



Progress report on regional strategy for the improvement of civil registration and vital statistics systems 2014–2019

Introduction

1. In October 2013, the 60th session of the Regional Committee for the Eastern Mediterranean adopted resolution EM/RC60/R.7 endorsing the regional strategy for the improvement of civil registration and vital statistics systems 2014–2019.
2. In the resolution, the Committee, recognizing the importance of intersectoral collaboration to support civil registration and vital statistics systems, urged Member States to give priority to the strengthening of their civil registration and vital statistics systems, and called upon them to: develop or further strengthen a national multisectoral strategic plan to improve the civil registration and vital statistics system, based on the findings of an in-depth assessment and guided by the regional strategy; strengthen infrastructure and capacities within the Ministry of Health and develop regulations and procedures to assure quality standards for medical certification and coding of cause of death using the International Classification of Diseases; and raise awareness of, and mobilize support for, civil registration systems in the community and relevant sectors.
3. The Committee also requested WHO to: provide technical support to Member States to adapt and implement the regional strategy for the improvement of civil registration and vital statistics systems; build partnerships with United Nations organizations and other relevant regional stakeholders to facilitate implementation of the strategy; and monitor and report to the Regional Committee the progress achieved in the implementation of the strategy every two years until 2019. This report is the third in that series of reports.

Background

4. Civil registration and vital statistics are among the key components of effective health information systems. Reliable mortality statistics for monitoring health status require a strong and effective civil registration and vital statistics system, where all births and deaths are registered and causes of death are certified and reported. Progress in health development cannot be measured without adequate information about births, deaths and causes of death.
5. Accurate information on the status of civil registration and vital statistics systems in countries of the Region was not widely available until 2013. Rapid assessments were carried out by stakeholders from the health, statistical and registration sectors using a standard assessment tool in all countries during the period from November 2012 to January 2013. The assessments confirmed major gaps in most countries and highlighted significant areas of concern for the Region. Based on these assessments, only one quarter of countries, representing just 5% of the Region's population, were considered to have well-functioning systems. More than half the population in the Region lived in countries where civil registration was weak and dysfunctional, and more than 6 million births, representing approximately 40% of total annual births in the Region, were not legally recognized or captured by registration systems.
6. The rapid assessments found considerable heterogeneity in the performance of civil registration and vital statistics systems across the Region. For example, birth registration completeness was reported to range from 0% in Somalia to 100% in Bahrain, Egypt, Kuwait, Qatar and United Arab Emirates, with a regional weighted average of 62%. Death registration was reported to range from 0% in Somalia to 100% in Kuwait, Qatar and United Arab Emirates, with a weighted regional average of 23%.

7. At least 3 million deaths, or two thirds of all annual deaths in the Region, were not being registered in a timely manner. Of the deaths that were registered annually, it was estimated that 56% were medically certified and coded according to the International Classification of Diseases (ICD). However, assessment of the quality of coding in a number of countries revealed that a substantial proportion of deaths were coded for inappropriate or ill-defined causes.

8. The regional strategy was formulated to guide improvement in civil registration and vital statistics systems in the Region over the period 2014–2019. It aims to improve civil registration and vital statistics systems in the Region in close collaboration with partners and national counterparts. It was developed against a backdrop of growing global and regional momentum for improving civil registration and vital statistics, as reflected in the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health, the regional framework for action to implement the United Nation Political Declaration on Noncommunicable Diseases and the 2013 Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda.

9. The strategy includes seven strategic domains and interventions. It outlines country actions and supportive activities at regional level, and includes a framework for monitoring and evaluation of implementation of strategic actions taken at country and regional levels. Each of the seven domains serves as a thematic area or umbrella under which significant improvement efforts may be made. Within each of the seven domains it is possible to set appropriate objectives for each country. A list of proposed interventions under each domain offers options from which countries can choose to achieve the targeted improvement.

10. The strategic directions outlined in the regional strategy are:

- ensure a sound legal and regulatory framework for civil registration and vital statistics systems
- strengthen registration infrastructure and capacities
- remove the barriers to registration and legal identity
- improve cause of death certification and coding practices
- improve production, use and dissemination of vital statistics
- improve intersectoral coordination and alignment among stakeholders
- strengthen and harmonize regional and global partnerships in support of country strategies.

11. The strategy was developed with clear recognition of the wide diversity among countries in the status of development of their civil registration and vital statistics system. The strategic directions and the potential interventions under them are to be adapted and adopted according to the context and capacities of the country and the needs of its civil registration and vital statistics system, as revealed by the rapid and in-depth assessments.

Implementation of the regional strategy

12. During 2013–2017, a civil registration and vital statistics comprehensive assessment was conducted in every Member State of the Region. The comprehensive assessment is a detailed assessment tool which reviews the main aspects of civil registration and vital statistics systems. These include: the legal and regulatory framework; registration, certification and coding practices; and the compilation, tabulation and use of the resulting data. The focus of the assessment is on births, deaths and causes of death, because these are the fundamental events that countries need to know about in order to guide public health programmes, monitor population dynamics and measure key health indicators.

13. Based on the comprehensive assessment, civil registration and vital statistics road maps and improvement plans were developed for all Member States in the Region, towards improved and more useful vital statistics to support health sector reforms and health development policies and programmes.

14. To advocate for political commitment and improve alignment of civil registration and vital statistics stakeholders, WHO conducted four regional civil registration and vital statistics stakeholder coordination

workshops in Dubai (2013), Cairo (2013), Casablanca (2018) and Tunis (2018). Furthermore, workshops at country level to improve stakeholder coordination were conducted in Afghanistan, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Pakistan, Palestine, Somalia, Sudan, Syrian Arab Republic and Tunisia.

15. To strengthen the production and analysis of cause of death statistics, regional capacity-building workshops in AnaCoD (2017), Iris (2016), DHIS-2 SMoL customization (2017) and ICD-11 coding (2019) were also conducted with participants from all Member States. At country level, national workshops in ICD-10 coding were held for Afghanistan, Bahrain, Egypt, Iraq, Libya, Palestine and Qatar.

16. To improve the quality of cause of death notification, extensive capacity-building workshops in ICD-compliant medical certification of deaths were organized. More than 1500 physicians in Afghanistan, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia and United Arab Emirates were trained by WHO. Moreover, the WHO Regional Office developed a death certification curriculum that was discussed with and endorsed by the deans of key medical universities in the Region at a meeting in Muscat, Oman, in January 2019. The curriculum is recommended for inclusion in undergraduate medical education. A video infographic tutorial in Arabic and English was also developed by WHO to assist physicians in completing the WHO International Form of Medical Certificate of Cause of Death (2016 revision).

17. Capacity in automated verbal autopsy methods was introduced for the first time in 2017 to seven countries (Afghanistan, Djibouti, Morocco, Pakistan, Somalia, Sudan and Yemen). Verbal autopsy tools are used to generate mortality statistics on probable cause of death in areas where medical certification of death is not accessible. A follow-up workshop including updates for verbal autopsy was organized in 2018.

Regional civil registration and vital statistics progress update

18. With regard to the legal and regulatory framework for civil registration and vital statistics systems, of the 22 countries of the Region, only Somalia has no law defining the civil registration system. Of the remaining 21 countries, only Djibouti has no compulsory registration by law. Qatar updated its births and deaths registration law in 2016; the new law also requires the notification of stillbirths. Steps are in place to develop a civil registration law for Somalia.

19. Progress in vital event registration across the Region is palpable six years on from its inception. This is evidenced by an increase in the completeness of birth and death registration. An additional 2 million births are now being registered every year and birth registration has increased from 60% in 2012 to 69% in 2018. Birth registration has increased in every country, with the exception of Iraq and Syrian Arab Republic where birth registration has declined due to the emergency context.

20. Similar progress has taken place in death registration completeness, which increased from 37% in 2012 to 54% in 2018. An additional half a million deaths are now being registered every year. Death registration has increased in every country, except Iraq, Syrian Arab Republic and Yemen. For registered deaths in the Region, medical certification of death increased from 55% in 2012 to 66% in 2018.

21. Of the 14 countries in the Region reporting mortality by cause to WHO, eight countries have more than 80% completeness of cause of death information (Bahrain, Egypt, Islamic Republic of Iran, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates) and six countries have 40–80% (Iraq, Jordan, Morocco, Palestine, Syrian Arab Republic, Tunisia). Lebanon and Libya were expected to report mortality by cause statistics for the first time ever in 2018, potentially increasing the number of countries reporting cause of death information in the Region to 16 countries. The quality of cause of death reporting, as measured by the percentage of ill-defined and unspecified ICD-10 codes, is still low in most countries of the Region. Most countries do not regularly report cause of death.

22. Table 1 provides available information on vital event registration and cause of death certification for the period 2015–2018, as documented by the CRVS rapid and comprehensive assessments conducted in the Region during the same period.

Table 1. Vital event registration completeness and cause of death certification in countries of the Eastern Mediterranean Region 2015–2018

Country	Birth registration (%)	Death registration (%)	Medical certification of deaths (% of all registered deaths)	Quality of cause of death registration (out of 5)*
Afghanistan	62	19	3	2
Bahrain	100	100	100	4
Djibouti	65	17	0	1
Egypt	100	99	100	2
Iran (Islamic Republic of)	98	95	100	4
Iraq	88	75	78	2
Jordan	100	85	100	3
Kuwait	100	100	100	4
Lebanon	99	99	84	2
Libya	98	90	75	2
Morocco	96	62	90	3
Oman	99	95	100	3
Pakistan	40	35	0	1
Palestine	97	86	95	3
Qatar	100	100	100	3
Saudi Arabia	99	95	100	3
Somalia	7	0	0	1
Sudan	67	28	3	1
Syrian Arab Republic	85	65	50	1
Tunisia	99	99	40	2
United Arab Emirates	100	100	100	3
Yemen	53	10	0	1

*Quality of cause-of-death data, measured as percentage of records with ill-defined or unknown causes of mortality

1 = No data

2 = Very low quality (at least 30% ill-defined or unknown causes)

3 = Low quality (20-29% ill-defined or unknown causes)

4 = Medium quality (10-19% ill-defined or unknown causes)

5 = High quality (less than 10% ill-defined or unknown causes)

23. For the majority of countries of the Region there is no financial burden for vital event registration. Expenses are usually associated with certificate issuance rather than with actual registration. Moreover, most countries in the Region now benefit from electronic civil registration infrastructure at the civil registration authority level.

24. There have been major achievements in the area of intersectoral coordination and alignment among stakeholders. As per the recommendation of the comprehensive assessments, 13 countries have established national steering committees: Afghanistan, Bahrain, Egypt, Iran (Islamic Republic of), Iraq, Libya, Morocco, Oman, Pakistan, Palestine, Saudi Arabia, Somalia and Sudan.

25. Effective support for strengthening civil registration and vital statistics systems in the Region has materialized through close coordination and collaboration with the United Nations Economic and Social Commission for Western Asia (ESCWA), United Nations Economic Commission for Africa (ECA) and United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). In addition, Member States have been invited to ministerial conferences organized by these commissions. WHO is playing an active role as a core group member in ECA and as member of the civil registration and vital statistics regional steering group of ESCAP. Close collaboration with the United Nations Statistics Division (UNSD) and United Nations Population Fund (UNFPA) has resulted in several joint activities, in particular on increasing capacity in the United Nations Principles for a Vital Statistics System.

Challenges and opportunities

26. There are opportunities to improve registration for institutional deliveries and deaths; these sometimes go unregistered even though they interface with health facilities. For example, according to Pakistan Demographic and Health Survey 2017–2018¹, a large proportion (60%) of births were not registered at birth, despite the fact that 72% of births took place in health institutions. Birth registration is considerably higher in urban (60%) than in rural (34%) areas, and children from the highest wealth quintile are more likely to have their births registered (76%) than children from the lowest wealth quintile (9%). While there has been much improvement in formal registering of births in the past five years, progress has been uneven across the country, with only 2% of children in the Federally Administered Tribal Areas and 19% of children in Khyber Pakhtunkhwa being registered, in comparison with 82% of children in ICT Islamabad. Opportunities to improve registration include advocacy for birth registration during antenatal check-ups. The same survey indicates that the percentage of pregnant women getting antenatal check-ups has increased to 86% in 2017–2018, compared to a much lower birth registration completeness. In almost all countries of the Region, the figures for institutional deliveries are higher than the figures for birth registration. A similar situation exists for institutional deaths. To benefit from this missed opportunity, WHO is promoting direct vital event notification from health facilities.

27. Most countries are still not using the WHO International Form of Medical Certificate of Cause of Death (2016 revision), as recommended by WHO, sometimes due to the associated legal and logistic requirements. Utilization of this form in conjunction with physician training will further improve the quality and usability of cause of death information. Member States were urged to adopt and implement WHO recommendations on medical certification of cause of death in resolution EM/RC65/R.1 of the 65th session of the Regional Committee for the Eastern Mediterranean.

28. The multi-stakeholder nature of civil registration and vital statistics requires robust mechanisms for coordination and collective action. A high degree of collaboration is also essential given the increasing population diversity in countries of the Region due, among other things, to internal and external migration, statelessness and population displacement resulting from natural disasters and armed conflict. Action to ensure that civil registration and vital statistics systems are functional and inclusive is essential for evidence-based policy-making and for the progressive realization of the basic human rights of all individuals in the Region.

¹ Pakistan Demographic and Health Survey 2017–2018. Islamabad, Pakistan and Rockville, Maryland, USA: National Institute of Population Studies, Pakistan and ICF; 2019 (<https://dhsprogram.com/publications/publication-fr354-dhs-final-reports.cfm>, accessed 12 September 2019).