Covering every birth and death: Improving civil registration and vital statistics (CRVS)

Report of the technical discussions
New Delhi, 16–17 June 2014
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<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>BHT</td>
<td>bed head ticket</td>
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<td>BRIS</td>
<td>birth registration information system</td>
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<td>CIDA</td>
<td>Canadian International Development Agency</td>
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<td>COD</td>
<td>cause of death</td>
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<td>COIA</td>
<td>Commission on Information and Accountability for Women’s Children’s health</td>
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<td>CR</td>
<td>civil registration</td>
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<td>CRC</td>
<td>civil registration and census</td>
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<td>CRVS</td>
<td>civil registration and vital statistics</td>
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<td>CSO</td>
<td>central statistics office</td>
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<td>DOH</td>
<td>Department of Health</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<tr>
<td>ESCAP</td>
<td>Economic and Social Council for Asia and the Pacific</td>
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<td>HMIS</td>
<td>health management information system</td>
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<td>ICD</td>
<td>International Classification of Diseases</td>
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<td>ICT</td>
<td>information and communication technologies</td>
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<td>IGMH</td>
<td>Indira Gandhi Memorial Hospital, Malé, Maldives</td>
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<td>IMRSSP</td>
<td>The Indonesian Mortality Registration System Strengthening Project</td>
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<td>LGCDP II</td>
<td>local governance and capacity development programme II</td>
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<td>LGD</td>
<td>local government division</td>
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<td>MCCD</td>
<td>medically certified cause of death</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>NGO’s</td>
<td>nongovernmental organization</td>
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<td>NID Act</td>
<td>National Identification Birth and Death Act</td>
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<td>NIHRD</td>
<td>National Institute of Health Research and Development</td>
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<td>NPR</td>
<td>national population register</td>
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<td>NSD</td>
<td>national statistics directorate</td>
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<td>PMO</td>
<td>Prime Minister’s Office</td>
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<td>RAF</td>
<td>regional action framework</td>
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<td>RGoB</td>
<td>Royal Government of Bhutan</td>
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<td>SEAR</td>
<td>South-East Asia Region</td>
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<td>SOP</td>
<td>standard operating procedures</td>
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<td>UHC</td>
<td>universal health care</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNESCAP RAF</td>
<td>United Nations Economic and Social Commission for Asia and the Pacific Regional Action Framework</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNSD</td>
<td>United Nations Statistics Division</td>
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<td>UQ</td>
<td>University of Queensland</td>
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<tr>
<td>VA</td>
<td>verbal autopsy</td>
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<td>VERS</td>
<td>vital events registration system</td>
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<td>VRS</td>
<td>vital registration statistics</td>
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<td>VS</td>
<td>vital statistics</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WHO-FIC</td>
<td>WHO Family of International Classifications</td>
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Based on the decision of the Sixty-sixth Session of the Regional Committee for WHO South-East Asia, “Covering every birth and death- improving civil registration and vital statistics (CRVS)” was selected as the subject for technical for discussions to be held prior to the Sixty-Sixth Session of the Regional Committee. Technical discussions on CRVS, were conducted in WHO Regional Office for South-East Asia, New Delhi on 16–17 June 2014. To provide unified direction and political support to prioritize CRVS, the WHO Regional Office has developed a regional strategy for strengthening the role of the health sector in improving CRVS. The regional strategy and the recommendations arising out of the technical discussions will be submitted to the Sixty-Seventh Session of the Regional Committee, to be held in Dhaka, Bangladesh, on 10–12 September 2014.
CRVS systems comprise two separate parts, civil registration (CR) and vital statistics. CR is an administrative system used to record vital events such as births and deaths. It can be defined as the continuous, permanent, compulsory, and universal recording of the occurrence and characteristics of vital events (e.g. live births, deaths, fetal deaths, marriages, and divorces) and other civil status events pertaining to the population as provided by decree, law or regulation, in accordance with the legal requirements in each country (United Nations 2001).

A “vital statistics system” can be defined as the total process of (a) collecting information by civil registration or enumeration on the frequency or occurrence of specified and defined vital events, as well as relevant characteristics of the events themselves and the person or persons concerned, and (b) compiling, processing, analyzing, evaluating, presenting and disseminating these data in statistical form (United Nations 2001).

CRVS systems can be thought of as comprising the following key stages:

- recording of the occurrence of vital events (births, deaths, etc.) and associated characteristics;
- notification of the occurrence of vital events to individuals and families and to the appropriate registration authorities;
- formal registration of vital events through the CR system;
- issuance of certificates of birth, death, causes of death to family members and relevant authorities;
- compilation, analysis and interpretation of vital statistics based on the information generated through registration and certification; and
- archiving of individual records for future use.

Although the WHO South-East Asia Region comprises the least number of countries (11) of all WHO regions, there is considerable diversity in terms of population size, geographical distribution, and socioeconomic status across countries. CR of births and deaths is conducted in all countries of the Region, within a broad legal and administrative framework. However, in practice, in most countries, the registration of births and deaths is largely pursued from the perspective of personal requirement of legal documents for identity (births) or financial purposes (deaths). In all countries of the Region, the processes for compilation of vital statistics from CR need to be
strengthened; at present data from CR systems have uneven coverage and completeness and data quality is poor, particularly in terms of recorded and coded causes of death. This significantly limits the utility of these data for health sector purposes.

Since the end of 2010, comprehensive assessments of CRVS systems using the WHO tool have been completed in eight of the 11 countries in the Region including: Bangladesh, The Democratic People’s Republic of Korea, Indonesia, Maldives, Nepal, Sri Lanka, Thailand and Timor-Leste. Strategic plans for improvement of CRVS systems in these countries are currently being developed. CRVS comprehensive assessments are planned in Bhutan, India and Myanmar in 2014–2015. The Regional Office has also supported Bangladesh to develop a five year investment plan for CRVS with prioritized activities along with costing, as part of an initiative supported by the Canadian International Development Agency (CIDA).

The health sector has a particularly strong need for functional CRVS systems. If every birth is not counted, then the denominator for almost all the health indicators is incorrect. If every death is not counted and the cause of death (COD) data is not accurate, then the numerator for all health indicators for mortality statistics is incorrect. CRVS systems are the only way to obtain continuous, compulsory, cost-effective data on births, deaths and COD. Reliable vital statistics from CR systems can provide essential input to 42 of the 60 MDG indicators. It is, therefore, imperative to promote these systems in order to make intercensal population estimates more reliable and reduce data gaps and discrepancies.
2

Proceedings

2.1 Day 1

Session 1: Opening session

In her opening address, Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia emphasized the need to strengthen approaches to monitoring progress on the MDG. Lack of reliable data has been a long-standing constraint for effective health planning and management, particularly in efforts towards achieving time-bound health targets such as in the case of the health-related MDG.
The Regional Director also highlighted that the first of the 10 recommendations of the Commission on Information and Accountability for Women’s and Children’s health (COIA) is that by 2015 countries have taken appropriate steps to improve their CRVS systems to register births, deaths and causes of death. All six South-East Asia Region countries prioritized by COIA have committed to implement the recommendations of COIA through developing roadmaps to implement the country accountability framework. CRVS has received special attention by these countries of the Region under their accountability framework. With increasing emphasis on demonstrating results and accountability in health, globally there has been a surge globally in health-sector interventions to track vital events – births, deaths and their causes. The health sector is not only a beneficiary of complete and reliable CRVS systems, but it can also make a substantial contribution to the recording of events in a CRVS system. The Regional Director emphasized that these technical discussions are a platform to facilitate discussions and consensus building on a regional strategy for strengthening the role of the health sector in improving CRVS, at regional and country levels.

**Objectives and expected outcomes of the meeting**

*Dr Prakin Suchaxaya, Acting Director, Health Systems Development (Ag. HSD)*

**Objectives**

The specific objectives of the meeting were:

- to share experiences of implementing CRVS strengthening initiatives in different Member States of the Region;
- to review the draft Regional Strategy to Strengthen the Role of the Health Sector in Improving CRVS systems; and
- to agree upon next steps in strengthening CRVS systems in Members States of the South-East Asia Region.

**Expected outcome**

- review of the draft Regional strategy to strengthen the role of the health sector in Improving CRVS systems completed.
- Review presented to the Sixty-seventh session of the Regional Committee in September 2014, for discussion and endorsement.
Organization of the meeting

The two-day meeting consisted of plenary sessions, panel discussions and group work. Topics discussed in the plenary were: Regional and global overview on CRVS, country perspective on CRVS; overview of the Regional strategy on strengthening the role of the health sector in improving CRVS, expert presentations and country presentations on the five strategic areas of the Regional strategy to strengthen the role of the health sector in improving CRVS systems. The meeting agenda and list of participants are attached at Annex 1 and 2.

Session 2: Regional overview of CRVS systems

*Jyotsna Chikersal, Regional Adviser- Health Situation and Trend Assessment, Regional Office for South-East Asia*

CRVS systems in all 11 SEAR countries of the Region are yet to realize their utility as platforms for accurate measurement of vital statistics in terms of births, deaths, and causes of death. There is an urgent need to strengthen national CRVS systems in order to meet this fundamental data requirement. The health sector is an important stakeholder both as a producer and end user of vital statistics. WHO is playing a catalytic role in the development of national CRVS systems.
Compulsory death-registration needs to be advocated and enforced across the Region

MORTALITY SUMMARY:
Use of Inti Death Certificate, Verbal Autopsy and Sample Registration System in the SEAR

Sample registration system (3)
Verbal autopsy (3)
Int'l medical death certificate (5)

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Colours and lines do not represent claims to jurisdiction for which there may not yet be full agreement.
Based on comprehensive assessments, the self-reported data from the WHO-FIC survey conducted in 2012 and through country visits, the key challenges identified in the area of CRVS in the Region are:

- inadequate coverage and completeness of birth and death registration;
- poor quality of COD data:
  - In countries of the Region, most deaths are outside health facilities (community deaths). There is limited use of verbal autopsy to capture most COD in community deaths. For health facility deaths: there are insufficient medically certified COD (MCCD) using the International Medical Certificate of Cause of Death.
  - For unnatural deaths: incorporation of police data on COD with the CRVS data does not usually take place.
- improper ICD coding of COD, due to several reasons including inadequate training of coders at the national level;
- lack of regular quality audits to improve data quality, analysis and compilation of vital statistics from CR data;
- inadequate use of CR data for generation and publication of vital statistics; and
- need for better coordination among key ministries.

The proposed way forward for strengthening CRVS in the South-East Asia Region is:

- conduct comprehensive assessments of the current status, capacities and resources using the WHO-UQ assessment tool;
- use the results of the assessment to generate high-level political commitment and cross-sectoral support for improving CRVS;
- establish national CRVS coordination mechanism with ultimate stakeholder representation, roles and responsibilities and involvement of civil society and NGOs;
- formulate a five year national investment plan for improvement of CRVS and mobilize resources;
implement the five-year National Strategic Plan for improvement of CRVS, monitor and evaluate progress; and

endorse regional action framework (RAF) and Regional strategy for strengthening the role of health sector.

The Regional initiative on civil registration and vital statistics in Asia and the Pacific

Rikke Munk Hansen, Chief of Section Statistics Division, ESCAP

The presentation gave an overview of the main reasons for the importance of CRVS i.e. that birth registration and legal identity are a human rights, that vital statistics obtained through data from CR is crucial for policy-making and monitoring development progress, and that a well-functioning CRVS system is a key to development. It was highlighted that CRVS is about the fundamental relationship between an individual and the government, hence it is at the core of public administration and good governance. In addition, challenges countries in the Region are currently facing in order to improve their CRVS systems were explored. Together with ADB, ESCAP, UNDP, UNFPA, UNHCR, UNICEF, WHO, and Plan International, is part of the regional initiative to ‘Get everyone in the picture’. The initiative works towards achieving commitment to accelerate and focus the efforts of governments and development partners to achieve universal and responsive CRVS systems in all Asian and Pacific countries by 2024. A key step towards this is the Ministerial Conference on CRVS to be held during 24 to 28 November 2014. The conference will seek endorsement of a Ministerial Declaration and a regional action framework on CRVS to support the efforts to improve CRVS. In addition, it is expected that the delegations at the conference will declare an Asian and Pacific CRVS Decade 2015–2024.

A draft regional action framework was distributed for country consultations in April to June and the inputs received will be reflected in the preliminary draft presented to a regional preparatory meeting in August. The regional action framework sets three goals for the Asia–Pacific Region:

1. universal civil registration of births and deaths;
2. all individuals are provided with legal documentation of CR of births and deaths as necessary to claim identity, civil status and ensuing rights; and
3. accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and disseminated.
Global CRVS – momentum and targets
Anneke Schimder, Technical Officer, Health Statistics and Information Systems, WHO-HQ

In the past three years, there has been more action on CRVS systems than during the preceding three decades, both in countries and globally. Countries are now assessing and planning improvements needed to their CRVS systems. By May 2014, more than 40 countries had assessed their national systems, and many have created national plans for improvement. Political momentum is driving innovative approaches and concrete planning for investment in CRVS, improved partnerships at country, regional and global levels are supporting progress and providing technical support and political commitment.

During 2013 and 2014, the regional and global momentum has been growing. Regionally, the structuring of CRVS activities into regionally supported programmes gathered pace, especially in Africa, Asia–Pacific and the Middle East. Globally, the Call for Partner Action in 2013, led to increasing awareness and momentum. In 2014, Canada, WHO and the World Bank initiated work on country investment needs, culminating in

**Timeline**

- **2007**
  - Lancet Series
  - “Scandal of Invisibility”

- **2011-12**
  - Regions and Countries
  - African Ministers
  - Asia-Pacific Assessments
  - WHO/IU/Assessment Tool
  - Regional partner groups – UN agencies, HMN, Plan, Development Banks

- **2013**
  - Regions and Countries
  - All EMR countries comprehensively assessed. Regional Plan approved
  - African assessments begin
  - Asia-Pacific assessments continue

- **2014**
  - Global Call for Action
    - April: Bangkok “Global Call for Partner Action”
    - September: Canadian Prime Minister’s call
    - December: WHO Global Meeting – Role of Health in Strengthening CRVS.
  - Global response
    - February: Canada-WHO project on CRVS investment
    - March: UN-I/nonagency Group
    - April: Addis meeting – WB investment consultation
    - May: Canadian Prime Minister announcement on funding possibilities
    - June

- **2014**
  - 26 countries with full complement: comprehensive assessments, national plans and committees. Many more with assessments and planning underway.
    - Africa: Ministers meeting and Botswana 500 African Statisticians and Registrars
    - Asia-Pacific: Ministers and regional meetings
    - Eastern Mediterranean: country follow ups and planning
the release by the World Bank and WHO of the Global Investment Plan for CRVS, and the announcement of activities to support CRVS as part of the Canadian Summit on Women and Children’s Health in May 2014.

Global targets for CRVS have been identified, and include that all births are registered by 2030; that 80% of deaths in a given year are registered, with 100% of maternal and newborn deaths reported, registered, and investigated; and that 100% of deaths in hospitals have a COD officially certified, with 80% of deaths in communities having probably cause of death determined.

This was followed by a “Tour de Table” by WHO Representatives present who shared in respective country perspective on CRVS. The key highlights included:

**Bangladesh** started birth and death registration in 1873. However, till 2004, only 8% of births were registered. In 2012, as part of the COIA roadmap, Bangladesh undertook comprehensive assessment of CRVS and this built momentum for strengthening the system. An electronic birth and death registration system (BRIS) was established and in 2014, a landmark 100 million births were registered. In 2014, a case study and investment plan for CRVS in Bangladesh was developed under a project sponsored by the Canadian Department of Foreign Affairs, Trade and Development and WHO. The investment plan prioritized four strategic areas for investment. Birth and death registration, COD, vital statistics and integration with national population register (NPR) and awareness raising and strengthening of law, at an estimated cost of US$ 55 million is envisaged to achieve universal CR by 2021. There is political will at the highest level to strengthen CRVS in Bangladesh.

The Democratic People’s Republic of Korea is one of the signatories to COIA, and as part of the COIA roadmap an assessment of the CRVS system was conducted. The assessment found the CRVS system to be broadly satisfactory, with birth and death registration compulsory, with a mixed paper-based and computerized system. WHO is advocating the use of the already functioning telemedicine system for improving completeness of birth and death registration, which links the central level to the county level. Currently, birth registration is 97% and death registration is 96%. COD certification, ICD coding, data sharing, monitoring and evaluation (M&E) and data quality assessment require strengthening. Sharing of data and M&E and better accountability need strengthening.
India has an Office of the Registrar-General functioning since 1951 and the importance of CR has been recognized as being critical from the perspective of human rights. However, CR in India is delegated and governed by states as a result completeness of birth and death registration varies significantly across states. While the Birth and Death Registration Act of 1969, mandates the CR aspect, vital statistics is not as well defined in the law and has been more ad hoc. However, India has used many innovative techniques to overcome the gaps in data and to produce quality statistics. These include the decennial census, Sample Registration System, Annual Health Survey, NHFS and the Demographic and Health Survey. The penetration of IT varies across states and this makes implementation of a standardized electronic system challenging, though many states have made significant progress, two states, Bihar and Uttar Pradesh, still require considerable strengthening of their CRVS systems. The government has launched several media campaigns to raise awareness on timely birth and death registration. WHO is supporting India in adopting verbal autopsy for routine use to capture most probable COD for deaths that occur outside health facilities.

Indonesia’s comprehensive assessment of CRVS revealed that many areas of the CRVS system need further strengthening. The recent law mandating national ID cards being issued by the Ministry of Home Affairs, to be presented at the time of school enrolment has boosted the demand for birth registration. Death registration, COD certification and ICD coding require strengthening and improved coordination with the Ministry of Health. Decentralization of governance took place in Indonesia about 10 years ago, and this has made streamlining CRVS system challenging. The launching of universal health care (UHC) is a unique opportunity to standardize various aspects of CRVS, such as COD certification and ICD coding.

Nepal has a strong legal framework for compulsory registration of births and deaths. However, a policy framework for vital statistics needs to be developed. Higher level political support is required, so that reforms for all aspects of CRVS can be undertaken. An MoU has been signed by the Ministries of Federal Affairs and Local Development (MoFALD) and the Ministry of Health, to aid improved coordination at the grass-roots level. Further coordination with the central statistics office and the national planning commission to promote a culture of evidence-based decision making needs to be undertaken to increase demand for vital statistics.
In Sri Lanka, over 99% of all births take place in hospitals and as a result completeness of birth registration has been extremely high, in spite of the civil war. The three line ministries the health, public administration and home affairs, and finance and planning have established good collaboration in spite of a decentralized system and are well-represented at the technical discussions. COD practices need strengthening, especially for the over 50% of deaths that occur outside hospitals. There is highest-level political commitment for computerization of the government machinery in Sri Lanka, and the Ministry of Health is implementing an Electronic Indoor Morbidity and Mortality Report and it is planned to link this with CRVS to fill the gaps in birth and death registration data.

Thailand has achieved high coverage and completeness of birth and death registration and the CRVS system is well-functioning. There is an ongoing effort in the country to establish interoperability between Health Information Strengthening and CRVS, to ensure seamless data transmission on vital events between the two systems. One of the challenging areas that needs to be addressed is capturing vital events among disadvantaged and marginalized populations, including migrant populations both within and across regions, as well as geographically isolated populations.

Session 3: Strategic areas of the regional strategy to strengthen the role of the health sector in improving CRVS systems

Strategic Area 1 – Legal and organizational framework
Dr Soewarta Kosen, Chairman of the Board of Researchers for the National Institute of Health Research and Development, Indonesia (NIHRD)

The presentation highlighted that a robust and comprehensive legal framework will secure the validity, continuity, consistency, and comprehensiveness of the CRVS system. It is essential that the legal framework articulates the rules, duties, procedures and responsibilities of institutions, including the health sector. Countries are encouraged to amend the regulations on CR, as well as health laws and regulations, to include specific mention of the role of the health sector institutions/personnel as notifiers of births and deaths and for COD ascertainment.
Further, the health sector innovations for producing vital statistics and COD should be incorporated so they occur within the national legal mandate. A sound legal and organizational framework can serve as a collaborative mechanism across health, statistics, population administration, civil registry and research to create synergies, share practices and information. The presentation also emphasized that the health sector can contribute actively in political mobilization and advocacy for improving CRVS.

Strategic Area 2 – Political commitment and intersectoral collaboration for national capacity-building, partnership, advocacy and outreach, Ms Kristen Wenz, UNICEF

This presentation focused on the importance of intersectoral collaboration for CRVS and elucidated the possibility of linking CR with the health sector, education sector, the judiciary and social-welfare system. The health sector can support CR by utilizing maternal and child health clinics, frontline health workers and immunization workers as notifiers for birth registration. Likewise, various social welfare schemes such as cash transfers, food supplements can be made contingent upon presentation of a birth or death certificate as applicable. The presentation also identified the barriers to birth registration as cost of registration, distance of registration office and social stigma in some cultures associated with single mothers. Thus advocacy and outreach efforts to boost registration need to be targeted towards demand generation campaigns on the radio and newspapers on the importance of birth and death registration.

The presentation also discussed the scope of national capacity building on the use of ICT and innovations for CRVS. Several initiatives have been underway to harness the potential of ICT and though the success has varied there is a wealth of lessons learned and knowledge is available to lead the way forward on harnessing ICT for modern and well-functioning CRVS systems. The adoption of data standards, open-source technology and interoperability need to be prioritized going forward. This is necessary to implement structural and organizational changes needed for integration of CRVS systems and data-sharing across ministries and specialized systems and solutions. Finally the presentation identified four areas of partnership that need strengthening for CRVS:
Intergovernmental partnership is fundamental to establishing a fully functioning CRVS system – including civil registrar’s as a key stakeholder.

Public/private partnership is a key area for further development for investing in CRVS systems – for example, donating data for mobile registration systems.

UN Partnerships for technical support: for example – Establish a lead agency to act as a focal point for country coordination of CRVS activities, regional coordination with ESCAP and across UN agency regional mandates.

NGO/Academic partnership: To support key research initiatives and for further collaboration

**Strategic Area 3- Birth and death registration- completeness and coverage**

Anneke Schmider, Technical Officer, Health Statistics and Information Systems, WHO-HQ

This presentation discussed the concept of coverage, in the context that the standard states that a vital statistics system should include all vital events occurring in every geographic area and in every population group of the country. (UNSD 2013). Universal coverage of a CRVS system provides invaluable information for planning and the appropriate allocation of resources in such areas as education, health care and social security. The universal registration of vital events means that children born have a legal identity, and that the families of the deceased have a legal registration of the death.

The coverage of CR and COD varies globally, with coverage levels generally lower for deaths and COD. The global targets published by the World Bank sought to directly address coverage levels, recommending all births be registered by 2030; that 80% of deaths in a given year are registered, with 100% of maternal and newborn deaths reported, registered, and investigated; and that 100% of deaths in hospitals have a COD officially certified, with 80% of deaths in communities having probable COD determined.

Areas of possible action in relation to improving coverage were emerging from country assessments. These include:

- Increasing demand through annual campaigns, raising awareness of need for birth and deaths registration; and
Improving collection through active registration processes (including more mobile collection), sourcing records of birth and death to follow-up (eg health notifications of births and deaths).

The World Bank paper also suggested coverage could be improved through building on other approaches, harnessing the data revolution, and using ICT to best advantage.

**Strategic Area 4 – Recording cause of death (COD) data ensuring quality and completeness**

*Dr Chalapati Rao, Senior Research Fellow, University of Queensland (UQ)*

The presentation outlined the various approaches to collecting causes of death in the CR system such as MCCD, coroner’s or police records, verbal autopsy and, in many cases, for deaths in our Region, no cause is recorded at the time of registration. For deaths occurring in hospitals, the gold standard is that the attending physician should complete the international death certificate, with the underlying COD.

For deaths occurring outside health facilities verbal autopsy techniques may be applied, which essentially involved a two-step procedure:

1. **Data collection:** interview of bereaved relatives to collect information on symptoms experienced by deceased before death, using some form of survey instrument.
2. **COD assignment:** methods include: diagnostic algorithms used by non-medical personnel, physician review of verbal autopsy (VA) data and computerized algorithms.

Some of the limitations of VA for adult deaths include lack of distinguishable symptom complexes for several COD, inability of relatives to have expert recall of symptoms and difficulties in obtaining reference diagnosis to validate VA based on COD. The presentation summarized the process of strengthening COD reporting by proposing that Member States undertake detailed review of national systems, with a focus on processes for reporting COD in health facilities as well as for domiciliary deaths. Subsequently, should be designed and conducted practical operations research activities to test / implement reforms to strengthen COD reporting. Operations research activities must produce reliable vital statistics and indicators that serve as proof of concept, or identify additional aspects that need to be strengthened.
Strategic area 5: Creating demand for health and vital statistics, enabling service delivery and planning through use in evidence-based decision-making

Vibeke Oestreich Nielsen, Statistics Norway

This presentation identified certain prerequisites for obtaining vital statistics from CR data, these include sufficiently strong law in place, allowing access to data, sufficient protocols for security and confidentiality and a minimal level of coverage and quality. To increase the demand and quality of vital statistics, a culture of evidence-based decision-making needs to be promoted in countries and feedback mechanisms need to be established to share analysed information to the grass-roots level to improve data quality.

While countries advocate for more widespread dissemination of vital statistics, appropriate protocols need to be established to ensure data is anonymized and does not reveal the identity of individuals to ensure confidentiality is maintained. Since in many countries of the Region, CR data is still incomplete, countries are encouraged to make use of innovative techniques for statistical analyses in order to maximize the value of available data, enhance data quality, and take account of missing data and biases. To enable better data management and quality, computerization of records at source should be promoted, to enable accurate data capture, archival, and availability of detailed information for statistical compilation. Computerization will require another level of data standards for data security and confidentiality. In addition, to ensure quality and fitness for purpose, countries are encouraged to compile and tabulate data according to established international standards developed by the UN.
Strategic Area 5: Creating demand for health and vital statistics, enabling service delivery and planning through use in linkage to other activities.

Mr Anir Chowdhury, National Policy Adviser, Prime Minister’s Office, Government of the People’s Republic of Bangladesh, Dhaka

This presentation described Bangladesh’s efforts to establish an NPR, as an example of how CRVS systems can be linked to other national activities. Since other countries in the Region are also considering NPRs or some form of unique ID for citizens, Bangladesh’s journey was useful in identifying good practices and lessons learnt.

The key drivers for success in Bangladesh were:

1. highest level political commitment to become middle-income country by 2021;
2. digital Bangladesh whole-of-government agenda – a national ID system already in place with a cadre of field-level workers entering data from digital devices directly from the field with coordination by the Prime Minister’s Office and Cabinet Division.
3. organizational maturity and grass-roots workforce with nearly 6000 local government institutions, 75 000 health workers and 13 000 community clinics; and
4. As an overarching factor, supportive policies and Bangladesh’s commitment to the COIA have aided in promoting the CRVS and NPR agenda.

A well-functioning NPR will rely heavily on its basic components – CR and health information, and so the collection and business processes need to be emphasized as the foundation of NPR and the use of technology at various levels needs to be seen as optional and as an enabler to make the processes more effective. CRVS would be the primary source of updating the NPR on an ongoing basis and all other ministries would be users of these data.

The Bangladesh approach has been defined as “CRVS+” it would include as a component a unique ID using biometrics.
Session 4: Overview of the regional strategy to strengthen the role of the health sector in improving CRVS systems

Ms Jyotsna Chikersal, Regional Adviser – Health Situation and Trend Assessment, WHO-SEARO

This presentation outlined the proposed framework and contents of the regional strategy, which would be discussed by participants during group work in the subsequent session. Consistent with the Regional action framework for CRVS in Asia and the Pacific, the vision, mission and goals of the draft regional strategy are as below:

**Vision:** The shared vision is that all people in countries of the South-East Asia Region benefit from universal and responsive CRVS systems that facilitate the realization of their rights and support good governance, health and development.

**Mission:** To strengthen the role of the health sector to improve CRVS systems in countries of the Region.

**Goal:**
- universal civil registration of births and deaths and recording COD;
- all individuals are provided with legal documentation of CR of births and deaths as necessary to claim identity, civil status and ensuing rights; and
- accurate, complete and timely vital statistics with a focus on COD are produced based on CR data and interim means are used to fill the gap.

The draft regional strategy focused on the following five strategic areas:
- **Strategic Area 1:** Legal and organizational framework for CRVS
- **Strategic Area 2:** Political commitment and intersectoral collaboration for national capacity-building, partnership, advocacy and outreach
- **Strategic Area 3:** Birth and death registration-completeness and coverage
Strategic Area 4: Recording COD, ensuring completeness and quality

Strategic Area 5: Health and vital statistics, quality assessment and linkages with other national activities including research and NPR.

The draft regional strategy would also include a monitoring and evaluation framework, aligned with the regional action framework.

**Session 5: Group work on regional strategy to strengthen the role of the health sector in improving CRVS systems**

All participants were split into six groups, one for each strategic area, and an additional group to review the vision, mission and goal, scope and key principle, M&E and key country and regional actions. During the group work session, the participants reviewed the specific component of the draft strategy in depth and proposed changes.
Session 6: Presentation by groups to the plenary on feedback on regional strategy to strengthen the role of the health sector in Improving CRVS systems

The groups presented extensive feedback on the strategy, the proposed changes for each strategic area were presented to the plenary, and as consensus was reached the changes were incorporated into the revised version of the draft regional strategy.

2.2 Day 2

Session 7: Five strategic areas of CRVS

Presentation and panel discussions on:

Strategic Area 1 – Legal and organizational framework
Mr Thinley Wangchuk: Chief Civil Registration and Census Officer, Ministry of Home and Cultural Affairs, Thimphu, Bhutan

The presentation gave an overview of the legal framework for CR in Bhutan as mandated by the Constitution of the Kingdom of Bhutan, 2008, the Bhutan Citizenship Act, 1985 and the national annual census records of the 20 dzongkhags. Based on the directives of the RGoB, the Department of Civil Registration & Census conceptualized and developed the standard operating procedure (SOP) to facilitate birth and death registration within 30 days from the place of residence or occurrence.

In the new web-based framework, birth registration and death registration can be carried out either within 30 days of birth of a child from the place of residence/occurrence or before the conclusion of the annual census.

The following challenges have been identified in implementing the new procedures for birth and death registration:

- lack of reliable internet connectivity, difficult terrain, large distance between the registration office and villages and financial barriers associated with birth and death registration;
- lack of training opportunities for CRC officials for recording accurate information on birth and death, difficulty in retaining experienced staff;
• lack of trained manpower in the field of ICT and inadequate IT infrastructure and equipment. Since the web-based framework is new, teething issues persist and disrupt efficient delivery of services.

• As the birth and death certificates will be issued free, the cost of providing these services could become an additional burden to the national exchequer.

Mr AKM Saiful Islam Chowdhury: Project Director (Additional Secretary), Birth and Death Registration Project, Local Government Division, Bangladesh, Dhaka

Prior to 2004, birth and death registration in Bangladesh was stipulated by the archaic Birth and Death Registration Act dating back to 1873. In the 131 years between 1873 and 2004, only 8% of births were registered. Recognizing that a well-functioning CRVS system is crucial for inclusive and sustainable development, Bangladesh undertook a revision of the legislation and in 2004, a new law was enacted designating the local government bodies and Bangladesh missions abroad as registrars and mandating registration of births and deaths within 45 days of occurrence. To better enforce the law, a set of rules (Birth and Death Registration Rules, 2006) were issued by the Ministry of Local Government. For registering the birth of a newborn, the parents need to present a medical birth certificate or immunization card; this lays the foundation for a stronger collaboration with the health sector going forward. On 15 February 2014, Bangladesh touched a milestone for CRVS by completing 100 million birth registrations on the online birth registration information system (BRIS) as part of the Birth and Death Registration Project of the Local Government Division (LGD). Going forward, to ensure that births are registered within 45 days of birth, the expanded programme on immunization (EPI) workers shall verify the birth registration certificate and write the birth registration number in the EPI register and card and the health worker will help the parents to submit birth registration application and collect birth registration certificate before the second dose of immunization.
Strategic Area 2 – Political commitment and intersectoral collaboration for national capacity building, partnership, advocacy and outreach

Mr Elias Santos Ferreira: National Director of Methodology and Data Collection, General Directorate of Statistics, Ministry of Finance (MoF), Dili, Timor-Leste

In response to the growing recognition of the important role of high quality birth, death and COD statistics in public health decision-making, in 2011–2012, the ministries of health, Justice and National Statistics Directorate, under the Ministry of Finance (NSD, MOF) of Timor-Leste conducted a comprehensive assessment of the existing CRVS with technical support from WHO. There is political commitment at the highest level for strengthening CRVS in Timor-Leste, and a high-level declaration on the importance of CRVS for all individuals is being issued. The government is also building a comprehensive multisectoral national CRVS strategy with detailed budget for implementation. The government has also planned national campaigns to encourage individuals and families to register vital events. Most significantly, Timor-Leste is establishing a high-level multi-ministerial national CRVS coordination mechanism. The key next steps identified include, continued programme capacity-building on CRVS, standardization of IT systems and development of simple guidelines for CRVS, targeted to the relevant stakeholders at various administrative levels.

Mr Shankar Nepal - Under Secretary (Registrar CRVS), Ministry of Federal Affairs and Local Development, Kathmandu, Nepal

There is a high level of political commitment in Nepal to strengthen CRVS. The Ministry of Federal Affairs and Local Development has undertaken legal reform initiatives and proposed to establish a separate Department for Civil Registration. The Ministry of Health and Populations country accountability roadmap was also a key enabler for galvanizing political commitment for counting every birth and death. Most significantly an MoU has been signed between the ministries of federal affairs and local development and health population for strengthening local health governances and it specifies role of both sectors for strengthening vital events registration system and sets the foundation for a collaborated approach to strengthening CRVS both in the supply and demand sides. A CRVS steering committee, technical working group and local coordination committees with multi-stakeholder representation have already been established in Nepal.
A multisectoral CRVS strengthening plan is being proposed to guide prioritized activities for the next 5–10 year period. CR has been identified as a key service delivery in the Local Governance and Capacity Development Programme II (LGCDP II) of the Ministry of Federal Affairs and Local Development. Another significant development is that the resources for CRVS have increased through LGCDP II and Local Bodies Resource Mobilization Guideline, 2013 and this opens the scope of resource mobilization of local bodies for CRVS. The key strategies proposed to strengthen advocacy and outreach for CRVS are:

- health immunization clinics will be utilized to make parents aware about birth registration;
- female community health volunteers will be mobilized as event notifiers; and
- health camps and mass campaigns will be utilized to create awareness and refer cases for vital events registration.

Finally, Nepal is piloting the electronic COD integrated reporting system. The rationale behind it is to mobilize community health workers and female community health volunteers as notifiers of births and deaths, and conducting VA to capture the most probable COD for deaths occurring outside health facilities.

**Strategic Area 3 – Birth and death registration – completeness and coverage**

*Dr Buddika Dayarathna - Medical Officer (Health Informatics), Ministry of Health, Colombo, Sri Lanka*

Sri Lanka has high completeness and coverage of birth and death registration. As of 2013, coverage of birth registration was estimated at 100% and coverage of death registration estimated at 90%. The four key factors which have enabled this are: robust, simple, clearly defined registration system – free of charge, sound legal framework, sound administrative structure and public trust and willingness to participate.

In 2010, Sri Lanka was one of the first countries to undertake a comprehensive assessment of its CRVS system using the WHO-UQ tool. One of the areas the assessment identified as requiring further strengthening was COD certification. The recommendations of the CRVS assessment pertain to strengthening COD certification currently being implemented. These include:
• revision of the current death declaration form in accordance with international standards;

• incorporation of health information components in medical school curricula including modules on clinical classification systems, importance and uses of morbidity and mortality data and concept and documentation of COD;

• conducting training sessions for the intern medical officers; and

• development of a guide book and quick reference guide on COD and the revised B33 cause of death certification form.

Further, there is ongoing discussion about linking hospital information systems to CRVS systems. This would improve the accuracy and completeness of data since in Sri Lanka, 99% of births occur in hospitals and 47% of deaths occur in hospitals.

Some of the challenges which Sri Lanka faces with regard to CRVS include increasing the proportion of medically certified deaths, capturing still-borns, home deaths and social stigma related to certain COD. Challenges with staff retention, particularly coders continue to be a concern. Finally, Sri Lanka needs to strengthen efforts to build working relationships with private hospitals and private health-care providers.

**Dr Yuslely Usman: Researcher, National Institute for Health and Development, Ministry of Health, Republic of Indonesia, Jakarta**

The coverage and completeness of birth registration is higher due to the benefits attached with birth registration. Birth registration is mandatory for enrolment in school. Usually, people register deaths only to process inheritance rights or insurance. The completeness of birth registration is estimated at 50/60% and completeness of death registration is <50%. 70% of deaths occur outside the hospital. The CRVS system in Indonesia does not provide data on causes of death. The country relies on sample surveys and projects like the Indonesian Mortality Registration System Strengthening Project or the limited data obtained from health facilities. The Ministry of Health has issued a record format that includes information on COD reported by lay persons, which classifies COD to non-ICD compliant groups namely senility, disease outbreak, accident, crime, homicide and other. However, the information obtained is yet to be tabulated.
The key recommendations for strengthening CRVS in Indonesia include:

- include the MCCD as a confidential part of the formal death certificate;
- reorient physicians in all health facilities with regard to writing of multiple causes of death based on ICD – 10;
- enforce compulsory vital registration based on current national law and regulations and support the formulation of local regulations;
- since the majority of deaths occur outside the hospital, VA method has to be disseminated and carried out for deaths occurring in the community. Unnatural deaths currently managed by the police hospital and forensic department of public hospitals, need to be incorporated in the CRVS system; and
- accelerate development of ICT to assure more reliable, timely and complete data.

**Strategic Area 4 – Recording COD data ensuring quality and completeness**

*Mm Monthon Buakaew - Policy and Plan Analyst (Practitioner Level), Health Information Division, Ministry of Public Health, Bangkok, Thailand*

Thailand has a high completeness of birth registration at 96.7% and death registration at 95.2%. As per the legal mandate in Thailand for deaths in medical establishments, the care-giving physician shall issue the death certifying document to the deceased’s relatives for further reporting of the death to the death report handling registrar at the local/municipal registration office in the area where the concerned medical establishment is situated. For deaths outside medical establishments: in cases of death occurring outside the municipal district, the death shall be reported to the registrar or assistant registrar of the tambol, namely the village chief or headman, who will issue death report receipt to the deceased’s relatives. The death may also be reported directly to local/Ampur office of registration. If the deceased is in a municipal area, the death shall be reported to the registrar of the local municipality for requesting issue of death certificate.
The Ministry of Public Health has signed an agreement with the Department of Local Administration, Ministry of Interior, regarding utilization of data in the central registration database of the administration, in order to reduce redundancy of death data. The Department of Local Administration, Ministry of Interior, will send the data relevant to death of all the persons who have been registered dead from the central registration database to the Office of the Permanent Secretary, Ministry of Public Health. The key challenges pertaining to COD certification practices which Thailand needs to address include: incompleteness of data for infant death, incompleteness of data for maternal death, high percentage of ill-defined causes and misclassification of causes of death (in-hospital and non-hospital death).

Ms A.S Athika – Director, Ministry of Health and Gender, Republic of the Maldives, Malé.

In Maldives, according to the law (1992), a dead body cannot be buried or disposed of without completing the death certificate. The COD needs to be reported on the death form and death has to be certified by a doctor, health-care worker or in the absence of a health-care worker, by the Katheeb (Island Chief). Since the beginning of death notification (1960s) Maldives has recorded COD - space was allotted for COD. Even at that time hand-written slips were used for notifying death – lay reporting. Multi-cause reporting was introduced in the death certificate in the early 2000s, when it started using ICD-10 COD coding and COD reporting guideline was developed and disseminated to health-care facilities. The new format of death certificate contains COD reporting based on ICD-10. Key challenges for COD certification practices in Maldives are: no in-country medical training, high turnover of medical personnel at health-care institutions and almost 80% of the doctors are expatriates who work on contract basis for a short duration of one or two years. Though the death certificate contains space for police endorsement for burial, a mechanism to ensure incorporation of police data needs to be established. An online web-based database was developed for birth and death recording at hospitals but is not fully functioning. The ICD-10 cause of death reporting is incorporated in the online system. Overall COD certification practices need to be strengthened, as “ill-defined and unkown causes of mortality” is the second leading COD in the list of top 20 causes of death in Maldives, as of 2012.
Strategic Area 5 – Creating demand for health and vital statistics, enabling service delivery and planning through use in: (a) evidence-based decision-making and (b) linkage to other activities

Dr C. Chandramouli: Registrar-General & Census Commissioner, India, Ministry of Home Affairs, Government of India, New Delhi, India

Given the scale and magnitude of India, the sample registration system and the annual health survey are sources of vital statistics. In India, birth and death registration is mandated under the Registration of Birth and Death Act, 1969, compulsory and uniform throughout the country. However, its implementation is the responsibility of the state governments through state rules. Registration of vital events is to be at the place of occurrence of the event and CR provides a legal document for the general public – birth/death certificates.

India’s Vision 2020 for CRVS is Universal Registration of Births and Deaths by 2020, generation of vital statistics from CRS, MCCD for health facility deaths and use of VA for non-medically attended deaths through sample surveys.

The key challenge in registration in India from the demand side is lack of awareness on the need and importance of registration and equally, lack of incentive to register births and deaths. On the supply side, coverage is a key challenge. There is a multiplicity of registration agencies and coordination among the agencies is difficult and additionally, low penetration of ICT in the registration process makes standardization and timely reporting a challenge. Some of the key initiatives undertaken by the Office of the Registrar-General of India to overcome these challenges include: development of a uniform software for online and offline registration of birth and death and generation of tables, software for monitoring the reporting and registration of institutional events, training and capacity-building, multimedia awareness campaigns, digitization of old birth and death records, linking birth registration to financial incentives for mothers, health workers and the national rural health mission.

Efforts are underway to develop a NPR in India; the NPR would be continuously updated by linking it to the birth and death registration system.
The way forward:

- create demand for birth and death registration among all stakeholders;
- customize the registration software in 13 local languages;
- set up e-registration centres at the sub-district level; and
- train and build capacity among the registrars and medical institutions to use the electronic system.

Dr (Ms) Thuzar Chit Tin - Deputy Director (Basic Health), Department of Health, Naypyitaw, Myanmar

In Myanmar, the vital registration system started in the early nineteenth century and by 1931, the vital registration system covered about 80% of the country population. However, this was disrupted during World War II. The current vital registration system in Myanmar was introduced in 1962, modified in 1998 and implemented at a nation-wide level in 2001. The focal department responsible for civil registration is the Central Statistics Organization and the implementing department is the DOH. The township medical officer is the vital registrar for issuing birth and death certificates and health personnel (mainly midwives in rural area) collect and transfer information about births and deaths. One of the key strengths for CRVS in Myanmar is the establishment of a coordination committee for VRS till the grass-roots level.

The way forward:

- develop a comprehensive legal framework for CRVS and establish a separate department for Civil Registrar General, and provide greater resource allocation for VRS;
- forms used for VR should be revised;
- develop and implement electronic data-based system and streamline different registration systems into a single integrated system.
- establish a data management, feedback and regular data quality assessment mechanism;
- provide adequate training to medical doctors and coders on the principles of ICD for certifying and coding COD;
provide adequate training to medical doctors and coders on the principles of ICD for certifying and coding COD;

conduct regular vital events registration and VA training for health staff; and

improve public awareness on benefits from and responsibilities towards registration.

Session 8: Group work to provide feedback and finalize the revised regional strategy in the context of country experiences

During this session, participants returned to their respective six groups, to revisit the regional strategy to ensure the changes suggested by them the previous day had been adequately captured. The groupwork also provided an additional opportunity for the participants to suggest any further changes, in the context of the country experiences presented during the course of the day.
**Session 9: Finalized regional strategy to strengthen the role of the health sector in improving CRVS systems**

During this session, the groups presented to the plenary final thoughts and amendments proposed on the draft regional strategy, and the secretariat made note of the same for incorporation in the final draft version to be submited to the Regional Committee for endorsement.

**Session 10: Conclusions and next steps**

The closing remarks were delivered by Dr Prakin Suchaxaya, Ag. HSD, WHO Regional Office for South-East Asia who said that during the two-day technical discussions, participants provided feedback on “The Regional Strategy for Strengthening the Role of the Health Sector in Improving CRVS”, based on which the strategy has been finalized. It was agreed that the strategy would focus on five strategic areas as listed below:

- **Strategic Area 1**: Legal and organizational framework for CRVS
- **Strategic Area 2**: Political commitment and intersectoral collaboration for national capacity building, partnership, advocacy and outreach
- **Strategic Area 3**: Birth and death registration-completeness and coverage
- **Strategic Area 4**: Recording cause of death, ensuring completeness and quality
- **Strategic Area 5**: Creating demand for health and vital statistics, enabling service delivery and planning through use in: (a) evidence-based decision-making and (b) linkage to other activities.

The specific health goals of the regional strategy agreed upon during the technical discussions are as follows.

1. Support the universal civil registration of births and deaths.
2. All individuals are provided with relevant documentation related to notification and certification by the health sector, to facilitate the CR of births and deaths.
3. Accurate, complete and timely vital statistics, with a focus on causes of death are produced based on CR data.
These goals are consistent with the UNESCAP Regional Action Framework and the World Bank/WHO 2014 Global CRVS Scaling Up Investment Plan 2015–2024, which identifies the global goals as: universal CR of births, deaths and other vital events, including reporting COD, and access to legal proof of registration for all individuals by 2030. Though the multisectoral processes required to strengthen the CRVS system as a whole can be complex and take time, however, the health sector, can move immediately to accelerate those parts of the CRVS systems that are the sole responsibility of health. Further, it was also agreed that the health sector can play an instrumental role to support the creation of demand for registration where possible through linking with health services such as immunization and universal health coverage.

At the regional level, WHO can support Member States to:

(1) coordinate to harmonize inputs and support from the global level, development partners and UN partners;

(2) advocate mobilizing political, technical and mutual support; and

(3) provide technical support for capacity building.
WHO will also work with regional partners and countries to address important issues raised in this meeting namely –

(1) cross-boundary issues such as migrant workers and refugees;

(2) development of a repository of tools to support country implementation; and

(3) a mechanism for countries to continue to share lessons and best practices.
Annex 2

Agenda

Regional overview of CRVS systems
- Regional overview of CRVS
- Global overview of CRVS
- Country perspective on CRVS

Strategic areas of the regional strategy to strengthen the role of the health sector in improving CRVS systems
- Legal and organizational framework
- Political commitment and intersectoral collaboration for national capacity-building, partnership, advocacy & outreach
- Birth and death registration – completeness and coverage
- Recording cause of death data ensuring quality and completeness
- Health and vital statistics, quality assessment & linkages with other national activities including research and national population register

Overview of the regional strategy to strengthen the role of the health sector in improving CRVS systems
- Vision, mission, goals, strategic direction and M & E of the regional strategy
- Five strategic areas

Group-work on regional strategy to strengthen the role of the health sector in improving CRVS systems
- Working groups for 5 Strategic Areas

Feedback on regional strategy to strengthen the role of the health sector in improving CRVS systems
Five strategic areas of CRVS

- Strategic Area 1 - Legal and organizational framework
- Strategic Area 2 – Political commitment and Intersectoral collaboration for national capacity-building, partnership, advocacy & outreach
- Strategic Area 3 – Birth and death registration – completeness and coverage
- Strategic Area 4 – Recording cause of death data ensuring quality and completeness
- Strategic Area 5 – Creating demand for health and vital statistics, enabling service delivery and planning through use in: (a) evidence-based decision-making and (b) linkage to other activities

Group Work to provide feedback and finalize revised regional strategy in the context of country experiences

Presentation of the finalized regional strategy to strengthen the role of the health sector in improving CRVS systems

Conclusions and next steps

Closing remarks
Annex 3

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Covering every birth and death: Improving civil registration and vital statistics (CRVS)

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