

NEXT STEPS

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

1.A – 1.D By 2024, at least ... per cent of

- births
- children under 5
- all individuals
- of all deaths that take place

Completeness

in the territory and jurisdiction have had their birth registered

- 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.

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

3.A and 3.B: By ... (year), annual nationally representative statistics on

- **births** – disaggregated by age of mother, sex of child, geographic area and administrative subdivision
- **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.

3.C – 3.E on cause of death

**Birth and death
statistics**

- 3.F and 3.G: By ... (year) key summary tabulations of vital statistics on
 - births and deaths
 - causes of death

Birth and death statistics

using registration records as the primary source, are made available in the public domain in electronic format annually, and within one (/two) calendar year.

- 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.

VS report

National coordination

- Schedule meetings to update and consolidate suggestions from workshop
 - Share experience with project teams and possibly with national coordination mechanism
 - Agree on next steps and division of tasks among members
- Take measures to gain access to CR data on individual level if this is not in place
- Thinking ahead: How and when can the VS report be published? Provide suggested timeline at next workshop?

Documents developed at first workshop

- Outline of VS report
 - Tabulation plan (based on data availability)
 - First draft birth and death statistics
 - Flow chart CRVS system
 - Partial description of CRVS system
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- Action/activity plan for period until next workshop

Continue work on VS report

Week	Activity/Deadline
Week 1 (16-20 jan)	Consolidate VS report outline and activity plan/timeline with national coordination mechanism/working group and share with focal point/ESCAP
Week 2 (23- 27 jan)	
Week 3 (30 jan-3 feb)	Deliver first draft of VS report to focal point?
Week 4 (6-10 Feb)	
Week 5 (13-17 Feb)	Focal points returns VS report with comments?
Week 6 (20-24 Feb)	Deliver revised VS report draft Also exchange with another country?
Week 7 (27 Feb-3 Mar)	
Week 8 (6-10 March)	Second workshop

Contact with focal points

- Regular e-mail contact – do not hesitate to ask questions
- Skype/phone calls once a week for updates
- Focal point to comment on any documents submitted

Focal point	Country
Helge Brunborg, helge.brunborg@gmail.com	Bhutan, Vietnam
Monina Collado moninacollado@yahoo.com	Myanmar, Maldives
Vibeke O. Nielsen/Dag Roll-Hansen von@ssb.no / roh@ssb.no	Malaysia, Mongolia
ESCAP chung@un.org	Georgia, Timor Leste

Approach and language

- What is the main aim of the VS report?
 - Advocate for and provide guidance for further development of CRVS system nationally?
 - Attract international donors?
 - Other?
- We recommend both national language and English
 - Focal points will have difficulties commenting if not in English

QUESTIONS?

Data sharing

- Are there «physical» limitations?
 - Laws/regulations?
 - Software?
 - Security?
- How could these be overcome?

Norwegian experience

- Strong statistical law
 - Formerly supported by formal letters
- Good cooperation between agencies
 - Including regular development meetings
- Focus of mutual gains of cooperation
 - Financial
 - Time spent
 - Quality improvements

Linking data

- Linking with PIN
- Linking several variables
- Use a variety of sources if primary source is not available or incomplete

Linking data with PIN

- Use any software package and link files



Other person registers with PIN in Norway

- Population censuses 1960, 1970, 1980, 1990 and 2001
 - Later censuses based on administrative registers only and not on census forms
- Refugees and other immigrants
- Causes of death
- Cancer cases
- Tuberculosis cases
- Medical personnel
- Prescriptions
- Soldiers
- Bank accounts
- Insurance registers
- Income and wealth
- Pensions and other social security transfers
- Educational activity and attainment, incl. examination results
- Employees
- Voters
- Drivers' licences
- Passports
- Vaccinations

Linking with several variables

- Check both sources for duplicates and clean them before linking.
- During linking:
 - use all available variables for verification.
 - Save the records that matched completely in a separate file
 - Compare remaining records with less variables
- For the remaining unmatched files after the above steps have been carried out:
 - Create subsets of data (blocks) for regions and sex keeping name
 - Check manually (if not too many left) OR
 - Use probabilistic linkage: a method that calculates weights for a match to be true or not. The higher a weight is the greater the chance is that the match is true. (Data Integration Manual (Statistics New Zealand 2006), chapters 5 and 6.)
 - Automatic linkage systems also exist in several software packages