

# How does the health sector accelerate improvements in civil registration and vital statistics?



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This policy brief on how the health sector accelerate improvements in civil registration and vital statistics is a tool to support the Second Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific, and efforts to implement the goals and targets of the CRVS Decade. It has been prepared by the Statistics Division of ESCAP.

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# Summary

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Civil registration and vital statistics systems are strengthened through productive collaboration between civil registration authorities and stakeholders responsible for the health sector. A well-functioning civil registration and vital statistics system generates a continuous stream of data on births and deaths to support decision-making at the national and subnational levels.

The present document contains a description, drawing upon guidance issued by the World Health Organization and the United Nations Children’s Fund, of the proactive role that the health sector can play in ensuring that births and deaths are officially registered in national civil registration systems. The description also covers the role of the health sector and of civil registration and vital statistics not only in tracking specific diseases, such as the coronavirus disease (COVID-19), but also in ongoing efforts to track all-cause mortality and causes of death.

# Abbreviations

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CRVS	Civil Registration and Vital Statistics
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
ICD	International Classification of Diseases
SDG	Sustainable Development Goals
WHO	World Health Organization

# I. Introduction

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A well-functioning civil registration and vital statistics (CRVS) system generates a continuous stream of population data to support planning and decision-making at national and subnational levels. Civil registration data can be broken down by population characteristics and by administrative area. This permits analysis of geographic disparities, allowing government agencies, such as education and public health, to identify areas in need of improved access to services and targeted assistance.

The health sector plays a crucial role in linking civil registration systems by facilitating the registration of births and deaths, which often occur within health facilities or are known to community-based health personnel responsible for collecting information on births and deaths occurring outside of health facilities.

This brief summarizes the paper entitled “The potential of the health sector to catalyse accelerated improvement in civil registration and vital statistics” presented at the Second Ministerial Conference on CRVS in Asia and the Pacific in November 2021.<sup>1</sup>

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<sup>1</sup> ESCAP/MCCRVS/2021/3, available at: <https://getinthepicture.org/crvs-decade/second-ministerial-conference/official-documents2021>

# II. Role of the health sector in registering births and deaths

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The health sector's role as an essential CRVS partner is based on the premise that health workers are in contact with people throughout the life cycle, from cradle to grave, and are generally trusted by the communities they serve. Due to their reach and proximity to communities as well as their established reporting structures, health workers are ideally placed to support the documentation and timely reporting of births and deaths.

Shifting the responsibility for the declaration of births and deaths from the family towards official institutions in the health sector is therefore likely to improve civil registration completeness. It may also help to address inequities in the registration of vital events.

## REGISTRATION OF BIRTHS AND DEATHS OCCURRING IN HOSPITALS AND HEALTH CENTRES

For vital events that occur in hospitals and health centres, routinely collected information – patient records, admission and discharge registers, ward registers and laboratory records – can capture much of the data needed to register a birth or a death.

In some settings, civil registrars are positioned within health institutions,

where many births and deaths occur. Where civil registration regulations permit, the responsibility for birth and death registration may be delegated to health facility administrators. When a physician attends a death, it is also possible to obtain information on the medical cause of death, which is valuable information for determining public health priorities.

## REGISTRATION OF BIRTHS AND DEATHS OCCURRING OUTSIDE HOSPITALS AND HEALTH CENTRES

Outside a medical setting, community-based health practitioners are often among the first to know that a birth or death has occurred. These practitioners provide care and counselling for infants, young children and pregnant women and often maintain records of births and deaths. If the legal framework permits, community-based health practitioners can be designated as informants who take a more proactive role by reporting the occurrence of vital events. Based on such reporting, the registrar may legally register the event.

## BIRTH REGISTRATION OPPORTUNITIES DURING CONTACT WITH THE HEALTH SECTOR

Opportunities to significantly increase birth registration through closer interlinkages between the health sector and civil registration are evident across the continuum of care for mothers and their babies. Antenatal care visits, delivery, postnatal care and childhood immunization appointments provide additional opportunities to discuss and facilitate birth registration.

### CAUSE OF DEATH RECORDING FOR DEATHS OCCURRING IN HEALTH FACILITIES OR WITH THE ATTENTION OF A HEALTH PRACTITIONER: MEDICAL CERTIFICATION OF CAUSES OF DEATH

The health sector is the most reliable source of accurate information on causes of death. Health facilities routinely maintain discharge registers that record patients who were discharged alive and those who died, as well as being able to track the number of deaths by age, sex, date, and place of occurrence. When death occurs in a health-care setting, a doctor should complete the WHO International Form of Medical Certificate of Cause of Death.<sup>1</sup>

Once a medically trained person has correctly completed the WHO International Form of Medical Certificate of Cause of Death, the cause of death must be accurately coded in accordance with international rules and standards laid out in the International Classification of Diseases (ICD).<sup>2</sup> The International Classification of Diseases groups similar diseases into mutually exclusive categories using an alphanumeric code to

1 WHO, International Statistical Classification of Diseases and Related Health Problems, 10th revision, vol. 2, 5th edition (Geneva, 2016). Available at <https://apps.who.int/iris/handle/10665/246208>.

2 Ibid.

facilitate the interpretation and analysis of cause-of-death data.

### CAUSE OF DEATH RECORDING FOR DEATHS OCCURRING IN THE COMMUNITY WITHOUT THE ATTENTION OF A HEALTH PRACTITIONER: VERBAL AUTOPSY

When a death occurs in the community without the attendance of a medical practitioner who is qualified to complete a medical certificate, it is not possible to ascertain the medical cause of death. However, it may be possible to use the death registration process to trigger a verbal autopsy in order to gather related medical information from family members of the deceased, to determine the probable cause of death. This method is not comparable at the individual level with a doctor-determined cause of death and does not have the same legal status or statistical exactitude. However, the outputs of the verbal autopsy can be compiled to generate distributions of leading causes of death in the local community, thus enabling better-informed public health decisions.<sup>3</sup>

3 For more information on the integration of verbal autopsy in the CRVS system, please consult ESCAP/MCCRVS/2021/INF/2 available at: [https://www.unescap.org/sites/default/d8files/event-documents/ESCAP\\_MCCRVS\\_2021\\_INF\\_2\\_Verbal\\_autopsy\\_and\\_RAF\\_on\\_CRVS.pdf](https://www.unescap.org/sites/default/d8files/event-documents/ESCAP_MCCRVS_2021_INF_2_Verbal_autopsy_and_RAF_on_CRVS.pdf)

# III. Operational interlinkages between the health sector and civil registration

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The operational aspects of linking the health sector and CRVS will vary. In some countries, the law designates health workers as informants to the civil registrar, requiring them to report births and deaths directly to the registrar, together with the information needed to enable the validation and civil registration of the event. In other settings, such as in Singapore and Armenia, civil registrars are co-located in hospitals, where many vital events occur. Alternatively, health administrators can be designated as registrars responsible for the validation of information received from families and the subsequent official civil registration of vital events.

Irrespective of the model adopted in each country, the accurate collection of information and sharing of this information with the civil registrar requires a high degree of intersectoral and cross-programme collaboration to increase the involvement of the health sector as a strategy to improve the civil registration of births and deaths.

## IMPROVED BUSINESS PROCESSES

Scaling-up the engagement of the health sector in the civil registration of births and deaths requires improved business processes. Improving these processes may

include:

- a. Involving stakeholders in the review and revision of business processes to enhance the flow of records and information;
- b. Designating health institutions and agents as legally recognized informants of the occurrence of births, deaths and foetal deaths to the civil registrar and allocating civil registration staff to health facilities to provide on-the-spot registration and certification services;
- c. Officially designating health institutions or agents as registrars, providing registration services directly to the population;
- d. Where local civil registration law designates family members as the informants, ensuring health agents provide documentary evidence of the occurrence of the event (e.g. copy of the notification form) and are trained to support families to complete any necessary documentation.

## INFORMATION SHARING

Information-sharing to increase health sector involvement in civil registration includes the following:

- a. Agreement, such as a memorandum

of understanding or regulations between health and civil registration and vital statistics agencies, on the exchange of information on individual live birth, foetal death and death records;

b. Information and data sharing protocols protect individual confidentiality and privacy and ensure data security while also enabling efficient sharing of information or interoperability among key agencies.

## INTEROPERABILITY AND STANDARDIZATION

Interoperability and standardization efforts to increase health sector involvement in civil registration include the following:

a. (Standardized definitions, classifications, forms and software instruments;

b. Standard templates for the notification of live births, fetal deaths and deaths, compatible across the health, civil registration and national statistical offices;

c. Decentralization and digitization of the civil registration system based on published standards;

d. Consensus on interoperable databases for birth, death and fetal death data;

e. Mechanisms to avoid duplication of birth or death registration, such as issuing a unique identity number to all individuals at the time of birth registration.

## CAPACITY DEVELOPMENT

Capacity development to increase health sector involvement in civil registration includes the following:

a. Ensuring the accuracy and reliability of birth, fetal death and death information collected by the health sector and shared

with civil registration at the individual level;

b. Providing skills development for community and institutional health workers to act as informants in completing forms for births or deaths.

# IV. Conclusion

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Geographic, economic and socio-cultural barriers to civil registration are often considerable, especially for the poorest and most marginalized populations. Collaboration between health sector stakeholders and civil registration authorities can greatly facilitate the registration of births and deaths by transferring the primary responsibility for the notification of births and deaths from individuals and families to health sector and civil registration authorities.

Alleviating the burden on individuals and families will contribute to increased civil registration of vital events, thus providing decision-makers with more reliable information and accurate statistics to guide policy and practice. Facilitating the registration of births and deaths will enable families to exercise their rights to claim social and welfare benefits and access other government services quickly and seamlessly.

Furthermore, the availability of data on deaths from all causes, disaggregated by age and sex, permits health sector authorities to track mortality continuously and identify unusual patterns of death that require health sector responses. Ascertaining causes of death by way of medical certification or verbal autopsy permits more targeted health sector responses to address the causes of death and develop preventive and remedial interventions.

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