buy-in to the importance of birth and death registration is often lacking;
- There are often financial barriers to registration; obtaining identity documents, for example, often entails official fees, fines for late registration, opportunity costs, transportation expenses, and bribes.
- In some countries, there are discriminatory laws, practices, and attitudes that prevent registration. Women who are unmarried

face particular obstacles, as do parents from minority groups.

- Distance to registration services may be far, and people may have to travel long distances on more than one occasion.²²
- Current registration systems are frequently difficult to access and to understand.
- There may be different, often conflicting, legal frameworks governing each of the agencies in charge of CRVS services, such as the health system, civil registry, and the national statistics agency.
- Many countries have burdensome procedures using colonial era laws, and confusing guidance on what individuals need to do. Supporting documentation may be requested by officials that is not legally mandated, such as requiring proof of parents' citizenship for birth registration, or using different procedures for different ethnic groups.
- Those involved in operating the CRVS systems may lack the necessary skills, and key players, such as physicians and officials in institutions, including ministries of Health, may not be aware of their responsibilities.
- There are insufficient mechanisms to link notification of vital events from health care facilities to civil registration offices.
- Registration often requires individuals to spend time to come and register, with no proactive approaches in place to make the process easier to access.

Suggested approaches and solutions

Integration of information sources to strengthen VS systems: Universal birth and death registration has been acknowledged as a foundation for secure identity and identification systems that will strengthen vital statistics systems.²³ Unique identification numbers also allow for

efficient linking of civil registration and other sources, such as records from health facilities, immunisation facilities, mortuaries, and burial services. Achieving such integration requires a national cross-sectoral coordinating committee, and oversight by a senior ministry, such as the Office of the Prime Minister or a cabinet office, is often required. A sound legal framework needs to be in place to ensure data confidentiality and individual privacy. Better coordination among development partners is also important in order to ensure harmonization, alignment and efficient use of available resources.

Leveraging of projects already underway:

Projects in progress that are already strengthening different aspects of CRVS could be leveraged. These may have started in different sectors, for example strengthening statistical capacity, social protection, or national identification systems (NIS). The recent introduction of electronic patient records (EPRs) in many countries may facilitate the transfer of information to the CRVS system; such links bring efficiency and need to be encouraged by donors and officials in higher levels of government. It is important that all these initiatives be taken within a legal framework that ensures privacy and confidentiality. The move to establish improved NIS's is gaining ground globally^{24,25} and provides opportunities for linking with investments for stronger CRVS.

Mobilizing national commitment and resources for CRVS:

Successful CRVS plans are dependent on political will and high-level commitment across government agencies, and improving coordination amongst responsible line ministries. These require mobilizing financial, human and infrastructure resources, and developing capacities. Promoting public awareness of the importance and benefits of registering life events is also required in many countries. Developing longer-term systems can be helped in the short term through, for example, media

campaigns, registration drives, educational campaigns about the process and about backlog problems, and coordination with community and religious leaders, parent groups, teachers, health workers, and local nongovernment organizations.

Strengthening areas of expertise needed to

design CRVS systems: Some problems related to data collection and accuracy of data entry can be overcome by training existing staff. Others require special initiatives, such as expanding the size of the statistical profession, and setting up national and regional networks of civil registrars. Physicians, who are required by law to complete medical certificates on cause of death, are often not aware of the importance of this responsibility and may have inadequate training. Training may also be required for birth and death registrars, for statistical coders, and for analysts involved in the production, analysis, and dissemination of vital statistics. Capacity strengthening and awareness-raising are also required in ministries of health and national institutions involved in surveillance, disease registries, large health facilities, national road safety commissions, police, and health insurance authorities.

Developing new international standards and knowledge for national CRVS systems:

New internationally applicable CRVS standards will need to be updated to encourage new opportunities from emerging technologies. This is particularly important in areas such as the use of unique identifiers,²⁶ interoperability of information systems, and the various tools and devices used to collect and transmit data. International standards and guides. Building and disseminating the evidence base could speed up the move from paper-based procedures to future ICT systems, and, in the long term could improve the efficiency of many government administrations.²⁷ Any expansion of CRVS systems would need to be accompanied by

extensive 'implementation research'.²⁸ To best accomplish modernization of national legal, administrative, and statistical systems, as well as health sector reforms, officials must obtain local empirical evidence on what works, and what does not, in different situations that can guide their decision-making.^{29,30} In addition, one of the major problems with CRVS-based data systems is the lack of understanding of the business processes required for collecting data, how the data flows, and how the data is compiled. Case studies of CRVS business processes can help shed light on factors that are effective in producing vital statistics.

Harmonizing efforts of different institutions

focused on strengthening CRVS: A number of funding mechanisms in different institutions already focus on some aspects of strengthening national CRVS systems. UNICEF has extensive experience with strengthening birth registration as part of its work on maternal child health services and the rights of the child. It has published extensively on this subject and has shown the impact through its own experience. The World Bank has an existing Trust Fund for Statistical Capacity Building (TFSCB), which has been in action for over ten years following the 1999 event, The Partnership in Statistics for Development in the 21st Century (PARIS21) which had the explicit goal of building and strengthening the capacity of national statistical systems in developing countries. However, in recognition of the value of an integrated approach to strengthening CRVS systems linked to improving services for women and children, the World Bank Group and the Governments of Canada, Norway, and the United States, together with many partners and countries, are launching the GFF in July 2015, as noted earlier. The purpose is to contribute to the global efforts to end preventable maternal, new-born, child, and adolescent deaths and to improve the health and quality of life of women, adolescents, and children.

Investment priorities

What are the results required and the cost of good, effective strategies?

International targets and milestones for CRVS.

The Global Investment Plan envisages a goal in the COIA countries as follows: *Universal civil registration of births, deaths, and other vital events, including reporting cause of death, and access to legal proof of registration for all individuals by 2030*. Targets have been set for 2020, 2025 and 2030 (**Table 1**).

Capital and operational costs: In the recent Global Investment Plan for scaling up CRVS systems, detailed capital and operational costs were estimated based on experience in 73 COIA priority countries, (**Table 2**). Costs ranged from under US\$1 per capita in countries such as the Philippines and Bangladesh, to between US\$1 and US\$4 in Mozambique and Ethiopia. The estimated capital cost in the

73 COIA countries during the period 2015–2024 is US\$2,281 million or US\$0.90 per capita.

The estimated recurrent cost of running CRVS systems (with the assumption that this increases as more CRVS systems become established) during the period 2015–2024 is US\$1.201 billion. Furthermore, the cost of the international support required, including to develop international standards and tools, generate knowledge, and develop an evidence base, is estimated at US\$ 0.228 billion (10 percent of total development cost), with an additional US\$0.114 billion (5 percent of total development cost) for monitoring and evaluation.

Domestic sources: The recent global estimate included an analysis of national budgets for developing and sustaining a CRVS system. This analysis provides an indication of the expected budgets that will be required to maintain CRVS systems in the medium- and long-term. In

Table 1: Targets from CRVS Global Investment Plan

Targets	2020	2025	2030
Births in given year are registered	80%	90%	100%
Children whose births are registered have been issued certificates	70%	85%	90%
Deaths in given year reported, registered, and certificated with key characteristics	60%	70%	80%
Maternal and newborn deaths reports, registered, and investigated	80%	90%	100%
Deaths in children under 5 reported, disaggregated by age and sex	60%	70%	80%
Cause of deaths in hospitals reliably determined and officially certified	80%	90%	100%
Countries have community assessments of probable cause of death determined by verbal autopsies using international standards	50%	65%	80%

Table 2: Estimation of global CRVS development and recurrent costs for 73 COIA priority countries

Cost category/activity	Total US\$ million costs	Cost per capita (US\$)	% of cost
Total development costs	\$ 2,281	\$ 0.9	100%
Fixed/start-up/capital costs	\$ 1,341	\$ 0.55	58.8%
Development of legal/regulatory framework	\$ 18	\$ 0.01	0.8%
Comprehensive assesment	\$ 4.8	\$ 0.002	0.2%
Infrastructure and equipment	\$ 542	\$ 0.22	23.7%
ICT (technology costs)	\$ 619	\$ 0.25	27.1%
Digitization of existing registration records	\$ 108	\$ 0.04	4.8%
Development of operational guidelines and procedures	\$ 49	\$ 0.02	2.1%
Variable/operating costs	\$ 939	\$ 0.38	41.2%
Capacity building	\$ 210	\$ 0.09	9.2%
IEC (Advocacy and communication campaigns)	\$ 240	\$ 0.10	10.5%
Maintaenance of technology and other infrastructure	\$ 186	\$ 0.08	8.1%
Data management	\$ 120	\$ 0.05	5.3%
Outreach activities to improve coverage	\$ 66	\$ 0.03	2.9%
System monitoring and enforcement costs	\$ 118	\$ 0.05	5.2%
Additional recurrent costs (including staff salary)	\$ 1,201	\$ 0.5	100%

In addition to capital outlay and initial development costs, there will be staffing requirements that the country should be prepared to commit to as part of its engagement on the development and long-term operation of CRVS systems. Long-term sustainable financing of CRVS systems will be required from domestic sources.

Follow-up work on CRVS costing: The high-level costing of the 'ideal' Global Investment Plan will require additional information on the costs of

developing a minimal system, expanding over time to a more moderate system, and then eventually to a final optimal system. The costs and impact, including opportunity costs, of developing alternative collections systems also needs to be better understood. The costs for low-income, lower-middle income, and upper middle-income countries need to be better defined. To help improve advocacy, the costs to the individual and to society of not having adequate systems of registration also need to be clarified.

Roles and responsibilities

National coordination of CRVS multi-sectoral

plans: The assessment and the development of CRVS implementation plans will involve a wide number of agencies, national and international, requiring national oversight mechanisms. Within government this includes representatives from civil registration offices, ministries of health, national statistics offices, offices of the “registrar general” or similar offices, local governments, justice and planning authorities, and any other government departments responsible for collecting or using vital statistics. The plans will likely require a lead agency, clarity on responsibilities and communications, and a common set of indicators.

The role of civil society: In addition to the different sectors and levels of government, many other stakeholders have a key role to play in the strengthening of CRVS systems. Within countries, community actors (for example, community-based organizations and faith-based groups) need to be engaged in order to promote registration in their communities, and to improve notification and ultimately registration rates. Working with local chiefs and faith leaders³¹ provides opportunities to improve knowledge about, and registration of, births and deaths in CRVS systems.³²

The role of the private sector: Various stakeholders exist in the private sector, and their engagement can bring broader benefits. For example, private mortuaries and burial services play an important role, and public health legislation can be used to ensure that a burial permit is dependent on death registration. Similar efforts are needed to involve funeral authorities and religious institutions

in registration of events, particularly deaths. Internationally, the private sector has a major role to play in providing new solutions to the information needs of CRVS systems. One example is the expansion of mobile phones, with special initiatives aimed specifically at sharing good practice, and building interoperability for health and social services. Groups such as GSM Association (GSMA), for example, have developed special initiatives for Africa to ensure that the benefits help both the industry and local health services.³³

Regional partners: Internationally, a number of regional initiatives are supporting countries in Asia, Africa, Middle East, and the Latin Americas. These efforts are crucial for gaining the necessary cross-sectoral political support for strengthening national CRVS systems and for bringing forums for regional oversight and knowledge-sharing to these countries, particularly in Africa,³⁴ and in also Asia, where 2015–2024 has just been proclaimed as the CRVS decade for Asia and the Pacific region.³⁵

The global CRVS stakeholders: Global attention to the importance of CRVS provides an opportunity for improved coordination and sharing of knowledge, particularly across UN and donor agencies. The UN Statistics Division provides principles governing international statistical activities³⁶ and offers a venue where global and regional CRVS stakeholders can exchange information and experiences. The structures being designed around the GFF will also help streamline efforts with other country investments, linked to a longer term transition to domestic financing.

Next steps

Delivering on the CRVS commitment: Following the initial commitments to the GFF made in 2014, the World Bank and the GFF partner organizations (including the governments of Canada, Norway, the United States, and others; UN agencies such as UNFPA, UNICEF, UNHCR

and WHO; private foundations; and civil society organizations) will be collaborating closely with low- and middle-income countries to help align global, regional, and national actors around a coordinated global effort to implement national plans for strengthening the CRVS system.

Endnotes

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- 31 Working with faith leaders: faith leaders <http://www.dayofprayerandaction.org/take-action/abc-for-action-advocacy>
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- 34 Conference of African Ministers responsible for Civil Registration. <http://www.uneca.org/crmc2>
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