

**MEETING OF MINISTERS OF HEALTH
FOR THE PACIFIC ISLAND COUNTRIES
Honiara July 2014**

ORIGINAL: ENGLISH

Civil Registration and Vital Statistics Update

Background

1. Accurate data on births, deaths, and cause-of-death are essential for:
 - a) monitoring the health of a population
 - b) identifying health priorities and evaluating health and program impacts, and supporting universal health coverage.
 - c) providing up-to-date data for the calculation of population-based health, demographic, education, and social indicators used to track development progress (such as the Millennium Development Goals (MDGs) and the National Minimum Development Indicators (NMDIs))
2. Civil registration with cause-of-death registration is key for generating accurate data on trends in cause-specific mortality for different NCDs. Many countries in the Pacific still do not know the real burden of specific components of NCDs as reliable cause-of-death data is often absent. A successful response to the rising NCD epidemic will require generation and dissemination of accurate information and evidence for decision-makers; national program managers; health facility managers for day-to-day management of NCD services and programs; and for clinicians to facilitate the long-term clinical management of patients.
3. While **estimates** of fertility and mortality serve an important function in highlighting the potential scale of a problem or calling attention to issues which would otherwise go unnoticed, they are **not a substitute for real data**. There is a real **risk** that policy decisions based on incorrect estimates could lead to poorer health and development outcomes, and that policy makers may not understand the uncertainty that is associated with estimated statistics. There is also an added danger of countries paying even less attention to collecting birth and death statistics with the ready availability of “free” estimates, and thus aggravating the *status quo* and keeping in motion a vicious cycle of uncertainty. The only way to **reduce the uncertainty** of health and development statistics is to improve the collection, analysis, and dissemination of empirical data such as through a robust **civil registration and vital statistics system (CRVS)**.
4. In the long term, investing in CRVS reduces costs and inefficiencies by lessening dependence on very costly surveys (such as the DHS or MICS), and censuses. An average DHS survey in the Pacific (excluding PNG) costs 400,000 USD; with DHS capturing 14 out of 18 Health-related MDG indicators, this translates into USD \$28,600/indicator, every 5 years at best. Routine collections of birth, death and cause of death statistics through CRVS systems provide real-time population statistics, and yield more efficient and effective data for service provision.
5. Civil registration also provides an important legal function, through the provision of a **legal identity**. Birth certificates are often needed to obtain a passport, a marriage or driver’s license, to open a bank account, to apply for and secure formal employment, and death certificates are often required to inherit property.

6. The 10th Pacific Ministers of Health Meeting recognised “the importance of:
 - a) health information systems (HIS) and civil registration and vital statistics (CRVS) (disaggregated by years, age, sex, location, etc.) in setting health priorities and the effective use of resources to address these health priorities, and evaluating health system responses and performance;
 - b) HIS and CRVS systems for monitoring and accountability;
 - c) cause of death and mortality level data in monitoring health outcomes e.g. NCD; and encouraging a culture of information use, planning based on evidence;
 - d) a multi-sectoral approach to HIS and CRVS”

The Brisbane Accord Group (BAG) and the Pacific Vital Statistics Action Plan (PVSAP) 2011-2014:

7. The collection, dissemination and use of data from a CRVS system is a multi-disciplinary and multi-agency undertaking. As such, improving vital statistics in the Pacific Region requires a diverse set of technical expertise that is not available in any one agency in the region. Recognizing this, development partners came together in 2010 to form the Brisbane Accord Group (BAG). Members of the BAG include the Secretariat of the Pacific Community (SPC), University of Queensland (UQ), UNFPA, WHO, UNICEF, Pacific Health Information Network (PHIN), Australian Bureau of Statistics (ABS), Queensland University of Technology (QUT), University of New South Wales (UNSW), and Fiji National University (FNU).
8. BAG partners are committed to:
 - a) Improving civil registration and the accessibility, quality and use of vital statistics in the Pacific region; and
 - b) Improving coordination between development partners to provide countries more harmonized technical assistance and maximise investment outputs.
9. The pursuit of these activities is guided by the Pacific Vital Statistics Action Plan (PVSAP), which sits under the Ten Year Pacific Statistic Strategy (TYPSS). This ensures that CRVS is reflected as one regional statistical priority. The basic premise of the PVSAP is to work with countries to assess their collection and reporting systems for births, deaths, and causes of death, and develop a country-specific improvement plan. Partner agencies are then able to focus their support in a coordinated manner to meet countries’ needs.

Country commitments and progress

10. Recommendations from the Pacific Ministers of Health Meeting in 2013 concluded that countries should:
 - a) Establish a multi-sectoral coordination mechanism or mechanisms to improve CRVS systems (and HIS)
 - b) Undertake an assessment of the key challenges and issues for generating reliable timely data.
 - c) Develop and share detailed improvement plans that include locally agreed targets for improving data
 - d) Invest in building human resource capacity in areas such as data analysis and interpretation of vital statistics to inform policy development and planning.
11. In addition, the 2013 Heads of Planning and Statistics further encouraged countries to also:
 - a) Formalise their committees

- b) Obtain high-level endorsement and support for the improvement plans.
- c) Ensure CRVS is embedded in the National Statistics Strategy.

**Figure 1: Steps in developing a national plan
(as supported through the PVSAP)**



12. In 2014, countries will also be invited to participate in the broader Asia-Pacific Regional Action Framework (RAF) for CRVS led by UN ESCAP. The RAF recognises, and is consistent with current approaches of the PVSAP, but will ask countries to commit to more tangible, goals and targets. A Ministerial meeting will be held in November in relation to this action framework.
13. Most Pacific Countries and Territories have formed a national CRVS committee or equivalent, and commenced assessment and planning work (see Table 1).
14. Through a combination of strong political commitment from countries and sustained and coordinated support from development partners, the region has made significant improvements to CRVS over the past 4 years. Major highlights include:
 - a) 14 of the 15 Pacific countries and the 3 US Pacific territories have conducted an assessment of their CRVS system, started to identify national priorities for improvement, and have formed a national committee to oversee this work. Discussions are underway to commence this work in PNG.
 - b) In just one year (2013), birth registration in children under age 5 improved from 40% to 52% in Vanuatu, and from 68% to 82% in Kiribati.
 - c) The Solomon Islands has introduced a computerised civil registration database.
 - d) Niue produced a national vital statistics report.
 - e) Tuvalu, Fiji, Tonga, Samoa, and Vanuatu made policy changes to adopt the WHO International Cause-of-Death Certificate.
 - f) Doctors graduating from Fiji National University and the Oceania University in Samoa are trained in death certification in accordance with the International Classification of Diseases
 - g) Tonga has made substantial health policy changes based on improved calculation and reporting of life expectancy figures.
 - h) Six countries attended a CRVS data analysis and report writing course held at SPC and will soon publish vital statistics reports.

Table 1: Summary of country progress in implementing CRVS improvements

Country Group	Country	Rapid assessment?	Committee?	Comprehensive assessment	Draft national CRVS improvement plan?	Plan formally adopted and shared with partner agencies	Improvement Activities underway
Group 1 – small islands	Cook Islands	Yes	Informal	Yes	Yes (may need updating)	No	Yes
	Nauru	Yes	Informal	Yes	Yes (may need updating)	No	Unclear
	Niue	Yes	Informal	Yes	Yes (may need updating)	No	Yes
	Tuvalu	Yes	Informal	Yes	Yes (may need updating)	No	Unclear
	Tokelau	Yes	Yes	Yes	Yes (may need updating)	Yes	Yes
Group 2- North Pacific and US territories	Am. Samoa	Yes	Informal	Some initial mapping	–	–	Yes
	CNMI	Yes	Informal	Partial – priority areas identified	–	–	–
	Guam	Yes	Informal	Partial – priority areas identified	–	–	–
	FSM	Yes	Informal	Partial – priority areas identified	–	–	Some
	Palau	Yes	Informal	Partial – priority areas identified	–	–	–
	RMI	Yes	Informal	Partial – priority areas identified	–	–	–
Group 3 – Larger Countries with more developed CRVS infrastructure	Fiji	Yes	Yes	Yes*	Yes	Yes	Yes
	Samoa	Yes	Yes	Yes*	Yes	–	Yes
	Tonga	Yes	Yes	Yes *	No	–	Yes
Group 4 – Large countries with under-developed CRVS infrastructure	Kiribati	Yes	Yes (to be formalised shortly)	Underway	–	–	-
	Solomon Islands	Yes	Yes (to be formalised shortly)	Underway	–	–	Yes
	Vanuatu	Yes	Yes	Underway	–	–	Yes
	PNG	Yes	Yes	–	–	–	–
French territories	French Polynesia, New Caledonia, Wallis and Futuna	–	–	–	–	–	–

* Multiple in-depth assessments using a variety of approaches (not specifically the published WHO comprehensive assessment)

Regional activities

15. In addition to direct country support, a number of regional activities are also underway through the BAG partners to assist countries to meet their identified improvement goals. These have been developed in response to the needs highlighted by Ministers at the 2013 meeting, the Heads of Planning and Statistics Meeting, and through the ongoing revision and review processes of the Pacific Vital Statistics Action Plan and Ten Year Pacific Statistics Strategy. Current activities include:
- a) The development of draft reporting guidelines for CRVS to identify minimum data requirements and provide guidance re analysis and reporting.
 - b) A data analysis and report writing workshop has been developed and was held in May for statistics and health staff from 6 Pacific countries and territories with reasonably good data (Cook Islands, Tuvalu, Fiji, Tonga, Nauru and American Samoa). Countries have undertaken to produce and publish a vital statistics and cause of death report within 3 months of the end of this training. The training materials will now be reviewed and adapted for further use.
 - c) A regional coding proposal has been drafted and circulated for discussion to evaluate more sustainable options for developing ICD coding capacity in the region.
 - d) IT standards and guidelines for CRVS systems are currently being drafted to assist countries in obtaining the best possible return on investments in IT infrastructure, ensure that systems meet minimum requirements, and start to move towards greater standardisation across the region to encourage inter-operability and greater capacity for technical support.
 - e) A review of doctors' perception of medical certification for deaths is underway to identify real and perceived barriers to reporting in order to better inform policy development and training.
16. CRVS is also central to much of the discussion on monitoring and evaluation for non-communicable diseases, and partners under the Brisbane Accord Group will continue to engage with the broader discussions in this area.

Ongoing challenges

17. Despite the progress made, key challenges remain in many PICTS in achieving efficient and reliable universal registration of births, deaths and causes of death. Some common issues identified in the country assessments undertaken to date include:
- a) Difficulty accessing remote populations
 - b) Logistical challenges transferring data from provincial to national centres
 - c) Significant problems with accuracy of cause-of-death data
 - d) Poor cause-of-death certification practices
 - e) Limited coverage and accessibility to health services
 - f) Outdated legislation and poor understanding of existing policies
 - g) A need to better engage communities and a lack of incentives for registration
 - h) Lost data due to events occurring overseas
 - i) Limited analysis and use of data
 - j) A need for further capacity building in data management, system support, analysis and reporting at both country and regional levels
 - k) Difficulties in retaining skilled staff in dysfunctional or under-resourced systems
 - l) The need for strong leadership and governance to encourage a 'culture of information use'

- m) Unreliable or unsuitable IT systems
- n) Duplication of responsibilities for vital registration

Moving forward

18. The growing non-communicable disease epidemic in the region and countries' commitment to the post 2015 development agenda will increase the demand for reliable and timely CRVS data.
19. At the national level, progress in improving CRVS closely reflects the level of political commitment to the assessment and planning process. Countries are encouraged to formalise their CRVS committees to ensure that they have articulated political support; and engage across health, statistics, civil registry and other key stakeholders in country to progress a national CRVS assessment and development of a national CRVS improvement plan if these have not yet been completed.
20. Recognizing this continued and growing need, BAG partners have also reconfirmed their commitment to a second round of the PVSAP for 2015 onwards.