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**Review of issues pertinent to the subsidiary structure
of the Commission, including the work of the regional
institutions: statistics****Report of the Regional Steering Group for Civil
Registration and Vital Statistics in Asia and the Pacific*****Summary*

In May 2015, members and associate members of the Economic and Social Commission for Asia and the Pacific endorsed the Ministerial Declaration to “Get Every One in the Picture” in Asia and the Pacific and the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific, and declared the Asian and Pacific Civil Registration and Vital Statistics Decade, 2015-2024.

To support national activities to improve civil registration and vital statistics (CRVS), the overall implementation of the Regional Action Framework is guided by the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific, supported by a diverse regional network of development partners.

In this report, the Regional Steering Group presents a regional baseline analysis of the status of CRVS in the region and progress in implementing the Regional Action Framework, drawing on reports on national targets and baseline data that members and associate members have submitted to the secretariat. It focuses on Governments’ progress in taking the implementation steps contained in the Regional Action Framework and provides an overview of the targets and baselines of the three goals of the Ministerial Declaration.

Based on the analysis of the key challenges in the initial implementation, the Regional Steering Group provides recommendations to advance the region’s progress towards achieving the goals of the Ministerial Declaration.

* E/ESCAP/72/L.1.

** The present document was submitted late because the majority of the reports on member States’ and associate members’ national targets and baseline data were submitted late.

I. Introduction

1. In its resolution 71/14, the Economic and Social Commission for Asia and the Pacific (ESCAP) endorsed the Ministerial Declaration to “Get Every One in the Picture” in Asia and the Pacific and the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific and declared the Asian and Pacific Civil Registration and Vital Statistics Decade, 2015-2024 (CRVS Decade).¹ The Regional Action Framework provides a set of goals and specific targets to realize the shared vision as outlined in the Ministerial Declaration that, by 2024, all people in Asia and the Pacific will benefit from universal and responsive civil registration and vital statistics systems that facilitate the realization of their rights and support good governance, health and development.

2. To support national activities to improve civil registration and vital statistics (CRVS), the overall implementation of the Regional Action Framework is guided by the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific, supported by a diverse regional network of development partners. The present report has been prepared by the Regional Steering Group pursuant to its terms of references, as endorsed by the Commission at its seventy-first session, which require the results of the work of the Regional Steering Group to be reported regularly to the Commission, following the schedule for the regional reviews outlined in the Regional Action Framework.²

3. The Ministerial Declaration sets out three goals:

(a) Goal 1: Universal civil registration of births, deaths and other vital events;

(b) 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;

(c) Goal 3: Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and are disseminated.

4. A set of targets for each goal has been outlined in the Regional Action Framework that have been designed to enable objective, efficient, technically sound and time-bound monitoring of progress in achieving the goals. The goals and corresponding national targets are listed in annex I.

5. The “Get Every One in the Picture” initiative builds on existing work across the region, including the valuable role of subregional programmes to improve CRVS, efforts by members and associate members and ongoing support by development partners. Countries with gaps in achieving the goals should take advantage of the momentum created by the CRVS Decade to secure the political commitment to complete this important implementation step.

¹ Also in its resolution 71/14, the Commission requested the Executive Secretary to report at its seventy-second session on progress in implementation of the resolution: that report is contained in document E/ESCAP/72/6, “Summary of progress in the implementation of Commission resolutions”.

² E/ESCAP/71/INF/9, para. 17.

6. In this report, the Regional Steering Group presents a regional baseline analysis of the status of CRVS in the region and progress in implementing the Regional Action Framework, drawing on reports on national targets and baseline data that members and associate members have submitted to the secretariat.³ It focuses on Governments' progress in taking the implementation steps contained in the Regional Action Framework and provides an overview of the targets and baselines of the three goals of the Ministerial Declaration. Based on the analysis of the key challenges in the initial implementation, the Regional Steering Group provides recommendations to advance the region's progress towards achieving the goals of the Ministerial Declaration.

II. Reporting on the implementation of the Regional Action Framework

7. The Regional Action Framework establishes six key principles of implementation, eight implementation steps and seven action areas to guide Governments and development partners to focus and organize efforts towards improving CRVS systems across the region.

8. The baseline report is based on national reports collected through a template outlining the relevant indicators, developed by the Regional Steering Group in collaboration with the regional CRVS partnership. The template was designed to obtain information on: (a) the national Regional Action Framework targets set by members and associate members for the CRVS Decade; (b) where available, the current baseline values (and data sources) of the Regional Action Framework monitoring indicators; and (c) the level of achievement of the implementation steps outlined in the Regional Action Framework.⁴ Of the 62 members and associate members of ESCAP, 35 submitted reports, constituting a response rate of 56 per cent. In addition, 10 other members and associated members indicated an intention to report, but reports had not been received to date. Reports were often delayed by the need for endorsement within the reporting country.

III. Translating the shared vision into national targets and assessing the current status

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

9. Goal 1 is an expression of the internationally accepted principle of universal coverage of civil registration. The CRVS system should register all vital events occurring in the territory and jurisdiction of the country or area, including among hard-to-reach and marginalized populations. The five targets are designed to monitor improvements towards universal coverage of the registration of vital events.

³ Members and associate members will also be required to submit midterm and final reports in 2019 and 2024, in accordance with the reporting schedule outlined in the Regional Action Framework.

⁴ The reporting template can be accessed from www.getinthepicture.org/resource/national-progress-update-template. Requests for reports were sent to seats of Government and national focal points in October 2015.

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

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.

Target 1.C: By 2024, at least ... per cent of all individuals in the territory and jurisdiction have had their birth registered.

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.

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.

1. Completeness of birth registration

10. Three targets have been designed to monitor improvements in the coverage of birth registration: covering the registration rate of children under 1 year old (target 1.A), to capture the registration of recent births; covering the registration rate of the entire population (target 1.C), reflecting the accumulated efforts to register births and the potential backlog of individuals who need to be registered; and covering the registration rate of children under 5 years of age (target 1.B), which in many countries is currently estimated using information collected through sample surveys.

11. Consistent with the aspiration of the Regional Action Framework, countries have generally set a target to achieve universal registration of births by 2024. Of the 35 reporting countries, 19 have set targets at or close to 100 per cent for birth registration of children within a year of birth (target 1.A) as well as those under 5 years old (target 1.B). These countries include Bangladesh, whose current coverage is 13 per cent and 25 per cent for the two age groups respectively.

12. The targets regarding registration of births of children within a year (target 1.A) and under 5 years of age (target 1.B) are closely linked to Sustainable Development Goal 16.9, for which the agreed indicator is the percentage of children under 5 whose births have been registered with a civil authority, disaggregated by age, illustrating the added importance of monitoring and reporting on these two targets.

13. Thirteen of the 28 countries reporting on the target on birth registration for the total population (target 1.C) have set a target to achieve 100 per cent coverage by 2024. Japan and Hong Kong, China, have not set targets, although their reported coverage currently stands at 100 per cent. Overall, 12 countries have more than 98 per cent coverage, some of which are making substantial efforts to ensure registration of the remaining few. Myanmar has yet to set a target, with its current reported coverage rate for the full population at less than 2 per cent. Many countries had difficulty identifying baseline data for this target because data on birth registration coverage among the total population was often not available, as reflected in the qualitative information given by countries in their reports and in their questions to the secretariat.

2. Completeness of death registration

14. Countries face a greater challenge in improving death registration (target 1.D), which is quite low in some countries; for example, 9.1 per cent in Bangladesh. The challenge is also reflected in the fact that fewer countries, although still a significant number (12 out of 32), reported that they have set a target to achieve universal coverage by 2024. A total of 13 countries already have complete or near complete coverage, as can be seen in figure I.

Figure I

Matrix of national targets and baseline data for target 1.D

		<i>Targets (percentage)</i>			
		<i>100</i>	<i>90-99.9</i>	<i>75-89.9</i>	<i><74.9</i>
Baselines (percentage)	100	Cook Islands Macao, China Mongolia			
	90-99.9	Armenia Kazakhstan Kiribati Maldives Republic of Korea Thailand Turkey	New Zealand Tajikistan	Bhutan	
	75-89.9		Iran (Islamic Republic of)	Nepal Tonga	
	<75	Fiji India	Philippines	Bangladesh Myanmar	Cambodia
	Baseline data not provided	United States of America	Viet Nam	Pakistan	Lao People's Democratic Republic Samoa Solomon Islands

15. Of the deaths reported, even fewer are recorded using the international form of the death certificate specifying cause of death (target 1.E). 12 countries reported to have 100 per cent coverage already, while the coverage level was below 20 per cent in Bhutan (11 per cent), India (12 per cent) and Kiribati (16 per cent). Unlike with the other four targets of this goal, none of the countries with low baseline completeness have set a target to achieve 100 per cent by 2024, reflecting the particular complexities associated with registration of deaths, such as lack of medical service coverage and use of the international form of the death certificate.

B. 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

16. Being in possession of legal documentation of civil registration, and thus able to prove the occurrence and characteristics of a vital event, is strongly linked with a broad range of rights, in particular legal identity. Goal 2 reflects the fact that CRVS systems provide such legal documentation to individuals and families.

Target 2.A: By 2024, at least ... 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.

Target 2.B: By 2024, at least ... 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.

17. Of all the reporting countries, 19 have set a target to provide legal documentation for all registered births by 2024 (target 2.A). With very few exceptions, reporting countries have set national targets of 100 per cent for the issuance of death certificate (target 2.B), as most of these countries automatically issue death certificates upon registration. Eight countries did not set national targets for either 2.A or 2.B. Following registration, the cost and time associated with obtaining the issued certificates may mean that they are not held by the individuals concerned.

18. A common practice highlighted by most reporting countries is the automatic issuance of birth certificates at the point of registration. Enacting appropriate legislation on birth registration and certification can be one mechanism for ensuring that all birth registrations are accompanied with the issuance of official birth certificates, although cultural and practical considerations may mean that individuals prefer only to obtain certificates when needed.

C. Goal 3: Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and are disseminated

19. There are eight targets under goal 3. Target 3.A covers countries' aspirations to produce annual disaggregated statistics on births on the basis of registration records and other administrative data sources. Four targets (3.B, 3.C, 3.D and 3.E) relate to the production of death statistics and coding of causes of deaths in compliance with the International Classification of Diseases (ICD), illustrating the complexities of causes-of-death statistics. Three additional targets (3.F, 3.G and 3.H) relate to timely dissemination and accessibility of vital statistics on births and deaths produced on the basis of registration records as the primary source.

Target 3.A: By (year), 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.

Target 3.B: By ... (year), 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.

Target 3.C: By 2024, at least ... 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).

Target 3.D: By 2024, the proportion of deaths coded to ill-defined codes will have been reduced by ... per cent compared with the baseline year.

Target 3.E: By 2024, at least ... 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.

Target 3.F: By (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.

Target 3.G: By ... (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.

Target 3.H: By ... (year), 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.

1. Annual production of vital statistics on births

20. Out of a total 35 baseline reports submitted, 14 countries reported that they are already producing representative disaggregated statistics on births annually on the basis of registration records and other administrative sources (target 3.A). Of those countries not already doing so, five have set 2024 as the target year and nine are aspiring to achieve this target by 2022 or sooner. Some countries reported that they produce birth statistics predominantly using sources other than registration records and administrative data (such as surveys and census), which is not in line with this target.

2. Vital statistics on deaths and coding of causes of deaths

21. Statistics disaggregated by causes of death and other demographic characteristics are essential to designing, implementing and monitoring public health policy, including analysis of burden of disease, formulation of disease prevention and mitigation strategies and measurement of progress in achieving health-related development goals.

22. Country reports regarding the annual production of disaggregated statistics on deaths (target 3.B) mirror those for statistics on births (target 3.A) in that almost all that have achieved the former target have also achieved the latter, although the self-reporting does not include information on the quality of these statistics and not all countries are using the recommended sources. Similarly, six countries have set 2024 as the target for producing disaggregated statistics on deaths annually on the basis of administrative data, and several others have set even more ambitious targets.

23. The key to these countries achieving their targets is the application of the International Classification of Diseases in determining and coding causes of death, including through verbal autopsies. This application has proved to be a challenge, as shown in country reports with respect to the setting of national values for targets 3.C, 3.D and 3.E.

24. Ten countries reported to have already achieved full coding (100 per cent) of the causes of deaths occurring in health facilities or with the attention of a medical practitioner (target 3.C). Several countries have reported relatively low rates but have set a target to achieve a rate of 100 per cent by 2024, including Bangladesh (currently 39 per cent) and the Philippines (currently 34 per cent). India and Kiribati currently stand at

11.6 per cent and 16 per cent respectively, but aspire to raise the level to 60 per cent and 80 per cent respectively. In some countries, health facilities without doctors may be common, which would have a negative impact on the proportion of deaths coded in health facilities.

25. Most countries that have achieved or nearly achieved target 3.C also reported relatively low levels of ill-defined codes (target 3.D), reflecting the existence of fairly robust systems for determining and coding the causes of deaths occurring in health facilities or with the attention of a medical practitioner.

3. Use of verbal autopsy

26. Where the majority of deaths are attended by medical practitioners, verbal autopsy is not applicable, as is the case in Australia; the Cook Islands; Fiji; Hong Kong, China; Macao, China; New Zealand; and the United States of America. There is large variation across countries in setting a target for the use of verbal autopsy to determine causes of deaths occurring outside of a health facility and without the attention of a medical practitioner (target 3.E).⁵ First, very few countries reported baseline data, implying either the absence of the practice or extraordinary difficulty in obtaining data. In case where death registration is low, the use of verbal autopsy to identify causes of death is even scarcer or as yet non-existent as recording the cause of death requires further skills and infrastructure in addition to those needed for registration itself. In any case, more in-depth research is necessary to investigate the use of verbal autopsy, as the data provided in the reports received are not adequate to draw definitive conclusions about the factors underlying the use of the practice.

4. Application of the International Classification of Diseases

27. Determining and coding deaths in compliance with the International Classification of Diseases is an area in need of improvement across the region, even in comparatively well-functioning CRVS systems. Some notable challenges highlighted by reporting countries relate to the lack of training of health staff and the limited use of the international form of medical certificate of cause of death according to World Health Organization (WHO) standards. In addition, coding under the International Classification of Diseases for the compilation of cause of death statistics needs specially trained coding staff and quality assurance processes. This may not always be possible at a national level owing to a lack of the resources required, which is why the Brisbane Accord Group is looking into regional solutions for the Pacific.

5. Dissemination of vital statistics

28. Half of the reporting countries stated that they had already achieved the three targets regarding the dissemination of vital statistics, including 13 countries, out of a total of 28, that indicated that they were already engaged in the regular production and electronic dissemination of summary tabulations on births and deaths (target 3.F). A handful of countries with fairly robust and well-functioning CRVS systems set short-term targets of 2017 and 2018, while other countries requiring more long-term support set a target of 2021 or later.

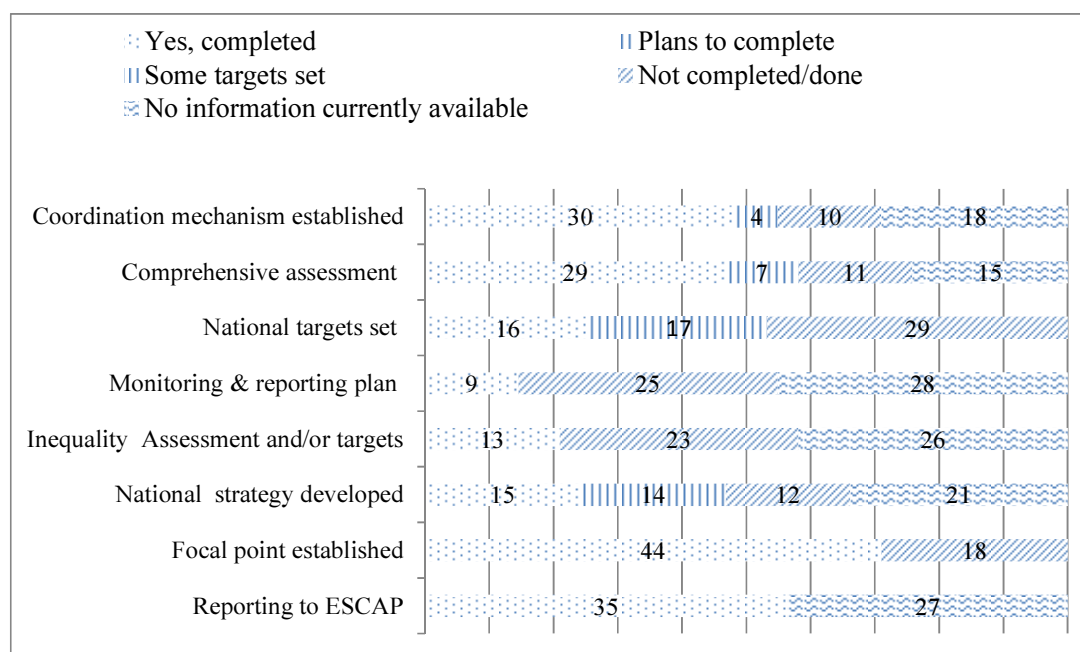
⁵ International standards for the use of verbal autopsy in CRVS settings were issued in 2012, and guidelines and tools to support routine implementation of verbal autopsy are still under development.

29. Target 3.G has been achieved by 12 reporting countries, and a few others have set a target of 2018 or later. Most countries generate their vital statistics on the basis of registration records although in some cases estimates on causes of death are based primarily on national sample surveys. Given the limitations of these sample surveys, steps must be taken to improve death registration practices. Twelve out of 28 countries reported that they were already publishing accurate, complete and timely vital statistics reports based on registration records (target 3.H); these countries were predominantly the ones that had also already achieved targets 3.A, 3.B, 3.F and 3.G. Countries not currently doing so indicated that it would be a significant task, especially those where the registration systems are yet to be digitized; some countries (Cambodia, Nepal and Viet Nam) still rely on paper-based systems, making it almost impossible to use registration records to produce vital statistics. As a stepping stone to complete vital statistics reports, countries should consider publishing reports despite incomplete data.

IV. Progress in implementing the Regional Action Framework

30. In addition to the goals and targets, the Regional Action Framework outlines a set of implementation steps that countries should undertake. These steps follow a logical sequence, with the establishment of multisectoral coordination mechanisms and comprehensive assessments providing the preparatory steps for developing national comprehensive strategies. Figure II shows an overview of the status of completion of the implementation steps in the 62 countries. Some of these steps were implemented before the adoption of the Regional Action Framework, often with the support of development partners.

Figure II
Overview of implementation step status



A. Establishing an effective and sustainable coordination mechanism

31. Given the wide range of stakeholders involved in reporting and registering the occurrence of vital events, effective coordination is essential

to prevent duplication of functions and information, and to facilitate the effective use of registration records for statistical purposes. It is therefore imperative that a national CRVS coordination mechanism, such as a national committee, should function well and comprise all relevant stakeholders, including from the civil registration, health, education and statistics sectors, provincial and local governments and possibly development partners and civil society.

32. As can be seen in annex II, of the 44 countries for which information was either reported or attained through partners, 30 had established their national CRVS coordination mechanism, and a mechanism was being established in four other countries. As many as 10 countries reported not to have set up a national coordination mechanism, either because they considered their CRVS system to be very good and that a coordination mechanism was not needed, or the work on improving the system had just started recently.

33. There is enormous variation in the set-up and functioning of the national CRVS coordination mechanisms, reflecting the principle that the implementation of the Regional Action Framework should be country-led and accommodate the particular circumstances of each member and associate member. In Bangladesh, for example, the coordination mechanism is established under the Cabinet Division and has high-level political support. In other countries it is led by specific government departments such as the Statistical Centre of Iran (Islamic Republic of Iran), Ministry of Federal Affairs and Local Development (Nepal), Ministry of Planning, Development and Reform (Pakistan) and the civil registrars' office (Office of the Registrar General and Census Commissioner, India; Philippine Statistics Authority, Philippines). In countries with well-functioning systems, the coordination mechanism has more of a technical nature, such as in Japan where members are predominantly academics.

34. The key to the success of the national coordination mechanisms is that all relevant stakeholders are identified and consulted, which in some countries was a lengthy process demanding substantial advocacy efforts. In the few countries where a coordination mechanism has not been established, most CRVS responsibilities are perceived to lie with one government department.

35. Common tasks performed by the coordination mechanisms include overseeing the development and implementation of comprehensive assessments of national CRVS systems and of comprehensive multisectoral national CRVS strategies, including delineation of responsibilities. The mechanisms lead CRVS improvement efforts and linkages with relevant national development plans as well as coordination of activities.

B. Conducting standards-based comprehensive assessments

36. It has been recognized that standards-based comprehensive assessments allow States to diagnose the strengths and weaknesses of the CRVS system and identify the priority issues that need to be addressed.⁶ It is critical that all key stakeholders are engaged in the process to ensure the success of the comprehensive assessments.

37. As many as 29 countries in Asia and the Pacific conducted standards-based comprehensive assessments between 2009 and 2015, and several – including Armenia, India, Mongolia, Myanmar and Timor-Leste – are planning to carry out this exercise in 2016.

38. Often a rapid assessment is conducted in the lead-up to a comprehensive assessment in order to build support for further work and to quickly identify the strengths and weaknesses of the system. A total of 47 countries in Asia and the Pacific have conducted rapid assessments,⁷ and Bhutan and Tajikistan are planning to conduct theirs in 2016.

C. Setting national targets for the Asian and Pacific Civil Registration and Vital Statistics Decade, 2015-2024

39. Setting national values for each target provides the opportunity for key stakeholders to agree on the level of ambition in improving their national CRVS systems. For this reason, national targets should be set through a consensus process involving all relevant stakeholders. In some countries, a technical subgroup of the coordination mechanism was tasked with setting the national targets and collecting data for the baseline report. In other countries, the process was led by one of the key national stakeholders.

40. The setting of national targets recognizes the country's realities, as reflected in the baseline data reported for each target. In some countries, it was not possible to obtain baseline data for all of the targets. Baseline data provided by reporting countries were derived from varied sources, including administrative records from the civil registration system, ministry of health and other administrative systems as well as household surveys and censuses (population and housing censuses, Demographic and Health Surveys and multiple indicator cluster surveys).⁸ Some indicators are not part of existing data collection systems and are therefore more difficult for countries to report on. It should be noted that the Regional Action Framework does not set a fixed baseline year for all countries, to limit the burden of reporting, and as such the baseline data provided by countries varied according to country, target and availability.

⁶ Most countries use the standards tools developed by WHO and the University of Queensland Health Information Systems Knowledge Hub for comprehensive and rapid assessments. See *Improving the Quality and Use of Birth, Death and Cause-of-death Information: Guidance for Standards-based Review of Country Practices* (Geneva, 2010). See also *Rapid Assessment of National Civil Registration and Vital Statistics Systems* (Geneva, 2010).

⁷ Carla Abouzahr and others, "Strengthening civil registration and vital statistics in the Asia-Pacific region: learning from country experiences", *Asia-Pacific Population Journal*, vol. 29, No 1 (November 2014) (ST/ESCAP/2696).

⁸ The baseline data included in this paper are directly as reported by countries and has not undergone a comprehensive quality review process.

41. The process of identifying baseline data and setting national targets highlighted gaps in the existing system that need to be addressed throughout the CRVS Decade. The difficulties in establishing baseline data appear to be directly linked to the current status of the CRVS systems, with some countries experiencing serious difficulties. Further capacity-building is needed for countries to produce better data on how well their CRVS systems function, including more information on registration coverage rates, the provision of legal documentation to individuals and various aspects of the production of vital statistics.

42. The Regional Action Framework has set the end of the CRVS Decade (2024) as the target for achieving the three goals. However, countries have been encouraged to set incremental targets to monitor improvements throughout the decade. According to the reports received, only Cambodia, India,⁹ and Thailand have set incremental targets, while Nepal mentioned that it would do so at a later stage following the results of a 2016 national survey to assess registration coverage and other aspects of the CRVS system. A similar survey is also planned for Cambodia in 2016 or 2017.

Box I

Example from the national target-setting process in the Philippines

In the Philippines, the national target-setting process was coordinated by the Philippine Statistics Authority, which is also responsible for civil registration. The Philippine Statistics Authority conducted a workshop for its Inter-Agency Committee on Civil Registration and Vital Statistics in October 2015 to set the national targets. The national focal point then coordinated with member agencies of the Interagency Committee on the preparation of the national baseline targets, which were then reviewed and finalized by the Philippine Statistics Authority to ensure alignment of activities and the workplan with the Statistical Development Program.

A major challenge for setting the national targets was that the most recent baseline data was from the 2010 census. Although the Philippine Statistics Authority conducted a mid-decade census in May 2015, the data were still being processed and analysed at the time of the submission of the national targets. Statistics from the 2010 census and data from the civil registration records therefore constituted the baseline data for the national target setting.

D. Assessing inequalities

43. The Regional Action Framework includes an implementation step to assess inequalities related to CRVS experienced by subgroups of the population, and, where appropriate, set national targets to address those inequalities.

44. Very few countries have so far completed this step. Of the 35 countries reporting, only five (Australia, Kiribati, the Lao People's Democratic Republic, the Philippines and Viet Nam) indicated that they are conducting research to identify the particular challenges in accessing civil registration by subgroups (see annex II). Four countries have set national targets for subgroups (Australia, Kiribati, Thailand and Viet Nam). A survey on civil registration is planned in Nepal, and part of this will include identifying subgroups of concern.

⁹ In the case of India, all national targets are set at 2020 as part of the national India Vision 2020 initiative.

45. Some countries pointed out that such targets were not needed, as they had no difficulties with the registration of subgroups. This is the case in Azerbaijan and several other countries with close to 100 per cent registration rates (Hong Kong, China; Japan; Macao, China; Maldives; and the Republic of Korea).

46. For other countries, the question of how to register individuals in hard-to-reach areas may have been included in the initial assessment or national strategies. This is particularly the case in Pacific islands where the issue of improving access and coverage in outer islands is especially relevant.

47. No country can achieve the three goals without adequately addressing the needs of hard-to-reach and marginalized groups. As such, countries are urged to take this important step as recommended in the Regional Action Framework to conduct an assessment and set appropriate targets.

Box II

Assessing civil registration of asylum seekers, refugees, stateless persons and persons of undetermined nationality

The Regional Support Office of the Bali Process on People Smuggling, Trafficking in Persons and Related Transnational Crime is developing a toolkit for interested States to evaluate and strengthen how they register births, deaths and marriages of asylum seekers, refugees, stateless persons and persons of undetermined nationality, as part of the mainstream civil registration system. The Bali Process civil registration assessment toolkit will help States to identify strengths, weaknesses and levels of coverage among key populations, and provide relevant technical and policy guidance to support improvement efforts and the setting of targets for progress. In doing so, the toolkit will provide States with a practical resource to implement the Ministerial Declaration to “Get Every One in the Picture” in Asia and the Pacific – especially the specific implementation step on assessing inequalities experienced by subgroups – and to achieve the target of legal identity for all as contained in the 2030 Agenda for Sustainable Development. The toolkit is being developed through a technical advisory group of experts from five Bali Process member States and the Office of the United Nations High Commissioner for Refugees, and in close consultation with the broader membership of the Bali Process, including 40 other States, the International Organization for Migration and the United Nations Office on Drugs and Crime. The toolkit will be published in the second half of 2016.

E. Develop and implement a comprehensive multisectoral national civil registration and vital statistics strategy

48. A comprehensive multisectoral national CRVS strategy, addressing the gaps identified by comprehensive assessments and detailing the budget and commitments required for implementation, is a key step in guiding efforts by national actors and development partners to improve the national CRVS system. These assessments have been conducted since 2010, often with the support of development partners.

49. Of the 35 reporting countries, 12 have developed such strategies, with another 14 planning to do so.¹⁰ Information from other sources indicate that a further five countries have developed strategies (see annex II).

¹⁰ The overview included here only reports on the development of national strategies, not whether these strategies have been endorsed and published.

50. The Regional Action Framework recommends that the plan should cover the seven action areas, namely: political commitment; public engagement, participation and generating demand; coordination; policies, legislation and implementation of regulations; infrastructure and resources; operational procedures, practices and innovations; and production, dissemination and use of vital statistics. The level of attention to each of these action areas will depend on the assessment of the situation in the country, and the plan can follow various formats.

Box III

Preparing a comprehensive strategy plan for strengthening the civil registration and vital statistics system in the Islamic Republic of Iran

In September 2014, a workshop was held to complete a comprehensive assessment of the CRVS system. Participants included representatives of government stakeholder agencies, related academic professors and international development partners WHO, the United Nations Population Fund and the United Nations Children's Fund (UNICEF), and pivotal roles were played by the civil registration office, health sector and national statistical office.

During this workshop, four subgroups were convened, based on guidelines published by WHO, focusing on: (a) assessing the legal basis, resources and forms used for birth and death registration; (b) coverage and completeness of registration, organization and functioning of the vital statistics system, and data storage and transmission; (c) ICD coding practices; and (d) data quality, plausibility, tabulation, access and dissemination. These subgroups addressed important national challenges faced by the CRVS system and prioritized them using criteria such as feasibility, urgency and cost.

Subsequently, a multisectoral workshop supported by international experts developed a comprehensive strategy highlighting 12 prioritized areas for improvements. All strategies are based on a trilateral memorandum of understanding between the National Organization for Civil Registration, the Ministry of Health and Medical Education and the Statistical Centre of Iran.

F. Develop and implement a plan for monitoring and reporting on achievement of the targets

51. Monitoring and reporting of national targets are an important part of national CRVS improvement strategies, as they are essential for assessing progress, identifying successes and areas for improvements. Monitoring and reporting on the targets can also ensure accountability by all key stakeholders of CRVS. On the evidence of the baseline reports, only nine countries have so far developed such a plan.

G. Assigning national focal points for civil registration and vital statistics

52. National CRVS focal points ensure communication among a country's CRVS stakeholders (ideally constituting the CRVS coordination mechanism) as well as with ESCAP and development partners, including liaising with the secretariat to report and monitor progress in implementing the Regional Action Framework on behalf of all CRVS stakeholders in the country. The national CRVS focal points therefore play a crucial role in the implementation of the Regional Action Framework. While some countries may be in the position that their CRVS system is not in need of much improvement,

for other countries the lack of a national CRVS focal point creates obstacles to effective development partner support for improving systems.

53. As of 7 April 2016, 44 members and associate members had nominated national CRVS focal points.¹¹ The majority of countries that have yet to nominate national CRVS focal points are either non-regional members or associate members (see annex II).

54. In order to equip national CRVS focal points for their important role, the secretariat has been frequently disseminating information about the regional initiative, including information on training, tools and new research relevant to CRVS practitioners. Focal points are also kept up-to-date on CRVS-related events and new support initiatives. Countries that have yet to assign national CRVS focal points are encouraged to do so as soon as possible, to ensure ongoing communication with the secretariat.

H. Submitting baseline reports

55. As adopted under the Regional Action Framework, members and associate members are to submit reports to the secretariat, and those reports serve as the basis for regional analysis as contained in this document. National baseline reports allow the tracking of progress at the regional level towards achieving the goals set in the Regional Action Framework and facilitates the sharing of experiences and good practices in individual countries, as well as the identification of areas where regional support can be provided to expedite progress. However, at the time of writing, the secretariat had received baseline reports from only 35 countries, leaving 27 countries outstanding (see annex II).

V. Coordinated support of implementation of the Regional Action Framework

56. Improvement of CRVS systems encompasses many components and aspects, from health, legal, public administration and statistics to outreach at the community level, and the combination of these efforts goes beyond the scope of any single organization. The CRVS partnership in Asia and the Pacific, which ESCAP chairs, supports countries in the implementation of the Regional Action Framework. Partners have agreed that assistance should be conducive to a comprehensive and integrated approach to improving CRVS, and delivered in a coordinated and harmonized manner that is aligned with the priorities set by members and associate members.¹² In 2015, the partnership focused on knowledge-sharing and alignment of activities in support of the regional CRVS Decade (2015-2024).

57. The partnership is aligning support activities across the region and working collaboratively on activities such as the development of training materials, the delivery of capacity-building in the form of training, and support to countries' achievement of implementation steps, including the development of national CRVS strategies. In addition, the partnership has

¹¹ Countries for which nominations had not been received included: American Samoa; Brunei Darussalam; China; France; French Polynesia; Georgia; Marshall Islands; Micronesia (Federated States of); Nauru; Netherlands; New Caledonia; Niue; Northern Mariana Islands; Russian Federation; Singapore; Turkmenistan; Tuvalu; and United Kingdom of Great Britain and Northern Ireland.

¹² Joint statement on behalf of the co-organizers of the Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific.

been crucial in establishing increased national, regional and global visibility of the need for improvement of CRVS through the “Get Every One in the Picture” initiative. The regional initiative is aligned with subregional initiatives; for example, the work in the Pacific will be continued to be coordinated with the Brisbane Accord Group.

58. Analysis in the present document has demonstrated that countries are at very different stages of improving their CRVS systems and implementing the Regional Action Framework. Most countries have established ambitious targets for improvements throughout the CRVS Decade. By themselves or with support from development partners and donors, some countries have been able to make good progress in undertaking the implementation steps as recommended in the Regional Action Framework, in particular the development of comprehensive multisectoral national CRVS strategies and associated investment plans.

VI. Issues for discussion by the Commission

59. **The Commission may consider urging Governments to reaffirm their commitment to the improvement of CRVS and implementation of the Regional Action Framework, so that the shared vision, goals and national targets can be achieved through comprehensive, integrated and concerted efforts by all relevant stakeholders.**

60. Through the Ministerial Declaration to “Get Every One in the Picture” and Commission resolution 71/14, the Asia-Pacific region has made significant contributions to the increasing global momentum to improve national CRVS systems. Throughout the region, solid progress has been made in achieving the three goals of the Ministerial Declaration, although the progress has been quite uneven both across countries as well as across the action areas and implementation steps within countries. In particular, the implementation steps on assessing subgroup inequalities and plans for monitoring and evaluation of progress under the Regional Action Framework have been conducted by only a small number of members and associate members, and a large group of countries have not reported on their progress.

61. **The Commission may wish to encourage countries to increasingly share experiences and good practices.** CRVS systems in the region range from relatively well functioning in some countries to weak and with very limited capacity in others. While some countries have made tremendous progress in improving the capacity of their systems, others have had difficulty doing so. The fact that some countries have been able to make good progress can serve as inspiration for other countries with a similar starting point. This diversity presents many opportunities for countries to explore a rich range of solutions to the challenges that they have encountered, which can benefit other countries.

62. Implementation of the Regional Action Framework has already been bolstered by the support that members and associate members of ESCAP have provided to each other. Such support has taken the form of the hosting of visits, sharing of experiences and provision of training, by such countries as Australia, New Zealand and the United States of America as well as the Philippines and Thailand. These activities are often supported by development partners, such as the Regional Meeting on Civil Registration and Vital Statistics for Pacific Islands organized by the Brisbane Accord Group (including ESCAP, UNICEF, the Secretariat of the Pacific Community and WHO) in collaboration with the Statistics Division. National CRVS focal points have highlighted the need for even further collaboration among

countries and sharing of experiences, including through better documentation of improvement efforts and South-South partnerships.

63. **The Commission may wish to acknowledge the extensive support given by development partners and encourage further investments from donors and national Governments.** Development partners have assisted country efforts across Asia and the Pacific before and during the CRVS Decade, and it should be recognized that the type of support required varies from initial assistance with assessments to the setting-up of coordination mechanisms to the formulation of strategies. Major investments such as in information technology, support for legislation, technical support and training of staff will require increased and ongoing donor support as well as national investments in order to continue and expand. The CRVS Decade needs to drive national prioritization and engagement, both politically and financially, in recognition of the fact that CRVS is a fundamental Government function for health, development and governance.

Annex I*

NR: No response; NTS: No target set; TA: Target achieved

<i>Countries</i>	<i>Target 1.A</i>			<i>Target 1.B</i>			<i>Target 1.C</i>		
	<i>Year</i>	<i>Baseline</i>	<i>Target</i>	<i>Year</i>	<i>Baseline</i>	<i>Target</i>	<i>Year</i>	<i>Baseline</i>	<i>Target</i>
Armenia	2014	99.0%	100%	2014	96.0%	100.0%	2014	99.0%	100.0%
Australia	2014	95.0%	99%	2014	98.3%	99.0%	NR	NR	99.0%
Azerbaijan	NR	NR	NR	NR	NR	NR	NR	NR	NR
Bangladesh	2014	12.8%	100%	2014	24.6%	100.0%	NR	86.5%	100.0%
Bhutan	2014	82%	95%	NR	98%	99%	NR	81%	90%
Cambodia	2014	53.0%	90%	2014	26.0%	90.0%	2014	NR	90.0%
Cook Islands	2014	100%	100%	2014	100%	100%	2014	100%	100%
Fiji	NR	42%	85%	NR	73%	85%	NR	71%	95%
Hong Kong, China	NR	99.8%	NTS	NR	NR	NTS	NR	NR	NTS
India	2013	85.6%	100%	2013	86.0%	100.0%	2013	50.0%	75.0%
Iran (Islamic Republic of)	2014-2015	94.6%	100%	2014-2015	99.7%	100.0%	2014-2015	99.9%	100.0%
Japan	2014	100.0%	NTS	NR	NR	NR	2014	100.0%	NR
Kazakhstan	NR	99.7%	100%	2014	99.7%	100.0%	NR	NR	100.0%
Kiribati	2010	97.4%	100%	2010	87.0%	100.0%	NR	97.0%	100.0%
Kyrgyzstan	2014	97.7%	NR	2014	97.7%	NR	2014	97.7%	NR
Lao People's Democratic Republic	2014	44%	70%	NR	N/A	80%	NR	NR	70%
Macao, China	2014	100.0%	100%	2014	100.0%	100.0%	2014	100.0%	100.0%
Maldives	2014	100.0%	100%	2014	99.0%	100.0%	NR	98.6%	100.0%
Micronesia (Federated States of)	2014	80%	95%	2011-2015	80%	95%	2014	80%	90%
Mongolia	2015	100.0%	100%	2015	100.0%	100.0%	2015	100.0%	100.0%
Myanmar	2013	74.0%	95%	2013	75.0%	95.0%	2013	1.5%	
Nepal	2014-2015	76.0%	99%	NR	NR	90.0%	NR	NR	80.0%
New Zealand	2014	85.0%	90%	2010-2014	86.3%	99.0%	2014	97.6%	99.0%
Pakistan	NR	NR	100%	NR	NR	100.0%	NR	NR	100.0%
Philippines	NR	90.6%	99%	NR	90.2%	99.5%	2010	93.5%	99.5%
Republic of Korea	2014	99.9%	100%	NR	100.2%	100.0%	2014	100.7%	100.0%
Samoa	NR	30%	85%	NR	NR	NR	NR	NR	95%
Solomon Islands	2014	29%	85%	2014	17%	90%	2014	22%	60%
Tajikistan	2015	89%	97%	2015	95%	98%	2012	88.4 %	NR
Thailand	2014	98.0%	100%	2014	98.0%	100.0%	2014	98.0%	100.0%
Timor-Leste	NR	NR	NR	NR	NR	NR	NR	NR	NR
Tonga	2014	89%	95%	2014	NR	97%	NR	95%	84%
Turkey	2014	98.0%	100%	NR	NR	100.0%	2014	100.0%	100.0%
United States of America	NR	NR	99%	NR	NR	99.0%	NR	NR	99.0%
Viet Nam	NR	NR	97%	2015	NR	98.5%	NR	NR	75.0%
Total responses	26	30	30	22	23	28	19	23	28

* This annex is being issued without formal editing.

<i>Countries</i>	<i>Target 1.D</i>			<i>Target 1.E</i>		
	<i>Year</i>	<i>Baseline</i>	<i>Target</i>	<i>Year</i>	<i>Baseline</i>	<i>Target</i>
Armenia	2014	98.3%	100.0%	NR	100.0%	100.0%
Australia	NR	99.9%	NTS	2014	100.0%	NR
Azerbaijan	NR	NR	NR	NR	NR	NR
Bangladesh	2014	9.1%	80.0%	2014	16.0%	80.0%
Bhutan	NR	81%	90%	2011	11%	85%
Cambodia	NR	NR	30.0%	NR	NR	30.0%
Cook Islands	2014	100%	100%	2014	78%	100%
Fiji	2014	59%	100%	2014	99%	100%
Hong Kong, China	NR	99.3%	NTS	2014	100.0%	NTS
India	2013	70.9%	100.0%	2013	11.6%	60.0%
Iran (Islamic Republic of)	2014	79.0%	95.0%	2014	80.0%	85.0%
Japan	2014	99.9%	NTS	NR	NR	TA
Kazakhstan	2014	98.6%	100.0%	2014	100.0%	TA
Kiribati	2010	91.0%	100.0%	2014	16.0%	80.0%
Kyrgyzstan	2011	97.0%	NR	2014	99.0%	NR
Lao People's Democratic Republic	NR	NR	60%	NR	NR	85%
Macao, China	2014	100.0%	100.0%	2014	100.0%	100.0%
Maldives	2014	90.1%	100.0%	2014	100.0%	100.0%
Micronesia (Federated States of)	2014	98%	90%	2014	98%	100%
Mongolia	2015	100.0%	100.0%	2015	100.0%	100.0%
Myanmar	2013	50.0%	75.0%	2013	50.0%	75.0%
Nepal	2015	75.0%	80.0%	2013/14	45.4%	NR
New Zealand	2014	99.9%	99.0%	2014	100.0%	99.0%
Pakistan	NR	NR	80.0%	2014	NR	80.0%
Philippines	2010	66.0%	90.0%	2010	34.0%	85.0%
Republic of Korea	2014	99.7%	100.0%	2014	99.1%	100.0%
Samoa	NR	NR	70%	NR	NR	95%
Solomon Islands	NR	NR	60%	NR	16%	80%
Tajikistan	2015	96%	98%	NR	NR	NR
Thailand	2014	98.0%	100.0%	2014	98.0%	100.0%
Timor-Leste	NR	NR	NR	NR	NR	NR
Tonga	2014	80%	85%	NR	NR	NA
Turkey	2014	99.0%	100.0%	2014	100.0%	100.0%
United States of America	NR	NR	99.0%	2014	NR	100.0%
Viet Nam	NR	NR	90.0%	2014	14.0%	80.0%
Total responses	24	27	3 029	25	25	25

<i>Countries</i>	<i>Target 2A</i>		<i>Target 2B</i>	
	<i>Baseline</i>	<i>Target</i>	<i>Baseline</i>	<i>Target</i>
Armenia	99.0%	100.0%	100.0%	100.0%
Australia	NR	NR	NR	NR
Azerbaijan	99.5%	100.0%	99.9%	100.0%
Bangladesh	100.0%	100.0%	100.0%	80.0%
Bhutan	NR	NR100%	NR	NR100%
Cambodia	2.7%	90.0%	0.2%	90.0%
Cook Islands	100%	100%	100%	100%
Fiji	100%	100%	100%	100%
Hong Kong, China	100.0%	NTS	100.0%	NTS
India	60.0%	100.0%	NR	100.0%
Iran (Islamic Republic of)	100.0%	100.0%	100.0%	100.0%
Japan	100.0%	NR	100.0%	NR
Kazakhstan	99.3%	TA	100.0%	TA
Kiribati	100.0%	100.0%	100.0%	100.0%
Kyrgyzstan	97.7%	NR	97%	NR
Lao People's Democratic Republic	100%	100%	100%	NR
Macao, China	100.0%	100.0%	100.0%	100.0%
Maldives	68.0%	100.0%	100.0%	100.0%
Micronesia (Federated States of)	90%	NTS	98%	NTS
Mongolia	97.2%	99.9%	99.7%	99.9%
Myanmar	74.0%	95.0%	50.0%	75.0%
Nepal	100.0%	100.0%	100.0%	100.0%
New Zealand	90.0%	85.0%	99.0%	99.0%
Pakistan	NR	100.0%	NR	100.0%
Philippines	100.0%	100.0%	100.0%	100.0%
Republic of Korea	99.9%	100.0%	99.1%	100.0%
Samoa	30.0%	85%	NR	70%
Solomon Islands	49.0%	70%	NR	50%
Tajikistan	89.0%	98%	97%	97%
Thailand	98.0%	100.0%	98.0%	100.0%
Timor-Leste	NR	NR	NR	NR
Tonga	NR	95%	NR	80%
Turkey	NR	100.0%	100.0%	100.0%
United States of America	NR	NR	NR	NR
Viet Nam	100.0%	100.0%	100.0%	100.0%
Total responses	28	25	26	26

<i>Countries</i>	<i>Target 3A</i>	<i>Target 3B</i>
Armenia	2024	2024
Australia	TA	TA
Azerbaijan	NR	NR
Bangladesh	2021	2021
Bhutan	2020	2022
Cambodia	2024	2024
Cook Islands	TA	TA
Fiji	TA	2016
Hong Kong, China	TA	TA
India	2020	2020
Iran (Islamic Republic of)	TA	2020
Japan	TA	TA
Kazakhstan	TA	TA
Kiribati	2020	2024
Kyrgyzstan	NR	NR
Lao People's Democratic Republic	2018	2018
Macao, China	TA	TA
Maldives	TA	TA
Micronesia (Federated States of)	2016	2016
Mongolia	TA	TA
Myanmar	NR	
Nepal	2024	2024
New Zealand	TA	TA
Pakistan	2024	2024
Philippines	2024	2024
Republic of Korea	TA	TA
Samoa	NR	
Solomon Islands	2017	2018
Tajikistan	NR	2020
Thailand	TA	TA
Timor-Leste	NR	NR
Tonga	2017	2017
Turkey	TA	TA
United States of America	TA	TA
Viet Nam	2022	
Total responses	28	28

<i>Countries</i>	<i>Target 3C</i>			<i>Target 3D</i>		
	<i>Year</i>	<i>Baseline</i>	<i>Target</i>	<i>Year</i>	<i>Baseline</i>	<i>Target</i>
Armenia	2014	98.6%	99.0%	2014	4.0%	2.0%
Australia	2014	100.0%	TA	2013 (preliminary data) 2011 (final data)	0.99% 0.70%	NTS
Azerbaijan	NR	NR	NR	2015	NR	NR
Bangladesh	2014	39.0%	100.0%	NR	NR	NR
Bhutan	2011	11%	85%	NR	NR	NR
Cambodia	NR	NR	30.0%	NR	NR	NR
Cook Islands	2014	78%	100%	2014	2.3%	1%
Fiji	2014	100%	100%	2014	3%	<1%
Hong Kong, China	2014	100.0%	TA	2014	3.7%	<5.0%
India	2013	11.6%	60.0%	2013	13.3%	7.0%
Iran (Islamic Republic of)	2014-2015	75.0%	85.0%	2014	15.0%	<10%
Japan	NR	NR	TA	2014	1.0%	NR
Kazakhstan	2014	19.4%	TA	2014	6.8%	2%-3%
Kiribati	2014	16.0%	80.0%	2014	31.5%	19.2%
Kyrgyzstan	NR	NR	NR	2014	2.0%	NR
Lao People's Democratic Republic	NR	NR	75%	NR	NR	NR
Macao, China	2014	100.0%	100.0%	2014	3.1%	1.5%
Maldives	2014	85.9%	100.0%	2012	10.0%	4.0%
Micronesia (Federated States of)	2014	100%	100%	2014	10%	NR
Mongolia	2015	100.0%	100.0%	2015	0.7%	NR
Myanmar	NR	NR	NR	NR	NR	NR
Nepal	2013/14	45.4%	NR	2015	100.0%	50.0%
New Zealand	2014	99.0%	99.0%	2014	0.8%	1.0%
Pakistan	NR	NR	80.0%	2014		
Philippines	2010	34.2%	100.0%	2010	2.5%	1.25%
Republic of Korea	2014	99.1%	100.0%	2014	8.9%	7.0%
Samoa	NR	NR	70%	NR	NR	NR
Solomon Islands	NR	78%	90%	2014	4%	
Tajikistan	NR	NR	98%	2014	2%	NR
Thailand	2014	97.0%	100.0%	2014	97.0%	100.0%
Timor-Leste	NR	NR	NR	NR	NR	NR
Tonga	2014	50%	95%	2014	100%	5%
Turkey	NR	100.0%	100.0%	2014	1.2%	0.6%
United States of America	2014	>99%	99.0%	2014	0.4%	0.4%
Viet Nam	NR	NR	80.0%	NR	NR	
Total responses	22	24	29	27	25	19

<i>Countries</i>	<i>Target 3E</i>		
	<i>Year</i>	<i>Baseline</i>	<i>Target</i>
Armenia	NR	NR	Verbal autopsy is not practiced
Australia	2014	NR	n/a
Azerbaijan	NR	NR	Deaths outside medical facilities are registered following a judicial procedure.
Bangladesh	NR	NR	50.0%
Bhutan	NR	NR	70%
Cambodia	NR	NR	10.0%
Cook Islands	NR	NR	Not Applicable. All deaths are to be identified and confirmed by a medical officer.
Fiji	NR	NR	Not applicable to Fiji
Hong Kong, China	2014	NR	Not applicable. All deaths are required to be attended by medical practitioner.
India	NR	NR	NR
Iran (Islamic Republic of)	2014-2015	3.0%	50.0%
Japan	NR	NR	NR
Kazakhstan	2014	NR	Verbal autopsy is not practiced
Kiribati	2014	NR	80.0%
Kyrgyzstan	NR	NR	NR
Lao People's Democratic Republic	NR	NR	60%
Macao, China	NR	NR	TA
Maldives	2014	14.0%	NR
Micronesia (Federated States of)			NTS yet
Mongolia	NR	NR	70.0%
Myanmar	NR	NR	NR
Nepal	NR	NR	NR
New Zealand	NR	NR	Not applicable
Pakistan	NR	NR	80.0%
Philippines	NR	NR	85.0%
Republic of Korea	NR	NR	NR
Samoa	NR	NR	NR
Solomon Islands	NR	NR	20%
Tajikistan	NR	NR	NR
Thailand	2014	96.0%	100.0%
Timor-Leste	NR	NR	NR
Tonga	NR	NR	95%
Turkey	NR	NR	NR
United States of America	NR	NR	Not applicable
Viet Nam	NR	NR	50.0%
Total responses	10	3	14

<i>Countries</i>	<i>Target 3F</i>	<i>Target 3G</i>	<i>Target 3H</i>
Armenia	TA	TA	TA
Australia	TA	TA	TA
Azerbaijan	NR	NR	NR
Bangladesh	2021	2021	2021
Bhutan	2022	2022	2024
Cambodia	2024	2024	2024
Cook Islands	TA	TA	TA
Fiji	2016	2017	2018
Hong Kong, China	TA	TA	TA
India	2017	2018	2018
Iran (Islamic Republic of)	TA	2020	TA
Japan	TA	NR	TA
Kazakhstan	TA	TA	2016
Kiribati	2024	2021	2020
Kyrgyzstan	NR	NR	NR
Lao People's Democratic Republic	2018	2018	2020
Macao, China	2024	TA	TA
Maldives	TA	TA	NR
Micronesia (Federated States of)	2017	2017	2024
Mongolia	TA	TA	TA
Myanmar	NR	NR	NR
Nepal	NR	NR	2024
New Zealand	TA	TA	TA
Pakistan	2024	2024	2024
Philippines	2018	2017	2019
Republic of Korea	NR	NR	NR
Samoa	NR	2019	NR
Solomon Islands	2025	NR	2025
Tajikistan	2018	2018	2018
Thailand	TA	TA	TA
Timor-Leste	NR	NR	NR
Tonga	2017	2017	2017
Turkey	TA	TA	TA
United States of America	TA	TA	TA
Viet Nam	2022	2024	2024
Total responses	28	28	28

Annex II

Overview of implementation steps*

Information on countries that have yet to submit their baseline report has been provided by development partners or country presentations given at various meetings.

<i>Countries</i>	<i>National coordination mechanism</i>	<i>Comprehensive assessment</i>	<i>National targets</i>	<i>Monitoring and reporting plan</i>	<i>Inequality assessment and/or targets</i>	<i>National strategy</i>	<i>National focal point</i>	<i>Reporting to ESCAP</i>
Afghanistan		Yes	No				Yes	No
American Samoa			No				No	No
Armenia	No	Plans	Yes	Yes	No	Plans	Yes	Yes
Australia	Yes	Yes	Partial	Yes	Yes	Yes	Yes	Yes
Azerbaijan	Yes	Yes	Partial	Yes	Yes	Yes	Yes	Yes
Bangladesh	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Bhutan	Yes	Yes	Partial	No	No	Plans	Yes	Yes
Brunei Darussalam			No				No	No
Cambodia	No	Yes	Yes	No	No	Yes	Yes	Yes
China			No				No	No
Cook Islands	Yes	Yes	Yes	No	No	No	Yes	Yes
Democratic People's Republic of Korea			No				Yes	No
Fiji	Yes	Yes	Yes	No	Yes	Plans	Yes	Yes
France			No				No	No
French Polynesia			No				No	No
Georgia			No				No	No
Guam			No				Yes	No
Hong Kong, China	Yes	No	Partial	No	No	No	Yes	Yes
India	Yes	Plans	Partial	No	No	Plans	Yes	Yes
Indonesia	Plans	Yes	No		Yes	Plans	Yes	No
Iran (Islamic Republic of)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Japan	Yes	No	Partial	No	No	No	Yes	Yes
Kazakhstan	No	No	Yes	No	Yes	No	Yes	Yes
Kiribati	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Kyrgyzstan	No	Yes	No	No	No	No	Yes	Yes
Lao People's Democratic Republic	Yes	Plans	Partial	No	Yes	Yes	Yes	Yes
Macao, China	No	No	Yes	No	No	No	Yes	Yes
Malaysia	Yes	No	No			No	Yes	No
Maldives	No	Yes	Partial	No	Yes	Yes	Yes	Yes
Marshall Islands		Yes	No				No	No
Micronesia (Federated States of)	Yes	Yes	Partial	No	No	Plans	No	Yes
Mongolia	No	Plans	Partial	No	No	Plans	Yes	Yes
Myanmar	No	Plans	Partial	No	No	Plans	Yes	Yes
Nauru	Yes	Yes	No			Yes	No	No

* This annex is being issued without formal editing.

<i>Countries</i>	<i>National coordination mechanism</i>	<i>Comprehensive assessment</i>	<i>National targets</i>	<i>Monitoring and reporting plan</i>	<i>Inequality assessment and/or targets</i>	<i>National strategy</i>	<i>National focal point</i>	<i>Reporting to ESCAP</i>
Nepal	Yes	Yes	Partial	No	No	Plans	Yes	Yes
Netherlands			No				No	No
New Caledonia			No				No	No
New Zealand	Yes	No	Yes	No	No	No	Yes	Yes
Niue	Plans	Yes	No			Yes	No	No
Northern Mariana Islands	Plans	Yes	No				No	No
Pakistan	Yes	Yes	Yes	No	No	Plans	Yes	Yes
Palau	Plans	Yes	No				Yes	No
Papua New Guinea	No	No	No				Yes	No
Philippines	Yes	Yes	Yes	No	Yes	Plans	Yes	Yes
Republic of Korea	Yes	No	Partial	No	No	No	Yes	Yes
Russian Federation			No				No	No
Samoa	Yes	Yes	Partial		No	Yes	Yes	Yes
Singapore			No				No	No
Solomon Islands	Yes	Yes	Yes	yes	No	Yes	Yes	Yes
Sri Lanka	No	Yes	No				Yes	No
Tajikistan	Yes	No	Partial	yes	No	No	Yes	Yes
Thailand	Yes	Yes	Yes	No	Yes	No	Yes	Yes
Timor-Leste	Yes	Plans	No	Yes	No	Plans	Yes	Yes
Tonga	Yes	Plans	Yes	No	Yes	Plans	Yes	Yes
Turkey	Yes	No	Partial	No	No	Plans	Yes	Yes
Turkmenistan			No				No	No
Tuvalu		Yes	No			Yes	No	No
United Kingdom of Great Britain and Northern Ireland			No				No	No
United States of America	Yes	No	Partial	No	Yes	No	Yes	Yes
Uzbekistan			No				Yes	No
Vanuatu	Yes	Yes	No			Yes	Yes	No
Viet Nam	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Subtotal, Yes	30	29	16	9	13	15	44	35
Subtotal, No	10	11	29	25	23	12	18	27
Subtotal, Plans	4	7	0	0	0	14	0	0
Subtotal, Partial	0	0	17	0	0	0	0	0
Total	44	47	62	34	36	41	62	62