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

**Introduction**

1. The regional strategy for the improvement of civil registration and vital statistics systems 2014–2019 was developed following extensive work by WHO in collaboration with Member States and other stakeholders to assess the situation and generate evidence on civil registration and vital statistics in the Eastern Mediterranean Region. The strategy aims at improving civil registration and vital statistics systems in the Region. Its ultimate goal is, through improved civil registration and the increased availability and use of reliable vital statistics, to contribute to the improvement of evidence-based policymaking, efficiency in resource allocation and good governance.
2. The strategy was endorsed by the 60th session of the WHO Regional Committee for the Eastern Mediterranean in 2013 in resolution EM/RC60/R.7. In the resolution, the Regional Committee called on Member States to develop or further strengthen a national multisectoral 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. It also requested WHO to monitor and report on the progress achieved in the implementation of the strategy every two years until 2019.
3. The strategy outlines country actions and supportive activities at regional level, provides a framework for the development of national plans based on the findings of country assessments and identifies key indicators to monitor the implementation of national plans.
4. This report describes the progress achieved in implementation of the strategy since 2013.

**Progress in implementation of the strategy**

5. Rapid assessments have been completed in all countries of the Region. Comprehensive assessments were undertaken in 17 countries and the remaining five countries should be completed in 2015. National plans of action based on the assessment were also developed.
6. WHO requests all Member States to report annually on the population size by age and sex, and mortality data by age, sex and cause of death using coding based on the International Classification of Diseases (ICD-10). Out of the 22 countries of the Region, seven have never reported to WHO. Half (11 countries) have major gaps in mortality data reporting and only four countries have continuously reported annual mortality data. Efforts exerted over the past year have resulted in a sharp increase in data received, with 24 datasets on cause-specific mortality received from 8 countries. These data have been assessed for completeness and quality and feedback provided to countries.
7. Initial assessment of death notification and certification forms in countries showed that not all forms include the information required, and some lack key information as well as variations in the issuing authority. Training workshops on death notification and medical death certification, underlying and direct causes of death and ICD-10 classification were conducted in four countries using standardized training materials, and additional training workshops are planned.
8. A consultative workshop on the UN child and maternal mortality estimates was organized in February 2015 to discuss the methodology and the statistical techniques used by the UN groups to

generate the country child and maternal mortality estimates and to review country data used by the groups and discuss their strengths and possible limitations as well as ensure that up-to-date country data are included in the estimation process. During the workshop the preliminary estimates were also shared with countries for review.

### **The way forward**

9. Countries need to strengthen their reporting actions within the existing systems to ensure that information on death, age, sex, date, cause and location are implemented as well as that notification to relevant authorities takes place. Those countries with no mortality data need to start reporting, initially from major hospitals in urban settings. All countries need to invest in developing national capacity in order to improve the quality of cause-of-death data, through training physicians, data analysts and other relevant health workers on ICD coding.

10. The Regional Office will continue to:

- work with countries to emphasize the importance of developing national strategies based on the evidence generated from the assessment;
- support and follow up with countries to reduce the time lag between data collection and publication, and reduce the rate of ill-defined causes for major categories such as cancer, cardiovascular, injuries and parasitic infections;
- in the area of norms and standards, develop training and guidelines for physicians on completion of death notification and certification forms, and promote the inclusion of death notification and certification and ICD coding in the syllabus of undergraduate medical students.