

Guidelines for setting and monitoring the goals and targets of the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific

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Introduction

Civil registration is an essential function of government, providing individuals with the legal basis for proof of identity and the facts surrounding occurrence of vital events. This generally includes registrations and statistics about births, deaths, foetal deaths, marriages, divorces, adoptions, legitimations and recognitions. These guidelines focus on issues around birth and death registration.

A well-functioning civil registration system serves as the best source of vital statistics on births, deaths and causes of death. Vital statistics provide a regular source of information on population change and mortality that are the cornerstone for making decisions on public health priorities and the effective delivery of public services. Together, civil registration and vital statistics form an integrated component of civil registration and vital statistics (CRVS¹) system and play a crucial role in national administration and the progressive realization of human rights.

It is worth noting that the health system is often the best source for causes of death rather than the civil registry. All countries in Asia and the Pacific have some form of civil registry system. However, many lack civil registration and vital statistics systems that are well functioning and meet relevant international norms and standards. Ineffective communication between civil registration and vital statistics systems is a common issue.²

Mindful of the situation, ESCAP member and associate member countries requested urgent action and assistance to improve CRVS systems across the region. A Ministerial Conference held in November 2014 forged high-level political commitment for the improvement of CRVS systems and developed a shared vision that, by 2024, “all people in Asia and the Pacific will benefit from universal and responsive civil registration and vital statistics systems that facilitate the realization of their rights and support good governance, health and development” . Among the outcomes of that conference were: (i) the adoption of the Ministerial Declaration to “Get Every One in the Picture” in Asia and the Pacific; (ii) the endorsement of a Regional Action Framework on CRVS; and (iii) the declaration of the Asian and Pacific CRVS Decade (2015 - 2024). The Ministerial Conference was organized by several development partners³ and overseen by the Regional Steering Group on CRVS.⁴

The Regional Action Framework has established three goals:

Goal 1: Universal civil registration of births, deaths and other vital events

Goal 2: All individuals are provided with legal documentation of civil registration of births, deaths and other vital events, as necessary, to claim identity, civil status and ensuing rights

Goal 3: Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records, and are disseminated.

Associated with each goal is a series of specific targets that countries are expected to set and achieve. The targets are designed to enable monitoring and evaluation in ways that are objective, efficient, technically sound and time bound during the Asia Pacific CRVS decade 2015 - 2024. Members and associate members set

¹ CRVS is defined as the continuous, permanent, compulsory and universal recording and production of vital statistics on the occurrence and characteristics of vital events in accordance with national laws, rules, regulations and national policies from time to time in force, including births, deaths, foetal deaths, marriages, divorces, adoptions, legitimations and recognitions.

² *Principles and Recommendations for a Vital Statistics System*, third revision, United Nations Statistical Commission, 2014

³ UNICEF, UNDP, UNFPA, UNHCR, WHO, the Asian Development Bank and Plan International, in collaboration with the Partnership for Maternal, Newborn and Child Health, the World Bank Group, the Partnership for Statistics Development in the 21st Century (PARIS21), the Secretariat of the Pacific Community, World Vision International and the Asia Pacific Observatory on Health Systems and Policies

⁴ The Regional Steering Group was convened at the request of member States (ESCAP resolution 69/15) and consisted of 25 representatives from member States and development partners.

their own national (either the percentage or the year, depending on the target) based on their ambition and capacity, and in accordance with their comprehensive multi-sectoral national CRVS strategy, if one exists.

Setting national targets depends entirely on the current situation, national ambition and capacity, and the resources that can be dedicated to establishing or improving CRVS systems. These guidelines highlight approaches and considerations that countries may take into account in order to set realistic goals. They are not intended to be prescriptive, but rather to point national stakeholders towards the pertinent issues and resources that can provide further guidance.

Goals and targets of the regional action framework

Goal 1: Universal civil registration of births, deaths and other vital events

- 1.A By 2024, at least ... per cent of births in the territory and jurisdiction in the given year are registered.⁵
- 1.B By 2024, at least ... per cent of children under 5 years old in the territory and jurisdiction have had their birth registered.
- 1.C By 2024, at least ... per cent of all individuals in the territory and jurisdiction have had their birth registered.
- 1.D By 2024, at least ... per cent of all deaths that take place in the territory and jurisdiction in the given year are registered.
- 1.E By 2024, at least ... per cent of all deaths recorded by the health sector in the territory and jurisdiction in the given year have a medically certified cause of death recorded using the international form of the death certificate.

Goal 2: All individuals are provided with legal documentation of civil registration of births, deaths and other vital events, as necessary, to claim identity, civil status and ensuing rights

- 2.A By 2024, at least ... per cent of all births registered in the territory and jurisdiction are accompanied with the issuance of an official birth certificate that includes, as a minimum, the individual's name, sex, date and place of birth, and name of parent(s) where known.
- 2.B By 2024, at least ... per cent of all deaths registered in the territory and jurisdiction in the given year are accompanied with the issuance of an official death certificate which includes, as a minimum, the deceased's name, date of death, sex, and age.

Goal 3: Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and are disseminated

- 3.A By ... (year), annual nationally representative statistics on births – disaggregated by age of mother, sex of child, geographic area and administrative subdivision – are produced from registration records or other valid administrative data sources.
- 3.B By ... (year), annual nationally representative statistics on deaths – disaggregated by age, sex, cause of death defined by ICD (latest version as appropriate), geographic area and administrative subdivision – are produced from registration records or other valid administrative data sources.
- 3.C By 2024, at least ... per cent of deaths occurring in health facilities or with the attention of a medical practitioner have an underlying cause of death code derived from the medical certificate according to the standards defined by ICD (latest version as appropriate).
- 3.D By 2024, the proportion of deaths coded to ill-defined codes will have been reduced by ... per cent compared with the baseline year.⁶

⁵ Given that Member States endorsed, at the sixty-seventh World Health Assembly, “Every Newborn: An Action Plan to End Preventable Deaths” (World Health Organization (Geneva, 2014), annex 1), which contains the strategic objective that “every newborn needs to be registered, and newborn and maternal deaths and stillbirths need to be counted”, members and associate members should aim to register every birth within 28 days of occurrence, and reflect this in their national target for target 1.A.

⁶ The classification of “ill-defined” will depend on the code set adopted by the country, including the version of ICD being used and the level of detail being applied.

3.E By 2024, at least ... per cent of deaths taking place outside of a health facility and without the attention of a medical practitioner have their underlying cause of death code determined through verbal autopsy in line with international standards.

3.F By ... (year), key summary tabulations of vital statistics on births and deaths using registration records as the primary source, are made available in the public domain in electronic format annually, and within one calendar year.

3.G By ... (year), key summary tabulations of vital statistics on causes of death using registration records as the primary source, are made available in the public domain in electronic format annually, and within two calendar years.

3.H By ... (year), an accurate, complete and timely vital statistics report for the previous two years, using registration records as the primary source, is made available in the public domain.

About these guidelines

The purpose of these guidelines is to assist countries in the Asia and Pacific region with setting and monitoring their national targets relating to birth and death registration and legal documentation, and the production and dissemination of vital statistics under the Regional Action Framework. In addition to providing background and general considerations in Parts 1 and 2, the guidelines outline the methods of calculation, ideal levels and ranges, data sources, and the issues and considerations for each target in Part 3. The terms used in the targets are defined in the glossary found in Annex 1.

These guidelines aim to support countries to set achievable targets and report on progress. They are focused primarily on quantifying improvements to CRVS systems and therefore concentrate on the related measurement and statistical issues. Further assistance and resources that are available to support countries in their work to improve CRVS systems are outlined in Part 4.

Countries will need to compile baseline, midterm and final reports and submit these to the secretariat at various points throughout the CRVS decade. A reporting template has been developed by the secretariat to guide the compilation of the baseline report for those countries that wish to use it.

In addition to these guidelines and the reporting template, more detailed toolkits will further elaborate on key technical issues to further support countries in their progress towards improved CRVS systems.

NOTE: The topics of the toolkits will be discussed in further details with development partners and the Regional Steering Group for CRVS in Asia and the Pacific throughout the CRVS Decade.

Target audiences

These guidelines are mainly intended for government officials responsible for overseeing the improvement of the national CRVS system, and for reporting against the Regional Action Framework, however, this requires the cooperation of others as well. Therefore, the target audiences include:

- Civil registration authority
- Ministry of health
- Ministry of interior or home affairs
- National statistics office
- Local government
- Justice and planning authorities
- Other government departments responsible for collecting or using vital statistics
- Development partners involved in supporting improvement of CRVS and related systems.

Civil society organizations active in promoting civil rights and birth registration may also find these guidelines of interest and should be involved in consultations surrounding the setting and monitoring of national goals and targets.

Updates to the guidelines

It is important to note at the outset that while every effort was made to ensure that these guidelines provide as much detailed guidance as possible, this document is not an end in itself, nor is it fully exhaustive. As such, it is expected that with active application and use of the guidelines, its contents will be revised from time to time to include new information that would be valuable and meet the needs of countries.

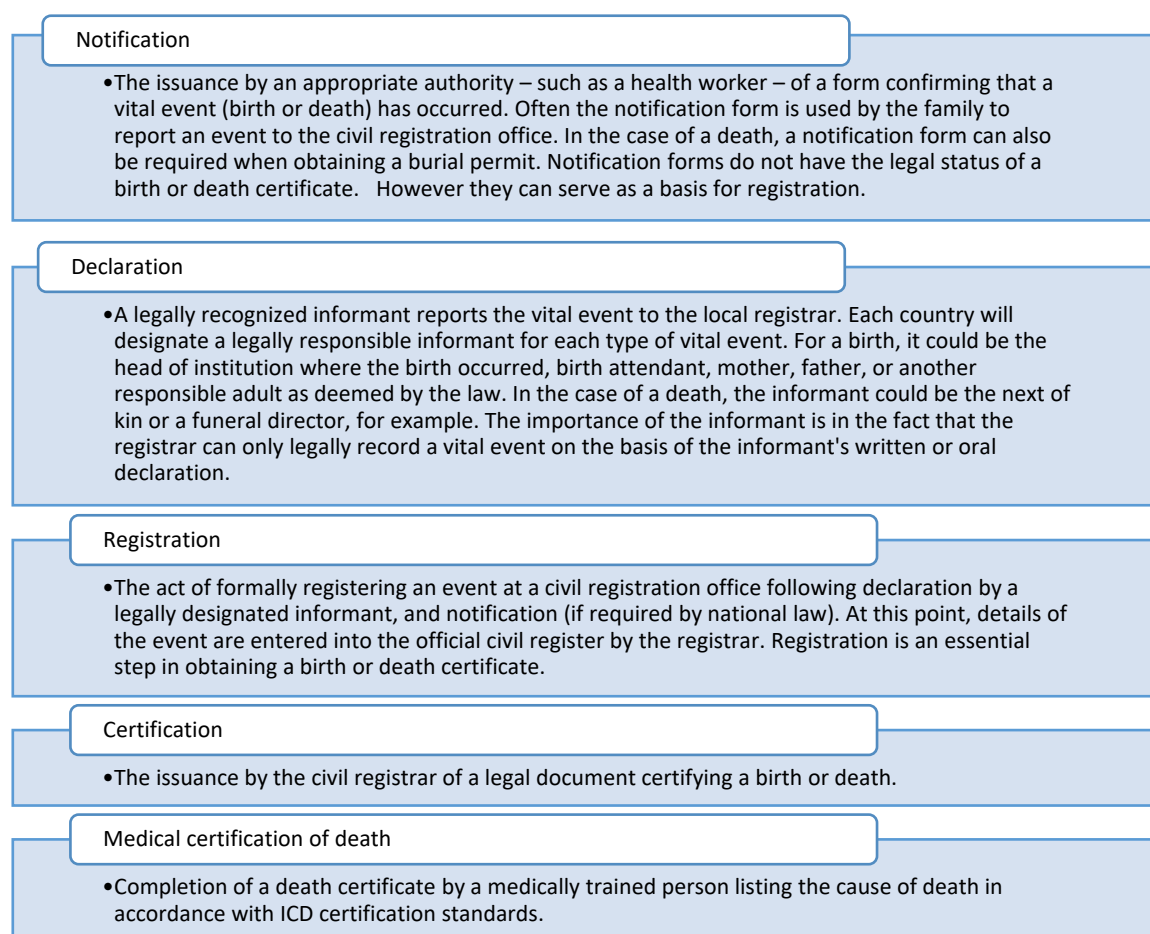
Part 1: International principles, recommendations and standards

International principles, recommendations and standards provide the foundation for setting and monitoring targets to improve CRVS systems. The United Nations first published detailed guidance on vital statistics systems in 1953.⁷ The United Nations Statistical Commission adopted the third revision of *Principles and Recommendations for a Vital Statistics System* in 2014. The publication provides detailed information on the concepts, definitions and methods involved in producing vital statistics. It covers the civil registration process as a source of vital statistics and the role of health institutions in the notification of vital events and certification of cause of death. This is an essential resource for countries, serving as the international standard for the operation of CRVS systems, providing guidance on quality assurance and strategies for improvement.

Key concepts

There are distinct activities involved in the official registration of vital events, such as births, deaths, marriages, divorces and adoptions. It is important to understand the difference between what is meant by “notification”, “registration”, “certification” and “medical certification of cause of death” when setting and monitoring these targets (Figure 1). Confusion between these terms can be one reason for low registration rates, as parent may think the ‘birth notification form’ constitutes proof of registration.

Figure 1 – Process for the registration of vital events



Source: WHO et al. 2012. *Strengthening civil registration and vital statistics for births, deaths and causes of death: Resource Kit*; United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3* and UNICEF 2013 *A Passport to Protection*, New York

⁷ Statistical Papers, Series M, No. 19 (United Nations publication, Sales No. 1953.XVII.8). 

The UN Principles and Recommendations include information on recommended strategies for improving civil registration and vital statistics systems. It covers issues on engaging high-level political figures, training and other strategies for improving civil registration and vital statistics systems, public education, information and communication for effective CRVS systems, evaluation studies and use of information technology and automation.

Box 1.1 Principles of a vital statistics system

Universal coverage. A vital statistics system should include all of the vital events occurring in every geographical area and in every population group of the country.

Continuity is critical to the collection and compilation of vital statistics, as data need to reflect short-term fluctuations, including seasonal movements, as well as longer-term movements. Continuity is most easily achieved once civil registration has been fully established, because, usually, monthly (or quarterly) and annual reporting then becomes a routine activity within the system.

Confidentiality of personal information in vital statistics micro data and any associated statistical reports should be safeguarded to an extent consistent with the intended uses of these records for specific administrative and statistical purposes. Statistical reports based on vital events should be opened to the widest possible legitimate use having taken steps to assure confidentiality of individuals.

Regular dissemination. It is important to ensure that resources are available for regular release of vital statistics, according to an established time schedule. Total monthly or quarterly summary counts of vital events should be published promptly enough to provide information for health intervention and population estimation programmes, administrative uses or other needs. Detailed annual tabulations of each type of vital event, cross-classified by its demographic and socioeconomic characteristics, should also be published. As far as possible, such statistics should be comparable within the country, across demographic data sources and on an international basis.

Source: United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*

In addition to these principles, the UNICEF Passport to Protection highlights the principles of timeliness and accuracy of the data contained in the civil registration as critical for its effectiveness. It is preferable to allow only a short time period between a vital event and registration to avoid problems of recall and possible failure to report. The civil registry must also be able to effectively catch and correct errors in its records. Other principles such as compulsory registration and permanence can also be found in this publication. These principles are generally also relevant for improving the quality of statistics and timeliness is essential for dissemination of data.

International Classification of Diseases

The *International Classification of Diseases* (ICD) is endorsed by the World Health Assembly as the standard used to classify deaths and diseases using death certificates and health records. The most recent revision of ICD (ICD-10) was endorsed by the Forty-third World Health Assembly in May 1990 and came into use in WHO Member States from 1994.

Only a medically trained person can reliably diagnose causes of death in accordance with World Health Organization (WHO) standards; coding of causes of death into the ICD classification should be performed by specially trained coders. The cause of death information can be used for both legal and statistical purposes. When medical certification is not possible, alternative methods can be used to estimate probable cause of death patterns at the population level. Such as using verbal autopsy methods, involving interviews with family members and caregivers.

Using the international principles for improving CRVS systems

The Regional Action Framework outlines a set of key principles for improving CRVS systems. These principles impact all stages and aspects of the work involved in strengthening civil registration and vital statistics, including the task of setting and monitoring national targets. How the principles relate to monitoring and reporting is described below:

- a) **Countries take the lead.** Although set at the regional level, the targets represent what countries should strive to achieve with a well-functioning CRVS system. These guidelines have been developed to support countries in taking the lead to set realistic and achievable targets. Establishing a comprehensive multi-sectoral national CRVS strategy, if one does not already exist, will provide the basis for ensuring that national issues and context are identified and taken into account.
- b) **A stepwise approach.** CRVS systems are complex and involve a number of main stakeholders, each operating within their own priorities and constraints. Incremental steps and ongoing monitoring and evaluation are key to achieving a well-functioning system. Establishing targets and mechanisms for regular monitoring are essential for making progress.
- c) **Flexibility and responsiveness.** Recognizing that there is no single blueprint for improving CRVS systems in every setting, the Regional Action Framework offers action areas as a broad basis for the activities of government and development partners with flexibility to accommodate the particular circumstances of each member and associate member.
- d) **Building on local expertise.** Identifying national experts and ensuring ongoing capacity development should be a part of the national CRVS strategy. Local experts will come from a range of organisations including academia, and in the form of demographers, public health experts, researchers, as well as people working in the specific agencies involved in CRVS. The work involved in setting and checking progress towards national targets should take advantage of local experts in monitoring and evaluation removed from day-to-day programme implementation.
- e) **Consistency with international human rights and legal principles, and national law.** The Regional Action Framework is consistent with relevant international frameworks, including article 6 of the Universal Declaration of Human Rights⁸ and article 7 of the Convention on the Rights of the Child,^{9,10} as well as the principles of universality and non-discrimination. The regional action framework should be applied consistently with the existing national law, rules and regulations.
- f) **Coordination and alignment.** Setting and monitoring national targets requires coordination and cooperation between a number of stakeholders in government, non-government, and civil society and development partners. Mechanisms should be established to facilitate coordination between key players, as well as to align efforts with related projects, such as national strategies for the development of statistics. It is also intended to facilitate harmonization and avoid the duplication of initiatives, at all levels.

⁸ General Assembly resolution 217 A (III).

⁹ United Nations, Treaty Series, vol. 1577, No. 27531.

¹⁰ Article 1 of the Convention on the Rights of the Child states "... a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier".

Taking action to improve CRVS systems

There are several important resources to assist countries in assessing and improving their CRVS systems. These include practical tools on how to bring the stakeholders together to examine the current situation, identify key issues and establish baseline data on which to measure progress. An outline of the key resources is included in Part 4. It should be noted that neither the standards-based review nor the rapid assessment provides objective, independent measures of a country's CRVS performance. They are self-assessment tools, designed to foster and encourage multi-sectoral stakeholder engagement rather than as reliable monitoring and evaluation tools.

The Regional Action Framework outlines seven action areas that serve as a basis for governments and development partners to focus and organize efforts to strengthen CRVS systems (Figure 2). National approaches will depend on the administrative, legal, social, cultural and political context, and on the available or attainable infrastructure and resources. However, making progress towards achieving the three goals of the regional framework will typically require efforts in all of the action areas. Monitoring and reporting against implementation of national strategies and the Regional Action Framework should be structured around these seven areas.

Figure 2 – Seven action areas for strengthening CRVS systems specified under the Regional Action Framework

Political commitment

- Sustained political commitment is crucial for the development and continuous functioning of CRVS systems. Political commitment can galvanize all stakeholders and levels of society around efforts to improve CRVS systems, and enable CRVS improvement to be embedded into national development plans. Furthermore, political commitment is critical for ensuring that CRVS systems are adequately resourced and are designed to be inclusive and responsive.

Public engagement, participation and generating demand

- Improving the coverage of civil registration requires individuals and families to know the value of declaring vital events to relevant authorities and to be willing to do so. Public engagement, participation and demand generation involves enhancing public awareness of the importance of declaring vital events and the value of vital statistics, and efforts to remove barriers to registration at all levels.

Coordination

- Since there are so many institutions involved in and benefiting from CRVS, effective coordination is a prerequisite for universal and responsive CRVS systems. Coordination must take place among all relevant responsible stakeholders in countries at all levels of government, among development partners and between Governments and development partners.

Policies, legislation and implementation of regulations

- A sound legal framework provides the basis for a universal and responsive CRVS system. Reviewing and updating of relevant legislation, regulations and policies is often a first step and common priority in a comprehensive multisectoral national CRVS strategy. It is especially important that the legal framework for CRVS does not create discriminatory barriers to civil registration.

Infrastructure and resources

- Registration points should be within a reasonable distance for the whole population, or measures, such as mobile registration options, need to be undertaken to facilitate civil registration in remote areas on a routine basis, including for hard-to-reach and marginalized populations. In terms of human resources, CRVS systems depend on a sufficient number of qualified staff. Governments need to consider mechanisms for career development and appreciation, as well as ongoing training to enhance the skills of and retain staff. Sufficient and sustainable investments are essential to enable incremental improvements.

Operational procedures, practices and innovations

- Attention must also be paid to ensure that legal and institutional frameworks are effectively and consistently applied through the design and implementation of operational procedures and practices.

Production, dissemination and use of vital statistics

- The administrative data from civil registration, when universal, is the preferred source of vital statistics in terms of accuracy, completeness and timeliness. Governments may need to adopt a phased approach to using civil registration records as a source of vital statistics by ensuring that information on currently registered vital events is compiled in a way to allow the production of vital statistics.

Source: ESCAP 2014 Report of the Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific, See page 21 to 23 for suggested actions under each Action Area.

Part 2: Monitoring and reporting on results

Ongoing monitoring of the CRVS system is essential for achieving a well-functioning system. National leaders, and those responsible for implementing improvements to CRVS systems, need information to monitor progress and inform decisions. To reduce reporting burden on countries, approaches to tracking progress and producing reports on the 15 Regional Action Framework targets should be aligned with other national, sub-national and interregional commitments (e.g. the Pacific Vital Statistics Action Plan). This section outlines key elements of monitoring and reporting on results that countries should consider in developing national systems for monitoring and evaluation of CRVS. Internal controls and audits as well as quality management tools within the institutions are described in chapter three in UNICEF and IDB 2015 *Toward Universal Birth Registration*.

Steps involved in effective monitoring and reporting on progress of CRVS systems

Setting national targets is one step in the overall national approach to improving CRVS systems. There are actions to be taken before and after the national targets are set. For example, implementation of the Regional Action Framework requires countries, if they have not already done so, to:

- a) Establish an effective and sustainable national CRVS coordination mechanism comprising all relevant stakeholders;
- b) Conduct a standards-based comprehensive assessment of their current CRVS system¹¹;
- c) Set a national target value for each target, in consultation with relevant stakeholders, and report these to the ESCAP secretariat before the end of 2015;
- d) Develop and implement a plan for monitoring and reporting on achievement of the targets, including reports to the ESCAP secretariat (more on regional reporting below);
- e) Assess inequalities related to CRVS experienced by subgroups of the population, including among hard-to-reach and marginalized populations and particular geographic areas and administrative subdivisions, and, where appropriate, set targets to address those inequalities;
- f) Develop and implement a comprehensive multi-sectoral national CRVS strategy, aligned, where appropriate, with the action areas of the regional action framework, with political commitment, adequate funding, and a clear delineation of responsibilities for stakeholders to establish accountability for the implementation;
- g) Assign a national focal point responsible for coordinating with the ESCAP secretariat and development partners; and
- h) Through the national focal point, report relevant information to the ESCAP secretariat or subregional body, in accordance with reporting structure for the regional action framework.¹²

¹¹ How to conduct a standards-based comprehensive assessment is detailed in: HIS Knowledge Hub and WHO. 2010. *Improving the quality and use of birth, death and cause-of-death information: guidance for a standards-based review of country practices*.

¹² ESCAP 2014 Report of the Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific

Table 1 - Key dates for reporting and reviewing progress on implementing the regional action framework

Year	Activity
2015	Members and associate members submit baseline report to the secretariat
2016	Regional baseline analysis
2019	Members and associate members submit midterm report to the secretariat
2020	Midterm regional review conducted
2024	Members and associate members submit final report to the secretariat
2025	Final regional review conducted

Regional reporting requirements

To monitor implementation of the Regional Action Framework, ESCAP member and associate member States, have agreed to provide regular reports on progress towards achieving each of the 15 targets. In addition to informing on national progress, regional reports on actions to improve CRVS will enable enhanced knowledge-sharing, regional cooperation and learning, and the identification of opportunities for collaboration.

A reporting template has been developed by the secretariat to guide the compilation of the baseline report for those countries that wish to use it. It will be provided to the national CRVS focal point and sets out the types of information to be included in the report.

Baseline report

By the end of 2015, members and associate members, through the designated national focal point, will submit to the ESCAP secretariat a report that includes:

- i. Most recent nationally representative baseline data for each target;
- ii. National target value for each target;
- iii. Progress report on CRVS improvement activities;
- iv. Report of any comprehensive assessment conducted in the country, where available;
- v. Any national CRVS strategy, where available.

Midterm report

By the end of 2019, members and associate members, through the designated national focal point, will submit to the ESCAP secretariat a report that includes:

- i. Nationally representative data measuring progress towards each target, where available and if not available, identification of how to obtain relevant data;
- ii. Progress report on CRVS improvement activities;
- iii. Report of any comprehensive assessment conducted in the country, where available;

- iv. Any national CRVS strategy, where available.¹³

Final report

By the end of 2024, members and associate members, through the designated national focal point, will submit to the secretariat a report that includes:

- i. Nationally representative data measuring progress towards each target, where available and if not available, identification of how to obtain relevant data;
- ii. Progress update report on CRVS improvement activities;
- iii. Report of any comprehensive assessment conducted in the country, where available;
- iv. Any national CRVS strategy, where available.¹⁴

In addition to the three specified reports, countries are encouraged to submit reports and other information on an ad-hoc basis, or following a request of the secretariat or steering group. The progress reports should be arranged along the lines of the action areas.

Setting national targets: general considerations

In addition to specific guidance on each target, there are some general considerations that should be taken into account when setting national goals:

National ambition and capacity

The achievements and rate of progress that can be made towards improving CRVS systems depend on national ambition and capacity. The political will to dedicate resources towards this important work will influence the extent to which progress can be made. Whether an initial assessment has been conducted, a comprehensive national CRVS strategy developed and the degree to which government is accountable for its implementation are indicators of the level of national ambition.

There are a number of factors impacting on national capacity for improving CRVS systems:

- Extent to which appropriate systems and processes are already in place
- Political will
- Availability of resources
- Skills of staff involved
- Availability and reliability of technology and tools to automate and streamline processes
- Development challenges, such as remote communities, poor transport infrastructure, other hard-to-reach populations, and dysfunctional organizations.

Conducting a comprehensive assessment of CRVS systems and involving stakeholders working on related issues, such as infrastructure development, will provide essential information for gauging national capacity and setting appropriate targets.

Setting incremental targets

Achieving the Regional Action Framework goals requires setting targets to be reached before the end of the CRVS decade (2015-2024). However, when developing national plans, it may be beneficial to set multiple targets throughout the decade so that progress is made incrementally (e.g. 60% of births

¹³ This is the existing strategy and may be the same as was provided with the baseline report, or be an updated / refined version drafted or adopted since.

¹⁴ This is the existing strategy and may be the same as was provided with the baseline and/or midterm report, or be an updated / refined version drafted or adopted since.

registered by 2017, 70% of births registered by 2020, 75% of births registered by 2024). Countries are encouraged to consider taking this approach.

Involving multiple stakeholders

The multi-sectoral nature of civil registration and vital statistics systems makes involving the full range of stakeholders a fundamental aspect of strengthening CRVS. Engaging multiple stakeholders also allows the range of barriers that may exist to monitoring to be better identified and addressed, and encourages stakeholders to promote monitoring within their own constituency.

National targets should be set through a consensus process involving stakeholders including the civil registration authority, national statistics office, ministry of health, ministry of planning, ministry of justice, academic institutions and civil society groups. In countries where parts of the CRVS systems are decentralized, setting the targets and collecting data needed to monitor them should be overseen by a leading national body. This agency or mechanism should establish the monitoring standards and guidelines to be applied uniformly across the system, as is the recommended approach for all aspects of operating decentralized CRVS systems. This will add a level of complexity to the process and further emphasise the importance of strong coordination and communication between various parts of the system.¹⁵

The Regional Action Framework requires members and associate members to establish an effective and sustainable national CRVS coordination mechanism comprising all relevant stakeholders. Subgroups of the coordination mechanism with technical experts might be needed to set the national targets and collect data for the baseline reporting on targets and indicators. Individuals with expertise in which data is collected through existing administrative systems and surveys should be consulted and members and associate members should consider which adjustments may be needed to both administrative systems and surveys in order to monitor improvements to the CRVS system.

Nominating a lead agency

Stakeholders should agree on which agency should be assigned responsibility for taking the lead for work involved in monitoring each of the 15 targets. In many cases, there may be multiple agencies involved in collecting data and information related to the target, however, agreeing on a leader will clarify responsibilities and reduce any confusion and inaction that tends to occur when roles are not clearly defined.

Nominating a lead agency should facilitate the assignment of a national focal point within the Government that is responsible for coordinating with the ESCAP secretariat and development partners. The assignment of a national focal point is a requirement of the Regional Action Framework.

Conducting a national CRVS assessment

Countries are strongly recommended to conduct an assessment, including gathering baseline data, as the first step to improving CRVS systems and fulfilling the requirements under the Regional Action Framework. The WHO basic roadmap for strengthening CRVS systems illustrates the importance of conducting a rapid and/or comprehensive assessment in order to gather baseline data and establish national priorities.¹⁶ A stepwise approach to understanding the situation and ways forward requires an institutional and organisational review that would also include an analysis of the factors relating to

¹⁵ United Nations. 2014. *Principles and Recommendations for a Vital Statistics System*, Revision 3

¹⁶ WHO. 2012. *Strengthening civil registration and vital statistics for births, deaths and causes of death: Resource Kit*.

demand.¹⁷ This information and, where possible, the preparation of a comprehensive national multi-sectoral strategy for improving CRVS systems, serve as the basis for setting targets under the Regional Action Framework, and for monitoring and reporting on progress.

Collecting baseline information

The process of identifying baseline data is essential to the process of setting and monitoring the targets. It will highlight gaps in the existing system that need to be addressed throughout the decade in order to achieve the three regional goals and can be used to identify areas in need of strengthening. In addition to quantitative data, qualitative information is also needed, such as on the legislative framework, excluded groups and the causal factors associated with their exclusion, and other evidence to understand the barriers to achieving the targets and goals. In some cases it may not be possible to get baseline information for all of the targets.

Supplementary data collection activities are likely to incur additional cost depending on national settings. The aforementioned toolkit will provide further guidance to practitioners on possible cost implications.

Conducting a comprehensive assessment of the CRVS system, as recommended above, should produce most of the baseline information available to set targets for the Regional Action Framework. Gathering this information involves accessing a range of data sources, such as those outlined below in the guidance on setting each target in Part 3. Baseline information will include administrative records from the civil registration system, ministry of health and other administrative systems. Survey data and census data from collections such as Population and Housing Censuses, Demographic and Health Surveys (DHS) Multiple Indicator Cluster Surveys (MICS) are also needed to establish the current situation relating to birth and death registration and the possession of legal documentation. Information related to goal three on producing and disseminating vital statistics will be based on an assessment of the quality of vital statistics.

Further information on possible data sources for individual targets is described in Part 3 in these guidelines. Ideally data should be available using administrative data sources. In cases where this is not yet available, the most relevant recent household survey data should be used. In some cases it may not currently be possible to assess the baseline levels. For countries where this is the case, the baseline year may therefore be later than 2015.

It is important that steps are taken to ensure reporting from any source is accurate and not biased. Achieving this may involve using independent evaluators or auditors to assess the validity of

¹⁷ UNICEF. 2013. *A Passport to Protection: A guide to birth registration programming*.

reports from the civil registration system and/or user assessment as this assessment can assist countries to identify places for improvement.¹⁸

Importance of disaggregating data to a meaningful level

Disaggregated data enable governments and development partners to continuously monitor civil registration coverage and the provision of legal documentation and vital statistics among all population groups, and facilitate targeted actions to specific groups. Therefore, governments are encouraged to provide data that can be disaggregated by age, sex and geographic area or administrative subdivision, as well as by other relevant subgroups when reporting on progress in implementing the regional action framework.

Disaggregated data should be carefully analysed and compared with information from the comprehensive assessments to identify potential explanations and associations for low levels of completeness. This is not a rigorous method of causal inference, but might enrich disaggregated analysis with informative contextualization. It may also reveal blind spots where low (or lower than average) levels are observed but the reasons for this are not clear. Analysis may help to identify the need for a small sub-national assessment to investigate what the underlying issues are.

¹⁸ UNICEF and IDB 2015 *Toward Universal Birth Registration*.

Part 3: Specific considerations for each target

Countries are requested to set their own national target values for each of the 15 targets (either in terms of the percentage or the year, depending on the target) based on their baseline starting point, ambition and capacity, and in accordance with their sectoral national CRVS strategy, if one exists. A multi-sectoral approach should be employed in that process.

This section describes each target and outlines key considerations for setting realistic goals. For each target, the following information is provided:

- i. Method of estimation/calculation
- ii. Ideal target
- iii. Issues and considerations
- iv. Data sources for setting and monitoring the target

Due to variability in national settings, the data sources suggested for monitoring each target are intended as a guide and may not be exhaustive. Members and associate members should consider if other data sources are available that may better inform the setting and monitoring of targets.

The guidance below is written so that each target is self-contained to the extent practical. This makes the text repetitive in parts, but is intended to support stakeholders who may be working on the targets separately and only need to refer to one at a time.

Definitions of the terms used in the targets, such as ‘cause of death’ and ‘health facility’, are provided in the glossary at Annex 1.

Target 1.A: By 2024, at least ... per cent of births in the territory and jurisdiction in the given year are registered

Birth registration is a human right, as enshrined in the Convention for the Rights of Child (CRC). At the sixty-seventh World Health Assembly in 2014, member States endorsed a plan to end preventable deaths containing the strategic objective that “every newborn needs to be registered, and newborn and maternal deaths and stillbirths need to be counted”.¹⁹ This target enables countries to track their progress towards achieving and maintaining universal birth registration.

Method of estimation/calculation

Measuring completeness of birth registration can be done in several ways. A basic approach involves dividing the number of births registered within the year of occurrence in the country by the total estimated number of births for the same period, and then multiplying by 100 to give a percentage figure:

$$\frac{\text{Number of registered births within the year of occurrence}}{\text{Estimated number of live births within the year}} \times 100$$

The number of registered births (numerator) would be sourced from the civil registration authority. National estimates on the number of births (denominator) can be developed based on estimates from the ministry of health population census data or sample surveys. In the absence of national estimates, birth rates produced by the United Nations Population Division can be used for the denominator, as follows:

$$\frac{\text{Number of registered births within the year of occurrence}}{\text{Crude birth rates as estimated by the UN (per 1000) x Total population size (in '000s)}} \times 100$$

More sophisticated approaches for measuring completeness of birth registration, such as ‘capture-recapture’, are described in the *United Nations Principles and Recommendations for a Vital Statistics System*. However, these methods are complex to apply so would only be done on an occasional basis with the involvement of trained demographers.²⁰

Ideal target

All births should be registered, so countries should be aiming to achieve universal coverage (100 per cent), but may need to do so in incremental steps. How quickly improvements in registration can be made will depend on factors such as:

- Political will and legal frameworks
- Budget allocation to the improvement and functioning of Civil registration
- Reasonable distance of civil registration points to the population (less than 30 km) or availability of mobile registration services
- Presence of registration services in hospitals and birth facilities
- Public awareness
- Incentives and disincentives for registering births.

Experiences from other countries can assist in setting realistic targets. Globally, birth registration rates for children aged less than five years have increased from 58 per cent to 65 per cent between 2000 and 2010.²¹

¹⁹ World Health Organization (WHO). 2014. *Every newborn: an action plan to end preventable deaths*. Available online at http://www.who.int/maternal_child_adolescent/topics/newborn/enap_consultation/en/.

²⁰ United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*

²¹ UNICEF. 2013. *A Passport to Protection: A guide to birth registration programming*.

With leadership and appropriate investment, countries may consider aiming to increase registration coverage by 10 per cent every five years.²²

Issues and considerations

Accessibility of the civil registration system

Completeness of birth registration is closely related to the accessibility of the civil registration system. Ease of access will depend on a range of factors, such as how many registration points exist, their distance from where the birth event occurs, road and transport infrastructure, affordability of registration, ease of the administrative process, opportunity costs and cultural and social norms such as naming ceremonies. Remote communities and particular groups may face more barriers than others in accessing registration points. It is also worth noting that other factors such as national legislation and laws can also influence the coverage.

In addition, although birth registration should ideally be free of cost, in cases where there are associated costs, this could act as a barrier to registration.²³ There may be some unwillingness or delay in the registration process unless there is strong reason to register.

The language of the registry office, including the forms to be completed may be a barrier for some groups. Also, the 'front end' atmosphere of the office, such as the time it takes to register, may be a disincentive.

To assess whether certain population groups or geographical areas are particularly likely to have low registration, estimates of the level of access can also be produced to help interpret progress towards achieving this target. Access level (%) can be calculated by dividing the number of people in census enumeration areas with at least one civil registration office or facility to register births (numerator) by the total population of the country (denominator), and then multiplying by 100 to give a percentage figure.

Hard-to-reach and marginalized populations

In addition to estimating levels of access to civil registration, identification of those areas without an access point, and whether marginalized groups are concentrated around areas with poor access, will help to identify priorities for improving completeness of birth registration for hard-to-reach and marginalized populations.

Acts and laws

The country's acts and laws may influence the coverage. For example, if birth registration/certification is a compulsory for enrolling in education then there is greater motivation to register but this can also have negative consequences, such as preventing children from attending school because of a lack of registration. It is important that registration requirements do not impede rights.

Disaggregation

For countries to improve their systems, it is important to analyse disaggregated data to understand where progress towards universal coverage is being made and where it is stalling. Monitoring national averages can hide major variations. Sub-national disaggregation may reveal very low levels of registration in a few poor states, whereas registration is high elsewhere. An urban/rural split should be the minimum level of sub-national disaggregation but further breakdowns will provide more meaningful information. While disaggregated data will be useful for identifying gaps, reporting on these are on a voluntary basis.

²² World Bank and WHO. 2014. *Global Civil Registration and Vital Statistics: Scaling up Investment Plan 2015-2030*.

²³ United Nations General Assembly. 2015. Human Rights Council: Birth registration and the right of everyone to recognition everywhere as a person before the law, (A/HRC/28/L.23)

When analyzing disaggregated metrics, it may be useful to compare these data with information from the comprehensive assessments to identify potential explanations and associations for low levels of completeness. This is not a rigorous method of causal inference, but might enrich disaggregated analysis with informative contextualization. It may also reveal blind spots where low (or lower than average) completeness levels are observed but the reasons for this are not clear. Analysis may help to identify the need for a small sub-national assessment to investigate what the underlying issues are.

To allow the reasons for improvements or a lack of progress to be better understood, completeness of birth registration should be disaggregated by:

- a) **Sex** – any differences in the tendency to register baby boys and girls may point to gender issues that require targeted education or services.
- b) **Location** – geographic location to the level of census enumeration area and up to State/provincial/district/village/settlement level and urban/rural. Disaggregation of location should include:
 - **Place of registration** - births that take place in a health facility are more likely to be reported and countries that have civil registrars located in hospitals and have introduced a midwifery reporting system have more likely to make improvements in the registration of births.
 - **Place of usual residence** – comparing distances between place of residence and place of registration can shed light on whether long distances to get to registration points are preventing universal coverage of registration.
- c) **Late/delayed registration** – the prescribed period within which births are to be registered, as well as the length of grace periods and from when penalties are applied, should be prescribed in laws, rules or regulations. Disaggregated data, allowing the percentage of registrations that occur within these deadlines to be tracked, can shed light on where and why late or delayed registration is occurring.
- d) **Ethnic and/or national group of mother and father** – if collected, this information provides valuable insight into the tendency for underreporting by certain populations. This can be a sensitive subject because information can be misused.

Data quality assurance

Each live birth should be registered once and once only, thus enabling universal coverage. In order to avoid double counting, there is need for improvement in infrastructures, equipment, and capacity development. Also, births should be registered as soon as possible after the event, and data should be reported within one year of occurrence. Key characteristics of the birth, such as place, name of child, sex of child, date of birth, name of parents should be included on the birth registration. Additional information such as date of occurrence, place of usual residence, place of birth (hospital, home or other), age of mother are often recorded on the certificate of live birth issued by the health authorities. The amount of data collected is a dimension of data quality, as is the timeliness of the registration.

Data sources for target setting and monitoring

National statistics offices for data on:

- total mid-year population, population by census enumeration area, and intercensal population projections
- national estimates of births for the given year, if available

Civil registration authorities for data on:

- births registered by location and demographic characteristics of child/parents (e.g. place of usual residence)
- number and geographic location of civil registration points at particular points in time (for estimating accessibility of the civil registration system)

Ministry of Health

- total number of live births recorded or live birth certificates issued by location

United Nations Population Division for:

- crude birth rates (in the absence of national estimates of births) – see www.un.org/en/development/desa/population/

Target 1.B: By 2024, at least ... per cent of children under 5 years old in the territory and jurisdiction have had their birth registered.

It is estimated that across Asia and the Pacific, there are 135 million children under the age of five whose births have not been registered.²⁴ Improving CRVS systems tends to focus on birth registration of newborn children, which is the ideal outcome. However, monitoring registration coverage for children under five is also promoted, because it allows household surveys to be used for gauging the extent to which young children are missing out on their right to birth registration. Lack of birth registration leads to significant underestimation of infant and child mortality. This is because children whose births are not registered before age five will not have their deaths registered either.

This target is included because of the relative simplicity of measurement, but should not be presented as equivalent to the percentage of births registered in a given year.

Method of estimation/calculation

Some sample surveys, such as the United Nations Children's Fund (UNICEF) Multiple Indicator Cluster Survey (MICS), and the Demographic and Health Surveys (DHS), have included questions on whether children under 5 years of age have been registered with the civil registration authority (in addition, surveys generally ask interviewers to cite whether the child possesses a birth certificate). Using such survey data, the completeness of birth registration for children aged under 5 years can be calculated as:

$$\frac{\text{Number of children aged under 5 years in a given year who have had their birth registered}}{\text{Estimated number of children aged under five years old in a given year}} \times 100$$

Ideal target

Universal birth registration should be the aim of all member and associate member States. However, when setting this target it is important to note that it examines birth registration coverage for the total population aged from birth to less than five years old. Where national policies and practices provide a significant window for registration (e.g. within 6- 12 months after birth) and/or where late registrations are common, achieving close to 100 percent for this target will not be possible.

Countries should be aiming to achieve universal coverage, but may need to do so in incremental steps. How quickly improvements in registration can be made will depend on factors such as:

- Political will and legal frameworks
- Budget allocation to the improvement and functioning of Civil Registration
- Reasonable distance of civil registration points to the population (less than 30 km) or availability of mobile registration services
- Presence of registration services in hospitals and birth facilities

²⁴ Estimate provided by the United Nations Children's Fund, *Every Child's Birth Right: Inequities and Trends in Birth Registration* (New York, 2013).

- Public awareness
- Incentives and disincentives for registering births.

Experiences from other countries can assist in setting realistic targets. Globally, birth registration rates for children aged less than five years have increased from 58 per cent to 65 per cent between 2000 and 2010.²⁵ With leadership and appropriate investment, countries may consider aiming to increase registration coverage by 10 per cent every five years.²⁶

Issues and considerations

Disaggregation

To allow the reasons for improvements or a lack of progress to be better understood, completeness of birth registration should be disaggregated by:

- Sex** – any differences in the tendency to register boys and girls may point to gender issues that require targeted education or services.
- Age at registration** - <12 months, 12-23 months, etc.
- Location** – geographic location, from the level of census enumeration area (only possible for census and civil registration data) and up to provincial/district/state level and urban/rural. Disaggregation of location should include:
 - Place of birth and registration** - births that take place in a health facility are more likely to be reported and countries that have civil registrars located in hospitals and have introduced a midwifery reporting system are more likely to make improvements in the registration of births.
 - Place of usual residence** – comparing distances between place of residence or place of birth (in cases where the registrar has based themselves in the birthing hospital) and place of registration (from civil registration) can shed light on whether long distances to get to registration points are preventing universal coverage of registration.
- Socioeconomic status of the household** (wealth quintiles) if collected
- Ethnic and/or national group of mother and father** – if collected, this information provides valuable insight into the tendency for underreporting by certain populations.

While disaggregated data will be useful for identifying gaps, reporting on these are on a voluntary basis.

Data sources for target setting and monitoring

Civil registration authorities that are operating effectively may be able to provide data to estimate coverage of registration for the population. In the absence of reliable administrative data, household surveys have become a key source of data to monitor birth registration and in most low- and middle-income countries, such surveys represent the only source of this information.²⁷

National statistics offices or data custodian of any survey data on completeness of birth registration for children aged under 5 years (numerator). It should be noted that surveys are subject to sampling variability and this should be taken into account when determining whether changes over time are significant. Sampling errors are likely to be significantly higher for sub national regions.

National statistics offices for estimates on the number of children aged under 5 years for the given year (denominator) based on national estimates derived from national population censuses, and/or household surveys census or mid-year population estimates.

25 UNICEF. 2013. *A Passport to Protection: A guide to birth registration programming*.

26 World Bank and WHO. 2014. *Global Civil Registration and Vital Statistics: Scaling up Investment Plan 2015-2030*.

27 UNICEF. 2013. *Every Child's Birth Right: Inequities and trends in birth registration*.

Target 1.C: By 2024, at least ... per cent of all individuals in the territory and jurisdiction have had their birth registered.

Method of estimation/calculation

Some sample surveys, such as the United Nations Children’s Fund (UNICEF) Multiple Indicator Cluster Survey (MICS) and the Demographic and Health Surveys (DHS) have included questions on whether individuals have been registered with the civil registration authority, although the focus of interviews is often on mothers (or primary caregivers) of children under age 5. Population censuses and living standards surveys have not historically asked about whether household members possess a birth certificate, but this could possibly be done in the future.

Using available survey or census data, the completeness of birth registration for the total population can be calculated by dividing the number of individuals who have had their birth registered by the total (mid-year) population, and then multiplying by 100 to get a percentage figure.

$$\frac{\text{Number of individuals in a given year who have had their birth registered}}{\text{Estimated population in a given year}} \times 100$$

Ideal target

All births should be registered, so the ideal level for this target is close to 100 per cent. Countries should be aiming for this, but may need to do so in incremental steps. How quickly improvements in registration can be made will depend on factors such as:

- Political will and legal frameworks
- Budget allocation to the improvement and functioning of Civil Registration
- Reasonable distance of civil registration points to the population (less than 30 km) or availability of mobile registration services
- Presence of registration services in hospitals and birth facilities
- Public awareness
- Incentives and disincentives for registering births.

Experiences from other countries can assist in setting realistic targets. Globally, birth registration rates for children aged less than five years have increased from 58 per cent to 65 per cent between 2000 and 2010.²⁸ With leadership and appropriate investment, countries may consider aiming to increase registration coverage by 10 per cent every five years.²⁹

Issues and considerations

Disaggregation

To allow the reasons for improvements or a lack of progress to be better understood, completeness of birth registration should be disaggregated by:

- a) **Sex** – any differences in the tendency to register boys and girls may point to gender issues that require targeted education or services.

²⁸ UNICEF. 2013. *A Passport to Protection: A guide to birth registration programming*.

²⁹ World Bank and WHO. 2014. *Global Civil Registration and Vital Statistics: Scaling up Investment Plan 2015-2030*.

- b) **Location** – geographic location to the level of census enumeration area and up to provincial/district/state level and urban/rural. Disaggregation of location should include:
 - a. **Place of registration** - births that take place in a health facility are more likely to be reported and countries that have civil registrars located in hospitals and have introduced a midwifery reporting system have more likely to make improvements in the registration of births.
 - b. **Place of usual residence** – comparing distances between place of residence and place of registration can shed light on whether long distances to get to registration points are preventing universal coverage of registration.
- c) **Ethnic and/or national group of mother and father** – if collected, this information provides valuable insight into the tendency for underreporting by certain populations.

While disaggregated data will be useful for identifying gaps, reporting on these are on a voluntary basis.

Data sources for target setting and monitoring

National statistics offices or the relevant data custodian of survey data on completeness of birth registration (numerator). It should be noted that surveys are subject to sampling variability and this should be taken into account when determining whether changes over time are significant. Sampling errors are likely to be significantly higher for sub national regions.

National statistics offices for estimates on the total mid-year population for the given year (denominator) or alternatively estimates from the United Nations Population Division.

Civil registration authorities that are operating effectively may also be able to provide data for this target.

Target 1.D: By 2024, at least ... per cent of all deaths that take place in the territory and jurisdiction in the given year are registered.

Death registration enables proof of death and the provision of legal rights to the family, as well as contributing data to the production of vital statistics. In many countries of the Asia-Pacific region, a large proportion of deaths occur without the involvement of actors from the health system, making registration a challenge. Establishing a well-functioning CRVS system guaranteeing that all deaths are registered is essential for development.

Method of estimation/calculation

Measuring completeness of death registration can be done in several ways. A basic approach involves dividing the number of registered deaths in the country for a given year by the total estimated number of deaths for the same period, and then multiplying by 100 to give a percentage figure.

$$\frac{\text{Number of registered deaths in a given year}}{\text{Estimated number of deaths in that year}} \times 100$$

The number of registered deaths (numerator) would be sourced from the registration authority. National estimates on the number of deaths (denominator) can be developed based on population census data or sample surveys.

In the absence of national estimates, death rates produced by the United Nations Population Division can be used, as follows:

$$\frac{\text{Number of registered deaths in a given year}}{\text{Crude death rates as estimated by the UN (per 1000) x Total population size (in '000s)}} \times 100$$

There are various indirect demographic techniques for estimating the completeness of death registration; for example, the Bennett–Horiuchi, Chanrasekaran–Deming and Brass growth balance methods. These methods are not described here.

Ideal target

Countries should be aiming to achieve over 90 percent coverage of death registration, but may need to do so in incremental steps. Globally, progress with improving death registration has been much slower than for birth registration. In 2012, WHO estimated that two-thirds of all deaths are not registered, with low-income countries having the lowest registration coverage.³⁰ The rate at which improvements in registration can be made will depend on factors such as:

- Political will and legal frameworks
- Budget allocation to the improvement and functioning of CRVS systems
- Reasonable distance of civil registration points to the population (less than 30 km) or availability of mobile registration services
- Presence of registration services in hospitals and facilities where deaths tend to occur
- Burial customs and processes
- Public awareness
- Incentives and disincentives for registering deaths, including opportunity cost and fee structure
- Ease of administrative process.

Completeness of death registration and ease of administrative process varies widely across the region, from around 50 per cent in countries such as Papua New Guinea and the Philippines, to more than 90 per cent coverage in the Republic of Korea, Iran and the Marshall Islands. However, for many countries, there is no timely data available.³¹ In those cases, baseline information should be ascertained through a comprehensive assessment of the CRVS system.

Current coverage of death registration, combined with knowledge of impacting factors, such as those outlined above, should inform the setting of realistic targets. With leadership and appropriate investment, countries may consider aiming to increase death registration coverage by 10 per cent every five years.³²

Issues and considerations

Accessibility of the civil registration system

Completeness of death registration is closely related to the accessibility of civil registration points. Ease of access will depend on a range of factors, such as how many registration points exist, their distance from where the death occurs, road and transportation infrastructure, affordability of registration and cultural and social norms, such as burial traditions. Remote communities and particular groups may face more barriers than others in accessing registration points. Barriers to birth registration outlined under target 1.A may also apply to death registration.

30 World Bank and WHO. 2014. *Global Civil Registration and Vital Statistics: Scaling up Investment Plan 2015-2030*.

31 United Nations Statistics Division. 2012. *Coverage of civil registration system* (last updated August 2012). Available online at http://unstats.un.org/unsd/demographic/CRVS/CR_coverage.htm.

32 World Bank and WHO. 2014. *Global Civil Registration and Vital Statistics: Scaling up Investment Plan 2015-2030*.

Estimates of the level of access would ideally be produced to help interpret progress towards achieving this target. Access level (%) can be calculated by dividing the number of people in census enumeration areas with at least one civil registration office or facility to register deaths (numerator) by the total population of the country (denominator), and then multiplying by 100 to give a percentage figure.

While these estimates will be useful for identifying gaps, reporting on these are on a voluntary basis.

Hard-to-reach and marginalized populations

In addition to national estimates of access, identification of those areas without an access point, and whether marginalized groups are concentrated around areas without access, will help to identify priorities for improving completeness of death registration for hard-to-reach and marginalized populations.³³ While disaggregated data will be useful for identifying gaps, reporting on these are on a voluntary basis.

Disaggregation

To allow the reasons for improvements or a lack of progress to be better understood, completeness of death registration should be disaggregated by:

- a) **Sex** – any differences in the tendency to register males or females may point to gender issues that require targeted education or services.
- b) **Location** – geographic location to the level of census enumeration area and up to provincial/district/state level and urban/rural. Disaggregation of location should include:
 - a. **Place of registration** - deaths that take place in a health facility are more likely to be reported and countries that have systems where notification is an integrated part of hospital processes are more likely to make improvements in the registration of deaths.
 - b. **Place of usual residence** – comparing distances between place of residence and place of registration can shed light on whether long distances to get to registration points are preventing universal coverage of registration.
- c) **Ethnic and/or national group of deceased** – if collected, this information provides valuable insight into the tendency for underreporting by certain populations.

Data quality assurance

Each death should be registered once and once only, thus enabling universal coverage. Additional quality criteria are the amount of detail on the decedent including age, sex, date and place of death, cause of death (medically certified according to International Classification of Diseases (ICD) standard). If information from surveys are used, it should be noted that surveys are subject to sampling variability and this should be taken into account when determining whether changes over time are significant. Sampling errors are likely to be significantly higher for sub national regions

³³ Please see the Ministerial Declaration paragraph 15 for an outline of groups considered to be hard-to-reach or marginalized

Data sources for target setting and monitoring

Ministry of Health for data on

- total number of deaths recorded or death certificates issued by location

National statistics offices for data on:

- total population and population by census enumeration area
- national mid-year estimates by age and sex
- estimates of deaths for the given year, if available

Civil registration authorities for data on:

- deaths registered by location and demographic characteristics of the deceased (e.g. age, sex, place of occurrence, ethnicity, place of usual residence)
- number and geographic location of civil registration points at particular points in time

United Nations Population Division for:

- crude death rates (in the absence of national estimates of deaths) – see www.un.org/en/development/desa/population/

Target 1.E: By 2024, at least ... per cent of all deaths recorded by the health sector in the territory and jurisdiction in the given year have a medically certified cause of death recorded using the international form of the death certificate.

This target relates to those deaths that occur within health facilities or where the health sector is involved in certifying the death. Good quality mortality data demands that all deaths are medically certified using the international form of death certificate (**Figure 3**) that clearly requires identification of the cause of death. Together with adequate training and processes, medical certification facilitates the correct coding of the underlying cause of death using the *International Classification of Diseases and Related Health Problems*, currently in its tenth revision (ICD-10).

Method of estimation/calculation

This indicator is calculated by dividing the number of deaths with medical certification for a given year using the international form of death certificate (numerator) by the number of deaths recorded by the health sector for the same period (denominator), and then multiplying by 100 to give a percentage figure.

$$\frac{\text{Number of deaths with medically certified cause of death using international form of death certificate}}{\text{Number of deaths recorded by health institutions or health sector}} \times 100$$

The international form of medical certificate is set out in the *United Nations Principles and Recommendations for a Vital Statistics System*. To clearly understand the issues relating to medical certification of death in the country, the proportion of deaths without adequate medical certification should be disaggregated by:

- (a) deaths with medical certification, but whose certificate does not comply with the international standards; and
- (b) deaths with no medical certification.

Figure 3 – International Form of Medical Certificate of Cause of Death

Cause of death		Approximate interval between onset and death
I Disease or condition directly leading to death* a) due to (or as consequence of) Antecedent causes (b) due to (or as consequence of) Morbid conditions, if any, giving rise to the above causes, stating the underlying condition last (c) due to (or as consequence of) (d)		
II Other significant conditions contributing to the death, but not related to the disease or condition causing it		

* This does not mean the mode of dying, e.g., heart failure, respiratory failure. It means the disease, injury, or complication that caused death.

Ideal target

Many countries do not have accurate or reliable registration of causes of death. According to WHO, only 70 countries produce cause-of-death statistics that are of sufficient quality for planning purposes.³⁴ This target relates to deaths that are recorded by the health sector and therefore medical certification should be possible in all cases. A rapid or comprehensive assessment of the CRVS system should reveal the extent to which deaths are recorded by the health sector. Completing subcomponents C1 and C2 of the WHO Assessment Framework will provide the baseline data needed to set a realistic national target for this indicator.

Issues and considerations

Data quality

The existence of a medical certificate of cause of death in the correct international form does not guarantee the quality of the information on underlying cause of death. How well the medical practitioner manages to diagnose the diseases and factors relating to the death depend on a number of factors. An understanding of the importance of cause-of-death information, as well as training in death certification in accordance with ICD guidelines, is essential to ensure medical practitioners can competently certify deaths.

Disaggregation

To allow the reasons for improvements or a lack of progress to be better understood, completeness of medical certification of death should be disaggregated by:

- a) **Location of the health facility** – allows identification of particular health facilities and geographical areas that are performing better or worse than others. Exploring the reasons for differences in

34 WHO. 2013. *Strengthening civil registration and vital statistics for births, deaths and causes of death: Resource Kit*.

performance will allow successful approaches to be implemented more widely and for problem locations to be targeted.

- b) **Sex of the deceased** – any differences in the tendency to medically certify the deaths of males or females may point to gender issues that require targeted education or policies.
- c) **Age of the deceased** – any differences in the tendency to medically certify the deaths of people of certain age groups (e.g. infants or the elderly) may point to issues that need to be addressed through specific training or a revision of processes.

Coverage

In some cases, such as when the death occurs at home and in the absence of a medical practitioner, it is not possible to medically certify the cause of death. In countries where this is commonplace, verbal autopsies can be used to ascertain cause of death. This target relates to deaths that are recorded by the health sector and therefore medical certification should be possible in all cases.

Perinatal deaths

Whenever possible, a separate certificate of cause of perinatal death (foetal death and neonatal death) should be completed (WHO provides the content and design of such a certificate).

Data sources for target setting and monitoring

The information needed to monitor this target should be maintained by the health sector. The number of deaths recorded should be maintained in central records, along with related details such as in which health facility the death occurred or was recorded, date of death, the sex and age of the deceased, whether an international form of medical certificate was completed, by whom and when the certificate was completed.

Target 2.A: By 2024, at least ... per cent of all births registered in the territory and jurisdiction are accompanied with the issuance of an official birth certificate that includes, as a minimum, the individual's name, sex, date and place of birth, and name of parent(s) where known.

Registration of births is very important from a human rights perspective. More specifically, the Convention of the Rights of Children (CRC) states that every child has the right to have a name, identity and acquire a nationality³⁵ The issuance of an official birth certificate is a distinct activity that should follow the registration of a birth as it serves as proof of identity.

The fundamental purpose is for furnishing or establishing legal instruments of direct interest to individuals. The issuance of an official birth certificate allows an individual to prove the facts relating to his/her existence, identity, personal and family situation. The continuous and permanent nature of these official documents allows them to be used as evidence in legal proceedings, to meet administrative requirements (e.g. proving identity to obtain a passport) and other varied purposes such as accessing immunization, vaccination or education.³⁶

Method of estimation/calculation

This indicator is calculated by dividing the number of birth certificates issued (with minimum information) for children born in the given year (numerator), by the number of births registered in the given year (denominator), and then multiplying by 100 to give a percentage figure.

$$\frac{\text{Number of registered birth issued with certificates (with minimum information) upon registration the given year}}{\text{Number of births registered in the given year}} \times 100$$

Ideal target

Ideally, all birth registrations will be accompanied by the issuance of an official birth certificate and therefore the target should eventually be 100 per cent.³⁷

Issues and considerations

Minimum information on official birth certificates

A variety of information is collected through the civil registration system. Some of this information, when identified with a specific individual, may be highly personal and sensitive. To protect confidentiality and prevent discrimination, only the minimum information needed to prove identity should be included on the official birth certificate. This includes basic information such as the individual's name, sex, date and place of birth.

Issuance of a birth certificate

This target looks at whether births being registered are also issued a birth certificate. Birth certificates can be re-issued to individuals on their request, for example, to replace a lost certificate. To avoid double counting, the civil registration office should maintain records that facilitate some differentiation between those issued at the time of registration versus subsequently issued certificates. This includes when certificates are reissued because of e.g. name change, sex change, etc.

³⁵Pursuant to article 7 of the Convention on the Rights of the Child.

³⁶ For more on the link between social protection, services and CRVS, see Lopez et al 2014 Civil Registration, human rights and social protection in Asia and the Pacific, Asia-Pacific Population Journal Vol 29, No 1, pg 75-99

³⁷ WHO. 2012. *Strengthening civil registration and vital statistics for births, deaths and causes of death: Resource Kit*.

Disaggregation

To allow the reasons for improvements or a lack of progress to be better understood, issuance of birth certificates accompanying birth registration should be disaggregated by :

- a) **Sex** – any differences in the tendency to issue birth certificates for males or females may point to gender issues that require targeted education or policies.
- b) **Ethnic and/or national group** if collected, this information provides valuable insight into the tendency for underreporting certain populations or barriers to being issued a certificate.

Comparison to survey data

Sample surveys, such as MICS and DHS, and population censuses, sometimes include questions on the issuance and possession of a birth certificate. Such data may provide supporting information to set and monitor this target and to identify subgroups that are more or less likely to have a certificate issued.

Data sources for target setting and monitoring

Civil registration offices, ideally, keep records of the number of birth certificates issued. A standard format for official birth certificates should be developed that includes, at a minimum, the individual's name, sex, date and place of birth.

Registration and certification records kept by the civil registration authority are the primary data source for monitoring this target. These records should be structured in such a way that enables this indicator to be accurately and efficiently produced, including unique identifiers to match registration and certification records.

The establishment of electronic systems for civil registration activities is strongly recommended as it provides process efficiencies including the safe storage and linking of records.³⁸ Development of these systems should include the automatic generation of reports on this indicator, as well as related indicators of civil registration system performance.

Biased reporting

Steps should be taken to ensure reporting against this target is accurate and not biased for reasons such as motivation to cover up any underperforming components of the system. Achieving this may involve using independent evaluators or auditors to assess the validity of reports from the civil registration system.

Target 2.B: By 2024, at least ... per cent of all deaths registered in the territory and jurisdiction in the given year are accompanied with the issuance of an official death certificate which includes, as a minimum, the deceased's name, date of death, sex, and age.

The death certificate is an essential document providing the final and permanent confirmation of the fact of death, enabling matters relating to inheritance and settling of an estate. The death certificate is typically only issued if notification is accompanied by a completed medical certificate as proof of the occurrence and cause of death.³⁹

38 United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

39 United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

Method of estimation/calculation

This indicator is calculated by dividing the number of all certificates issued (with minimum information) for deaths registered in the given year (numerator), by the number of deaths registered in the given year (denominator), and then multiplying by 100 to give a percentage figure.

$$\frac{\text{Number of death certificates issued (with minimum information) in the given year}}{\text{Number of deaths registered in the given year}} \times 100$$

Ideal target

Ideally, all death registrations will be accompanied by the issuance of an official death certificate and therefore the target should be to eventually achieve 100 per cent.

In the case of death registration, it may be possible that no family member or interested party exists or is available to receive the official certificate at the time of registration. Such cases should be separately identified so it is possible for CRVS system stakeholders to understand why gaps in certificate issuance may be occurring.

Issues and considerations**Minimum information on official death certificates**

A variety of information is collected through the civil registration system. Some of this information, when identified with a specific individual, may be highly personal and sensitive. To protect confidentiality and prevent discrimination, only the minimum information needed to prove identity should be included on the official death certificate. This includes basic information such as the deceased's name, date of death, sex, and age.

Issuance of a death certificate

This target looks at whether deaths being registered are also issued a death certificate. Death certificates may be re-issued to individuals on their request, for example, to replace a lost certificate. To avoid double counting, the civil registration office should maintain records that facilitate some differentiation between those issued at the time of registration versus subsequently issued certificates.

Disaggregation

To allow the reasons for improvements or a lack of progress to be better understood, issuance of official death certificates should be disaggregated by the location of the primary, secondary or mobile registration unit. Disaggregating data to the location of the registration unit will allow problem areas to be identified and addressed.

Data sources for target setting and monitoring

Registration and certification records kept by the civil registration authority are the primary data source for monitoring this target. These records should be structured in such a way that enables this indicator to be accurately and efficiently produced, including unique identifiers to match registration and certification records.

The establishment of electronic systems for civil registration activities is strongly recommended as it provides process efficiencies including the safe storage and linking of records.⁴⁰ Development of these systems should include the automatic generation of reports on this indicator, as well as related indicators of civil registration system performance.

Biased reporting

Steps should be taken to ensure reporting against this target is accurate and not biased for reasons such as motivation to cover up any underperforming components of the system. Achieving this may involve using independent evaluators or auditors to assess the validity of reports from the civil registration system.

Target 3.A: By ... (year), annual nationally representative statistics on births – disaggregated by age of mother, sex of child, geographic area and administrative subdivision – are produced from registration records or other valid administrative data sources.

Method of estimation/calculation

Verifying achievement of this target involves liaising with the national vital statistics authority to ascertain whether statistics are being compiled based on registration records and/or other administrative data sources. The achievement of this target also requires that information related to the age of the mother, sex of the child, geographic area and administrative subdivision are included as mandatory fields for completion during the registration process.

Documentation of the process used to verify this target and the resulting information gathered should be prepared and reported to the national mechanism overseeing the improvement of the CRVS system.

Ideal target

Being able to produce nationally representative statistics on births, which are appropriately disaggregated, will depend on several factors, namely:

- (i) whether births are being registered
- (ii) the quality of information being collected by the registration authority, and
- (iii) whether data are reported to allow for production of the statistics.

Determining by when (which year) countries should aim to achieve this target is linked to progress in completeness of birth registration. Some countries may already be producing this statistics and have already obtained the target. For other countries a realistic target year would be 2024.

Issues and considerations

National representation

Achieving national representation includes the government paying equal attention in facilitating death registration everywhere, irrespective of urban or rural areas, remote or non-remote areas.

In the case of remote areas which often lack proper infrastructure and services, it may be necessary to have a higher number of the birth registration points in short term and the development of transport infrastructures in the long term. Also, there may need to be emphasis on girl's birth registration in paternalist societies where properties are likely to be inherited by boys, and as a consequence the birth registration of girls is given less attention.

⁴⁰ United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

Decentralized systems

To ensure accuracy, uniformity and flexibility, it is recommended that compilation from individual reports, either paper-based or electronic, be undertaken centrally. Where this is not practical, a decentralized approach involving subnational offices could be set up to carry out all or selected data-processing functions. If decentralized, detailed written guidelines, dealing with procedures such as coding, editing, querying and data entry, must be issued by a central national authority, and measures adopted to ensure strict adherence to established/ standard procedures.

Disaggregation and tabulations

The exact age of the mother (in years) at the time of the birth of the child should be recorded. The geographic area should be compiled, as far as possible, for the total geographical area of the country, for each major or other minor civil division and for each principal town and city. When relevant, the geographic area should distinguish between urban and rural for at least the country as a whole and for each major or other civil division.

Recommended formats for tabulation of statistics on births are outlined in the *United Nations Principles and Recommendations for a Vital Statistics System*.⁴¹

Data sources for target setting and monitoring

Statistics should be produced based on birth registration records or other administrative data sources. At the time of registration, the local registrar should prepare a statistical report for each birth registered.⁴²

Population censuses and household survey data provide an opportunity to validate the coverage of birth records. Their role in this is explored further in guidelines that will be developed on evaluating national progress towards achieving the goals and targets of the Regional Action Framework.

Target 3.B: By ... (year), annual nationally representative statistics on deaths – disaggregated by age, sex, cause of death defined by ICD (latest version as appropriate), geographic area and administrative subdivision – are produced from registration records or other valid administrative data sources.

Method of estimation/calculation

Verifying achievement of this target involves liaison with the national vital statistics authority to ascertain whether vital statistics are being produced with appropriate disaggregation and based on registration records and/or other administrative data sources.

⁴¹ United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

⁴² Refer to United Nations (2014) *Principles and Recommendations for a Vital Statistics System, Revision 3* paragraph 427 for further information.

Ideal target

Being able to produce nationally representative statistics on deaths, which are appropriately disaggregated, will depend on whether deaths are being registered, the quality of cause-of-death coding, the quality of information being collected by the registration authority, and whether data are reported to allow for production of the statistics. Determining by when (which year) countries should aim to achieve this target is linked to progress in completeness of death registration.

Issues and considerations**National representation**

Achieving national representation includes the government paying equal attention in facilitating death registration everywhere, irrespective of urban or rural areas, remote or non-remote areas. In the case of remote areas which often lack proper infrastructure and services, it may be necessary to have a higher number of the death registration points in short term and the development of transport infrastructures in the long term.

Decentralized systems

To ensure accuracy, uniformity and flexibility, it is recommended that compilation from individual reports, either paper-based or electronic, be undertaken centrally. Where this is not practical, a decentralized approach involving subnational offices could be set up to carry out all or selected data-processing functions. If decentralized, detailed written guidelines, dealing with procedures such as coding, editing, querying and data entry, must be issued by a central national authority, and measures adopted to ensure accountability for following standard procedures.

Disaggregation

The age at death (in years) of the individual at the time of death and the cause of death based on individual ICD codes. The geographic area should be compiled, as far as possible, for the total geographical area of the country, for each major or other minor civil division and for each principal town and city. Where applicable, the geographic area should distinguish between urban and rural for at least the country as a whole and for each major or other civil division.

Publication of vital statistics

Such vital statistics should not only be produced but also be made publicly available through the usual dissemination channels for official statistics.

Low coverage of death registration

Simple tabulations are recommended for countries where coverage of death registration is less than 90 per cent. Recommended formats for tabulation of statistics on deaths are outlined in the *United Nations Principles and Recommendations for a Vital Statistics System*.

Data sources for target setting and monitoring

Statistics should be produced based on death registration records or other administrative data sources. At the time of registration, the local registrar should prepare a statistical report for each death registered.

Population censuses and household survey data provide an opportunity to validate the coverage of death records. This is not expected to as accurate as is the case for births because death coverage in both the census and surveys tend to underestimate mortality, especially adult mortality.

Target 3.C: By 2024, at least ... per cent of deaths occurring in health facilities or with the attention of a medical practitioner have an underlying cause of death code derived from the medical certificate according to the standards defined by ICD (latest version as appropriate).

Method of estimation/calculation

This indicator is calculated by dividing the number of deaths occurring in health facilities or with the attention of a medical practitioner that have an underlying cause of death code derived from the medical certificate (numerator), by the number of deaths occurring in health facilities or with the attention of a medical practitioner (denominator), and then multiplying by 100 to give a percentage figure.

$$\frac{\text{Number of deaths occurring in health facilities or under the attention/supervision of a medical practitioner that have an underlying cause of death code derived from the medical certificate in the given year}}{\text{Number of deaths occurring in health facilities or with the attention of a medical practitioner in the given year}} \times 100$$

Ideal target

Ideally, all deaths that occur within health facilities or with attention of a medical practitioner will have a medical certificate with an underlying cause of death according to the standards defined by ICD. Death codes are subsequently derived based on the medical certificates. Countries should aim to achieve 100 per cent for this target, although improvements may need to be incremental.

Issues and considerations

Data quality

The existence of a medical certificate of cause of death in the international format prescribed by the WHO does not guarantee the quality of the information on underlying cause of death. How well the medical practitioner manages to diagnose the diseases and factors relating to the death depend on a number of factors. An understanding of the importance of cause-of-death information, as well as training in death certification in accordance with ICD guidelines, is essential to ensure medical practitioners can competently certify deaths. Training and certification in death coding is also critical for ensuring the accuracy of the codes assigned for cause of death. Collaboration with World Health Organization on the provision of training on ICD coding as well as the identification of what constitutes underlying cause of death (if multiple causes are stated) would be essential.

Data sources for target setting and monitoring

Civil registration authorities have information on underlying cause of death where a death certificate has been issued.

Target 3.D: By 2024, the proportion of deaths coded to ill-defined codes will have been reduced by ... per cent compared with the baseline year.

Ill-defined codes are a specific set of codes in the ICD that refer to symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified. As the ICD instruction manual states, a high proportion

of these codes indicates the need to check the quality of coding and reallocate a more specific cause.⁴³ The classification of “ill-defined” will depend on the code set adopted by the country, including the version of ICD being used and the level of detail being applied.⁴⁴

Method of estimation/calculation

This indicator is calculated by dividing the number of deaths with ill-defined codes (numerator), by the number of deaths coded to ICD (denominator), and then multiplying by 100 to give a percentage figure.

$$\frac{\text{Number of deaths with ill-defined codes in the given year}}{\text{Number of deaths coded to ICD in the given year}} \times 100$$

The WHO provides a tool for analysing mortality levels and causes-of-death (ANACoD) that can be used to facilitate the calculation of this indicator (see www.who.int/healthinfo/anacod/en/). The tool automatically reviews data on mortality levels and causes of death for errors, tabulates the information, presents the results in the form of easy to use tables and charts, and provides the opportunity to compare the findings with those from other groups of countries.

Ideal target

Ideally, all deaths will be coded to ICD and the proportion of deaths with ill-defined codes will be small. It is recognised that to achieve both of these levels will be difficult and incremental targets may be necessary based on improvements to death certification and the application of ICD.

It is suggested that 2015 be used as the baseline year and once this is calculated, then a realistic percentage reduction to be achieved by 2024 can be estimated.

Issues and considerations

Data quality

The existence of a medical certificate of cause of death in the correct international form does not guarantee the quality of the information on underlying cause of death. How well the medical practitioner manages to diagnose the diseases and factors relating to the death depends on a number of factors. An understanding of the importance of cause-of-death information, as well as training in death certification in accordance with ICD guidelines, is essential to ensure medical practitioners can competently certify deaths.

In countries where CRVS systems are weak or dysfunctional, it may be commonplace for a layperson without medical training to be tasked with determining the death of an individual. A layperson is not asked to certify the cause of death but may make a pronouncement on cause of death. The national CRVS law should clearly state that only a trained physician can certify cause of death. Unfortunately, in some instances, physicians may be poorly trained in cause of death certification. This leads to deaths being attributed to ill-defined or non-specific causes, such as “old age”, “fever” and “stopped breathing”. Such diagnoses are of no value and leads to a high proportion of deaths coded to ill-defined codes. Reducing the proportion of deaths coded to these categories is an essential step in improving the quality of mortality statistics.

43 WHO. 2010. *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Volume 2: Instruction Manual*.

44 WHO. 2010. *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Volume 2: Instruction Manual, Chapter 18*.

Data sources for target setting and monitoring

Civil registration authorities have information on deaths registered by location and demographic characteristics of the deceased (e.g. ethnicity, place of usual residence), together with the ICD code for cause of death (where available). The National Statistics Office compiles the ICD codes.

Target 3.E: By 2024, at least ... per cent of deaths taking place outside of a health facility and without the attention of a medical practitioner have their underlying cause of death code determined through verbal autopsy in line with international standards.

Method of estimation/calculation

This indicator is calculated by dividing the number of deaths taking place outside of a health facility that have an underlying cause of death code determined through verbal autopsy (VA) in the given year (numerator), by the total number of deaths taking place outside of a health facility in the given year (denominator), then multiplying by 100 to give a percentage figure.

$$\frac{\text{Number of deaths taking place outside of a health facility and without attention of a medical practitioner that have an underlying cause of death code determined through VA in line with international standards in the given year}}{\text{Number of deaths taking place outside of a health facility and without attention of a medical practitioner in the given year}} \times 100$$

Monitoring this target requires knowing the number of deaths taking place outside of a health facility and without the attention of a medical practitioner (i.e. the extent to which verbal autopsies are needed), how many verbal autopsies have taken place and whether they were conducted in accordance with international standards.

Ideal target

Verbal autopsies are used as a method of producing probable cause-of-death statistics where better sources are not available. Due to their complexity and time-consuming nature, they are typically conducted on a sample of the deaths occurring outside of health facilities. Some countries have used VA on a large scale as a part of developing their CRVS systems. In such cases a simplified VA instrument and automated methods of data capture (e.g. mobile phones or hand-held devices) could be an effective strategy in the incremental strengthening of civil registration and vital statistics.⁴⁵

Rather than aiming for 100 per cent, the ideal target for this indicator should be high enough to ensure that verbal autopsies are conducted on a sample of a sufficient size to be representative of deaths that occur in the absence of a medical practitioner. Countries with poor coverage of death registration could combine VA with sample vital registration (registration of vital events for a nationally representative sample) to produce vital statistics on the major causes of death. A series of manuals on sample vital registration with verbal autopsy (SAVVY) for mortality surveillance has been developed by the MEASURE Evaluation project based at the University of North Carolina at Chapel Hill and the United States Census Bureau.⁴⁶

Issues and considerations

The verbal autopsy method is complex. Those who conduct the interview require comprehensive training and completing the questionnaire is time-consuming and burdensome on respondents. If the national context and cultural traditions do not favour long interviews with a government official, response rates and the quality of information being gathered will be impacted.

⁴⁵ WHO et al. 2012. *Verbal autopsy standards: the 2012 WHO verbal autopsy instrument* (Release Candidate 1).

⁴⁶ The manuals are available at <http://www.cpc.unc.edu/measure/publications/index>.

Increasing the proportion of deaths that are medically certified, and ensuring medical practitioners are adequately trained and resourced to certify causes of death, should be a part of the national strategy to improve CRVS systems in the long term, reducing the need for verbal autopsies.

Data sources for target setting and monitoring

Depending on the national infrastructure, the offices typically involved in facilitating the conduct of verbal autopsies and maintaining the resulting records, may include the national statistics office, civil registration authorities and the ministry of health. The data sources and methods for monitoring this target will need to be developed in consultation with the offices involved.

Number of deaths taking place outside of a health facility and without attention of a medical practitioner (denominator)

In many countries, a large proportion of deaths occur in the absence of medical attention, that is, outside of health facilities (e.g. at home) and without the attention of a medical practitioner. If a sufficient proportion of deaths are registered, the civil registration records could be used to estimate the extent to which this occurs by comparing registration records to deaths recorded by the health sector and/or death registrations for which a representative of the health sector was the informant.

Number of verbal autopsies conducted (numerator)

The data source for the numerator will be the lead agency responsible for coordinating the conduct of VA to determine cause of death for any non-medically certified deaths in the country.

Monitoring this target requires verifying compliance of VA with international standards. This may involve establishing a system of random checks of completed questionnaires being used and the quality of resulting cause-of-death coding. The recommended methodologies and collection instruments for conducting verbal autopsies are available from WHO (www.who.int/healthinfo/statistics/verbalautopsystandards/en/). These outline the international standards against which compliance should be checked.

Target 3.F: By ... (year), key summary tabulations of vital statistics on births and deaths using registration or other administrative records as the primary source, are made available in the public domain in electronic format annually, and within one calendar year.

Method of calculation/estimation

Verifying achievement of this target involves liaison with the national vital statistics authority to locate key summary tabulations in the public domain and then verifying the primary source, format and timeliness of their publication.

Key summary tables⁴⁷ include both rates and numbers and a geographical split of at least urban/rural (where applicable), and are compiled from civil registration systems. Death tables should include age and sex. Birth tables should include live births as well as still births. The release of tables should be on the website of the National Statistics Office, and be available in electronic format. Ideally, ages will be single years rather than ranges (depending on confidentiality issues). For some countries, geographic regions may be shown for smaller regions.

Ideal target

Being able to produce nationally representative vital statistics and make them available in an electronic format in a timely manner, will depend on the strength of the CRVS system. Determining by when (which year) countries should aim to achieve this target is linked to progress in other areas.

Issues and considerations

Timing

Date of the occurrence of the event will be used for these tables. There is some delay between the event and registration. It is important that lags between the event and registration are examined to ensure all events are included in the correct reference period. It may be necessary to revise publication numbers in situations where there is a significant time difference between the event and its registration.

Electronic data

For ease of analysis it is important that birth and death information be released in electronic format. Where the data is only released in paper format, a plan needs to be developed to either transition to electronic format or have both paper and electronic release of information.

Other information from civil registration system

The civil registration system collects additional information about the event itself as well as characteristics of the person affected by the event. Countries are encouraged to release as much of this additional information as they are able.

Data sources for target setting and monitoring

The data sources for this indicator are the authority responsible for producing vital statistics and the public domain or channel through which official vital statistics are usually published.

⁴⁷ Refer to United Nations (2014), *Principles and Recommendations for a Vital Statistics System, Revision 3*, for standard tabulations for vital statistics.

Target 3.G: By ... (year), key summary tabulations of vital statistics on causes of death using registration or other administrative records as the primary source, are made available in the public domain in electronic format annually, and within two calendar years.

Method of estimation/calculation

Verifying achievement of this target involves liaison with the national vital statistics authority to locate key summary tabulations in the public domain and then verifying the primary source, format and timeliness of their publication.

The tabulations on causes of death are to be directly calculated from civil registration records or other administrative sources such as the health management information system (HMIS) by the National Statistics Office or the Ministry of Health (MoH). Cause of death coding will be done using the latest version of ICD. Cause of death tables should include both rates and numbers and a geographical split of at least urban/rural (where applicable). Death tables should include age, sex and underlying cause. Ideally, age at death will be single years rather than ranges (depending on confidentiality issues). For some countries, geographic regions may be shown for smaller regions. ICD coding is hierarchical, with the ideal being for data to be published at the individual code level.

Ideal target

Being able to produce nationally representative vital statistics and make them available in an electronic format in a timely manner, will depend on the strength of the CRVS system. Countries should aim to issue provisional summary tabulations of nationally aggregated data on births and deaths as a first priority. Where the CRVS system is computerised, the aim should be to issue the initial summary tables on a monthly or quarterly basis. More detailed tabulations that require careful quality assessment including on causes of death and subnational areas will be issued with a somewhat longer time lag. Determining by when (which year) countries should aim to achieve this target is linked to progress in other areas.

Issues and considerations

Timing

Date of the occurrence of the event will be used for these tables. There is some delay between the event and registration. It is important that lags between the event and registration are examined to ensure all events are included in the correct reference period. It may be necessary to revise publication numbers in situations where there is a significant time difference between the event and its registration⁴⁸.

Electronic data

For ease of analysis it is important that cause of death information be released in electronic format. Where the data is only released in paper format, a plan needs to be developed to either transition to electronic format or have both paper and electronic release of information.

ICD coding

Ideally, all deaths will be coded to ICD and the proportion of deaths with ill-defined codes will be small. Only a trained physician can certify cause of death but because physicians are often poorly trained in cause of death certification they often do an inadequate job. This leads to deaths being attributed to ill-defined or non-specific causes, such as “old age”, “fever” and “stopped breathing”. Such diagnoses are of no value

48 Refer to United Nations (2014) *Principles and Recommendations for a Vital Statistics System, Revision 3*, specifically paragraphs 241, 242, 250, 369, 592-594.

and leads to a high proportion of deaths coded to ill-defined codes. Reducing the proportion of deaths coded to these categories is an essential step in improving the quality of mortality statistics.

Data sources for target setting and monitoring

The data sources for this indicator are the authority responsible for producing vital statistics and the public domain or channel through which official vital statistics are usually published.

Target 3.H: By ... (year), an accurate, complete and timely vital statistics report for the previous two years, using registration records or other routine administrative sources as the primary source, is made available in the public domain

Method of estimation/calculation

Verifying achievement of this target involves liaison with the national vital statistics authority to locate the vital statistics report in the public domain and then verifying the primary source, accuracy, completeness and timeliness of its publication.

All countries should produce an annual vital statistics report containing two years of data within one calendar year of the end of the reporting period. The data included in the report should be based on information from registration records or other valid administrative data sources such as the HMIS. Where there are data gaps or data weaknesses, these should be clearly described in the publication.

Publications of vital statistics should be part of a series designed to meet specific user needs. They should also be released according to a regular and timely schedule. They should be complete with data tables, graphs, charts, maps and analyses. If possible, published data should also be made accessible in other downloadable formats.

It is recognised that many countries will have incomplete data, but what data is available should be published as soon as possible after the end of the reference period. If the quality of vital statistics is poor, then the publication can consist of simple tabulations, which can be expanded as data quality improves.

Ideal target

Being able to produce nationally representative vital statistics and make them available in a timely manner will depend on the strength of the CRVS system. Determining by when (which year) countries should aim to achieve this target is linked to progress in other areas.

Issues and considerations

Publication format

The traditional publication format is a paper report. Consideration should be given to electronic methods of publishing data as these methods assist in user access and analysis. Also, consideration should be given to provision of micro data to specific researchers⁴⁹.

Data explanation

49 United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

The vital statistics report should include copies of the statistical collection forms for births, technical explanations and notes on the strengths and limitations of the published data. Information on delayed and late registration should also be included to assist in reconstructing the time series of births.

Broadcasting of information

Proactive dissemination of information is important. Communication with users can be achieved by meetings to discuss the availability and proper use of the data or via letter, email or social media.

Data sources for target setting and monitoring

The data sources for this indicator are the authority responsible for producing vital statistics and the public domain or channel through which official vital statistics are usually published.

Setting targets related to marriage, divorces and adoptions

According to United Nations recommendations, when establishing or improving a CRVS system, first priority should be given to setting up procedures for registering vital events i.e. live births and deaths, including accurate recording of causes of death, followed by registration of foetal deaths. Vital statistics produced from birth and death registration is fundamental to understanding population dynamics and producing key health indicators such as infant and child mortality, maternal mortality and life expectancy, as well as deriving products such as life tables. The registration of foetal deaths is also a high priority, reflecting the importance of measuring perinatal mortality and pregnancy outcomes.⁵⁰

The next tier of civil registration is the registration of nuptiality statistics (i.e. marriages, divorces, annulments) through civil registration. While in some countries the registrations are more difficult to complete due to customary practises of marriage, divorce, etc., these remain critical to access entitlements such as inheritance, and to confirm relations between people. On that latter the protection areas are clear, when a child is at risk or is separated from her/his parents. The registration of marriages, divorces, adoptions, legitimations and recognitions, are essential for establishing legal legitimacy and registration of these events is an important part of the civil registration system.

Distinct from the registration, collecting and producing statistics on these events, using the civil registration as the data source, is not afforded the same priority as for births, deaths and foetal deaths. This is mainly due to the suitability of population censuses and household surveys as sources of data on marital unions.

The regional action framework recommends that, where appropriate, countries add targets related to marriage, divorces and adoptions to the 15 targets specified in the framework. These could be crafted in a form similar to targets relating to birth and death events, for example:

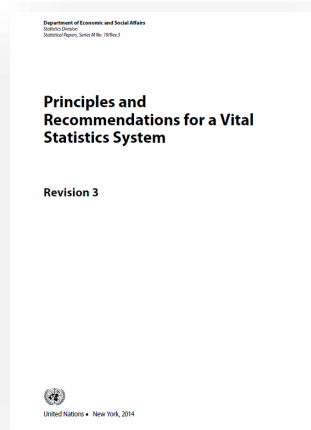
- By 2024, at least ... per cent of marriages in the territory and jurisdiction in the given year are registered.
- By 2024, at least ... per cent of all marriages registered in the territory and jurisdiction are accompanied with the issuance of an official marriage certificate that includes, as a minimum, the names of the people married, their sex, date and place of birth, and name of the authorised official who conducted the marriage.

Countries are encouraged to report on their experiences in setting targets relating to marriage, divorce and adoptions, in order to inform monitoring of the Regional Action Framework.

⁵⁰ United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

Part 4: Further assistance and resources

Existing guidelines and resources on assessing the quality of CRVS systems



Principles and Recommendations for a Vital Statistics System, Revision 3 (2014)

United Nations Statistics Division

The most recent in a series first published in 1953, the United Nations Principles and Recommendations are the essential standard for generating accurate, reliable and regular vital statistics from the civil registration system.

It provides detailed guidance on establishing a functioning system for collecting, processing and disseminating vital statistics; improving sources of vital statistics, primarily the functioning of the civil registration system and its components; and the role of complementary sources of vital statistics, such as population censuses, household surveys and public-health records.



Improving the quality and use of birth, death and cause-of-death information: guidance for a standards-based review of country practices (2010)

Health Information Systems (HIS) Knowledge Hub and the World Health Organization (WHO)

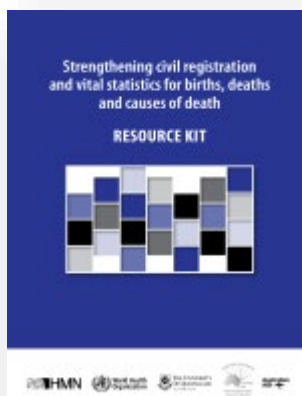
This publication is part of a series providing comprehensive guidance on how to systematically evaluate the quality and functioning of civil registration and vital statistics systems. The focus is on births, deaths and causes of death as the fundamental events that countries need to know about to guide public health programs, monitor demographic change and measure key health indicators.



Rapid assessment of national civil registration and vital statistics systems

HIS Knowledge Hub and WHO

The rapid assessment has been developed to complement the comprehensive guide above. It is a tool for countries to quickly assess the functioning of their CRVS systems to inform the need and approach to a more comprehensive review. The tool consists of 25 questions in 11 areas that are to be answered by the main stakeholder agencies. A scoring system allows the system to be rated as satisfactory, functional but inadequate, weak or dysfunctional.



Strengthening civil registration and vital statistics for births, deaths and causes of death: Resource Kit

Health Metrics Network, WHO, University of Queensland, HIS Knowledge Hub and Australian AID

This resource kit is designed to support countries in planning and implementing improvements to their CRVS systems. Developed for all those who use and produce vital statistics, it provides links to core standards, tools and country experiences. The kit is an essential resource for building national capacity in civil registration systems, leading to the improved quality of vital statistics.



International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Volume 2: Instruction Manual

World Health Organization. (2011)

This manual provides a basic description of the ICD, together with practical instructions for mortality and morbidity coders, and guidelines for the presentation and interpretation of data.



A Passport to Protection: A guide to birth registration programming

UNICEF (2013)

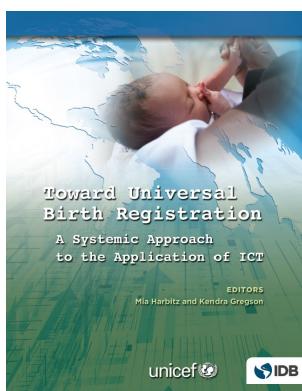
This publication provides those working on birth registration with the background, general principles and programming process. The guide includes a framework for conducting a situation analysis of the civil registry, and specifically birth registration within this, as well as guidance on translating the outcomes of this into actions to improve the civil registry.



Every Child's Birth Right: Inequities and trends in birth registration

UNICEF (2013)

This report presents an analysis of global progress towards complete birth registration. It includes case studies of approaches that are making a difference to improving birth registration, and highlights gaps and inequities. Aside from providing valuable analysis of the current situation, the report provides an example of how birth registration data can be analysed and presented.



Toward Universal Birth Registration: A systematic approach to the application of ICT

UNICEF and Inter-American Development Bank (2015)

This publication analyzes the legal, administrative, and technological requirements for the use of information and communications technology (ICT) for birth registration. The intended audience includes civil registry agencies or those countries that are considering the introduction of ICT, as well as those that already have the system in place.

Mechanisms have been established to support countries in successfully implementing the regional action framework and effectively set targets, monitor and report on progress. The ESCAP secretariat, working closely with development partner agencies, will support countries by convening regional events to exchange

experiences and set norms. It will also facilitate coordination, provide services to the Regional Steering Group and oversee the regional reviews.

The opportunity to exchange experience is an essential part of developing national CRVS systems. ESCAP will facilitate the sharing of information by providing regular updates on its website. The regional events will provide an opportunity to share experiences and discuss issues of concern.

Subregional and global context

The Regional Action Framework is part of a number of commitments and initiatives underway to improve CRVS systems. It will be up to countries to work with development partners to develop an approach to monitoring and reporting that minimizes burden and is efficient as possible. Some of the key related strategies are described below.

Pacific Vital Statistics Action Plan (2011-2014)

Key for Pacific island countries is the Pacific Vital Statistics Action Plan (2011-2014), adopted in 2011 and part of the overarching Ten Year Pacific Statistics Strategy 2011-2020 (TYPSS). The plan involves all 15 countries of the Pacific and is being implemented under the guidance of the Brisbane Accord Group (BAG) through the Secretariat of the Pacific Community (SPC). Ideally, monitoring and reporting on this plan should also satisfy reporting for the regional action framework, or vice versa.

Sustainable Development Goals (SDGs)

The Millennium Development Goals (MDGs) are set to be achieved by 2015. After this date a new development agenda is expected to be adopted by the United Nations General Assembly, renewing national commitment to development through a comprehensive set of 17 Sustainable Development Goals (SDGs) and targets.⁵¹ The goals include achieving universal birth registration. Consideration needs to be given on how to minimize overall reporting burden on countries by integrating regional action framework reporting with reports required on the progress towards the SDGs.

Human rights reporting

Countries are required to provide Universal Periodic Review (UPR) reports to the Human Rights Council, as well as reports to treaty-based bodies for each of the conventions they have ratified.⁵² These conventions include the right to identity through civil registration, for example in the Convention for the Rights of the Child (CRC), and the International Covenant on Civil and Political Rights.

List of references and online resources

There are a number of online resources providing access to resources and information that will help countries develop national capacity and strengthen their CRVS system.

Despite the range of materials already available to assist countries, some aspects of CRVS are not well-covered in the existing guides, for instance, the role that CRVS systems play in upholding basic human rights.

51 United Nations. 2014. *Open Working Group Proposal for Sustainable Development Goals*. Available online at <http://sustainabledevelopment.un.org/sdgsproposal>.

52 United Nations. 2014. *Human Rights Bodies*. Available online at <http://www.ohchr.org/EN/HRBodies/Pages/HumanRightsBodies.aspx>.

The following outlines some of the key existing resources on CRVS improvement, although this is by no means an exhaustive list.

Website for the Asia-Pacific CRVS Decade

<http://www.getinthepicture.org/>

The Asian-Pacific CRVS website is a complementary source of information. In its current form, the existing website includes primarily content on the Ministerial Conference and its outcomes. Among the documents of relevance for implementation of the Regional Action Framework are several information notes on key issues for CRVS were developed. These address the following: Sources of vital statistics, Data confidentiality and privacy, Cause of death data, CRVS and identity management, civil registration, nationality and human rights. The information notes can be accessed on www.getinthepicture.org.

The new CRVS decade website to be launched in October 2015 will serve as a knowledge hub and one-stop for the Asia-Pacific region. It will include an expanded range of information on the ongoing regional initiative and other resources for improving CRVS systems.



ESCAP secretariat web page on Civil Registration and Vital Statistics

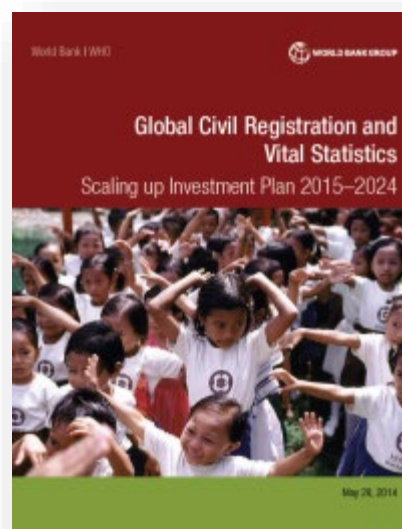
www.unescap.org/our-work/statistics/civil-registration-and-vital-statistics/about



Global Civil Registration and Vital Statistics Scaling Up Investment Plan 2015-2024

World Bank and WHO, 2014

www.worldbank.org/en/topic/health/publication/global-civil-registration-vital-statistics-scaling-up-investment



Overview of the Pacific Vital Statistics Action Plan

SPC

www.spc.int/prism/images/VitalStatistics/PVSAP_FINAL_compressed.pdf



Asia e-health Information Network

www.aehin.org/Resources/CRVS.aspx



World Health Organization websites on CRVS

www.emro.who.int/entity/civil-registration-statistics/index.html

www.who.int/healthinfo/civil_registration/

Online cause of death quality tools (eg. WHO ANACoD, CoDEdit Tool)

http://www.who.int/healthinfo/civil_registration/en/

World Health Organization. (2010a). *Cause of Death on the Death Certificate in line with ICD-10: Quick reference guide*. (Flyer for doctors on how to fill in a death certificate - print double sided)

http://apps.who.int/classifications/apps/icd/icd10training/ICD-10%20Death%20Certificate/html/ICD-10_Resources/causeofdeathflyer.pdf

World Health Organization. *International Classification of Diseases*. (Online training, including medical certification and coding introduction)

<http://www.who.int/classifications/icd/en/>

World Health Organization. *International Classification of Diseases*. (Offline training, including medical certification and coding introduction)

<http://apps.who.int/classifications/apps/icd/ClassificationDownload/DLArea/OfflineTrainingPackage.zip>



Annex 1: Definition of terms

Administrative data: refers to information collected primarily for administrative purposes. This type of data is collected by government departments and other organisations for the purposes of registration, transaction and record keeping, usually during the delivery of a service.

Administrative data collection: Administrative data collection is the set of activities involved in the collection, processing, storage and dissemination of statistical data from one or more administrative sources. The equivalent of a survey but with the source of data being administrative records rather than direct contact with respondents.⁵³

Adoption: Legal and voluntary taking and treating of the child of other parents as one's own in so far as provided by the laws of the country. By means of a judicial process, whether related or not to the adopter, the adopted child acquires the rights and status of a biological child born to the adopting parents.⁵⁴

Age: Interval of time between birth and the present time, expressed in completed units of solar time. For adults and children, age is usually measured in completed years, while for infants or very young children, in completed months, weeks, days, hours or minutes of life, as appropriate.⁵⁵

Annulment: the invalidation or voiding of a legal marriage by a competent authority, according to the laws of the country, thus conferring on the parties the status of never having been married to each other.⁵⁶

Baseline: The baseline is the set of projections used as a benchmark for the analysis of the impact of different economic and policy scenarios.⁵⁷

Basic human rights: within the scope of human rights, some human rights are claimed to be inalienable. Thus, Art. 4(1), International Covenant on Civil and Political Rights, 1966, permits derogation of human rights “in times of public emergency threatening the life of the nation” but prohibits any derogation from Arts. 6 (right to life), 7 (torture), 8(1) and (2) (slavery and servitude), 11 (imprisonment for breach of contractual obligation), 15 (retroactive criminal liability), 16 (recognition as a person in law) and 18 (freedom of thought, conscience and religion). This notwithstanding, the trend is to regard all human rights as universal, indivisible, interdependent, and interrelated, to be treated in fair and equal manner, on the same footing and with the same emphasis.⁵⁸

Births (live births): the result of the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born (all live-born infants should be registered and counted as such,

⁵³ OECD. Administrative Data Collection. <https://stats.oecd.org/glossary/detail.asp?ID=6>

⁵⁴ United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

⁵⁵ United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

⁵⁶ Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*.

⁵⁷ OECD. Administrative Data Collection. <https://stats.oecd.org/glossary/detail.asp?ID=6>

⁵⁸ Inter-American Development Bank (IDB). 2010. *Civil registration and identification glossary*.

irrespective of gestational age or whether alive or dead at the time of registration, and if they die at any time following birth, they should also be registered and counted as deaths).⁵⁹

Birth certificate: An original document or certified extract, usually issued by a government authority, stating when and where a person was born and usually identifying one or both of his or her parents as per the legal requirements of each country.⁶⁰

Birth records: compiled records of the births that have occurred and are registered.⁶¹

Birth registration: The continuous, permanent, and universal recording, within the civil register, of the occurrence and characteristics of births in accordance with the legal requirements of a country. The recording can be physical (in a book) or electronic.⁶²

Capacity building: Building the capacity of governments, private sector, and civil society by strengthening their human capacity (knowledge, skills, and aptitudes), their processes, and technologies. In all cases, capacity building aims to improve a country's management capacity.⁶³

Cause of death: In order to provide a comprehensive and comparable tool for identifying causes of death and diseases in general, WHO developed the *International Statistical Classification of Diseases and Related Health Problems* (ICD), currently in its tenth revision.⁶⁴ All diseases, morbid conditions or injuries that either resulted in or contributed to death, and the circumstances of the accident or violence that produced any such injuries. Symptoms or modes of dying, such as heart failure or asthenia, are not considered to be causes of death for vital statistics purposes.⁶⁵

Cause of death code: the *International Statistical Classification of Diseases and Related Health Problems* (ICD) permits the systematic recording analysis, interpretation and comparison of mortality and morbidity data collected in different countries or areas and at different times. The ICD is used to translate diagnoses of diseases and other health problems from words into an alphanumeric code, which permits easy storage, retrieval and analysis of the data.⁶⁶

Census: The total process of collecting, compiling, evaluating, analyzing, and publishing or otherwise disseminating statistical data pertaining, at a specified time, to all living quarters and occupants thereof in a country or in a well-delimited part of a country.⁶⁷

Certificate: public or private document which attests to the occurrence of an event.⁶⁸

Certification: The act by which a person or institution attests that something occurred. A document, in paper or electronic format, issued by the registrar and containing all or a part of the exact information contained in

59 United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

60 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*.

61 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*.

62 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*.

63 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*.

64 United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

65 United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

66 WHO. 2010. *International Statistical Classification of Diseases and Health Related Problems, 10th Revision, Volume 2: Instruction Manual*.

67 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*.

68 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*.

the original vital record, and which, when issued by the registrar, has the full force and effect of the original vital record.⁶⁹

Child: A person below the age of 18, unless the laws of a particular country set a different legal age for adulthood.⁷⁰

Citizen: A person who by birth or naturalization is a member of a sovereign state or jurisdiction and is entitled to enjoy all of its civil rights and protections.⁷¹

Citizenship: The legal nationality of a person. Rights, responsibilities, and duties of citizens. The most common distinguishing feature of citizenship is that citizens have the right to participate in the political life of the state, such as by voting or standing for election.⁷²

Civil and political rights: the rights contained in the International Covenant on Civil and Political Rights, 1966. These include self-determination; free disposition of natural wealth and resources; non-discrimination; equal rights of men and women; the right to life; freedom from torture, cruel, inhuman, or degrading treatment or punishment; freedom from slavery and servitude; freedom from arbitrary arrest or detention; freedom of movement within a state; the right to liberty and security of person; equality before the courts; the right to a fair and public hearing by an impartial tribunal with respect to criminal charges; the right of recognition as a person before the law; freedom of thought, conscience, and religion; freedom of expression; the right to peaceful assembly; and freedom of association and of participation in public affairs.⁷³

Civil register: The repository of loose-leaf file, ledger book, electronic file, or any other official file set up for the universal, continuous, and permanent recording, in accordance with established procedures, of each type of vital event and its associated data of the population of a defined area (e.g., county, district, municipality, or parish).⁷⁴

Civil registrar: official in charge of civil registration of vital events in a defined area (country, district, municipality, parish, etc.) and responsible for recording and timely reporting of information on those vital events for legal and statistical purposes.⁷⁵

Civil registration: The continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population as provided through decree or regulation in accordance with the legal requirements in each country. It establishes and provides legal documentation of such events. These records are also the best source of vital statistics.⁷⁶

Civil registration system: the institutional, legal, and technical norms established by government to conduct civil registration in a technical, sound, coordinated, and standardized manner throughout the country, taking into account cultural and social circumstances particular to the country.⁷⁷

Civil right: the civil status of individuals, their rights and obligations, and the acquisition, use, and enjoyment

69 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*.

70 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*

71 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*

72 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*

73 Inter-American Development Bank (IDB). 2010. *Civil registration and identification glossary*.

74 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*

75 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*

76 United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

77 United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

of property and public or private goods.⁷⁸

Civil society: The whole body or community of citizens. The organization and internal affairs of the body politic or state.⁷⁹

Civil status: the legal situation of a person before the state, society, and family.⁸⁰

Confidentiality: maintaining restrictions on access to and disclosure of information, except for authorized users.⁸¹

Coroner: Officer of a county, district, municipality, parish etc., authorized by law to hold an inquest regarding deaths of persons who may have died by violence, injury or suspicious circumstances to determine if the death was due to non-natural causes, such as accident, suicide or homicide.⁸²

Crude birth rate: A vital statistics summary rate based on the number of live births occurring in a population during a given period of time, usually a calendar year, i.e., the number of live births occurring among the population of a given geographical area during a given year, per 1,000 mid-year total population of the given geographical area during the same year.⁸³

Crude death rate: A vital statistics summary rate based on the number of deaths occurring in a population during a given period of time, usually a calendar year, i.e., the number of deaths occurring among the population of a given geographical area during a given year per 1,000 mid-year total population of the given geographical area during the same year.⁸⁴

Database: An organized collection of data. In biometric systems, data can include sensor readings, templates, match results, and related end user information.⁸⁵

Date of occurrence: The exact date when the event occurred, and should be expressed in terms of day, month and year as well as hour and minute, if appropriate (for live births, foetal deaths and deaths).⁸⁶

Deaths: Death is the permanent disappearance of all evidence of life at any time after live birth has taken place (post-natal cessation of vital functions without capability of resuscitation). This definition excludes foetal deaths.⁸⁷

Death certificate: a document of proof produced by the civil register to certify the death of a person, including the cause(s) of death.⁸⁸

78 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*

79 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*

80 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*

81 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*

82 United Nations Statistics Division. *UNSD Principles and Recommendations for a Vital Statistics System Revision*. April, 2013.

83 United Nations Statistics Division. *UNSD Principles and Recommendations for a Vital Statistics System Revision*. April, 2013.

84 United Nations Statistics Division. *UNSD Principles and Recommendations for a Vital Statistics System Revision*. April, 2013.

85 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*

86 United Nations Statistics Division. *UNSD Principles and Recommendations for a Vital Statistics System Revision*. April, 2013.

87 United Nations Statistics Division. *UNSD Principles and Recommendations for a Vital Statistics System Revision*. April, 2013.

88 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil registration and identification*

Death records: a compilation of all deaths recorded in a given year.⁸⁹

Death registration: the official recording of the death of a person through a public administrative process.⁹⁰

Delayed registration: The registration of a vital event after the prescribed period denoted in existing laws, rules or regulations (including any grace period, if one is specified). A late registration is the registration of a vital event after the prescribed time period but within a specified grace period. Since the grace period is usually considered to be one year following the vital event, delayed registration is usually considered the registration of a vital event one year or more after the vital event has occurred.⁹¹

Digital credentials: Digital documents used to prove qualification, competence, or clearance attached to a person. May contain personal information such as the person's name, birthplace, birthdate, and/or biometric information, such as a picture or a fingerprint.⁹²

Discrimination: Treating a group or individual unfairly or prejudicially based on sex, racial origin, ethnicity, religion, convictions, incapacity, age, sexual orientation, or some other quality. Denying a person or group of people social participation or human rights.⁹³

Disaggregation: Disaggregation is the breakdown of observations, usually within a common branch of a hierarchy, to a more detailed level to that at which detailed observations are taken.⁹⁴

Divorce: The final legal dissolution of a marriage, that is, that separation of spouses which confers on the parties the right to remarriage under civil, religious and/or other provisions, according to the laws of each country. In case a country recognizes registered partnerships, a legal dissolution of a registered partnership refers to the legal final dissolution of such a partnership, according to national laws, conferring the parties the right to re-enter into another partnership or marriage.⁹⁵

Documentation: used generically to refer to identity and identification documents.⁹⁶

Electronic format: Electronic media (CD-ROMs or the Internet) for data dissemination. Disseminated data may be in the form of tabulations or in databases from which users can extract information or create their own tables.⁹⁷

Ethnicity: cultural values and practices that distinguish groups of people. There are two dimensions: social and cultural characteristics (language, religious faith, and residence) and a shared sense of identity, tradition, solidarity, or belonging.⁹⁸

Family: a group of two or more persons living together who are related by birth, marriage, or adoption.⁹⁹

89 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

90 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

91 United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

92 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

93 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

94 OECD. <http://stats.oecd.org/glossary/detail.asp?ID=4337>

95 United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

96 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

97 Inter-American Development Bank (IDB). 2010. *Civil registration and identification glossary*.

98 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

99 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

Gender: Gender refers to the roles and responsibilities of men and women that are created in our families, our societies and our cultures. The concept of gender also includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men (femininity and masculinity). Gender roles and expectations are learned. They can change over time and they vary within and between cultures. Systems of social differentiation such as political status, class, ethnicity, physical and mental disability, age and more, modify gender roles. The concept of gender is vital because, applied to social analysis, it reveals how women's subordination (or men's domination) is socially constructed. As such, the subordination can be changed or ended. It is not biologically predetermined nor is it fixed forever.¹⁰⁰

Grace period: an extension of the time allowed for complying with a requirement after the legally prescribed period has passed.¹⁰¹

Health facility: Any establishment that is engaged in direct patient care on site.¹⁰²

Household: A family, group of friends, or other grouping of people who live in the same dwelling, normally defined as having a common kitchen, and share meals and living accommodations.¹⁰³

Human rights: Liberties and benefits that, by accepted contemporary values and international public law, all human beings should be able to claim "as of right" in the society in which they live. These rights are contained in the International Bill of Rights, comprising the Universal Declaration of Human Rights, 1948, and the International Covenants on Economic, Social and Cultural Rights, and on Civil and Political Rights, 1966, and have been included in other treaties (e.g., Convention on the Rights of Persons with Disabilities, 2006; Convention on the Rights of the Child, 1989; Convention on the Elimination of All Forms of Discrimination against Women, 1979; and International Convention on the Elimination of All Forms of Racial Discrimination, 1965).¹⁰⁴

Identification: The determination of identity and recognition of who a person is; the action or process of determining what a thing is; or the recognition of a thing as being what it is.¹⁰⁵

Identity: A unique set of features and characteristics that individualize a person, including the name and other biographical data of the individual.¹⁰⁶

Identity management: A combination of systems, rules, and procedures that are defined between an individual and organizations regarding the entitlement, use, and protection of personal information in order to authenticate individual identities and provide authorization and privileges within or across systems and enterprise boundaries.¹⁰⁷

Ill-defined cause of death codes: The *International Statistical Classification of Diseases and Related Health Problems* (ICD), which provides a comprehensive and comparable tool for identifying causes of death and diseases in general, includes "ill-defined" causes for use when information is either too limited or not available

100 WHO. 2004. *A Glossary of Terms for Community Health Care and Services for Older Persons* www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/BSP/GENDER/PDF/1.%20Baseline%20Definitions%20of%20key%20gender-related%20concepts.pdf

101 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*. 102

103 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

104 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

105 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

106 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

107 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

to accurately classify the cause of death.¹⁰⁸

Ill-defined codes are a specific set of codes in the ICD that refer to symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified. As the ICD instruction manual states, a high proportion of these codes indicates the need to check the quality of coding and reallocate a more specific cause.¹⁰⁹ The classification of “ill-defined” will depend on the code set adopted by the country, including the version of ICD being used and the level of detail being applied.¹¹⁰

Indicator: An indicator provides evidence that a certain condition exists or certain results have or have not been achieved. Indicators enable decision-makers to assess progress towards the achievement of intended outputs, outcomes, goals, and objectives.¹¹¹

Informant: An individual whose legally designated responsibility is to report to the local registrar the occurrence of a vital event and to provide all the information and characteristics related to the event. On the basis of such a report, the local registrar may legally register the event.¹¹²

International form of the death certificate: refers to the International Form of Medical Certificate of Cause of Death as defined in the United Nations Principles and Recommendations for Vital Statistics Systems, Revision 3 (2014). The medical certificate is an essential document that provides final and permanent confirmation of the fact of death, as well as the circumstances and underlying medical cause of death.¹¹³ This is not to be confused with a death certificate issued by the civil registration authority as proof of death.

Issuance: the creation of a legal document by the civil registrar that certifies a death. The certificate is a copy of the entry in the death register.¹¹⁴

Legitimation: Formal vesting of a person with the same status and rights of a person born in wedlock, according to the laws of the country.¹¹⁵

Life expectancy: the average number of additional years a person could expect to live if current mortality trends were to continue for the rest of that person’s life.¹¹⁶

Marriage: The act, ceremony or process by which the legal relationship of spouses is constituted. The legality of the union may be established by civil, religious or other means as recognized by the laws of each country. Countries may wish to expand to cover civil unions if they are registered; in that case, registered partnership usually refers to a legal construct, registered with the public authorities according to the laws of each country, that leads to legal conjugal obligations between two persons.¹¹⁷

108 Inter-American Development Bank (IDB). 2010. *Civil registration and identification glossary*.

109 WHO. 2010. *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Volume 2: Instruction Manual*.

110 WHO. 2010. *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Volume 2: Instruction Manual, Chapter 18*.

111 Harvard Family Research Project. <http://www.hfrp.org/publications-resources/browse-our-publications/indicators-definition-and-use-in-a-results-based-accountability-system>

112 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

113 United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

114 Inter-American Development Bank (IDB). 2010. *Civil registration and identification glossary*.

115 United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

116 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

117 United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

Marriage certificate: The document that verifies the legal union of a couple, which necessarily and simultaneously affects both people. It is the only certificate on which the participants declare and sign personally.¹¹⁸

Maternal death: A maternal death is the death of a woman while pregnant or within 42 days after the termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.¹¹⁹

Medical practitioner: A person whose primary employment role is to diagnose physical and mental illnesses, disorders and injuries and prescribe medications and treatments that promote or restore good health.¹²⁰

Medically certified: Medical certification of the cause of death or foetal death is the responsibility of the attending physician, if there was one. In the case of medically unattended deaths or deaths believed to have been due to violence (accident, suicide, homicide), a medical-legal officer (coroner or medical examiner) is responsible for the certification under the laws of many countries. In any event, if the cause of death is determined by a medically qualified individual or a medical-legal officer, the diseases or injuries should be reported and recorded in the format and detail contained in the most current version of the International Form of Medical Certificate of Cause of Death.¹²¹

Micro data (statistical): An observation data collected on an individual object - statistical unit.¹²²

Midwife: a person, with or without medical training, who helps women giving birth.¹²³

Morbidity: the incidence of disease in a population.¹²⁴

Mortality: The proportion of deaths to population in a given time or place.¹²⁵

Name: a word that distinguishes a person from others in his or her legal and social relationships. It can be composed of the first name and a surname.¹²⁶

National: A person who, either by birth or naturalization, is a member of a political community, owing allegiance to the community and being entitled to enjoy its civil and political rights and protections; a member of the state, entitled to its privileges; a person who holds nationality in a given state. The term can include both citizens and non-citizens. "Citizen" and "subject" are also used.¹²⁷

Nationality: Under traditional understanding of international law, the legal bond between an individual and a state. A national is a person over whom a state considers it has jurisdiction on the basis of nationality, including the right to bring claims against other states for their ill-treatment. Nationality also refers to membership in an ethnic, linguistic, or religious group. Within a state there may be various categories of nationality with differing names and associated rights.¹²⁸

118 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

119 United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

120 Australian Institute of Health and Welfare (www.aihw.gov.au/medical-practitioner-related-definitions/).

121 United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

122 OECD. <http://stats.oecd.org/glossary/detail.asp?ID=1656>

123 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

124 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

125 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

126 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

127 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

128 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

Network: In computing, a connection between two or more computers for the purpose of sharing resources.¹²⁹

Nuptiality: the frequency, characteristics, and dissolution of marriages in a given period and geographical area.¹³⁰

Other valid administrative data: health services records and other administrative records, depending on the legal arrangements.¹³¹

Passport: a government-issued document identifying a person as a national of the issuing state, which is evidence of the holder's right to return to that state. In Western countries, passports have been used for foreign travel purposes, not as domestic identity documents. The passport is the internationally accepted certificate or proof of nationality.¹³²

Perinatal mortality: Perinatal mortality refers to the number of stillbirths and deaths in the first week of life (early neonatal mortality).¹³³

Place of birth: the municipality, province, department, state, and country in which a birth occurred.¹³⁴

Population: (a) A group of objects or organisms of the same species. (b) In biometrics, the set of potential end users for an application.¹³⁵

Population census: A population census is the total process of collecting, compiling, evaluating, analysing and publishing or otherwise disseminating demographic, economic and social data pertaining, at a specified time, to all persons in a country or in a well-delimited part of a country.¹³⁶

Population projection: An estimation of future changes in the number of people in a geographic area, subject to certain hypotheses regarding future trends in the fecundity, mortality, and migration rates. Demographers usually posit low, moderate, and high projections for the same populations, based on different hypotheses about the change of these rates in the future.¹³⁷

Privacy: Protection from interference in one's private life, to which everyone is entitled.¹³⁸

Proof of identity: A document or process by which a credential service provider and a registration authority validate sufficient information to attest to the identity of a person.¹³⁹

Proportion: A proportion is a special type of ratio in which the denominator includes the numerator. An example is the proportion of deaths that occurred to males which would be deaths to males divided by deaths to males plus deaths to females (i.e. the total population).¹⁴⁰

129 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

130 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

131 United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

132 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

133 http://www.who.int/maternal_child_adolescent/topics/maternal/maternal_perinatal/en/.

134 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

135 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

136 United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

137 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

138 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

139 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

140 OECD. <https://stats.oecd.org/glossary/detail.asp?ID=6689>

Record: (a) An item in a list, in a paper register, in a digital spreadsheet, or in an electronic database. (b) A report of a vital event that has been registered by the registrar.¹⁴¹

Registration: A process by which the authorities note, in a manner established by law, all facts, acts, and records whose occurrence must be recorded authentically in a specialized register.¹⁴²

Registered (civil registration): The continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population, as provided through decree or regulation in accordance with the legal requirements in each country. This process establishes and provides legal documentation for such events. The civil registration records are also the best source of vital statistics.¹⁴³

Registration authority: A trusted entity that establishes and vouches for the identity of a subscriber to a credential service provider (CSP). The registration authority may be an integral part of a CSP or it may be independent of a CSP.¹⁴⁴

Registration records (civil registration): The continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population, as provided through decree or regulation in accordance with the legal requirements in each country. This process establishes and provides legal documentation for such events. The civil registration records are also the best source of vital statistics.¹⁴⁵

Regulations: rules that mainly state the material legislative functions of public administration.¹⁴⁶

Residence: A place where one is physically present for a given period. This differs from domicile, which is the place one intends to make his or her permanent home. A person can have more than one residence but only one domicile.¹⁴⁷

Rural area: a populated area that does not encompass urban or semi-urban areas.¹⁴⁸

Sample: In demographics, a representative part of a population or large dataset that reflects the characteristics of the whole population or dataset.¹⁴⁹

Sample survey: a survey which is carried out using a sampling method, i.e. in which a portion only, and not the whole population is surveyed.¹⁵⁰

Sex: Sex describes the biological differences between men and women, which are universal and determined at birth.¹⁵¹

State: The state as a person of international law should possess the following qualifications: a) a permanent population; b) a defined territory; c) government; and d) capacity to enter into relations with the other

141 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

142 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

143 United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

144 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

145 United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

146 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

147 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

148 Inter-American Development Bank (IDB). 2010. *Civil registration and identification glossary*.

149 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

150 OECD. <https://stats.oecd.org/glossary/detail.asp?ID=6689>

151 UNESCO. <http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/BSP/GENDER/PDF/1.%20Baseline%20Definitions%20of%20key%20gender-related%20concepts.pdf>

states.¹⁵²

Survey: a canvass of selected persons or households in a population, usually used to infer characteristics or trends for a larger segment or all of the population.¹⁵³

Territory and jurisdiction: a geographical area within which political or judicial authority may be exercised.¹⁵⁴

Total population: For census purposes, the total population of the country consists of all persons falling within the scope of the census. In the broadest sense, the total may comprise either all usual residents of the country or all persons present in the country at the time of the census.¹⁵⁵

Treaty: an international agreement concluded between states in written form and governed by international law, whether embodied in a single instrument or in two or more related instruments and whatever its particular designation.¹⁵⁶

Underlying cause of death: The disease or injury that initiated the train of morbid events leading directly to death or the circumstances of the accident or violence which produced the fatal injury. The underlying cause of death is used as the basis for tabulation of mortality statistics.¹⁵⁷

Verbal autopsy (VA): is a method used to ascertain the cause of a death based on an interview with next of kin or other caregivers. This is done using a standardized questionnaire that elicits information on signs, symptoms, medical history and circumstances preceding death. The cause of death, or the sequence of causes that led to death, are assigned based on the data collected by a questionnaire and any other available information. Rules and guidelines, algorithms or computer programs, may assist in evaluating the information to determine the cause of death. The main objective of VA is to describe the causes of death at the community level or population level where civil registration and death certification systems are weak and where most people die at home without having had contact with the health system.¹⁵⁸ The World Health Organization (WHO) has developed international standards for conducting verbal autopsies, including recommended methods and questionnaires. The standards and further information are available from the WHO website at www.who.int/healthinfo/statistics/verbalautopsystandards/en/.¹⁵⁹

Vital event: The occurrence of a live birth, death, foetal death, marriage, divorce, adoption, legitimation, recognition of parenthood, annulment of marriage or legal separation.¹⁶⁰

Vital statistics report: reports on important events in people's lives such as births, marriages, divorces, adoptions, deaths, and causes of death. It provides information for the whole country and geographic regions as well as relevant characteristics. Ideally, it should contain at least two years data.

Vital statistics system: The total process of (a) collecting information by civil registration or enumeration on the frequency of specified and defined vital events, as well as the relevant characteristics of the events themselves and of the person(s) concerned, and (b) compiling, processing, analyzing, evaluating, presenting,

152 Art. 1, Montevideo Convention on the Rights and Duties of States, 1933.

153 Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.

154 E: Black's Law Dictionary, Seventh ed., 1999, p 855 as cited in UNTERM database record for 'jurisdiction'.

155 OECD <https://stats.oecd.org/glossary/detail.asp?ID=2090>

156 Art. 2.1(a), Vienna Convention on the Law of Treaties, 1969).

157 United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

158 United Nations. 2014. *Principles and Recommendations for a Vital Statistics System, Revision 3*.

159 WHO et al. 2012. *Verbal autopsy standards: the 2012 WHO verbal autopsy instrument* (Release Candidate 1).

160 United Nations Statistics Division. UNSD Principles and Recommendations for a Vital Statistics System Revision. April, 2013.

and disseminating these data in statistical form.¹⁶¹

¹⁶¹ Inter-American Development Bank (IDB). 2015. *Dictionary for Civil Registration and Identification*.