OVERVIEW

Civil registration serves as the foundation of a person's legal identity. Birth registration grants individuals formal legal recognition, enabling access to essential rights and services. Death certificates serve as legal proof of death, supporting families with matters such as inheritance, insurance and other administrative processes. Importantly, civil registration and vital statistics (CRVS) systems help protect populations in vulnerable situations, as birth and marriage registration can serve as safeguards against child marriage, trafficking and modern slavery by verifying age and identity. Acknowledging the foundational importance of legal identity in good governance and justice, target 16.9 of the Sustainable Development Goals (SDGs) specifically calls for legal identity for all, including birth registration, by 2030.

Beyond the benefits to individuals, CRVS systems also produce essential data on births, deaths and causes of death, generating insights into fertility and mortality trends. These data support disease surveillance, health planning and evidence-based policymaking. By consistently recording vital events with demographic details such as age, sex and location, CRVS enables accurate population estimation and the analysis of demographic trends. The data generated contribute to 67 indicators across 12 of the 17 SDGs.[1]

In recognition of the importance of CRVS, leaders convened in 2014 at the Ministerial Conference on CRVS in Asia and the Pacific where the Ministerial Declaration to 'Get Every One in the Picture' was adopted, launching the CRVS Decade for Asia and the Pacific (2015–2024), and their shared vision of universal and responsive CRVS systems was affirmed.[2] Three goals were set: (1) universal registration of vital events; (2) legal documentation for all individuals to claim identity and rights; and (3) the production and dissemination of accurate, timely and complete vital statistics. The Regional Action Framework accompanied the Declaration, outlining 15 nationally determined targets, six principles, eight implementation steps and seven action areas. The Regional Steering Group for CRVS in Asia and the Pacific was tasked with regional oversight and guidance.

Most members and associate members of the Economic and Social Commission for Asia and the Pacific (ESCAP) set ambitious national targets for the CRVS Decade and 35 submitted baseline reports in 2015, with 45 providing midterm updates in 2019/2020. These informed the Second Ministerial Conference held in 2021, during which a new declaration was adopted, with a focus on building more inclusive systems, especially considering the widespread disruptions to the region caused by the coronavirus disease (COVID-19). Resolution 78/4 supported convening the Third Ministerial Conference in 2025.

In support of the Regional Steering Group for CRVS in Asia and the Pacific, the ESCAP secretariat has conducted the 2025 review of progress. This report presents the findings of that review, offering an overview of achievements in advancing the goals and shared vision of CRVS Decade for Asia and the Pacific.

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[1] See: https://getinthepicture.org/resource/role-crvs-achieving-sustainable-development-goals.

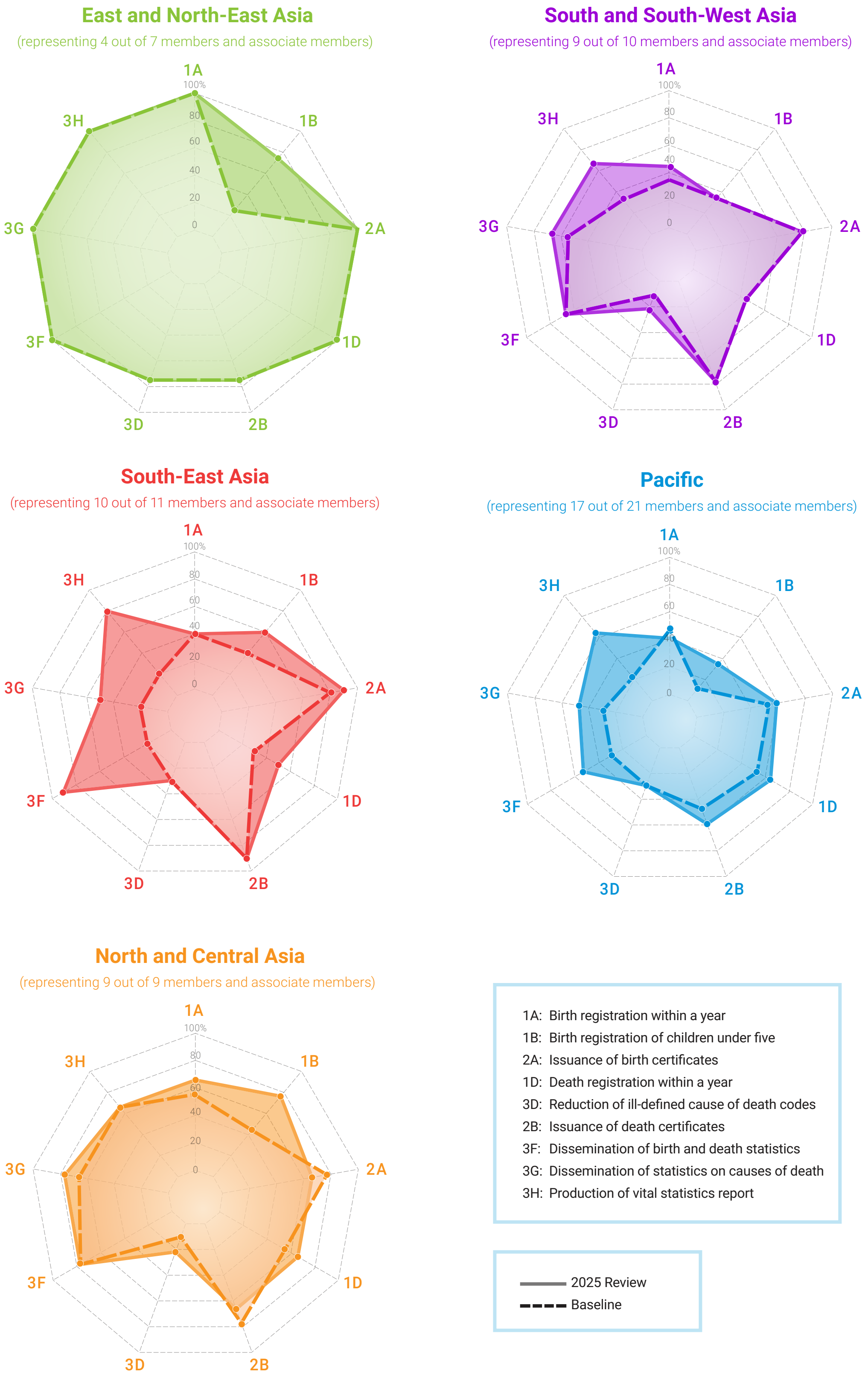
[2] Ministerial Declaration to 'Get every one in the picture' in Asia and the Pacific is available at: http://getinthepicture.org/sites/default/files/resources/Ministerial.Declaration.English.final_.pdf.

It outlines progress made towards the 15 targets and assesses the status of Regional Action Framework implementation. The report highlights efforts by members and associate members across the region to strengthen the inclusivity and resilience of their CRVS systems. The findings are based on responses to a questionnaire submitted by 50 members and associate members of ESCAP and will be presented at the Third Ministerial Conference on CRVS in Asia and the Pacific in June 2025.

Of the 50 members and associate members surveyed in 2024 …

Timely birth and death registration have improved significantly. Members and associate members registering more than 90 per cent of births within one year of occurrence increased from 16 to 29; those registering over 90 per cent of deaths rose from 17 to 30. The availability and quality of civil registration data improved, tripling the number of members publishing vital statistics. The adoption of the International Classification of Diseases, 10th or 11th revision (ICD-10 or ICD-11), for cause-of-death recording also increased significantly, from 25 members and associate members in 2015 to 42 in 2024.

Figure I: Proportion of reporting members and associate members having achieved key targets of the Regional Action Framework between the baseline and 2025 review, by Asia-Pacific subregion



Note: Although the Regional Action Framework contains 15 targets, only nine targets had sufficient data to be presented here. Non-regional member States are not included in this figure. For more information on the subregional groupings, see: www.unescap.org/subregional-office.

Subregional progress was also notable as shown in figure I. All reporting members in East and North-East Asia met targets on birth and death registration and statistics production and dissemination. Strong gains were also seen in North and Central Asia, the Pacific, South-East Asia, and South and South-West Asia. South-East Asia saw reporting on birth, death and cause-of-death data more than double since 2015.

Under-5 birth registration increased substantially. Data from the United Nations Children's Fund (UNICEF) show the number of unregistered children under the age of 5 dropped from 135 million in 2012 to 51 million in 2024.[3] The number of members reporting data on this indicator also grew from 23 to 33.

Since the beginning of the CRVS Decade, timely birth registration has improved significantly across Asia and the Pacific. Assigning a legal identity to infants and children early in life facilitates their access to services, including vaccinations, health and education. National laws mostly require birth registration within two weeks to three months after birth. During this legally stipulated period, registration is typically free of charge and requires fewer documents, making the process more accessible for families. Results from the 2025 review showed that 14 members and associate members reported registering more than 95 per cent of births within the legal time frame, an increase from 11 members and associate members in 2015. When considering birth registrations within one year of occurrence, 26 out of 50 members and associate members had achieved their set target by 2024 (see figure II). Bangladesh, the Lao People's Democratic Republic and Nepal demonstrated major improvements. In contrast, some members, particularly in the Pacific and South and South-West Asia, saw declines or large gaps between current rates and their set targets, as seen in figure III.

As of 2024, an estimated 14 million children had not had their births registered by their first birthday across Asia and the Pacific.[4] For these children, the lack of formal recognition of their identity means more than just missing paperwork—it can mean being excluded from healthcare, denied access to education and left without the protection and support that enables their full participation in society.

Beyond childhood, data gaps make it difficult to determine how many individuals in Asia and the Pacific lack a legal identity, with many members and associate members unable to monitor birth registration for the entire population. The World Bank estimates that approximately 850 million people globally do not have a government-recognized proof of identity, and more than 90 per cent of them are living in low-income and lower-middle-income countries.[5]

Progress in death registration has also been encouraging. Bangladesh and Indonesia, both below 10 per cent completeness in 2015, reached 43 and 57 per cent, respectively, while Cambodia, Samoa, Tonga and Viet Nam exceeded their national targets for death registration occurring within one year (see figure VII). However, several members fell behind, underscoring the need for continued investment and focus on improvements.

Many members and associate members are yet to achieve their targets on recording of causes of death. Medical certification of cause of death is possible for deaths that have occurred at a health facility or with the attention of a medical practitioner. The medical certificate of cause of death contains both the administrative and legal information that is required for death registration. Three out of four reporting members and associate members medically certify causes of death using the international form of medical cause of death (MCCD)—a necessary step for improving the accuracy of mortality statistics. Three more use nationally developed, standardized forms. However, just over half of the reporting members and associate members met their target on medically certifying causes of death with the international form of medical certificate of cause of death.

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[3] United Nations Children's Fund (UNICEF) (2024). The Right Start in Life: Global levels and trends in birth registration.

[4] Ibid.

[5] World Bank, ID4D Global Dataset: Overview (accessed on 18 May 2025).

Once a medically trained person has correctly completed the World Health Organization (WHO) International Form of Medical Certificate of Cause of Death or a national equivalent, the cause of death must be accurately coded in accordance with international rules and standards laid out in the International Statistical Classification of Diseases. The codes form the foundation for reliable, standardized and comparable statistics for policymaking. While 84 per cent of reporting members and associate members used ICD-10 or 11 for coding, only half met their national target on coding underlying cause of death. Quality of the codes also needs improvement, with some reporting that up to 57 per cent of medically attended deaths are given ill-defined codes.

Deaths outside health facilities present a significant challenge. Just over one in three members and associate members reported on community deaths, yet these accounted for up to 83 per cent of deaths in some cases. Without proper certification, these deaths remain statistically invisible, obscuring the true burden of diseases and preventing effective resource allocation.

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Verbal autopsy is a practical tool to ascertain probable cause of death in settings with limited access to medical professionals based on structured interviews with family members or caregivers. While verbal autopsy does not provide legal documentation or assign a cause of death at the individual level, it helps generate population-level cause-of-death statistics in situations where it would otherwise not be possible. Despite its utility, only 30 per cent of reporting members and associate members used verbal autopsy to produce cause of death information for community deaths in 2024. Moreover, just 16 per cent conducted regular training on verbal autopsy interviews to frontline or community-based workers.

Training remains crucial. Doctors, coroners and mortality coders play a pivotal role in ensuring the quality of causes of death certification and coding. Without proper training, misclassification, incomplete records and inaccuracies in mortality data may become widespread, reducing the value of statistics for policymaking. Providing them with adequate training on international standards and best practices is essential.

In 2024, just over half of reporting members and associate members regularly trained physicians and coders. Since the start of the CRVS Decade, 40 per cent updated or introduced medical school courses on certification of causes of death. In the review, 39 members and associate members reported currently using the 10th Revision of the International Statistical Classification of Diseases (ICD-10). Three members had started using the 11th Revision (ICD-11), with three more planning to transition in 2025.

By 2024, 84 per cent of reporting members and associate members produced birth and death statistics using civil registration data, up from 58 per cent in 2014. This shift reflects a growing recognition of civil registration as the primary data source for vital statistics. This has partially been facilitated by the increased digitalization of registration systems across the region.

Public dissemination also improved with 70 per cent of members and associate members publishing data on births and deaths and 62 per cent on causes of death, compared to 50 per cent and 46 per cent at the start of the CRVS Decade. Vital statistics report publications also increased significantly, from 38 per cent in 2015 to 72 per cent in 2024. Subregional patterns in improvements were also notable. All members in East and North-East Asia published vital statistics reports, while South-East Asia saw the greatest gains, quadrupling report publication since 2015.

This report presents both the achievements and the work ahead to realize the shared vision of the Ministerial Declaration. The Regional Steering Group has called for the extension of the CRVS Decade to 2030. CRVS plays a critical role in the implementation of the 2030 Agenda for Sustainable Development. Extending the CRVS Decade would provide time and resources to implement the Regional Action Framework fully, close persistent gaps and ensure CRVS systems are inclusive, resilient and equipped to support the 2030 Agenda to truly get every one in the picture.