Tenth Meeting of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific

United Nations ESCAP
Tenth Meeting of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific
Bangkok, Thailand, 7-9 May 2024
Session 1: Welcome, adoption of agenda and introductions

- Welcome remarks by Mr. Neel Singh, on behalf of the Chair of the Regional Steering Group for CRVS in Asia and the Pacific (RSG) and Ms. Rachael Beavan, Director, Statistics Division, ESCAP

- Tour-de-table: (1) Who is participating in the meeting? And (2) describe the future of CRVS in one word
Session 2: Introduction to World Café
Examples of World Cafe
World Café Session

• Seat five – eight people at a round table

• Set up progressive rounds of conversations (roughly three or more), between 10-20 mins each

• Table host will start the first round by delivering a 1-min flash presentation about the table topic

• Participants are encouraged to write, doodle, and draw key ideas on the tablecloth/post-it papers and put them on the table
World Café Session (Cont’d)

• Upon completing each round, participants (except for table hosts and ESCAP persons) can choose to stay or move to a different table.

• At the start of subsequent rounds, table hosts summarize key ideas from previous rounds to new table members.

• After the last round, table members can choose to return to their original table or stay at their current table.
Feedback Session

• The Chair will announce the start of the feedback session

• Chair hosts will summarize key insights from the multiple rounds of discussions (~3 mins)

• Participants can ask questions and/or share comments after each table reports back
For more information, please visit:

getinthepicture.org

Statistics Division
United Nations Economic and Social Commission for Asia and the Pacific
United Nations Building
Rajadamnern Nok Avenue
Bangkok 10200, Thailand

escap-crvs@un.org
Session 2: World Café: Key achievements throughout the Asia and the Pacific CRVS Decade
Table 1: Birth registration: Mr. Lucio Valerio Sarandrea and Mr. Bhaskar Mishra, UNICEF

Table 2: Death registration and recording of cause of death: Dr. Amani Siyam/Ms. Doris Ma Fat, WHO

Table 3: Vital statistics production: Ms. Chloe Mercedes Harvey, ESCAP

Table 4: Inclusion of hard to reach and marginalised groups: Ms. Petra Nahmias, ESCAP, & Mr. Amit Sen, UNHCR

Table 5: Digitalization and linkages between civil registration and other government systems: Ms. Tanja Sejersen, ESCAP

Table 6: Legislative and regulatory changes: Mr. Om Prakash Bera, & Mr. Ruhul Quddus, GHAI
Reporting back (25 mins)

- Table 1: Birth registration: Mr. Lucio Valerio Sarandrea and Mr. Bhaskar Mishra, UNICEF
- Table 2: Death registration and recording of cause of death: Dr. Amani Siyam/Ms. Doris Ma Fat, WHO
- Table 3: Vital statistics production: Ms. Chloe Mercedes Harvey, ESCAP
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- Table 5: Digitalization and linkages between civil registration and other government systems: Ms. Tanja Sejersen, ESCAP
- Table 6: Legislative and regulatory changes: Mr. Om Prakash Bera, & Mr. Ruhul Quddus, GHAI
Session 4: Overview of the 2024 review questionnaire process and timeline

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Building on the agreements from 2014 to achieve our shared vision:

“...by 2024, all people in Asia and the Pacific will benefit from universal and responsive CRVS systems that facilitate the realization of their rights and support good governance, health and development”
<table>
<thead>
<tr>
<th>Year</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>Members and associate members submit baseline report to the secretariat</td>
</tr>
<tr>
<td>2016</td>
<td>Regional baseline analysis</td>
</tr>
<tr>
<td>2019</td>
<td>Members and associate members submit midterm report to the secretariat</td>
</tr>
<tr>
<td>2020</td>
<td>Midterm regional review conducted</td>
</tr>
<tr>
<td>2024</td>
<td>Members and associate members submit final report to the secretariat</td>
</tr>
<tr>
<td>2025</td>
<td>Final regional review conducted</td>
</tr>
</tbody>
</table>
Why conduct a review? Two primary reasons

**Monitoring progress**

In 2015, Countries in the Asia-Pacific region self-selected targets under the Regional Action Framework (RAF) for CRVS in Asia and the Pacific and committed to reaching those targets by 2024.

The 2024 questionnaire will be used to monitor progress.

ESCAP will use these answers to draft a regional synthesis report.

**Basis for the Third Ministerial Conference**

ESCAP will be able to present current data on regional progress toward meeting the goals of the RAF.

Ministers will assess progress and prioritize areas needing acceleration.

The review will also provide the basis for Ministers to decide on the future direction of CRVS initiatives in Asia and the Pacific.
Why conduct a review in 2024? Additional reasons

**Targeted development funding**

Monitoring will also enable development partners and researchers to address areas of country-specific weaknesses.

In turn, this will grant relevant ministries, a basis upon which to make funding requests.

**2030 Agenda**

Population data makes up a significant portion of the data needed to monitor the SDGs.

Without accurate population data, countries may not be able to accurately report on their SDG progress.
2024 Review

Countries report on progress in achieving the goals of the RAF (i.e., universal registration; legal documentation for all; and accurate, complete and timely production of vital statistics) using the review questionnaire (2024);

Compilation of country reports in a regional synthesis report; to serve as the basis for the 2024 review of progress by the Ministerial Conference in 2025;

Ministerial Conference to celebrate the end of the Asian and Pacific Civil Registration and Vital Statistics Decade (2015–2024), review progress and consider the direction and focus of efforts during a potential extension of the Decade until 2030.
The 2024 Review questionnaire

- Guidance
- Definitions used
- Birth registration completeness data (some prefilled)
- Death registration completeness data (some prefilled)
- Data and information on causes of death and processes
- Information about the production of vital statistics
- Information on progress made towards implementation steps
- Information on activities by action areas
How should the questionnaire be completed?

- National Focal Points must act as the central coordinator
- Involve the relevant ministries, possibly through national CRVS coordination mechanism
- Involve the relevant development partners
- If possible, ESCAP recommends hosting a small national meeting to allow representatives to validate answers and respond to National Focal Point’s questions
Established reporting structure agreed during the 2014 Ministerial Conference and contained in the Regional Action Framework

Questions and answers on reporting will soon be made available on www.getinthepicture.org

Online Q&A sessions on the 2024 questionnaire to be conducted in August/September/October 2024

Series of workshops on the 2024 review questionnaire in various subregions in Q3 and Q4 2024
**MAR-APR 2024**
- Pilot the 2024 review questionnaire with a few RSG members

**MAY 2024**
- Final review of the questionnaire by the RSG

**END OF MAY 2024**
- Launch the questionnaire for the 2024 Review of the CRVS Decade in Asia and the Pacific

**JUN-JUL 2024**
- Support from ESCAP and development partners for completion of the questionnaire

**AUG-SEP 2024**
- Webinars to assist countries in completing the questionnaire

**OCT-DEC 2024**
- Validate data, generate findings, and draft regional synthesis report

**JAN-FEB 2025**
- Send draft regional synthesis report to RSG members for comments, incorporate feedback, and submit final draft to RSG members for endorsement

**EARLY MAR 2025**
- Submit final version for editorial and translation

**24-26 JUNE 2025**
- The Third Ministerial Conference for CRVS in Asia and the Pacific, and launch of the 2024 review report
Regional Synthesis Report

**General Objectives**

- Regional overview of implementation of the Regional Action Framework
- Basis for the discussions on the review to be conducted at the Third Ministerial Conference in 2025

**Content**

- Progress towards the targets
- Implementation of CRVS improvement activities (implementation steps)
- Recommendations for countries to achieve the regional goals by 2030
- Additional chapter(s) on selected Action Areas or key topic(s) including resilience and inclusivity
Session 4: Bangladesh: Pilot of the 2024 Review of the CRVS Decade

Mohammad Ashraful Alam
Deputy Secretary
Cabinet Division

Tenth Meeting of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific

Bangkok, Thailand, 7-9 May 2024
Content

• CRVS in Bangladesh
• Overview of pilot questionnaire of 2024 review of CRVS decade completion process
• Identifying and communicating with stakeholders
• Processing/validating data and filling out the questionnaire
• Challenges encountered and solutions
• Feedback for final version of the questionnaire
| **Vision:** Establishing inclusive and resilient CRVS system to provide real time data for policy formulation and attaining the SMART Bangladesh. |
| Adopted a whole-of-government approach |
Objective of CRVS system in Bangladesh

- To create a Population Database
- Ensure one ID platform (UID)
- Include Health, marriage and divorce registration into CRVS
- Produce vital statistics
- Determine integration between CRVS and ISDP
Bangladesh wants to establish a robust and effective CRVS process based on a Unique ID (UID) system and linked it with service delivery processes.

Along with the six components (birth, death, marriage, divorce, adoption and cause of death), enrolment in the education system, and migration (in and out) added as major components of CRVS in Bangladesh.

Model as CRVS++.
Bangladesh Model: CRVS ++

- Birth
- Adoption
- Marriage
- Divorce
- Death
- Cause of death
- Migration
- Enrolment

Link with service delivery
CRVS Journey in Bangladesh

- Bangladesh came into being in 1971;
- CRVS journey began in 1873 with the Birth and Death Registration Act
- The Births and Deaths Registration Act 2004
- Amended in 2013
Marriage, Divorce, and Adoption

- Muslim Family Laws Ordinance, 1961;
- Dissolution of Muslim Marriages Act, 1939;
- Muslim Marriages and Divorces (Registration) Act, 1974
- Hindu Married Women’s Right to Separate Residence and Maintenance Act, 1946
- Christian Marriage Act, 1872; Divorce Act, 1869

CRVS activities in Bangladesh is coordinated by Cabinet Division

- CRVS Steering Committee headed by Cabinet Secretary
- CRVS Implementation Committee headed by Secretary, Coordination & Reforms
Civil Registration Implementing Agencies in Bangladesh

- Office of the Registrar General, Birth and Death, Local Government Division.
- Law and Justice Division
- Directorate General of the Health Services
- Departments of Primary Education and Higher Secondary Education
- National Identity Office
Vital Statistics Producing Agencies in Bangladesh

Bangladesh Bureau of Statistics (BBS), Statistics and Informatics Division.

Directorate General of the Health Services.

Bangladesh Bureau of Educational Information and Statistics (BANBEIS)
Overview of questionnaire completion process

- Received the questionnaire from ESCAP-CRVS on 12 March 2024 by email.
- After receiving the questionnaire, peruse it and try to identify the action to be taken.
- The questionnaire has 6 parts to answer. Every part has several questions/information to be provided which are related with different ministries/departments.
- Among the actions, identifying the information to be needed, identifying stakeholders who are related to the information, letter to the stakeholders for providing information, meeting with the key informants, identifying the question not properly understood and make clarification, meeting with the agencies, finalizing the questionnaire and lastly getting approval.
Overview of questionnaire completion process

• Though the timeline given ESCAP was 29\textsuperscript{th} April, but in our case we fixed up to 10\textsuperscript{th} April to different CRVS Agencies to fill the questionnaire as well as collecting, sorting and getting approval the information.

• The time allotted by ESCAP for preparing the questionnaire will be comfortable if it is more than two months.
Identifying and communicating with stakeholders

• The 1\textsuperscript{st} and 2\textsuperscript{nd} parts of the questionnaire is related with Birth and death registration, so these two parts are directly linked with Office of the Registrar General, Birth and Death. Two or three questions are related with Bangladesh Bureau of Statistics (BBS).

• Part 3 is directly related with Directorate General of the Health Services, part 4 is linked with BBS directly and rest of the parts are related to implementation and action areas. These two parts are associated with Cabinet Division and all other departments (BBS, Ministry of Local Government, Office of the Registrar General, Birth and Death, Health Ministry)
Identifying and communicating with stakeholders

• Sent the full questionnaire officially/e-mail/manually with softcopy to these departments separately and request them to go thorough all the questions and answer the questions related with them.

• After sending the questionnaire, arranging a online meeting for primary clarification of the questions, answering procedure, timeline for returning etc.
Methods/Tools to receive the stakeholder’s inputs

Identifying stakeholders → sending Q (official letter/email) → Questions Clarification meeting → Get report (official letter/email)
Validating information and filling out the questionnaire

1. Get Filled Questionnaire
2. Meeting with stakeholders for validating Data
3. Recheck data & consult (if needed)
4. Finalizing & get approval
5. Sending to ESCAP
Validating information and filling out the questionnaire

• After getting the back the filled questionnaire from the agencies, cabinet division called a meeting in person with these departments and discussed each of the question and validate the answer with sources of data in the meeting.

• Before finalizing, rechecked the answer with sources and again consulted with each of the departments differently and finalized.
Challenges encountered and solutions

• In Bangladesh, there is > 7000 health care facilities. Out of them > 5000 facilities in private sector. This is one of the challenges to determine CoD from these facilities. In addition to that there is > 93000 registered physicians in Bangladesh. Face to face training on CoD is another limitations. There is scarcity of data how many death occurs in facilities and how many in Communities. CoD particularly through VA data was difficult to obtain.

• Real time data and sample based data make the problem of election.

• A central interoperable CRVS platform can solve many issues on data sourcing.
Feedback for final version of questionnaire

• Large number of questions are set in pilot questionnaire; may reconsider the numbers of questions.

• A short training/briefing may be arranged for the respondents.
Thank You.
Session 4: Philippines: Pilot of the 2024 Review of the CRVS Decade

Engr. Marizza Bince-Grande
Assistant National Statistician
Philippine Statistics Authority

Tenth Meeting of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific

Bangkok, Thailand, 7-9 May 2024
Content

- Overview of questionnaire completion process
- Identifying and communicating with stakeholders
- Processing/validating data and filling out the questionnaire
- Challenges encountered and solutions
- Feedback for final version of the questionnaire
Overview of questionnaire completion process

• Timeline for completing the questionnaire
  ▪ The completed questionnaire can be made available in two months
  ▪ This includes the preparation of data as to the extent of coverage and consultation with stakeholders
  ▪ Time allotment for the review and approval

• Steps required to complete the questionnaire
  ▪ Distribution of questionnaire to agencies concerned
  ▪ Preparation, generation, and review of data requirements
  ▪ Fill out, review, and finalize questionnaire for completeness and accuracy
  ▪ Consultation with stakeholders
  ▪ Final approval for official endorsement
Overview of questionnaire completion process

• Approval process and expected timeframe
  ▪ For better and fast results, review and approval can be done by conducting a workshop with the stakeholders.
  ▪ To consider different schedules of stakeholders, it may take two months to finalize the questionnaire
Identifying and communicating with stakeholders

- Process used to identify stakeholders for providing the necessary information
  - The Philippine Statistics Authority lead the completion of the questionnaire and the Department of Health was requested to provide information for the contextual questions
  - Ideally, the Inter-agency Committee on CRVS is to be consulted

- Communication methods/tools used to approach the stakeholders and receive their inputs
  - Through messaging and email
Validating information and filling out the questionnaire

- Key steps and units involved in processing data and validating the information before completing the questionnaire
  - Processing units for birth and death data
    - collection of data from the database to include late registration and late submission of records
    - data cleaning to eliminate duplicate records
    - Preparation of data for generation of necessary figures
Validating information and filling out the questionnaire

• Data that were difficult to obtain
  
  ▪ Birth registration data because the data is quite large; likewise, the number of duplicates are large, hence, there is difficulty in the validation; the data provided is not available for release

  ▪ Birth registration data of under-5 as well as adult birth registration in the CRVS database are not yet validated, hence data from the census was provided

  ▪ Death registration data - validation of underlying cause of death for late registered deaths (beyond the cut-off period for inclusion in the official release) was not done in previous years, hence, data used was based on the official release
Validating information and filling out the questionnaire

- Questions that were difficult to answer
  - Table 5 – Implementation Steps
    - No. 2.7: Plan to conduct of a standards-based comprehensive assessment
    - No. 3.6: Plan to develop a comprehensive multisectoral national CRVS strategy
  - Table 6 – Action Areas
    - No. C.1: Inclusion of CRVS in Voluntary National Review
Challenges encountered and solutions

• Challenges encountered

  ▪ Birth and Death data

  • The extension of coverage to include delayed registration only commenced processing for 2015 data. Previous submissions are based on official releases with a cutoff period for inclusion in the reports
  • There is confusion between occurrences within one year and occurrences one year after the reference year
  • In Line No. 4 of Tables 1 and 2, no specified cutoff period (after 1 year of occurrence)
  • In Table 1, Line Nos. 6 and 7, not yet available using CRVS data
Challenges encountered and solutions

• Challenges encountered
  ▪ Causes of death data
    • Concept or definition of ill-defined causes varies, i.e. WHO list in ICD-10 manual vs. ICD-10 R-codes only vs. list in ANACONDA software
    • Does standards defined by ICD mean should not have ill-defined codes?
    • Different concepts are observed in different years of submissions
  ▪ Others
    • Interpretation of concepts based on own understanding
    • Timeframe to complete the questionnaire
    • Providing references, supporting documents
Challenges encountered and solutions

• Resolving the challenges encountered
  ▪ Processing of additional data to meet requirements
  ▪ Providing notes and comments
  ▪ Assigned a team to do some brainstorming

• Advice/suggestion to avoid/resolve similar challenges
  ▪ Create a team and hold a workshop to pre-fill the questionnaire
  ▪ Convene the different stakeholders involved and hold a workshop to review the prefilled questionnaire and provide additional information
Feedback for final version of questionnaire

• Suggestions to improve the final version of the questionnaire
  ▪ Provide additional information on some concepts, e.g. standard assessment, VNR
  ▪ Clearer skip instructions, if it pertains to the previous line or to the first question in bold letters
  ▪ Uniform format of skip instructions in the Implementation Steps and Action Areas
• Support needed to complete the questionnaire
  ▪ Briefing on the completion of the questionnaire to include question and answer portion
Thank You
Session 4: Fiji: Pilot of the 2024 Review of the CRVS Decade

Neel Singh, Registrar-General, Births, Deaths and Marriages Office, Ministry of Justice

Tenth Meeting of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific

Bangkok, Thailand, 7-9 May 2024
Content

• Overview of questionnaire completion process
• Identifying and communicating with stakeholders
• Processing/validating data and filling out the questionnaire
• Challenges encountered and solutions
• Feedback for final version of the questionnaire
Overview of questionnaire completion process

- What was the timeline for completing the questionnaire?
  - It took Fiji almost 3 weeks to complete the questionnaire

- What were the steps required to complete the questionnaire?
  - We had to engage the CRVS stakeholders. We emailed them the questionnaire to provide their input. Once we received the inputs, we called for a meeting to collectively discuss the answers

- For the actual review, which kind of approval process do you envisage and how much time do you expect this to take?
  - We need the approval of the CRVS committee, and we understand that we need at least a month or 2 to complete the whole questionnaire and get the approval.
Identifying and communicating with stakeholders

• What process was used to identify stakeholders for providing the necessary information?

• The key national stakeholders involved in CRVS in Fiji are the Registrar General’s Office within the Ministry of Justice, the Ministry of Health and Medical Services and Fiji Bureau of Statistics, as well as multiple other stakeholders who play a critical role in the CRVS system.

• There is an active CRVS Committee which meets regularly with documented meeting minutes. The Committee has developed a draft CRVS Action Plan to improve CRVS in Fiji.

• Please share the communication methods/tools that you used to approach the stakeholders and receive their inputs.

• It was through emails and face to face meetings.
CRVS Committee
Validating information and filling out the questionnaire

• Please highlight the key steps and units involved in processing data and validating the information before completing the questionnaire.

• Occurrence Data – MHMS provides the occurrence data to the MoJ and FBoS.

• Registered data – The BDM provides the registered data to FBoS.

• **Which data was difficult to obtain, if any?** Collecting registered data was difficult for both birth and deaths, given that public do not turn to register the vital events on time.

• **Which questions were difficult to answer, if any?**

• The questions that was difficult to answer was the ones that involved other stakeholders.
Challenges encountered and solutions

• What challenges did you encounter?

Some of the challenges that we face is working within agencies and sharing of information. For instances, not all MHMS health facilities (7 facilities only) have access to digitized NoB, therefore they issue manual NOB.

• How did you resolve them?

Through the Fiji CRVS committee the FBoS have been given the authority to collect the manual NoB from these health facilities and digitize them.

• In addition, the findings from the BPI project (ESCAP) will enable the committee to identify gaps and improve on the current process in place with assistance from the government, UN agencies and other non-governmental organizations.

• What advice/suggestion can you share with other RSG members to avoid/resolve similar challenges?

We would urge all countries to undertake BPI and work from there so that we are able to bridge gaps and get everyone in the picture.
Feedback for final version of questionnaire

• What feedback do you have for ESCAP to improve the final version of the questionnaire before launching it to all countries in the region?

• Perhaps a session (virtual meeting/workshop) on explaining what is required to be filled and what the focus of the countries should be.

• What kind of support could you imagine others would need to complete the questionnaire?

• Active CRVS committee to be able to fill and complete the questionnaire collectively.
Thank You
Side Event: Civil Society Led Advocacy for CRVS Strengthening in Asia and the Pacific

Co-organized by: World Health Organization, and ESCAP
Tenth Meeting of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific
Bangkok, Thailand, 7-9 May 2024
Panel (13:00 – 14:00)

• Moderator: Mr. Om Prakash Bera, Regional Advisor for Non-Communicable Diseases and Civil Registration and Vital Statistics, Asia, Global Health Advocacy Incubator

• Panelists:

• Civil society representatives
  • Andrei Villamor, PLCPD, Philippines
  • Shuchi Sharma, Antakshari Foundation, India

• Government representatives
  • Mohammad Ashraful Alam, Deputy Secretary, Cabinet Division, Bangladesh
  • Clemente S. Manaog, Officer-in-Charge, Deputy National Statistician, Philippines Statistics Authority

• D4H implementing partner representative
  • Jamil Gunawan, Indonesia Country Coordinator, GHAI
  • Ruhul Quddus, Bangladesh Country Coordinator, GHAI
Session 5: Deep-dive: Questions on cause of death in the 2024 review questionnaire

Sovannaroth Tey, Associate Statistician, Statistics Division, ESCAP
Tenth Meeting of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific
Bangkok, Thailand, 7-9 May 2024
Session 5: Experience on answering cause of death questions from the midterm and baseline reviews

Sovannaroth Tey, Associate Statistician, Statistics Division, ESCAP
Tenth Meeting of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific
Bangkok, Thailand, 7-9 May 2024
The regional ambition for the Decade

• Goal 1: Universal registration of births, deaths & other vital events

• 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

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

IDEAL SCENARIO

STEP 1
Happens in health facility or with the attention of a medical practitioner

STEP 2
Medically certified cause of death recorded using the international form of the medical certificate of cause of death

STEP 3
Underlying cause of death code derived from the medical certificate according to the standards defined by ICD

STEP 4
Underlying cause of death code is valid

Underlying cause of death not coded

No medically certified cause of death recorded using the international form of the medical certificate of cause of death

Outside health facility and/or without the attention of a medical practitioner

Verbal autopsy conducted

Source: ESCAP. (2021). *Getting every one in the picture: A snapshot of progress midway through the Asian and Pacific Civil Registration and Vital Statistics Decade*
**Target 1E:** 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.

**Target 3C:** 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).
Preparing for the 2024 Review of the Asian and Pacific CRVS Decade, questions on Causes of Death (CoD)
CoD targets

• Target 1E: 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.

• Target 3C: 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).
Adjusted CoD targets

• Target 1E (adjusted): Percentage of all deaths occurring in health facilities or with the attention of a medical practitioner that have a **medically certified cause of death recorded** using the international form of the death certificate.

• Target 3C (adjusted): Percentage of deaths occurring in health facilities or with the attention of a medical practitioner that have their **underlying cause of death code derived** from the medical certificate according to the standards defined by ICD (latest version as appropriate)
Session 5: Cause of death indicators and data sources
<table>
<thead>
<tr>
<th>Data Source</th>
<th>AGE</th>
<th>SEX</th>
<th>Cause of Death</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Civil and sample registration</strong></td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>If deaths medically certified or verbal autopsy</td>
</tr>
<tr>
<td><strong>Census - Deaths in household in last 12 months</strong></td>
<td>☒</td>
<td>☒</td>
<td></td>
<td>Standard demographic techniques needed to assess completeness of birth and death reporting</td>
</tr>
<tr>
<td><strong>Health care facilities (HMIS)</strong></td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>Only reflect deaths in population using facilities – quality issues</td>
</tr>
<tr>
<td><strong>Household surveys – Deaths in last year or Sibling survival or Orphanhood</strong></td>
<td>☒</td>
<td>☒</td>
<td></td>
<td>Problem of assessing completeness of reporting, assigning cause of death from VA</td>
</tr>
</tbody>
</table>
In the absence of complete vital registration data, following alternatives data sources and methods are used:

**Alternative Data Sources & Methods**

**Adult Mortality**
- One Census Methods
  - Brass Growth Balance Method
  - Preston-Coale Method
  - Indirect estimation from orphanhood data
  - Indirect estimation from summary sibling history data
- Multiple Census Methods
  - Generalized Growth Balance Method
  - Synthetic Extinct Generations Method
  - Indirect estimation from orphanhood data in multiple inquiries
- Survey Data & Direct Methods
  - Direct estimation from full sibling histories

**Child Mortality**
- One Census Methods
  - Indirect estimation from summary birth histories
  - Indirect estimation from data on survival of recent births
- Survey Data & Direct
  - Direct estimation from full birth histories
  - Preceding birth technique from health facility data

Reflections on mortality indicators and data sources

<table>
<thead>
<tr>
<th>Mortality indicator</th>
<th>Data sources</th>
</tr>
</thead>
</table>
| Maternal Mortality Ratio (MMR)                          | • Civil registration with complete coverage and medical certification of cause of death  
  • Specialized study for maternal mortality              |
|                                                        | • Sample vital registration                                                  |
|                                                        | • Population census                                                          |
|                                                        | • Household surveys                                                          |
| Child Mortality Ratio (Neonatal and Under-five mortality) | • Civil registration with complete coverage and medical certification of cause of death  
  • Sample vital registration                              |
|                                                        | • Population census                                                          |
|                                                        | • Household surveys                                                          |
| Premature mortality from NCDs (age 30-70)               | • Civil registration with complete coverage and medical certification of cause of death  
  • Survey with verbal autopsy                              |
| Suicide mortality                                       | • Civil registration with complete coverage and medical certification of cause of death  
  • Household surveys                                       |
|                                                        | • Sample or sentinel registration system                                      |
|                                                        | • Special studies                                                            |
| Road traffic mortality                                  | • Civil registration with complete coverage and medical certification of cause of death  
  • Sample vital registration                              |
|                                                        | • Police records                                                             |
| All-cause mortality                                     | • Civil registration with complete coverage                                  |
|                                                        | • Sample vital registration                                                  |
# Maternal Mortality

Data records by source type used in generating the 2000–2017: Estimates for Maternal Mortality

<table>
<thead>
<tr>
<th>Source type</th>
<th>Number of records</th>
<th>Number of country-years</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil registration and vital statistics (CRVS)</td>
<td>2204</td>
<td>2204</td>
<td></td>
</tr>
<tr>
<td>Specialized studies on maternal mortality</td>
<td>376</td>
<td>534</td>
<td></td>
</tr>
<tr>
<td>Other sources-reporting on maternal mortality</td>
<td>188</td>
<td>216</td>
<td>Include population-based surveys</td>
</tr>
<tr>
<td>Other sources-reporting on pregnancy-related mortality</td>
<td>207</td>
<td>1169</td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>2975</td>
<td>4123¹</td>
<td></td>
</tr>
</tbody>
</table>

¹ The sum of country-years of data are rounded

Mapping the availability of all-cause mortality data

From: The WHO estimates of excess mortality associated with the COVID-19 pandemic

- **Data source:** Each country compiles medically-certified cause of death information
- **Standards:**
  - International form of Medical Certificate of the Cause of Death
  - International Classification of Diseases to code diseases or conditions
- **Frequency:** Annual data submission

The countries in dark blue have all 24 months of data available for January 2020 to December 2021 whereas those in purple have monthly data available but for less than 24 months. For the countries in green we only have either subnational or annual data for some or all of the period and for those in yellow do not have any representative all-cause mortality data available for the pandemic period.

Mapping the availability of cause-of-death data according to international standards as reported to WHO

- **Data source**: Each country compiles medically-certified cause of death information.
- **Standards**:  
  - International form of Medical Certificate of the Cause of Death  
  - International Classification of Diseases to code diseases or conditions
- **Frequency**: Annual data submission
Examples from WHO South-East Asia and Western Pacific Region
Percentage of births in the territory and jurisdiction that are registered within one year of occurrence, 2013–2019

Percentage of deaths in the territory and jurisdiction that are registered within one year of occurrence among countries in the WHO South-East Asia Region 2013–2019

Source: Progress report on covering every birth and death: improving civil registration and vital statistics in the WHO South-East Asia Region: 2021 update.
### An overview of mortality and cause of death statistics for WHO SEAR Countries, 2017-2019

<table>
<thead>
<tr>
<th>Country</th>
<th>Data year</th>
<th>Reported CRVS deaths</th>
<th>National estimate of completeness</th>
<th>Reported deaths with MCCD (%)</th>
<th>MCCD with ill-defined causes* (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>2018</td>
<td>196,910</td>
<td>24%</td>
<td>12.5%</td>
<td>3%</td>
</tr>
<tr>
<td>Bhutan</td>
<td>2018</td>
<td>3,914</td>
<td>74%</td>
<td>Nil</td>
<td>Not applicable</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>NA‡</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>India</td>
<td>2019</td>
<td>7,641,076</td>
<td>92%</td>
<td>21%</td>
<td>13%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2018</td>
<td>407,518 $§$</td>
<td>25%</td>
<td>50%</td>
<td>35%</td>
</tr>
<tr>
<td>Maldives</td>
<td>2019</td>
<td>1,054</td>
<td>100%</td>
<td>100%</td>
<td>28%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>2017</td>
<td>231,210</td>
<td>59%</td>
<td>19%</td>
<td>NA</td>
</tr>
<tr>
<td>Nepal</td>
<td>2017</td>
<td>Not specified II</td>
<td>54%</td>
<td>Nil</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2019</td>
<td>146,053</td>
<td>98%</td>
<td>100%</td>
<td>35%</td>
</tr>
<tr>
<td>Thailand</td>
<td>2018</td>
<td>475,793</td>
<td>96%</td>
<td>45%</td>
<td>24%</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>2018</td>
<td>2,187</td>
<td>23%</td>
<td>Nil</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
CRVS system capacity in WPR countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Country report</th>
<th>GHO</th>
<th>UN Statistics Division</th>
<th>WHO Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Completeness of cause-of-death data (%)</td>
<td>Completeness of cause-of-death data (%)</td>
<td>Death registration</td>
<td>Death registration</td>
</tr>
<tr>
<td>Australia</td>
<td>94.5</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Cook Islands</td>
<td>100.0</td>
<td>100.0</td>
<td>82.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Japan</td>
<td>100.0</td>
<td>100.0</td>
<td>99.0</td>
<td>100.0</td>
</tr>
<tr>
<td>New Zealand</td>
<td>100.0</td>
<td>100.0</td>
<td>99.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>87.0</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>100.0</td>
<td>99.7</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Palau</td>
<td>95.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Mongolia</td>
<td>83.7</td>
<td>99.0</td>
<td>90.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Singapore</td>
<td>66.0</td>
<td>66.1</td>
<td>90.0</td>
<td>90.0</td>
</tr>
<tr>
<td>China</td>
<td>61.5</td>
<td>4.0</td>
<td>4.0</td>
<td>80.0</td>
</tr>
<tr>
<td>Malaysia</td>
<td>51.8</td>
<td>99.0</td>
<td>99.0</td>
<td>47.0</td>
</tr>
<tr>
<td>Cambodia</td>
<td>73.6</td>
<td>100.0</td>
<td>59.0</td>
<td></td>
</tr>
<tr>
<td>Fiji</td>
<td>99.9</td>
<td>76.0</td>
<td>76.0</td>
<td></td>
</tr>
<tr>
<td>Marshall Islands</td>
<td>94.0</td>
<td>90.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Micronesia (Federated Sts.)</td>
<td>70.0</td>
<td>70.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nauru</td>
<td>75.0</td>
<td>75.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niue</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>74.0</td>
<td>74.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Philippines</td>
<td>88.0</td>
<td>70.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Samoa</td>
<td>51.0</td>
<td>51.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>27.0</td>
<td>12.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tonga</td>
<td>70.0</td>
<td>70.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuvalu</td>
<td>100.0</td>
<td>42.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vanuatu</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Death registration coverage data varies significantly depending on data source.
## Example: Bangladesh: mortality and cause of death data

### Deaths in Bangladesh:

<table>
<thead>
<tr>
<th>18% of total deaths occur at health facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>82% of total deaths occur at home.</td>
</tr>
</tbody>
</table>

### Medical Certification of Cause of Death (MCCoD)

- **April 2016** – Govt of Bangladesh took decision to implement MCCoD form
- **2021** – MCCoD used in all District Hospitals and 30 Private Hospitals
- Incorporated MCCOD certification into medical school curriculum and fellowship program

### Medical Certification of Cause of Death (MCCoD) to determine cause of death that occur in the hospitals.

### Verbal Autopsy (VA)

- Enable to determine probable causes of death at community
- Between March 2017 and March 2023, a total of 49,570 SmartVAs have been successfully conducted.
- Supported formulation of public health policy for community
Example → Lao PDR: mortality and cause of death data

Deaths in Lao PDR:

~7% of total deaths occur at health facilities

93% of total deaths occur at home

Less than 40% of deaths registered

<table>
<thead>
<tr>
<th>Death Notification and Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pilot notification system through village chiefs rolled in 2021</td>
</tr>
<tr>
<td>• Death registration system rolled out across provinces</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Certification of Cause of Death (MCCOD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 2021 –MCCD form was endorsed and rolled out to Central Hospitals</td>
</tr>
<tr>
<td>• 2024-MCCD training conducted for Provincial Hospitals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Verbal Autopsy (VA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pilot carried out with support from TPH</td>
</tr>
<tr>
<td>• Yet to be rolled out at scale</td>
</tr>
</tbody>
</table>

Medical Certification of Cause of Death (MCCD) to determine causes of death that occur in the hospitals.

VA to determine cause of death that occur in the community
Example of patient-level capture → Bhutan MCH Tracking using DHIS2 Tracker System

Tracking health outcomes from pregnancy until child attains five years of age

Mother’s MCH Reg. No.

Mother’s Name:

Mother & Child Health Handbook
Ministry of Health
(For Health Purpose only)

Baby’s Name:

"HEALTH OF EVERY MOTHER & CHILD COUNTS"

Call 112 for Emergency
Example → Maldives: mortality and cause of death data

DEATH REGISTRATION AND CODING

- Mandatory law - require medical certification prior to burial
- 100% death registration (GEMEN System)
- Future transition plans:
  - Transition from ICD-10 to 11
  - Use ANACOD3 for 2022 statistical reports
Example → Solomon Islands: mortality and cause of death data

Deaths in Solomon Islands:

Less than 20% of total deaths are notified through health

Majority of total deaths occur at home

<table>
<thead>
<tr>
<th>Medical Certification of Cause of Death (MCCOD)</th>
<th>Medical Certification of Cause of Death (MCCoD) to determine causes of death that occur in the hospitals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MCCCD form was endorsed and rolled out in all major hospitals</td>
<td>• MCCCD form was endorsed and rolled out in all major hospitals</td>
</tr>
<tr>
<td>• All MCCCD data is captured in DHIS2</td>
<td>• All MCCCD data is captured in DHIS2</td>
</tr>
<tr>
<td>• Information system level data exchange between HMIS and CRIMS being worked on</td>
<td>• Information system level data exchange between HMIS and CRIMS being worked on</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Verbal Autopsy (VA)</th>
<th>VA to determine cause of death that occur in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pilot carried out with support from CDC Foundation</td>
<td>• Pilot carried out with support from CDC Foundation</td>
</tr>
<tr>
<td>• Yet to be fully scaled up and institutionalized</td>
<td>• Yet to be fully scaled up and institutionalized</td>
</tr>
</tbody>
</table>
Thank you for your attention
Session 6: Effective approaches for completing the 2024 review questionnaire
Group discussion (30 mins)

• Break out into 7-8 groups.

• Each group assigns a rapporteur to report back during the next session.

• ESCAP personnel will provide clarification and keep time.
Questions for group work (30 mins)

• Which stakeholders should be involved in the process of completing the questionnaire in your country?
• Who can effectively lead the work?
• What data sources are needed? How to access them?
• Which questions would be particularly difficult?
• What technical support, if any, is needed?
Reporting back to plenary and Q&A

- Which stakeholders should be involved in the process of completing the questionnaire in your country?
- Who can effectively lead the work?
- What data sources are needed? How to access them?
- Which questions would be particularly difficult?
- What technical support, if any, is needed?
For more information, please visit:

getinthepicture.org

Statistics Division
United Nations Economic and Social Commission for Asia and the Pacific
United Nations Building
Rajadamnern Nok Avenue
Bangkok 10200, Thailand

escap-crvs@un.org
Session 7: Open brainstorming session (dreaming session):
Agreements we would like to have for the extension of the CRVS Decade
Session 8: Day 1 – Closing