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 9: Welcome to Day 2 and recap of Day 1

• Welcome to Day 2, Mr. Wan Mohd Shahrulnizam Wan Mohd Najuri, Malaysia, Chair of the morning sessions

• Recap of Day 1, Rapporteurs from Day 1
Session 10: The Third Ministerial
Conference on CRVS in Asia and the Pacific
24-26 June 2025

10th Meeting of the Regional Steering Group for CRVS in Asia and the Pacific
7-9 May 2024
Third Ministerial Conference 24-26 June 2025

Expected outcomes:
• A Ministerial Declaration on CRVS with an extension of the Decade to 2030

Expected participants
• Ministers responsible for: Civil Registration, Planning, Justice, Health, Statistics, Finance and National ID systems, ICT or digitalization

Preparation
• Led by the Regional Steering Group for CRVS to ensure a comprehensive and inclusive process
• Supported by ESCAP and other development partners
Co-organisers for the Conference (TBC)

Organisers in 2014
- UNHCR
- WHO
- UNICEF
- UNFPA
- UNDP
- Plan International
- ADB

- 43 members and associate members attended

Organisers in 2021
- UNHCR
- WHO
- UNICEF
- UNFPA
- UN Women
- UNDP
- World Bank
- SPC
- Vital Strategies
- World Vision
- CDC Foundation
- Plan International

- 48 members and associate members attended
Country delegations

• Invitations will be sent to the Seats of Government (often MFA), with National CRVS Focal Points and Regional Steering Group members in copy

• Importance of attendance by a multi-institutional delegation from each country
  • Cross-cutting nature of CRVS systems involving a variety of stakeholders (Ministries of Health, Justice and Interior, National Statistical Offices, etc.)
  • Coordinated approach between sectors needed to strengthen the overall system
  • Enables stakeholders to align and prioritize their efforts and monitor progress

• Seats of Government to submit letter of credentials and complete online registration
• Specific people may be invited as speakers for side events or ministerial roundtables
<table>
<thead>
<tr>
<th>24 June</th>
<th>25 June</th>
<th>26 June</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Opening of the Senior Officials segment</strong></td>
<td><strong>3. Panel on Resilience and CRVS</strong></td>
<td>Ministerial breakfast with the Executive secretary of ESCAP (not official program)</td>
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<tr>
<td><strong>2. Review of the progress made and existing challenges to accelerate the implementation of the Regional Action Framework on CRVS in Asia and the Pacific</strong> (+ country statements)</td>
<td><strong>4. Panel on Leaving No One Behind – inclusivity and CRVS</strong></td>
<td><strong>6. Opening of the Ministerial Segment</strong></td>
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<tr>
<td><strong>12-14</strong></td>
<td><strong>SIDE EVENTS</strong></td>
<td><strong>7. Towards our shared vision of universal and responsive CRVS systems that facilitate the realization of rights and support good governance, health and development (+ country statements)</strong></td>
</tr>
<tr>
<td><strong>14-17</strong></td>
<td><strong>SIDE EVENTS</strong></td>
<td><strong>8. Ministerial roundtable on CRVS and resilience</strong></td>
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<td><strong>5. Consideration of the draft Ministerial Declaration</strong></td>
<td><strong>10. Adoption of the Ministerial Declaration</strong></td>
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<td></td>
<td><strong>11. Adoption of the report of the Conference.</strong></td>
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</table>
### Official documents for the Ministerial Conference

<table>
<thead>
<tr>
<th>Document</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisional annotated agenda</td>
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<tr>
<td>Progress report (based on the 2024 review questionnaires)</td>
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<tr>
<td>Development partners support to CRVS improvements during the CRVS Decade (Based on partners inputs)</td>
<td></td>
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<tr>
<td>CRVS and resilience</td>
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<tr>
<td>Leaving No One Behind – inclusive CRVS</td>
<td></td>
</tr>
<tr>
<td>Draft Ministerial Declaration</td>
<td></td>
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</table>
Progress report

- Country reports on www.getinthepicture.org
- Interim report submitted to RSG for review in Q1 2025
- Final report to be published in May 2025 as a document for the Third Ministerial Conference
Key dates

- **Early Jun 2024**: questionnaires for 2024 review sent out
- **Sep 2024**: Deadline for submission of questionnaires
- **Jan 2025**: Review of draft progress report and other official documents by Regional Steering Group
- **Feb 2025**: Provisional agenda and invitations sent to countries, review of zero draft Ministerial Declaration by RSG
- **Mar 2025**: Editorial review and translation of documents (by ESCAP), consultations on Ministerial Declaration, youth and civil society forum
- **Apr 2025**: All documents must be shared with members and associate members of ESCAP, consultations on Ministerial Declaration
- **May 2025**: participant registration and submission of letters of credentials from countries and partners, finalization of draft Ministerial Declaration
- **24-26 June 2025**: Ministerial Conference
Role of the Regional Steering Group in the preparations

- Guide the preparations for the Conference
- Engage to ensure quality submissions of responses to the 2024 questionnaire
- ESCAP will be requesting RSG members to review official documents for the conference via email
- Members are encouraged to support the process of consultation on the Ministerial Declaration within their countries
- Members are encouraged to facilitate high level multisectoral delegations from their countries to the Ministerial Conference
- Supporting the selection of speakers at the conference
- A bureau of Chair, Vice Chairs and rapporteur will be selected for the Ministerial Conference
Q&A and Plenary Discussion
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
Iconsiam
WhatsApp group
Session 11:
What do we want from the Third Ministerial Conference on CRVS in Asia and the Pacific?

10th Meeting of the Regional Steering Group for CRVS in Asia and the Pacific
7-9 May 2024
Asia Pacific CRVS decade: 2015-2024

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”
Objectives of the Second Ministerial Conference on CRVS

- Celebrating achievements during the first half of the CRVS Decade
- Highlight necessity of CRVS for legal identity
- Focus on the importance of CRVS systems in the response to pandemics and the recovery from COVID-19
- Emphasize how CRVS is instrumental for the achievement of the 2030 Agenda for Sustainable Development
What do we want from the Ministerial Conference?

• What is one thing from your country/organization you would like to highlight at the 2025 Ministerial Conference?
• How could we assess whether the Ministerial Conference is a success?
• What should be our key objective(s) of the Ministerial Conference?
For more information, please visit:

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Bangkok 10200, Thailand

escap-crvs@un.org
Session 12: Desired outcomes from the 2025 Ministerial Conference
Group discussion (45 mins)

• Break out into 7 groups and discuss the key points from session 11.
• Each group assigns a rapporteur to report back during the next session.
• ESCAP personnel will provide clarification and keep time.
Key points from Session 11 (45 mins)

• What do you want to highlight at the 2025 Ministerial Conference?
• How would we know whether the Ministerial Conference is a success?
• What should be our key objectives of the Ministerial Conference?
Reporting back to plenary (25 mins)

• What do you want to highlight at the 2025 Ministerial Conference?
• How would we know whether the Ministerial Conference is a success?
• What should be our key objectives of the Ministerial Conference?
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Placing cause-of-death data at the forefront of decision-making processes in health policy and planning

Come and join us to learn about the new generation of tools DORIS, ANACoD3 and Excess Mortality Calculator

Wednesday 8 May 2024 at lunch time session
Access WHO’s new generation of tools for mortality and causes of death

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-11</td>
<td>International Classification of Diseases 11th Revision</td>
<td><a href="https://icd.who.int/en">https://icd.who.int/en</a></td>
</tr>
<tr>
<td>DORIS</td>
<td>WHO software tool that uses a digital rule base to select the underlying cause of death</td>
<td><a href="https://icd.who.int/doris/">https://icd.who.int/doris/</a></td>
</tr>
<tr>
<td>ANACoD3</td>
<td>WHO tool for analyzing mortality levels and causes of death</td>
<td><a href="https://icd.who.int/anacod">https://icd.who.int/anacod</a></td>
</tr>
</tbody>
</table>
Session 13:
2025 Ministerial Conference on CRVS in Asia and the Pacific: Ministerial participation

10th Meeting of the Regional Steering Group for CRVS in Asia and the Pacific
7-9 May 2024
Third Ministerial Conference 24-26 June 2025

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  - Coordinated approach between sectors needed to strengthen the overall system
  - Enables stakeholders to align and prioritize their efforts and monitor progress

• Seats of Government to submit letter of credentials and complete online registration

• Specific people may be invited as speakers for side events or ministerial roundtables
What do we want from the Ministerial Conference?

• If we want strong commitments, we also need high level officials to attend
• Who would you like to attend from your country/organization?
• Why would they want to attend?
• How do we get them there?
  • Ministerial roundtables
  • High-level breakfast
  • Keynote speakers
  • Side events
  • ….suggestions?
Brainstorming session (35 mins)

• Break out into 7-8 groups and discuss potential topics/speakers for the Ministerial roundtables and other sessions during the Ministerial segment.
• Each group assigns a rapporteur to report back during the next session.
• ESCAP personnel will provide clarification and keep time.
• Potential topics/speakers for the Ministerial roundtables
• Other sessions during the Ministerial segment
For more information, please visit:

getinthepicture.org

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Bangkok 10200, Thailand

escap-crvs@un.org
Session 14: 2025 Ministerial Conference: Improving linkages between CRVS, health sector, and legal identity

10th Meeting of the Regional Steering Group for CRVS in Asia and the Pacific
7-9 May 2024
Improving linkages between CRVS, Health Sector, and Legal Identity
Guidance on Health Sector Contributions to Improving Civil Registration

Aim:
To design and operationalize collaboration between health and CRVS for mutual benefit, leveraging opportunities across the continuum of care from birth to death.
Missed opportunities: Birth registration lags behind maternal health services and immunization coverage
Health information routinely collected by RMNCH programmes supports birth and stillbirth notification

Register linkages using mother’s name, ID, address, phone number etc.

ANC register
- Name and ID of mother
- Contact details
- Address
- Gestational age

Delivery register
- Name and ID of mother
- Contact details
- Address
- Pregnancy outcome
- Date of delivery
- Place of delivery

Maternal death register
- Name and ID
- Date of death
- Place of death
- Cause of death
- Status of infant

Live birth register
- Date of birth
- Place of birth
- Sex
- Name of infant
- Name and ID of mother
- Contact details
- Name and ID of father
- Contact details

Postpartum/posnatal register
- Name of infant
- Date of birth
- Name and ID of mother
- Place of birth

Immunization register
- Name of child
- ID or birth registration number
- Date of birth
- Sex
- Name and ID of parents
- Place of usual residence

Neonatal death register
- Name of child
- Date of death
- Age, sex
- ID or birth registration number
- Cause of death (MCOD)
- Name and ID of parents
- Place of usual residence
- Birth registration status

Register linkages also include using child’s name and ID where available
Generic processes for vital events registration

Scenarios for birth/stillbirth registration

1. Registration of live births occurring in a health facility
2. Registration of live births in the community with the support of RMNCH programme staff
3. Opportunities for registration of births during immunization visits and other contacts with health services
4. Notification and registration of stillbirths
Health information routinely collected supports death and cause of death notification

Link variable – decedent’s name, ID, place of occurrence/usual residence

- Hospital admissions and discharge registers
  - Date of death
  - Name
  - Age
  - Sex
  - Diagnosis on admission
  - Cause of death (MCCD)
  - Manner of death
  - Place of usual residence
  - ID if available

- Hospital mortuary registers
  - Date of death
  - Name
  - Age
  - Sex
  - Cause of death (MCCD)
  - Manner of death
  - Place of usual residence
  - ID if available

- RMNCH register
  - Abortion
  - Fetal death
  - Stillbirth
  - Maternal death
  - Neonatal death
  - Age
  - Sex
  - Cause of death (MCCD)
  - ID if available

- Disease surveillance registers
  - Date of death
  - Name
  - Age
  - Sex
  - Disease diagnosis
  - Cause of death (MCCD)
  - Place of usual residence
  - ID if available

- Cancer registries
  - Date of death
  - Age
  - Sex
  - Cause of death
  - Cancer diagnosis
  - Cause of death (MCCD)
  - Place of usual residence
  - ID if available

- Police records
  - Date of death
  - Age
  - Sex
  - Manner of death
  - Cause of death (when determined)
  - Place of usual residence
  - ID if available
Scenarios for death registration and cause of death

1. Death in a health facility with a doctor present
2. Death in a health facility due to natural causes where no doctor is present
3. “Dead-on-arrival” when a doctor is present
4. Death in the community, no doctor present
5. Death in the community, no doctor present, where a verbal autopsy is conducted
6. Death due to unnatural causes involving a medico-legal enquiry
7. Stillbirth occurring in the community or health facility
Health contributes to and benefits from CRVS

**Health Information Systems**
- EMR: Electronic medical records
- PNC, immunization registers
- Extension services

**Civil Identity Systems**
- National identity system
- Local civil registrar
- Birth and death notification
- CRVS system
- UIN: Unique identification number

**Functional Systems**
- Population register
- Administration systems
  - Voter roster
  - Passport
  - Vehicle registry
  - Driver license
  - Education enrollment
  - Health records
  - Property and inheritance
  - Police
  - Banking
  - Taxes
  - Pension
  - Others
Country example: One-stop service for 5 certifications of newborns

• Register and upload related documents from the mobile application or service window in the same hospital.
  o Birth certification
  o Unique ID
  o Health insurance card
  o Immunization certification
  o Health booklet for after-born maternal and children under 7 routine health care and monitoring.

• One service platform
  o Population registration and management system
  o Health insurance system
  o Maternal and child health information system
  o Immunization management information system
  o Marriage registration system
Doctors access the eMDC system through the website https://deathcert.moph.go.th to record the underlying cause of death in medical death certificate.
The Health sector & Legal Identity system–cross-cutting activities/opportunities?

- **Myanmar**: Enforcement of laws on vital event of birth and death are yet to be taken into serious action even though the vital registration system started since the early 19 century. Political commitment, and intersectoral collaboration need to be strengthened, EID system was initiated by the Ministry of Immigration and Population in July 2023 and yet to get into a national scale of implementation.

- **Indonesia**: The MOH is developing a roadmap on the health-related CRVS which would open the door of engagement with stakeholders involved on strengthening the legal identity systems. Other activities around the implementation of ICD-11, the inequality assessment (in collaboration with UNESCAP and Vital Strategies), and verbal autopsy implementation could offer opportunities to improve engagement with the legal identity system.

- **Sri Lanka**: In the process of starting the CRVS digitalization project to be undertaken by WHO and UNDP Sri Lanka with funding from UN SDG Digital Fund. The main objective is to establish the digital infrastructure and interoperability protocols among public systems for legal identity (civil registration and vital statistics), increase inclusion and address barriers to access so that previously excluded groups can benefit from public services across sectors, as well as build digital capacities within government and among the population.
Conclusion

Unleash the potential of health systems for CRVS

• Births and deaths often take place with the support of health agents.
• Health workers are frontline workers reaching out to the population
• Health systems routinely collect data on births, deaths and causes of death.

From passive to active notification of vital events

• Shift the burden of notification from families.
• Work with health agents for active notification of vital events and improved timeliness and data quality.

Move information, not people

• Collect information once and at source.
• Use for multiple purposes – for health, civil registration, statistics, population registers, national UID.
Practical approaches to engage relevant stakeholders from the health agencies in CRVS system improvement

Erin Nichols, PhD, MPH
US CDC, National Center for Health Statistics
Division of Vital Statistics, Global Civil Registration and Vital Statistics Team
Partner, Bloomberg Philanthropies Data for Health Initiative
EKNNichols@cdc.gov

10th Meeting of the Regional Steering Group for CRVS-2024
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Experiences from US CDC’s Data Modernization Initiative to modernize vital statistics

US CDC’s Global Digital Health Strategy

Observations from development support

A framework for fostering linkages across CRVS & health/public health functions
Experiences from US CDC’s Data Modernization Initiative to modernize vital statistics
CDC’s Data Modernization Initiative
https://www.cdc.gov/nchs/nvss/modernization.htm

DMI Priorities:
• Build the right foundation
• Accelerate data into action
• Develop a state-of-the-art workforce
• Support + extend partnerships
• Manage change and governance
NCHS: National Vital Statistics Modernization
https://www.cdc.gov/nchs/nvss/modernization.htm

https://youtu.be/OJg2SUutnN8
Vital Statistics Modernization - Community of Practice (youtube.com)
In 2010, NCHS was receiving only 7% of mortality records within 10 days of the event.

By 2018, that number had risen to almost 60%.

Results of Modernizing Vital Statistics

**Annual** Final data released in under a year

**Monthly** Provisional Drug Overdose Death Counts; Provisional Estimates of Births (CDC WONDER)

**Weekly** Pneumonia and Influenza (P&I) Mortality Surveillance; Provisional Estimates for Multiple Causes of Death (CDC WONDER)
US CDC’s Global Digital Health Strategy
CDC Global Digital Health Strategy

- Lead the **digital transformation** of public health data workflow, including all data sources, and serving all aspects of public health data use
- Enable **data sharing** wherever possible that can be leveraged for data driven decision making
- Demonstrate a strong value proposition for **investments in digital health** that enable data driven decision making
- Foster a **cooperative approach** to digital transformation through a focus on people and organizational capability, where technologies can be incorporated where appropriate, government owned, and sustainable to meet ongoing and future public health needs.
Digital Enablement of the Health Service Delivery

Community-Based Activities
- People are treated or informed on how to prevent disease
- Patients are properly and promptly diagnosed and treated

Facility-Based Activities
- Facilities and service delivery staff are equipped
- Supplies are effectively managed
- Patient data are collected & managed

Public Health Activities
- Required data are reported and collated

Public health activities, including
- Surveillance and Epidemiology
- Emergency Preparedness and Response
- Laboratory Services
- Workforce Development

Interoperability and data exchange
Observations from global development support

India
Morocco
Papua New Guinea
Philippines
Uganda
Zambia
Fostering coordination between data producers and data users

- Inter-agency burden of disease advisory groups, hospital committees, mortality statistics/surveillance technical working groups/subcommittees
- Enabling CRVS data to be routinely accessible to public health partners
- Supporting routine publication of CRVS data in public health bulletins

➢ Engages multiple levels
➢ Supports local use of data for decision making
➢ Prompts demand for data and advocacy for CRVS processes
➢ Catalyzes system improvements:
  - De-siloing and improving efficiency of birth and death reporting
  - Additional, coordinated investment in strengthening data quality
A framework for fostering linkages across public health functions
<table>
<thead>
<tr>
<th>Typology for Linkages</th>
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<tbody>
<tr>
<td><strong>Functional:</strong> between two public health functions</td>
</tr>
<tr>
<td><strong>Multifunctional:</strong> between three or more public health functions</td>
</tr>
<tr>
<td><strong>Multisectoral:</strong> between government, private, academic, non-governmental sectors or between sectors within the government</td>
</tr>
<tr>
<td><strong>Multilevel:</strong> between entities at national and subnational levels of the health system</td>
</tr>
<tr>
<td><strong>International:</strong> between national entities and foreign governments, companies, associations, donors or multilateral partners</td>
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**Essential public health functions are not enough: fostering linkages between functions through National Public Health Institutes improves public health impact**

Alexandra Zuber, Jonathan Pearson, Yesser Sebeh, Dennis Jarvis, Shelly Bratton

**ABSTRACT**

COVID-19 has highlighted the importance of essential public health functions (EPHFs) and the coordination between them. The US Centers for Disease Control and Prevention defines EPHFs as 'the public health activities that all communities should undertake'. According to multiple functional frameworks published in literature, the functions typically include workforce development, surveillance, public health research, laboratory services, health promotion, outbreak response and emergency management. National Public Health Institutes (NPHIs) are often the lead government agency responsible for execution of these functions. This paper describes how NPHIs or other health authorities can improve public health impact by enhancing the coordination of public health functions and public health actors through functional and organisational linkages. We define public health linkages as practical, replicable activities that facilitate collaboration between public health functions or organisations to improve public health. In this paper, we propose a novel typology to categorise important public health linkages and describe the analysis of linkages.

[https://gh.bmj.com/content/bmjgh/8/6/e011728.full.pdf](https://gh.bmj.com/content/bmjgh/8/6/e011728.full.pdf)
Thank you!

Erin Nichols, PhD, MPH
US CDC, National Center for Health Statistics
Division of Vital Statistics, Global Civil Registration and Vital Statistics Team
Partner, Bloomberg Philanthropies Data for Health Initiative
EKNichols@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Practical approaches to engage relevant stakeholders from the health and identification agencies in CRVS system improvement
Presentation overview:

1. Importance and benefits of engaging Health Agencies in CRVS System Improvement

2. Importance and benefits of engaging Identification Agencies in CRVS System Improvement

3. Practical Approaches by CRVS Interventions
Importance and benefits of engaging Health Sector in CRVS System Improvement

• Vital events such as births and deaths often take place within a health institution

• Health workers are in contact with people at key moments in the life course – at the time of birth and at the moment of death.

• Health sector can play a proactive role in ensuring that births and deaths are officially registered by national civil registration systems

• The health sector has the responsibility for the ascertainment of medical cause of death
Importance and benefits of engaging Health Sector in CRVS System Improvement (cont.)

• With universality, the CR may capture events that health does not - so health can be notified of events that CR knows

• CR creates unique numbers for each individual / birth. This makes provision of health services easier and more efficient

• Health sector needs official VS for planning (this is also where COD plays a role)

• Understanding the population - where events outside facilities may be happening and therefore where and what type of health services might be needed.

• If health workers are playing a role in the collection of this data - they are also seen as vital and critical users of the data too.
Importance and benefits of engaging Identification Agencies in CRVS System Improvement

Interlinkages between CRVS and ID will assist by:

- providing a **continuous flow** of up-to-date data about birth and death
- ensuring **accuracy** of the information about each identity
- promoting **inclusiveness** and equity through universal civil registration
- Improving **efficiency** by collecting information once and using it multiple times
- CRVS can be the foundation layer for **Digital Public Infrastructure**
Practical approaches to engage health and identification agencies in CRVS system improvement

• Need strong inter-agency coordination that includes the health and ID agencies and that has sufficient authority to enable engagement

• Illustrate the value proposition for the win-win and synergistic interlinkages with the health sector and the ID system

• Develop and implement an inter-agency plan for the CRVS system that has buy-in and includes activities of the health and ID agencies

• Conduct inter-agency technical activities (e.g., assessment and re-design of interconnecting business processes) to foster collaboration and coordination
Practical Approaches: Governance and Coordination

Establishing strong institutional arrangements, governance and coordination across the CRVS, Health and ID sectors

- Multi-agencies CRVS Steering Committees
  - Inclusive and consultative decision making
  - Increased accountability across sectors
  - High level chairing
  - Clear allocation of roles and responsibilities
  - Avoid duplication of efforts and inefficiencies.

- Multi-sectoral coordination
  - Appointment of Lead agency
  - “CRVS Champions”

- National CRVS ID strategies

- Topic specific TWG

Country example: BANGLADESH
Practical Approaches: Advocacy and Communication

*Generate political commitment at all levels of government and administration*

- Communication catered to **Heads of government, legislators and national and local administrators**, including Health and ID sectors
- Registration of vital events is the **responsibility of the State**, a basis for the development and implementation of policies and programmes, and a platform for the delivery of government services to the population.
- Civil registration increases the **credibility of national and local administrators**, and enhances their capacity to deliver services by helping to identify what services are needed and by whom.

- Civil registration is the platform for the establishment of **population registers** and systems of individual
  - The registration system provides individuals and families with **legal documentation** and facilitates their **access to services**.
  - Registration information is used to guide **policy and programming**, inform national and local government decision making, and monitor **progress towards national and global development goals and targets**.

Country example: **VIETNAM**
Practical Approaches: Funding and Sustainability

Securing adequate and sustained financing for the CRVS ID system

• Investment in civil registration will pay for itself many times over by improving the targeting of services and increasing the efficiency of resources allocation.
• Sufficient resources must be allocated to civil registration systems – at national and local levels – to enable their effective and efficient functioning.

National development plans and poverty reduction strategies are informed by sound vital statistics which are contributed to by Health and benefit ID systems.

Ensure that national resources are allocated to the establishment and running of the civil registration, identification and vital statistics systems.

Explore joint mobilisation of resources across CR, Statistics, Health and ID towards CRVS Systems Improvements

Country example: INDONESIA
Practical Approaches: Legal and Regulatory

Implementing a conducive legal and regulatory framework that enables privacy- and rights-driven data exchanges

• Legal and Regulatory reviews
  • Includes chapters on ID and COD
  • Can recommend to formally appoint / authorize Health sector as informant / notifier
  • Consultation and validation with all sectors
  • Dissemination and implementation of recommendations with all sectors

Country example: CAMBODIA

• Legal Reforms
  • Multi-agencies Law Drafting Working Groups
  • Inter-ministerial regulations
    • Data sharing agreements
Practical Approaches: Business Process Improvement

Ensuring efficient and inclusive business processes to capture all vital events

- **Multi sectoral approach to CRVS system improvements**
  - Establishment of a “Core Team”
  - Inclusion of Health and ID sector representatives
  - In-depth understanding of end-to-end process by all CRVSID system stakeholders
  - Multi-sectoral endorsement of findings and recommendation from “AAR report”
  - Detailed understanding in terms of the actions needed to address root causes of issues in the CRVSID system
  - Collective development of “Strategic and Action Plan”
  - Monitoring and Evaluation

- **“Health-CR Link”**
  - Moving from “passive” to “active” vital events registration processes
  - Critical role of the Health Sector in CRVSID system improvements: increased involvement and accountability
Practical Approaches: Digital Transformation

CRVSID is at the foundation of Digital Public Infrastructure (DPI)

- CRVSID system enable everyone to be in the picture

- Integrating CRVSID into the fabric of digital transformation / DPI is essential and will foster:
  - An inclusive and rights-based identity ecosystems that benefit individuals and societies at large
  - Efficient public and private sector service delivery
  - Accelerated progress towards the Sustainable Development Goals

Country example: SRI LANKA

Civil registration as an accurate single source of truth about legal identities will de-risk and enable the transformative potential of DPIs.
Practical Approaches: Good quality Cause of Death Data

Civil registration is about health.

• Trustworthy statistics on levels and trends in mortality and causes of death enable the identification of emerging health threats and high risk groups.

• Civil registration systems and the improved statistics they generate support the health sector in determining needed interventions and required resource allocation.

• Civil registration generates data on vital events that are essential for the calculation of indicators for tracking health progress and the health status of population, including the SDGs.

Enhancing collaboration between the Health Sector and Civil Registration authorities will improve registration of births and deaths and ensure accurate certification of causes of death.

• Work with the health sector and national statistics authorities to ensure that all vital events are recorded in the vital statistics system.

• Health sector to participate in the regular review of the functioning of the civil registration and vital statistics systems.
Practical Approaches: Community Cause of Death

- Without intervention from the Health Sector, community cause of death data will be mainly based on lay reporting and inaccurate/unusable.
- Mortality patterns incomplete and not representative if mortality statistics are only based on facility cause of death data.
- Methods for ascertainment of cause of death in the absence of attending physician (such as Verbal Autopsy) can be utilized by the Health Sector and integrated within routine CRVS system.
- This can also lead to improvement of death registration completeness rates in some scenarios.
- Interest from statistics institutes to better understand community cause of death and integrate as part of vital statistics reports.

Country example: BANGLADESH
Practical Approaches: Vital Statistics Production

Civil registration is about reliable data.

- Civil registration and the vital statistics they generate enable the monitoring of progress towards national and international development goals and targets such as the SDGs.
- Civil registration generates sound data on population size and distribution, on levels and trends on fertility, and on patterns and causes of mortality. These data are essential for efficient and effective planning and resource allocation across all social and economic sectors, including for business and the private sector.
- An effective civil registration system generates data on a continuous basis for the whole population, including at local level.

Health Sector can contribute to:

- Supporting coordination efforts to strengthen vital statistics systems and provide technical guidance on data collection standards.
- International standards in data collection, editing, processing, tabulation, analysis and dissemination.
- Collaborating in regular assessments of the CRVS systems and in developing and implementing improvement plans.
- Compile, analyse and disseminate civil registration-based vital statistics
- Collaborate with health ministries and civil registration offices to improve statistics on causes of death.
- Promote the use of vital statistics (data demand) for national planning and programming.
Thank you

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Session 15: 2025 Ministerial Conference on CRVS in Asia and the Pacific: Documentation & Ministerial Declaration

10th Meeting of the Regional Steering Group for CRVS in Asia and the Pacific

7-9 May 2024
Suggested Official Documents

• Provisional annotated agenda

• Draft Ministerial Declaration (with an extension of the Decade to 2030)

• Suggested official documents:
  • Progress Report (based on countries’ questionnaires)
  • Development Partner’s support to CRVS improvements throughout the CRVS Decade (based on partner’s inputs)
  • CRVS & Resilience
  • Leaving No One Behind – Inclusive CRVS systems
What is a Ministerial Declaration?

• Visionary statement of intent and commitment

• The **main** outcome document of the Ministerial Conference, serving three purposes:
  1. An advocacy tool (national, regional and global)
  2. Demonstrates the high-level commitment
  3. Highlights accountability to countries and ESCAP

• It also serves as a reference document for national governments, international organizations and others
Structure of the Ministerial Declaration

Ministerial Declaration on Building a More Resilient Future with Inclusive Civil Registration and Vital Statistics

We, the ministers and representatives of members and associate members of the Economic and Social Commission for Asia and the Pacific assembled at the Second Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific, held in Bangkok and online from 16 to 19 November 2021,

1. Reaffirming our shared vision that, by 2024, all people in Asia and the Pacific 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. Recalling General Assembly resolution 70/1 of 25 September 2015 entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, in which the Assembly recognized the need to build peaceful, just and inclusive societies that provide equal access to justice and that are based on respect for human rights, including the right to development, on effective rule of law and good governance at all levels and on transparent, effective and accountable institutions,

3. Affirming that universal and responsive civil registration and vital statistics systems have a critical role in the implementation of the 2030 Agenda for Sustainable Development, including the following:

Preamble: Describes the overall shared vision, the previous achievements or agreements that it builds on
Structure of the Ministerial Declaration (contd.)

Operative Paragraphs: Outline actions to be taken by Member States, Development Partners and ESCAP

26. Call upon members and associate members:

(a) To strengthen the capacity of key civil registration and vital statistics stakeholders to exchange lessons learned with their counterparts in other countries about ongoing civil registration work, including projects related to record management systems and digital recordings;

(b) To share experiences, including successes, challenges and lessons learned, in strengthening civil registration and vital statistics systems to support resilience from disasters and ensure inclusive recovery strategies from COVID-19 and other crises, in alignment with the 2030 Agenda for Sustainable Development;

(c) To strengthen national governance and coordination structures for civil registration and vital statistics systems to promote efficient design, encourage coordination and collaboration between government and other stakeholders, and enable the full impact of technical efforts to strengthen such systems;

(d) To conduct substantive identification and assessment of inequalities related to civil registration and vital statistics, in light of national context, regulations and priorities, and take measures to remove all barriers to civil registration of vital events among all hard-to-reach populations and people in vulnerable situations, such as women and children, persons with disabilities, migrants, refugees, asylum seekers, stateless persons, internally displaced persons, domestic workers, foundlings and persons without documentation;

(e) To strengthen the vital event notification capacity of the public and private sector health service provider, including through the provision of essential health services and information technology solutions for online registration of births and deaths;

(f) To build national capacities to accurately medically certify and code causes of death in accordance with International Classification of Diseases standards and ensure that verbal autopsies are conducted on a representative sample of deaths that occur outside of a health facility and without the attention of a medical practitioner;

Ministerial Declaration on Building a More Resilient Future with Inclusive Civil Registration and Vital Statistics (2021)
Key elements of the zero draft Ministerial Declaration

• Avoiding repeating agreements from the 2014 and 2021 Ministerial Declarations

• Include language on key topics decided by Regional Steering Group (suggested topics: progress, challenges, resilience and inclusivity)

• Include elements about the extension and governance arrangements for the RSG in consideration of the extension

• Reporting responsibilities of countries

• Requests from countries, development partners and ESCAP
Consultation Process

*Intergovernmental process to negotiate on the specific wording in the document to reach consensus prior to the conference*

<table>
<thead>
<tr>
<th>When</th>
<th>Process</th>
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<tbody>
<tr>
<td>May 2024</td>
<td>Inputs from RSG on suggested recommendations (10th RSG meeting)</td>
</tr>
<tr>
<td>Dec 2024</td>
<td>ESCAP to develop zero draft Ministerial Declaration</td>
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<tr>
<td>Feb 2025</td>
<td>Draft shared with RSG</td>
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<tr>
<td>Mar &amp; Apr 2025</td>
<td>Consultations with ESCAP Members and Associate Members</td>
</tr>
<tr>
<td>May 2025</td>
<td>Draft document finalized</td>
</tr>
<tr>
<td>Jun 2025</td>
<td>Adoption of the Ministerial Declaration at the Conference: document is presented to Ministers as representatives of their governments for endorsement</td>
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Ministerial Declaration can be further endorsed at the next Commission Session
Other documents

• Progress report and other official documents will be shared with the RSG for review (Jan - Mar 2025)

• ESCAP will be reaching out to countries to share success stories, photos or quotes to be included in the 2024 review report

• All final documents will be shared with Members and Associate Members of ESCAP by April 2025
For more information, please visit: getinthepicture.org

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Session 16: Closing

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