



Implementing the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific

National Progress Update Template

Dear National CRVS Focal Point,

The Assignment

As part of the reporting structure of the Regional Action Framework on Civil Registration and Vital Statistics (CRVS) in Asia and the Pacific (in the following referred to as the “Regional Action Framework” or RAF), by the end of 2015, members and associate members are required to submit a baseline report to the ESCAP Secretariat through their designated national focal point.¹ Further, the Regional Action Framework specifies that the content of this report will be as follows:

- (i) Most recent nationally representative baseline data for each target;
- (ii) The national target value for each target;
- (iii) A progress report on CRVS improvement activities;
- (iv) The report of any comprehensive assessment conducted in the country, where available;
- (v) Any national CRVS strategy, where available.

¹ Paragraph 63(a), <http://www.getinthepicture.org/docs/Regional.Action.Framework.English.final.pdf>



How to Complete

The present document is intended to facilitate the compilation of national data and inputs for this baseline report. You are invited to **complete the following questionnaire in consultation with your respective national CRVS counterparts**, or, in case one exists, through your national coordination mechanism. To assist with completing the template, please refer to **the Regional Action Framework on Civil Registration and Vital Statistics (CRVS) in Asia and the Pacific**; as well as the **Guidelines for setting and monitoring the goals and targets of the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific**.

We encourage you to provide quantitative data as far as possible and supplement with qualitative data/information. We are conscious that not all countries will be available to produce baseline data for all of the 15 targets.

How will the results be used?

All inputs provided will feed into the regional synthesis report which will be presented to the Commission during its seventy second session in May 2016. Thus, your inputs are critical for elucidating the evaluations made and actions taken to improve CRVS systems in your respective country to date and to provide a starting point for identifying remaining key gaps and issues and what plans are in place to address them. At a national level this process can provide the empirical evidence to support the mobilization of national resources and, if relevant, be a basis for donor support.

The questionnaire comprises 33 questions. Questions 1 - 5 assesses the extent to which countries have undertaken the specific implementation steps of the Regional Action Framework, which includes aspects such as establishing a CRVS coordination mechanism and conducting a comprehensive assessment. Questions 6 - 29 relate to national target setting and the supporting baseline data used for setting the national target values and questions 30 - 33 focus on any additional national targets, if applicable.

As outlined in the Regional Action Framework, countries with existing similar progress reporting structures may provide their reports arranged as those structures allow, for example as part of their national CRVS strategy.

Please submit the completed forms, in electronic format (ideally in a Microsoft Word format) to the ESCAP secretariat at stat.unescap@un.org, copying Tanja Sejersen and Wannaporn Sridama of the ESCAP secretariat at sejersent@un.org and sridamaw@un.org by 15 December 2015. Any questions or comments can be referred to Tanja Sejersen.



Country Information

Country	Australia
Date	3/3/2016
Name of national CRVS Focal point or official responsible for coordinating the baseline report.	Dr AJ Lanyon Population Statistics Program Manager Australian Bureau of Statistics
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Instructions: The Regional Action Framework (RAF) outlines a series of steps to be undertaken by each country as part of its implementation. This section of the questionnaire assesses the progress made by your country with respect to the implementation of those steps. Please provide as many details as possible and attach any further relevant documentation.

(a) Establish an effective and sustainable national CRVS coordination mechanism comprising all relevant stakeholders. [RAF paragraph 43, 44, 62a & Annex C]

1. Has your country established a National CRVS coordination mechanism?

Yes Go to Question 2 No (If no, go to Question 3)

2. Who are the members of the National CRVS coordination mechanism?

The National Civil Registration and Statistics Improvement Committee (NCR SIC or the Committee) was established in 2013 to develop and oversee collective strategies to advance and coordinate improvements to Australia’s civil registration and vital statistics (CRVS) system.

The Committee’s standing membership comprises all eight (8) Australian state and territory Registrars of Births Deaths and Marriages and representatives of the Australian Bureau of Statistics (ABS). The New Zealand Registrar General’s office is invited to participate in an ex-officio capacity.

Representatives from other agencies or groups are invited to attend meetings or inform work required to progress the Committee’s action plan on an as-needs basis and/or seek representation of an issue for the Committee’s consideration. This ensures a cross-section of issues covering government, academic and civil society interest in Australia’s CRVS system are adequately addressed.

The Committee has also developed a stakeholder engagement strategy to ensure that it maintains connections with the large number of other committees and working groups with an interest in different elements of and information available from Australia’s CRVS system with a particular focus being given to health, identify management and Aboriginal and Torres Strait Islander areas.



(b) Conduct a standards-based comprehensive assessment of your current CRVS system²

[RAF Paragraph 62 b.]

3. Has your country conducted a standards-based comprehensive assessment of CRVS?

In 2009, an assessment of Australia's civil registration and vital statistics system was undertaken using the Rapid Assessment (RA) tool, developed jointly by the World Health Organization (WHO) and the Health Information Systems Knowledge Hub at the University of Queensland in Australia. This tool was used to evaluate Australia's current situation, with the outcome showing Australia's system to be a mature system of continued high quality when compared internationally. This score was consistent with the quality of cause-of-death data received by WHO, and the classification groups WHO member States are assigned according to the quality of their cause-of-death data (refer 3.2 below for more information).

National Civil Registration and Statistics Improvement Committee (NCR SIC) has also developed an action plan which provides a useful framework through which to progress improvements to Australia's CRVS system. Given Australia's almost universal registration, the establishment of targets against the action areas of the RAF in most cases is not necessary. A key focus of this plan is to improve the harmonisation of births, deaths, causes of death and marriages data across the country as well as to improve the timeliness of data sharing and access, and the production of quality population and mortality statistics.

The Committee has been developing, stronger partnerships (between RBDMs, the ABS and key users of information captured through Australia's CRVS system), better coordination between jurisdictions and better connection with relevant government initiatives. Collaboration and a strong commitment by Committee members to make a difference has already delivered improvements to data accessibility and strengthened system-wide management of these important datasets. Following a four year project (2011-2014), the Australian Co-ordinating Registry (ACR) has now been established to oversee coordination and approval of access to and use of Cause of Death and Fact of Death files on behalf of data custodians - Australian Registrars of Births, Deaths and Marriages (RBDM), State/Chief Coroners and the National Coronal Information System (NCIS).

This project was led by the QLD Registrar of Births, Deaths and Marriages with the support of the ABS (particularly through the outposting of an ABS officer) and the other state/territory Registrars and the NCIS. It involved extensive negotiation with key stakeholders to establish a legally appropriate way in which one Registrar could manage the release of a national dataset comprising inputs from other Registrars and the code for each cause of death (established by the ABS in accordance with the International Classification of Diseases version 10). It also required investment in the development of data sharing protocols

² How to conduct a standards-based comprehensive assessment is detailed in: HIS Knowledge Hub and WHO. 2010. *Improving the quality and use of birth, death and cause-of-death information: guidance for a standards-based review of country practices.*



and systems that maintained the confidentiality of individuals. It has laid the foundation for improving access to and use of Australia’s CRVS information for the future.

A National Minimum Data Set (NMDS) has also been developed by the Committee to facilitate the annual collation of nationally comparable data about Births and Mortality events. There is now agreement between jurisdictions to collect a consistent set of data elements that have significance at a national level, in order to provide a foundation to achieving a more harmonised and robust (CRVS) system.

The NCR SIC action plan focuses on initiatives to further strengthen an already world-class system. This includes consideration of options to use the Australian Government’s commitment to digital transformation to bring birth registration information to the fore of government information use, in association with all state and territory Registries either having transitioned registration and certification services to digital/web-based platforms or considering doing so. Investigations have been progressing to determine the Department of Human Services’ (DHS) interest in collaborating with NCRSIC to improve birth registration outcomes, and to consider a whole-of government data capture and sharing process for this information.

Yes	<input checked="" type="checkbox"/>	Go to Question 3.1
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No	<input type="checkbox"/>	Go to Question 3.3
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3.1. If answered “Yes” to question 3, has the assessment been accepted/endorsed by your government?

Yes	<input checked="" type="checkbox"/>
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No	<input type="checkbox"/>
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3.2. Please provide details of the most recent assessment below. Please also attach the report of the assessment of the CRVS system in your country.

When was it conducted?	2009 Rapid Assessment Undertaken NCR SIC Action Plan established in 2013 (ongoing)	
Is the report published?	Yes	No <input checked="" type="checkbox"/>
Who were the stakeholders involved in conducting the assessment?	<i>(If the country assessment is attached you can skip this answer)</i> This assessment can be found at: Rapid Assessment of vital statistics systems: evaluation of the application of the World	



	Health Organization/Health Information Systems Knowledge Hub tool in 26 countries in the Asia–Pacific region http://www.uq.edu.au/hishub/docs/WP10/HISHUB-WP10-08-WEB-3Oct12%20A.pdf			
	<ul style="list-style-type: none"> • Attachment A Australia's National Civil Registration and Statistics Improvement Committee Action Plan 			
Did you receive support from any Development Partners ³ ? Which ones? List all partners	<i>(If the country assessment is attached you can skip this answer)</i> n/a			
Can this report be shared.....?	On CRVS Website?		Only with Secretariat	
	Yes ✓	No	Yes	No

3.3. Do you plan to undertake a standards-based comprehensive assessment of CRVS in the future?

As Australia’s coordinating body NCR SIC oversee collective strategies to improve the country’s civil registration and vital statistics system. On an ongoing basis the Committee’s primary focus is to identify and progress the policies and initiatives required to deliver a more seamless, harmonised and robust national civil registration and vital statistics (CRVS) system working across both Commonwealth and State/Territory jurisdictions.

The Committee is concerned with:

- Improving jurisdictional harmonisation of how births and deaths data are captured and counted
- Improving communication between state and territory Registrars of Births, Deaths and Marriages (RBDMs) and key stakeholder agencies e.g. law enforcement agencies, Medicare, Centrelink, Electoral Commissions and the Department of Immigration and Citizenship, among others, including improving co-ordination
- Advocacy as a cohesive body to:
 - Liaise with users of RBDM data and improve communication/relationships to enhance understanding of each other’s needs and challenges
 - Raise the profile of RBDMs as an essential cog in the vital statistics and identity management system
 - Identify and seek support and funding for initiatives that will lead to an improved national civil registration and vitals statistics system for Australia
 - Facilitate efficient access to national civil registration and vitals data and statistics by appropriate bodies.

³ Development partners could be for example: UNICEF, UNFPA, UNDP, UNHCR, IOM, WHO, ESCAP, SPC, Plan International, World Vision, Bloomberg Data4Health, donor agencies or others.



It oversees an action plan to guide and monitor progress in delivery of these functions.

Yes	<input type="checkbox"/>	→	If answered "Yes", when do you expect to undertake the assessment? Assessment is on an ongoing basis
No	<input checked="" type="checkbox"/>		Not necessary given the existence of a comprehensive and ongoing action plan to improve priority areas of Australia's CRVS system

(c) Develop and implement a plan for monitoring and reporting on achievement of the targets, including reports to the ESCAP secretariat. [RAF Paragraph 62d & 62e]

4. Has your government developed a plan for monitoring and reporting on achievement of the Regional Action Framework targets?

Yes ✓	The NCR SIC Action Plan has been developed to monitor and progress work to improve the quality, coverage and timeliness of Australia's birth and death registrations, and vital statistics.	No	<input type="checkbox"/>
If yes, please attach your monitoring and reporting plan.	Refer Attachment A		

(d) Develop and implement a comprehensive multi-sectoral national CRVS strategy. This strategy must align with the action areas of the Regional Action Framework. It should count with political commitment, adequate funding, and a clear delineation of responsibilities for stakeholders. In order to establish accountability for the implementation process [RAF Paragraph 62f.]

5. Has your country developed a comprehensive multi-sectoral national CRVS strategy?

Yes	<input checked="" type="checkbox"/>	Go to Question 5.1	No	<input type="checkbox"/>	Go to Question 5.2
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5.1. If answered “Yes” to question 5, please provide details of your comprehensive multi-sectoral national CRVS strategy.

Was the strategy endorsed?	Yes
Did you receive support from any Development Partners? Which ones? List all partners ³	n/a
When was it developed?	2013
Was the strategy developed through a consultative process involving a national CRVS coordination mechanism? Please explain	Yes, through the National Civil Registration and Statistics Improvement Committee
Is the strategy published?	No
Can this strategy be shared on the Asia-Pacific CRVS website?	Yes

5.2. If answered “No” to question 5, do you plan to develop a comprehensive multi-sectoral national CRVS strategy plan in the future?

Yes	<input type="checkbox"/>	→	If answered “Yes”, when do you expect to undertake the strategy?
No	<input type="checkbox"/>		

IMPORTANT NOTE: PLEASE KINDLY ATTACH ANY COMPREHENSIVE MULTISECTORAL NATIONAL CRVS STRATEGY, PLAN FOR MONITORING AND REPORTING, COMPREHENSIVE ASSESSMENT OR ACTIVITY REPORT ON CRVS MENTIONED ABOVE.



(e) Countries have agreed on three goals. Associated with each goal is a series of specific targets that countries are expected to set in 2015 and achieve by 2024. In this section you will be required to indicate the national target values that you have set for each target and provide the available/ supporting baseline data which was used for determining those target values.⁴ [RAF Paragraph 62 c. 63.a.ii.]

As far as possible, please provide the available quantitative data. In cases where the data does not exist, please provide qualitative responses. For further guidance on potential data sources, definitions, and other issues, please refer to the *Guidelines for setting and monitoring the goals and targets of the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific*.

6. Please set the “national target value” for each target⁵ in consultation with relevant stakeholders.



Goal 1: Universal civil registration of births, deaths and other vital events

[RAF Paragraph 16-21]

Target 1.A. By 2024, at least (%) per cent of births in the territory and jurisdiction in the given year are registered.

National target value: By 2024, at least 99% per cent of births in the territory and jurisdiction in the given year are registered.

	Number/ Percent	Year	Source of the Data Collected	List any limitations of the data or challenges encountered during its collection.
Estimated number of live births within the year (determined by hospital birth notifications)	315,365	2014	State/Territory Registries of Births Deaths and Marriages.	There are a number of challenges in quantifying under-registration. However, the best measure based on available information in Australia is the difference between the number of birth notifications provided by hospitals to the Registries of Births, Deaths and Marriages for a given calendar year and the number of births registered in that same year allowing for the legislated 60 day period for registration i.e. legislation allows for a birth on 31 December to be registered within a subsequent 60 day period, up until the end of early March of the

⁴ For further guidance on target setting, potential data sources, definitions, and other issues, please refer to the *Guidelines for setting and monitoring the goals and targets of the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific*. The Guidelines elaborates on considerations for each of the targets.



				following year. Note: Birth notification data will include some duplicate notifications and stillbirths due to system limitations in some jurisdictions.
Total Number of registered births within the year of occurrence	299,697	2014	Australian Bureau of Statistics <i>3301.0 - Births, Australia, 2014. Table 7.9 Births, year of Occurrence, Australia 2010 – 2014.</i>	As per comments above, the total number of registered births includes births that occurred in 2014 and were subsequently registered in the first quarter of 2015 in accordance with the legislative timeframes in Australia.
Per cent of births in the territory and jurisdiction in the given year that are registered	95.03%	2014		

Target 1.B. By 2024, at least ___%___ per cent of children under 5 years old in the territory and jurisdiction have had their birth registered.

National target value: By 2024, at least 99% per cent of children under 5 years old in the territory and jurisdiction have had their birth registered.

	Number/ Percent	Year	Source of the Data Collected	List any limitations of the data or challenges encountered during its collection.
Estimated number of children aged under 5 years in a given year who have had their birth registered (determined by hospital birth notifications)	1,522,815	2014	State/territory Registries of Births Deaths and Marriages.	<i>Question interpreted as:</i> In 2014 how many children in Australia are there under the age of 5 that should have been registered (were born between 2010 – 2014 inclusive). Birth notifications provided to BDMs for newborn infants provides the best measure. Note: Birth notification data will include some duplicate notifications and stillbirths due to system limitations in some jurisdictions.

Number of children under 5 years old that have had their birth registered in a given year	1,497,156	2014	Australian Bureau of Statistics	<p><i>Question interpreted as:</i> <i>In 2014 how many children in Australia under the age of 5 have been registered?</i></p> <p>Children registered in 2014 under the age of 5 = 295 206 plus any children registered in 2013 under the age of 4 = 303 213 plus any children registered in 2012 under the age of 3 = 304 287 plus any children registered in 2011 under the age of 2 = 296 142 plus any children registered in 2010 under the age of 1 = 298 308</p>
Per cent of children under 5 years old that have had their birth registered in a given year	98.3%	2014		Note: Data will not take into account any deaths

Target 1.C. By 2024, at least ___%___ per cent of all individuals in the territory and jurisdiction have had their birth registered.				
National target value: By 2024, at least <u>99%</u> per cent of all individuals in the territory and jurisdiction have had their birth registered.				
	Number/ Percent	Year	Source of the Data Collected	List any limitations of the data or challenges encountered during its collection.
Estimated total population (mid-year)	23, 490, 700	2014		
Number of individuals in a given year who have had their birth registered (including late registrations of adults).				<p>Exact number of Australian's that have never been registered is unknown. Preliminary data* indicates that less than 1% of people 15 years of age by 2014 have not had their birth registered. This confirms that whilst there is some room for improvement, Australia has a very good track record in achieving universal birth registration.</p> <p><i>* Chapter 4 in Melissa Castan & Paula Gerber (eds) Proof of Birth (2015) Future Leaders, Melbourne, Australia</i></p>
Per cent of individuals that have had their birth registered	Exact figure unavailable			Refer details of Australia's national birth registration process below.



National birth statistics compiled by the Australian Bureau of Statistics are sourced from birth registration systems administered by state and territory Registrars of Births, Deaths and Marriages, based on data provided on a registration form completed by the parent(s) or legal guardian of the child. Registration of births is compulsory in Australia under relevant state/territory legislation.

Hospitals and birth clinics notify state and territory registries of recent births on a regular basis. For births where a notification has been received by a registry, but has not been registered within the prescribed time period, parents are contacted by reminder letters and/or phone calls.

There is usually an interval between the occurrence and registration of a birth (referred to as a registration "lag") and as a result, some births occurring in one year are not registered until the following year or later. This can be caused by either a delay by the parent(s) or legal guardian in submitting a completed form to the registry, or a delay by the registry in processing the birth. Births which occur in November and December are also likely to be registered in the following year.

This following table shows birth registrations for years 2010- 2014, and the proportion of births that were registered each year within a 12 month period of the birth of the baby.

Registrations occurring within 12 months of birth of child, Australia

Year of Registration	Registrations that occurred within 12 months of birth of child No.	Proportion of total registrations %
2014	290,383	96.9
2013	298,292	96.8
2012	299,048	96.6
2011	290,672	96.4
2010	292,557	96.5

n.b. Figures based on official birth registrations not hospital notification data.

Target 1.D. By 2024, at least % per cent of all deaths that take place in the territory and jurisdiction in the given year are registered.				
National target value: No target set as almost 100 per cent coverage already achieved				
	Number/	Year	Source of the Data	List any limitations of the data or challenges encountered during its

	Percent		Collected	collection.
Estimated number of deaths in a given year	153, 580	2014	Australian Bureau of Statistics 3302.0 - Deaths, Australia, 2014	It is a legal requirement of each state and territory Registrar of Births, Deaths and Marriages that all deaths are registered in Australia. This figure represents the total number of death registrations for 2014, it also includes late registrations. For deaths that have been referred to a coroner for a cause of death to be determined a death registration is still received by the registry. Refer further detail of Australia's death registration process below.
Number of deaths that have been registered in a given year, within the legally stipulated time period (maximum one year)	152, 044	2014	Death registration data for 2014 deaths minus 0.01 per cent	Of the 153,580 deaths registered in 2014, 93.5% occurred in 2014, while 6.4% occurred in 2013. A very small percentage – 0.01 per cent – should have been registered earlier.
Per cent of all deaths that are registered within the legally stipulated time period (maximum one year)	99.9%			

Registration of deaths is the responsibility of Australian state and territory Registrars of Births, Deaths and Marriages. It is a legal requirement of each state and territory that all deaths are registered. Information about the deceased is acquired from a Death Registration Form (DRF) which is completed by the funeral director, based on information supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred. This information is provided to the ABS by individual Registrars for coding and compilation into aggregate statistics.

As with births, there is usually an interval between the occurrence and registration of a death (referred to as a registration 'lag') and as a result, some deaths occurring in one year are not registered until the following year or later. This can be caused by either a delay in the submission of a completed form to the registry, or a delay by the registry in processing the death. Deaths which occur in November and December are also likely to be registered in the following year. Of the 153,580 deaths registered in 2014, 93.5% occurred in 2014, while 6.4% occurred in 2013. A very small percentage – 0.01 per cent – should have been registered earlier. For deaths that have been referred to a coroner for a cause of death to be determined a death registration is still received by the registry. State and territory Registrars continually work with hospitals and funeral directors to ensure timely registration of death.

DEATHS REGISTERED IN 2014, Year of occurrence - Selected years

Year of occurrence	State or territory of registration								
	NSW %	Vic. %	Qld %	SA %	WA %	Tas. %	NT %	ACT %	Aust. %
2014	93.9	90.1	94.9	95.9	95.7	95.8	86.5	93.5	93.5
2013	6.0	9.8	5.0	4.1	4.2	4.0	12.2	6.5	6.4
2012	-	0.1	-	-	-	-	0.5	-	-
2011 and earlier	-	-	-	-	0.1	0.2	0.8	-	-

- nil or rounded to zero (including null cells)

3301.0 Births, Australia 2014 Australian Bureau of Statistics

This following table shows death registrations for years 2010- 2014, and the proportion of deaths that were registered each year within a 12 month period of the person's death. This shows that over 99% of deaths in Australia are consistently registered within a 12 month period of the death.

Registrations occurring within 12 months of persons death, Australia

Year of Registration	Registrations that occurred within 12 months of persons death No.	Proportion of total registrations %
2014	153,580	99.8
2013	147,678	99.8
2012	147,098	99.7
2011	146,932	99.8
2010	143,473	99.5



Target 1.E. By 2024, at least % per cent of all deaths recorded by the health sector in the territory and jurisdiction in the given year have a medically certified cause of death recorded using the international form of the death certificate.

National target value: No target set as 100 per cent coverage already achieved

	Number/ Percent	Year	Source of the Data Collected	List any limitations of the data or challenges encountered during its collection.
Estimated total number of deaths recorded by the health sector that have a medically certified cause of death recorded using the international form of the death certificate (ICD-10 coding)	153, 580	2014	Australian Bureau of Statistics 3302.0 - Deaths, Australia, 2014	
Total number of deaths recorded by health institutions or health sector	153, 580	2014	Australian Bureau of Statistics 3302.0 - Deaths, Australia, 2014	
Per cent of all deaths recorded by the health sector that have a medically certified cause of death recorded using the international form of the death certificate	100%	2014		Refer further details of Australia’s medically certified death process below.

The registration of deaths is the responsibility of the eight (8) individual state and territory Registrars of Births, Deaths and Marriages. As part of the registration process, information about the cause of death is supplied by the medical practitioner certifying the death or by a coroner. Other information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred.



Death records are provided electronically to the ABS by individual Registrars on a monthly basis. Each death record contains both demographic data and medical information from the *Medical Certificate of Cause of Death* where available. 2014 data has been coded using an automated coding system called Iris which applied an updated (2013) version of ICD-10 when coding multiple causes of death, and when selecting the underlying cause of death.

Information from coronial investigations are provided to the ABS through the National Coronial Information System (NCIS). The coronial process can take several years if an inquest is being held or complex investigations are being undertaken. In these instances, the cases remain open on the NCIS. Coroners' cases that have not been closed can impact on data quality as less specific ICD codes often need to be applied in the absence of a coroner's finding.

To improve the quality of ICD coding, all coroner certified deaths registered after 1 January 2006 are now subject to a revisions process. If the case remains open on the NCIS, the ABS will investigate and use additional information from police reports, toxicology reports, autopsy reports and coroners' findings to assign a more specific cause of death to these open cases. The use of this additional information at either 12 or 24 months after initial processing increases the specificity of the assigned ICD-10 codes over time. As 12 or 24 months have passed since initial processing, many Coronial cases will be closed, with the coroner having determined the underlying cause of death and allowing the ABS to code a more specific cause of death.

As less specific codes are generally associated with open rather than closed coroner certified cases, this process has the effect of significantly improving the quality of cause of death codes assigned to open cases.



Goal 2: All individuals are provided with legal documentation of civil registration of births, deaths and other vital events, as necessary, to claim identity, civil status and ensuing rights.

[RAF Paragraph 22-27]

Target 2.A. By 2024, at least (n/a) per cent of all births registered in the territory and jurisdiction are accompanied with the issuance of an official birth certificate that includes, as a minimum, the individual's name, sex, date and place of birth, and name of parent(s) where known.

National target value: No target set as certificates can be obtained for all births and are produced in a way that meet the minimum requirements.

7. Does the birth registration legal documentation provided in your territory and jurisdiction include the following? Mark with an X if this information is included in the official birth certificate.

The individual's name	✓
The individual's sex	✓
Date of birth	✓
Place of the birth (occurrence of the event)	✓
Name of parents (if known)	✓



8. Please complete the following information

<p>Estimated number of registered birth issued with certificates (with minimum information) upon registration the given year</p>	<p style="text-align: right;"><i>(absolute number)</i></p> <p><i>Unable to provide a reliable estimate given multiple certificates can be issued for a registrations in a given year</i></p>
<p>Estimated percentage of births registered within the last year that was accompanied with the issuance of an official birth certificate</p>	<p style="text-align: right;"><i>(percentage)</i></p> <p><i>Unable to provide a reliable estimate given multiple certificates can be issued for a registrations in a given year</i></p>

Birth certificates can be obtained from each of the eight (8) state and territory Registries of Births, Deaths and Marriages noting that any such certificate must be obtained from the Registry in the State/Territory where the birth occurred and meet the requirements outlined at point 7 (above). While all Registries have set a fee for the purchase of birth certificates (prescribed in state/territory legislation), all Registrars will facilitate certification in cases of hardship.

It is generally agreed that certificates are issued for the vast majority of registrations and in a given year the number of certificates issued is greater than the number of births. All registration forms include information for parents/legal guardians to assist them with applying for a birth certificate.

Certificates are able to be issued at any time after the birth is registered and on a number of occasions multiple certificates are issued to enable parent(s)/legal guardian(s) to enroll their child for services and/or to receive government payments e.g. family tax benefits and paid parental leave. However, statistics are not able to be produced for all jurisdictions on the proportion of registered births for which a certificate is issued.

It is known that individuals living in hard-to-reach and marginalized communities including Aboriginal and Torres Strait Islander people are less likely to register births and request certificates. Community outreach programs to regional, rural and remote areas of Australia are conducted by the state and territory Registries of Births, Deaths and Marriages in order to enable births to be registered where that has not already occurred as well as to facilitate the issuance of birth certificates. These programs are either individually led by the Registry staff, run in conjunction with other government agencies and/or in collaboration with community-based organisations. All state and territory Registries are also working to



progress establishment of on-line registration systems to assist in improving access to their services.

Refer to section 32.1 -32.2 for measures adopted or being progressed to ensure subgroups/hard-to-reach populations are addressed.

Target 2.B. By 2024, at least n/a per cent of all deaths registered in the territory and jurisdiction in the given year are accompanied with the issuance of an official death certificate which includes, as a minimum, the deceased’s name, date of death, sex, and age.

↓

National target value: No target set as certificates can be obtained for all deaths and are produced in a way that meet the minimum requirements.

9. Does the death registration legal documentation provided in your territory and jurisdiction in the given year _____ (YEAR) include the following. Mark with an X if this information is included in the official death certificate.

The individual’s name	✓
The individual’s sex	✓
Date of death (occurrence of the event)	✓
Age	✓



10. Please complete the following information

Estimated number of death certificates issued (with minimum information) in the given year	<i>All death certificates are issued with the minimum information in accordance with WHO standards. (number)</i>
Estimated percentage of deaths registered accompanied with the issuance of an official death certificate	<i>Unable to provide a reliable estimate on the proportion of registered deaths for which a certificate is issued. Refer comments below (percentage)</i>

All deaths in Australia are accompanied by a medical certificate cause of death with information captured in accordance with the World Health Organization’s standards. As a result, all deaths cover the minimum information outlined at point 9 (above). Death certificates are issued in the vast majority of cases given the importance of this documentation for arranging burial and finalizing a person’s estate. However, statistics are not able to be produced on the proportion of registered deaths for which a certificate is issued.



Goal 3: Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and are disseminated. [RAF Paragraph 28-34]

3.A. By n/a, annual nationally representative statistics on births – disaggregated by age of mother, sex of child, geographic area and administrative subdivision – are produced from registration records or other valid administrative data sources

National target value:

This currently occurs in Australia, target has been met. [Births, Australia \(Cat No. 3301.0\)](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/3301.0Main%20Features12014?opendocument&tabname=Summary&prodno=3301.0&issue=2014&num=&view=) is publicly available on the Australian Bureau of Statistics (ABS) website – for the most recent edition (2014) see:
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/3301.0Main%20Features12014?opendocument&tabname=Summary&prodno=3301.0&issue=2014&num=&view=>



11. Which data sources are used for the production of annual statistical information on births?

National birth statistics compiled by the ABS are sourced from birth registration systems administered by state and territory Registrars of Births, Deaths and Marriages, based on data provided on a registration form completed by the parent/ legal guardian(s) of the child.

- Are nationally representative statistics on births disaggregated according to the following criteria?

	Yes	No	Not applicable
Age of mother	✓		
Sex of child	✓		
Geographic area/Administrative subdivision for place of birth (occurrence)	✓		
Geographic area/Administrative subdivision for place of registration of birth	✓		
Special populations i.e. hard-to-reach and marginalized population groups	✓		

- Please provide comments on challenges or limitations faced by your country as it relates to the statistical information on births produced from registration records or other sources?

As previously outlined, the information used to inform the production of statistics on death in Australia is sourced from a large administrative system. This involves the provision of information by a range of people to enable quality death registration and certification. Standardised practice is the goal and agreed to by the members of the National Civil Registration and Statistics Improvement Committee but there are some challenges in delivering on this goal across a nationally federated CRVS system including differences between state and territory legislation and administrative processes and systems. This is particularly the case for the registration of hard-to-reach marginalised populations including Aboriginal and Torres Strait Islander people.



In Australia, Aboriginal and Torres Strait Islander status is captured through self-report or “self-identification” or identification of that status by a parent or legal guardian in the case of baby or a child. There are a range of enablers and barriers to accurately recording an individual’s status as an Aboriginal and/or Torres Strait Islander in Australia at a given point in time. It is also recognised that this status can change over time given it is a self-identified measure.

Propensity to identify as an Aboriginal and/or Torres Strait Islander Australian is determined by a range of factors, including:

- who completes the form;
- the perception of why the information is required, and how it will be used;
- education programs about reporting as an Aboriginal and/or Torres Strait Islander Australian; and
- cultural aspects and feelings associated with reporting as an Aboriginal and Torres Strait Islander Australian.

Current statistics may underestimate the level of Aboriginal and Torres Strait Islander births and as a result impact the reliability of Aboriginal and Torres Strait Islander fertility statistics for Australia.

Refer to section 32.1 -32.2 for measures adopted or being progressed to ensure subgroups/hard-to-reach populations are addressed.

3.B. By (n/a), annual nationally representative statistics on deaths – disaggregated by age, sex, cause of death defined by ICD (latest version as appropriate), geographic area and administrative subdivision – are produced from registration records or other valid administrative data sources.

National target value: This currently occurs in Australia, target has been met. [Deaths, Australia \(Cat No. 3302.0\)](#) is publicly available on the Australian Bureau of Statistics (ABS) website – for the most recent edition (2014) see:

<http://www.abs.gov.au/ausstats/abs@.nsf/PrimaryMainFeatures/3302.0?OpenDocument>



- Which data sources are used for the production of annual statistical information on deaths?

The registration of deaths is the responsibility of the eight (8) individual state and territory Registrars of Births, Deaths and Marriages. As part of the registration process, information about the cause of death is supplied by the medical practitioner certifying the death or by a coroner. Other information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred. A medical certificate cause of death is required before any burials can take place and funeral directors play a key role in ensuring this certificate is issued.

- Are nationally representative statistics on deaths disaggregated according to the following criteria?

	Yes	No	Not applicable
Age	✓		
Sex	✓		
Geographic area/Administrative subdivision for place of death (occurrence)	✓		
Geographic area/Administrative subdivision for place of registration of death	✓		
Cause of death as defined by ICD	✓		
Special populations i.e. hard-to-reach and marginalized population groups	✓		

- Please provide comments on challenges or limitations faced by your country as it relates to the statistical information on deaths produced from registration records or other sources?

As previously outlined, the information used to inform the production of statistics on death in Australia is sourced from a large administrative system. This involves the provision of information by a range of people to enable quality death registration and certification. Standardised practice is the goal and agreed to by the members of the National Civil Registration and Statistics Improvement Committee but there are some challenges in delivering on this goal across a nationally federated CRVS system including differences between state and territory legislation and administrative processes and systems. This is particularly the case for the registration of hard-to-reach marginalised populations including Aboriginal and Torres Strait Islander people.

In Australia, in relation to deaths, Aboriginal and Torres Strait Islander status is captured through self-report or “self-identification” or identification of that status by a third part – usually a funeral director, member of the deceased’s family or a friend. As noted in relation to the production of birth statistics, there are a number of recognised enablers and barriers to accurately recording an individual’s status as an Aboriginal and/or Torres Strait Islander in Australia at a given point in time. It is also recognised that this status can change over time given it is a self-identified measure.

Propensity to identify as an Aboriginal and/or Torres Strait Islander Australian is determined by a range of factors, including:

- who completes the form and whether the Indigenous identification question is asked;
- the perception of why the information is required, and how it will be used;
- education programs about reporting as an Aboriginal and/or Torres Strait Islander Australian; and
- cultural aspects and feelings associated with reporting as an Aboriginal and Torres Strait Islander Australian.

Given this range of issues, current statistics may underestimate the level of Aboriginal and Torres Strait Islander deaths and as a result impact the reliability of Aboriginal and Torres Strait Islander mortality statistics in Australia.

Refer section 32.1 -32.2 for measures adopted or being progressed to ensure sub-group/hard-to-reach populations are addressed.

3.C. By 2024, at least (n/a) per cent of deaths occurring in health facilities or with the attention of a medical practitioner have an underlying cause of death code derived from the medical certificate according to the standards defined by ICD (latest version as appropriate)

National target value: Australia has met this target

- Please fill in the following information

	Number	Percentage	Year (Data Collected)	Source of the Data
Estimated number and percentage of deaths occurring in health facilities or with attention of medical practitioner in the given year	153,580	100	2014	Australian Bureau of Statistics 3302.0 - Deaths, Australia, 2014. <i>NB: This includes deaths attended by a coroner</i>
Estimated number and percentage of deaths occurring in health facilities or with attention of medical practitioner that have an underlying cause of death code derived from the medical certificate according to the standards defined by ICD in the given year	153,580	100	2014	Australian Bureau of Statistics 3302.0 - Deaths, Australia, 2014. <i>NB: This includes deaths attended by a coroner</i>
Estimated number and percentage of deaths occurring in health facilities or with attention of medical practitioner that have an underlying cause of death code derived from the medical certificate according to other source standards or classifications in the given year	0%	All Australian deaths are currently coded using an automated coding system called Iris which applies an updated (2013) version of ICD-10 when coding multiple causes of death, and when selecting the underlying cause of death. While some additional coding to other classifications occurs, this is not the official cause of death information used across the country.		



3.D. By 2024, the proportion of deaths coded to ill-defined codes will have been reduced by (n/a) per cent compared with the baseline year.

National target value: n/a

Certification of deaths in Australia is considered to be of a high standard, and ICD coding of deaths is undertaken in strict accordance with the ICD-10 mortality coding rules. As a result, the proportion of deaths assigned to ill-defined causes is low.

Around 15% of Australian deaths are referred to a Coroner. Where deaths are referred to a Coroner there can be a lag in the time taken for information to become available about the cause of death. This lag can increase the likelihood of a death being coded to an ill-defined cause. To address this issue, the ABS introduced a revisions process for all Coroner certified deaths registered after 1 January 2006. This revision process applies to all Coroner certified deaths which remain open at the time of coding, and it enables the ABS to increase the specificity of codes as more information is made available through the National Coronial Information System (NCIS). The revisions process allows changes to be made over a three year period.

In addition to the revisions process, the ABS also uses police, toxicology and autopsy reports on the NCIS to improve the accuracy and specificity of cause of death coding. Use of these reports increases the accuracy of coding of cases where Coroners findings have not been finalised.

- Please fill in the following information

	Number	Percentage	Year	Source of the Data
Number of deaths coded to ill-defined codes (R00-R99) in the given year	1,460	0.99%	2013 (preliminary data)	Australian Bureau of Statistics. 3303.0 Causes of Death, Australia, 2013
	1,009	0.70%	2011 (final data)	

3.E. By 2024, at least (n/a) per cent of deaths taking place outside of a health facility and without the attention of a medical practitioner have their underlying cause of death code determined through verbal autopsy in line with international standards.

Australia has met this target.

National target value: Not applicable

- Please fill in the following information

	Number	Percentage	Year	Source of the Data
Estimated number and percentage of deaths taking place outside of a health facility and without attention of a medical practitioner in the given year	0	0	2014	
Estimated number and percentage of deaths occurring outside of health facilities or without attention of medical practitioner that have their underlying cause of death code determined through verbal autopsy in line with international standards in the given year	0	0	2014	



<p>Estimated number and percentage of deaths occurring outside of health facilities or without attention of medical practitioner that have their underlying cause of death code determined through other methods besides verbal autopsy in the given year</p>	0	0		
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- What steps are taken to evaluate the underlying cause of death in cases where deaths occur outside of health facilities or without attention of a medical practitioner?

In Australia in order to complete a death registration, the death **must legally** be certified by either a doctor using the Medical Certificate of Cause of Death, or by a coroner.

Although there is variation across jurisdictions in what constitutes a death that is reportable to a coroner, they are generally reported in circumstances such as:

- where the person died unexpectedly and the cause of death is unknown
- where the person died in a violent or unnatural manner
- where the person died during or as a result of an anaesthetic
- where the person was 'held in care' or in custody immediately before they died
- where the identity of the person who has died is unknown.

The registration of deaths is the responsibility of the eight (8) individual state and territory Registrars of Births, Deaths and Marriages. As part of the registration process, information about the cause of death is supplied by the medical practitioner certifying the death or by a coroner. Other information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred.



- Is the underlying cause of death code for deaths occurring outside health facilities or without the attention of medical practitioners determined through verbal autopsy according to the WHO international standard (<https://ucqjr.enketo.org/webform>)?

Yes	
No	✓

→

Which standards, if any, do you use for performing a verbal autopsy?
n/a in Australia

- Please add any comment on challenges or limitations regarding identifying the underlying causes of death in your country.

n/a (refer above)

3.F. By (n/a) (year), key summary tabulations of vital statistics on births and deaths using registration records as the primary source, are made available in the public domain in electronic format annually, and within one calendar year. [RAF Annex G]

National target value: Australia has met this target

- Please fill in the following information regarding your country's *key summary tabulations* of vital statistics for both births and deaths.

	Births		Deaths	
	Yes	No	Yes	No
Are registration records used as the primary source?	✓		✓	
Are the tabulations produced annually?	✓		✓	
Are the tabulations disseminated electronically?	✓		✓	
Are the tabulations available within one calendar year?	✓		✓	

If answered "NO" in any of the previous questions, please elaborate.

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- If tabulations are available in the public domain, where can this information be found?

www.abs.gov.au

3.G. By (TARGET YEAR) (year), key summary tabulations of vital statistics on causes of death using registration records as the primary source, are made available in the public domain in electronic format annually, and within two calendar years.

National target value: The 2015 Cause of Death dataset for Australia will be released within 1 calendar year. All other targets for key summary tabulations of vital statistics have already been met.

- Please fill in the following information regarding your country's key *summary tabulations* of vital statistics on causes of death.

	Yes	No
Are registration records used as the primary source?	✓	
Are the tabulations produced annually?	✓	
Are the tabulations disseminated electronically?	✓	
Are the tabulations available within one calendar year?	Yes, within 1 calendar yr from 2015 COD dataset onwards.	

If answered "NO" in any of the previous questions, please elaborate.

Causes of Death statistics are available 15 months after the calendar year. Approximately 15 per cent of deaths each year in Australia are investigated by a coroner. Information for these deaths is in some circumstances not available one calendar year. To ensure that cause of death information is sufficiently complete, tabulations are made available 15 months after the end of the calendar year. Recent improvements in the availability of information in relation to deaths investigated by coroners in Australia has enabled more timely coding of these deaths and the ABS is investigating opportunities to release data within one calendar year.



- If tabulations are available in the public domain, where can this information be found?

www.abs.gov.au

- Does the information provided on births, deaths, and cause of death consider the delay between the occurrence of the event and registration?

Yes	✓
No	

→

If answered "No", please explain why it is not considered

3.H. By (n/a), an accurate, complete and timely vital statistics report for the previous two years, using registration records as the primary source, is made available in the public domain.

National target value: Australia has met this target

- Please fill in the following information regarding *vital statistics report*

	Yes	No
Is it currently available with information for the previous two years?	✓	
→ If NOT available, what last two years are currently available for the public domain?		
Is it currently complete?	✓	
→ If NOT complete, what information is missing?		
Was it released in a timely manner?	✓	
→ When was it scheduled to be released?		
→ If NOT released on a timely manner, when was it officially released?		

- Please add any comment on challenges or limitations your country had with releasing the last report?



Addition national targets, if applicable [RAF Paragraph 15, 21, 27, 34]	
30. The Regional Action Framework recommends that countries add targets related to marriage, divorces and adoptions to the 15 targets specified in the framework. These could be crafted in a form similar to targets relating to birth and death events. <u>Please include any additional targets set.</u>	
(National Target Description)	(Possible Data Source)
n/a	

31. When developing national plans, it may be beneficial to set multiple incremental targets throughout the decade as progress will be made incrementally (e.g. 60% of births registered by 2017, 70% of births registered by 2020, 75% of births registered by 2024). <u>Please report on any incremental national targets established.</u> [RAF Paragraph 9.b]	
(National Target Description)	(Possible Data Source)
n/a	

(f) Assess inequalities related to CRVS experienced by subgroups of the population. This includes hard-to-reach and marginalized populations, particular geographic areas or administrative subdivisions. In addition, where appropriate, set national targets to address those inequalities [RAF Paragraph 62e.]

32. Has your government set specific targets to address inequalities experienced by any hard-to-reach and marginalized population groups?



Yes Go to Question 32.1 No Go to 33

32.1. If yes, please list the hard-to-reach and marginalized populations, measures adopted and any related targets. Please add more rows if needed or attach any relevant documents.

The NCR SIC is in the process of developing an Aboriginal and Torres Strait Islander Data and Statistics Improvement Strategy for births and deaths. This strategy will identify key initiatives to be progressed by the Committee with the support of other stakeholders (government and non-government) to improve the quality and coverage of civil registration and vital statistics in Australia as it relates to Aboriginal and Torres Strait Islander people. It will be informed by the outcomes of some key investigations into the factors that influence quality and coverage and take into account the outcomes of the Symposium on Australia Achieving Universal Birth Registration held in December 2014, hosted by the Cast Centre for Human Rights Law, Monash University as well as a national workshop on barriers to birth and death registration and possible solutions to address the same planned for 2016 (hosted by the National Civil Registration and Statistics Improvement Committee). Funding will be sought to enable implementation of different elements of the strategy once finalized.

32.2. Has any research or evaluations been conducted or is planned to identify the particular challenges faced in ensuring that subgroups /hard-to-reach marginalized populations identified above can access civil registration?

Yes Go to Question 32.3 No Go to Question 33

32.3. Please fill in the following information

When was this research or evaluation conducted or when will it be conducted?	Work has been undertaken over numerous years to improve birth and death registration of Aboriginal and Torres Strait Islander Australians by Registries of Births, Deaths, and Marriages and the Australian Bureau of Statistics, numerous government and non-government agencies, and community groups. Some key examples include:
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	<ul style="list-style-type: none"> • 2011 Indigenous mortality linkage project undertaken by the ABS which linked death registrations with the 2011 Census in order to assist in understanding the extent to which there was under-identification as Aboriginal and/or Torres Strait Islander at death – see Cat No. 3302.0.55.004 and 3302.0.55.005 at www.abs.gov.au • ABS work to identify barriers and enablers to identification – see Cat No. 4726.0 at www.abs.gov.au • Successful models for outreach programs already in place in Australia – see summary of the same in Chapter 4 of <i>Proof of Birth</i> (2015) publication, pp56-58 • The outputs from and findings of the work program of the National Indigenous Reform Agreement Performance Information Working Group (NIRAPIMG) which has consistently sought to identify issues with and solutions to data quality and coverage issues – see http://www.aihw.gov.au/nirapimg/.
<p>What steps have been taken/ interventions used to address these challenges?</p>	<p>As noted above, in 2015 NCR SIC commenced development of an Aboriginal and Torres Strait Islander Data and Statistics Improvement Strategy which seeks to lever off learnings regarding what strengthens the quality and coverage of births and deaths registrations for Aboriginal and Torres Strait Islander people as well as investigations regarding the barriers to the same. It will seek to develop a multi-faceted strategy covering improved use of existing data, improved tools to support data providers and a strengthened understanding across Australia of the critical importance of timely and quality birth and death registration. Funding will be sought to enable implementation of different elements of the strategy once finalized.</p>



33. Has your government set specific targets to address inequalities experienced by particular geographic areas/ administrative subdivisions such as states/ provinces/ islands?

Yes	<input type="checkbox"/>	Go to Question 33.1	No	<input checked="" type="checkbox"/>	Go to 33.2
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33.1. If yes, please specify the geographic areas/ administrative subdivisions and the related targets. Please add more rows if needed or attach any relevant documents.

Improvements in the effectiveness of outreach to Indigenous communities (sometimes remote) and current community engagement strategies will be considered during the development of the Aboriginal and Torres Strait Islander Data and Statistics Improvement Strategy. It is widely understood that residents in remote and rural areas within Australia can experience difficulties in accessing government services including vital event registration services. Complementing the development of the Aboriginal and Torres Strait Islander Data and Statistics Improvement Strategy, the NCR SIC is working to transition registration and data supply services to digital and web-based platforms to improve accessibility.

33.2. Has any research or evaluations been conducted to identify the particular challenges faced by people from these geographic areas/ administrative subdivisions when accessing civil registration? n/a

Yes	<input checked="" type="checkbox"/>	Go to Question 33.3	No	<input type="checkbox"/>	Skip Question 33.3
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33.3. Please fill in the following information

When was this research conducted?	Improving the quality and coverage of birth and death registration in remote and rural areas within Australia is an ongoing priority for state/territory Registrars and National Civil Registration Statistics Improvement Committee.
What key challenges were identified?	In some remote and rural areas under-registration could be higher than overall state and national averages, given the higher degree of difficulty in



	<p>accessing government services. What is required is further development and resourcing of targeted strategies to engage the geographically remote and subgroups of the population at higher risk of not registering the birth of a child. These strategies could assist in promoting the benefits that can accrue through birth registration, not only to them as individuals, but also to the communities in which they live – the larger the official estimate of a local population the more government funding they are likely to receive.</p> <p><i>* Refer Chapter 4 in Melissa Castan & Paula Gerber (eds) Proof of Birth (2015) Future Leaders, Melbourne, Australia</i></p>
<p>What steps have been taken/ interventions used to address these challenges?</p>	<p>The Committee has commenced development of a strategy that will highlight examples of good and best practice across Australia in terms of community engagement and awareness-raising that has increased registration and, in some instances, certification in remote geographic areas and Aboriginal and Torres Strait Islander communities.</p> <p>Investigations are also progressing to determine the Department of Human Services’ (DHS) interest in collaborating with NCRSIC to improve birth registration outcomes, and to consider a whole-of government data capture and sharing process for this information. Such a transition would certainly improve accessibility and improve coverage of remote and rural areas within Australia.</p>

----- **This is the end of the questionnaire, thank you for your assistance.** -----