



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

### **1. Introduction**

1. High-quality vital statistics make it possible for governments and donors to target resources to the areas of most need within a country, and allow citizens, governments and donors to evaluate the use of scarce resources. The health sector is greatly reliant on well-functioning civil registration and vital statistics systems in order to monitor epidemiological change. The pace of change in fertility and mortality patterns has never been faster than in recent decades. Estimates based on statistical models cannot keep up with these changes and are no substitutes for country-based empirical data tracking such trends at national and subnational levels.

2. With 15 of the 17 Sustainable Development Goals (SDGs) requiring civil registration and vital statistics data to measure their indicators, investing in civil registration and vital statistics systems is a key step in monitoring progress towards the targets of the SDGs. It is only through the use of such systems that continuous and routine data can be generated on population, fertility and mortality by cause, disaggregated by socioeconomic status and geographic area. Indicator 17.19.2 under SDG target 17.19 reads “Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100% birth registration and 80% death registration”.

3. The regional strategy for the improvement of civil registration and vital statistics systems 2014–2019 was developed against a backdrop of growing global and regional momentum for the need for civil registration and vital statistics. The 2013 Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda identified, as part of good governance and effective institutions, the need to provide “free and universal legal identity, such as birth registrations”, by making birth registration a central indicator of the SDGs. Birth registration is now clearly high on the sustainable development agenda (target 16.9).

4. The strategy is intended to represent a commitment by countries and development partners to make sustained and coordinated efforts to improve the coverage and completeness of civil registration and the availability of timely, accurate and quality vital statistics in all countries of the Region by 2019. 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 policy-making, efficiency in resource allocation and good governance.

5. The strategy was endorsed by the Sixtieth WHO Regional Committee for the Eastern Mediterranean in 2013 in resolution EM/RC60/R.7. It is built around seven strategic domains under which the work on improvement of the systems is to be focused. Each of these seven domains serves as a thematic area under which significant improvements could be made.

6. 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.

7. Accordingly, during the Sixty-second WHO Regional Committee in 2015, a progress report was presented describing the progress achieved in implementation of the strategy since 2013.

8. This report provides a summary of overall regional progress as well as progress made by countries in implementing the seven strategic domains and interventions outlined in the strategy. It also discusses challenges and the way forward for scaling up action in the Region.

### **Progress in implementation the seven strategic domains of the strategy**

#### *Ensure a sound legal and regulatory framework for civil registration and vital statistics systems*

9. 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 the law.

10. Qatar updated its births and deaths registration law in 2016. The new law also requires the notification of stillbirths.

#### *Strengthen the registration infrastructure, resources and capacities*

11. During the past five years, WHO and Member States have worked intensively to assess where countries are with regard to the five components of civil registration and vital statistics system monitoring, and to develop national strategies and roadmap to address remaining gaps. Using the framework of the WHO Health Metrics Network, rapid assessments were completed in all countries of the Region. Comprehensive assessments based on the framework were undertaken in all countries except Qatar. Respective national plans of action based on the assessment were also developed. A road map and plans of action for civil registration and vital statistics system improvement are now available for 21 Member States.

12. During 2016–2017, implementation workshops were conducted for seven countries, namely Afghanistan, Egypt, Iraq, Jordan, Libya, Pakistan and Syrian Arab Republic. Additional workshops are planned.

13. The majority of countries in the Region now benefit from electronic civil registration infrastructures at the civil registration authority level, except for the whole of Somalia, and parts of Afghanistan, Djibouti and Morocco.

14. Saudi Arabia benefits from direct notification of births and deaths from health facilities to the civil registration authority, while further work is underway to ensure better reporting of cause of death. Egypt has made important improvements in direct notification of births and deaths from health facilities to the civil registration authority. Bahrain has direct notification of births only to the civil registration authority.

15. The civil registration and vital statistics system in Islamic Republic of Iran has been reported in *World Health Statistics 2017* as a success story. Completeness of death registration improved from 75% in 2013 to 90% in 2015.

#### *Remove barriers at all levels to registration and issuance of related legal documentation*

16. Around 85% of the Region's population has physical access to civil registration facilities. The remaining 15% live in areas with low population density requiring information and communication technology (ICT) solutions to overcome the relative increases in per capita cost for registration. This applies to the whole of Somalia, areas of Afghanistan, Djibouti and Yemen where considerable percentages of the population are scattered over large sparsely populated areas.

17. Opportunities for registration lie in institutional deliveries and deaths; these sometimes go unregistered even though they interface with health facilities. For example, in Pakistan, in 2014 a large proportion of births were not registered in time, despite the fact that 52% of births took place in health institutions. 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 notifications from health facilities.

18. 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.

*Improve mortality certification and coding practices*

19. Capacity in death certification is being supported both at regional and national levels. At regional level, a workshop on ICD-10-compliant certification of death was conducted in July 2017. The WHO Regional Office for the Eastern Mediterranean also facilitated national workshops in Saudi Arabia and United Arab Emirates. This is in addition to workshops which are supported by respective WHO country offices.

20. Capacity in Iris-automated coding of deaths was introduced for the first time to Member States in December 2016. Iris is a tool for coding multiple causes of death and for the selection of the underlying cause of death. Its utilization can improve the coding of causes of deaths, especially where medical certification of death is limited.

21. ICD-10 coding capacity has been further strengthened in seven countries namely, Afghanistan, Egypt, Libya, Iraq, Palestine, Qatar and Syrian Arab Republic.

22. The new 2016 international death certificate was introduced to 16 countries of the Region and Saudi Arabia became the first country to incorporate the 2016 version in its automated vital event notification system.

23. The Regional Office developed a physicians' handbook for certification of deaths, in collaboration with the Kuwait WHO Collaborating Centre for WHO Family of International Classifications. The handbook was finalized in English and Arabic in July 2017.

24. Capacity in the WHO-Startup Mortality List with DHIS2 electronic platform (DHIS2-SMoL) as a simplified electronic tool for death notification from health facilities was introduced to four countries: Libya, Jordan, Somalia and Syrian Arab Republic.

25. Capacity in automated verbal autopsy methods was also introduced for the first time in April 2017 to six countries: Afghanistan, Egypt, Islamic Republic of Iran, Jordan, Sudan and Yemen. Additionally, training in verbal autopsy methods was conducted at the WHO Collaborating Centre for WHO Family of International Classifications in Kuwait in preparation for the roll out of this training to other countries of the Region. Verbal autopsy tools are used to generate mortality statistics on probable cause of deaths in areas where medical certification of death is not accessible.

26. In Islamic Republic of Iran, in addition to the substantial increase in the proportion of deaths with cause recorded, the level of detail on cause of death has also increased. Major investments in system strengthening (including the training of certifiers and coders) have resulted in data for the year 2013 onwards being coded to the International Classification of Diseases (ICD-10) detailed (four-digit) codes corresponding to over 1500 cause categories.

27. As a result of concerted efforts all countries of the Region are now coding using the tenth revision of the ICD.

*Improve production, use and dissemination of vital statistics*

28. WHO requests all Member States to report annually on population size by age and sex, and mortality data by age, sex and cause of death using coding based on the ICD-10. Out of the 22 countries of the Region, four countries, namely Bahrain, Egypt, Kuwait and Qatar, have continuously reported annual mortality data. Eight countries have never reported such data: Afghanistan, Djibouti, Lebanon, Libya, Pakistan, Somalia, Sudan, and Yemen. During the period 2012–2016, efforts exerted since the launching of the strategy, have resulted in a dramatic increase in received datasets on cause-specific mortality, with a record high of 14 countries now reporting. Intensive attention is planned for the remaining eight countries.

29. Of the 14 countries reporting mortality to WHO, five countries have more than 80% deaths completeness coverage, six countries have 65–80%, while three countries have 20–65%. When the quality of mortality statistics was assessed by WHO headquarters using the ANACONDA tool, it was found that one country was of medium quality, nine were low quality and five were of very low quality.

30. Capacity in the ANACONDA tool was also introduced to Member States in August 2017. ANACONDA is a tool that assesses the accuracy and completeness of mortality and cause of deaths data by checking for potential errors and inconsistencies. It is only by improving the quality of mortality statistics that their usability for evidence-based decision-making will be increased.

*Improve intersectoral coordination and alignment among stakeholders*

31. Major achievements were undertaken in the area of intersectoral coordination and alignment among stakeholders. As per the recommendation of the comprehensive assessments, 12 countries have established national steering committees; namely Afghanistan, Bahrain, Egypt, Islamic Republic of Iran, Iraq, Libya, Morocco, Oman, Pakistan, Palestine, Saudi Arabia, and Sudan.

*Maintain and strengthen existing regional and global partnerships in support of country strategies*

32. Effective support for strengthening civil registration and vital statistics systems in the Region materialized through close coordination and collaboration with the United Nations economic commissions Economic and Social Commission for Western Asia (ESCWA), Economic Commission for Africa (ECA) and United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). In addition, Member States were invited to ministerial conferences organized by the economic commissions. The Regional Office is playing an active role as a core group member in ECA and the civil registration and vital statistics regional steering committee of ESCAP. During 2016, ESCWA, in collaboration with Statistical Centre for the Cooperation Council for the Arab Countries of the Gulf, United Nations Statistics Division and the WHO Regional Office organized a capacity-building workshop on the “Principles and recommendations for a vital statistics system, revision 3 (2014)”.

33. A multitude of partners, including the WHO Collaborating Centre for WHO Family of International Classifications in Kuwait, the Bloomberg Data for Health Initiative, the Melbourne School of Population and Global Health and the Swiss Tropical and Public Health Institute, continued to provide regional technical support in the form of capacity-building.

**Challenges**

34. A few countries in the Region are currently experiencing protracted and persistent humanitarian emergencies, with over 56 million people currently affected. The registration of events in non-government controlled areas in the Syrian Arab Republic and Iraq remain a challenge. Event registration for internally displaced persons and refugees also poses similar challenges and necessary documentation is sometimes not available to complete the registration process. Cause of death determination under these situations is not given attention due to other compelling priorities and weakened or fragmented health information system capacities.

35. Death registration is vitally important for a range of legal, administrative and statistical purposes, including monitoring the health of populations. However, in most countries, death registration still lags behind birth registration. Greater efforts are required to enforce the existing laws which stipulate compulsory death registration and which prevent burial without a medical notification of deaths.

**Way forward**

36. Member States are urged to intensify implementation of the now available civil registration and vital statistics road map and plans of action which were specifically developed for each country based on the findings of the comprehensive assessments. In summary, Member States are urged to:

- establish a high-level multisectoral civil registration and vital statistics technical steering and coordination committee, including all relevant stakeholders, to supervise and coordinate the civil registration and vital statistics improvement plan;
  - enforce laws and regulations which prevent burial without a medical notification of deaths issued from recognized health institutions;
  - standardize the death notification forms used by all institutions in the country and adapt the WHO 2016 international death certificate in their death notification forms;
  - conduct capacity-building for physicians in ICD-10-compliant certification of death;
  - strengthen ICD-10 coding capacity for coders;
  - establish electronic vital event notification systems which ensure direct notification of vital events from health institutions to respective civil registration authorities;
  - put in place a quality control and validation system for medically certified deaths;
  - ensure an ICD-10-compliant death certification and coding curriculum to be taught within undergraduate medical education;
  - conduct capacity-building in vital statistics for all stakeholders allowing them to carry out plausibility and consistency checks and calculate the relevant indicators for evidence-based decision-making;
  - harness innovation and potential of ICT to increase registration coverage in hard-to-reach areas.
37. The Regional Office will continue to:
- work with countries to support the implementation of the road map and plans of action, including all key actions mentioned above and follow up on achieved progress;
  - exert intensified efforts to increase capacity of physicians in ICD-10-compliant death certification, to improve the quality and usability of mortality statistics;
  - promote direct electronic vital event notifications from health facilities to increase vital event registration coverage and reduce the time lag between data collection and publication;
  - conduct capacity-building in the WHO-Startup Mortality List with DHIS2 electronic platform (DHIS2-SMoL) as a simplified ready-to-use electronic tool for death notification from health facilities;
  - institutionalize verbal autopsy methods to generate mortality statistics in areas where medical certification of death is not accessible;
  - promote the inclusion of ICD-10-compliant death certification and coding curriculum within undergraduate medical education.