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Action Plan for Pacific Civil Registration and Vital Statistics (APPCRVS)

2023–2026

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2023–2026



Noumea, New Caledonia

June 2023

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Contents

Acronyms.....	iv
Acknowledgements	v
Current, Active Brisbane Accord Group Partners.....	1
1. Overview/Summary.....	2
2. Background.....	3
3. Aim and Objectives of APPCRVS.....	5
4. APPCRVS Regional Priorities Driving Partner Activities.....	6
5. Related Regional and Global Initiatives.....	7
5.1. Three goals of the Regional Action Framework.....	7
5.2. Eight Implementation Steps of the Regional Action Framework	7
5.3. Six key principles for implementing the regional action framework.....	8
6. APPCRVS Country Groupings.....	9
6.1. Group A: Cook Islands, Nauru, Niue and Tokelau.....	9
6.2. Group B: Federated States of Micronesia, Marshall Islands, Palau, American Samoa, Northern Mariana Islands, Guam	10
6.3. Group C: Fiji and Tonga.....	11
6.4. Group D: Kiribati, Samoa, Solomon Islands, Tuvalu, and Vanuatu	12
6.5. Group E: Papua New Guinea.....	13
6.6. Group F: French Territories.....	13
7. Previous Pacific Vital Statistics Action Plan (2011–2020).....	14
Appendix 1 - Holistic framework depicting the link between civil registration, vital and population statistics, and the population register.....	15

Acronyms

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
APPCRVS	Action Plan for Pacific Civil Registration and Vital Statistics (2023-2026)
BAG	Brisbane Accord Group
CNMI	Commonwealth of Northern Mariana Islands
COD	Cause of death
CR	Civil Registration
CRVS	Civil Registration and Vital Statistics
FSM	Federated States of Micronesia
ICD	International Classification of Diseases
MANA	Monitoring Alliance for NCD Action
NCD	Non-Communicable Diseases
PCRNI	Pacific Civil Registrars Network
PHIN	Pacific Health Information Network
PICT	Pacific Island Countries and Territories
PIHOA	Pacific Island Health Officers Association
PVSAP	Pacific Vital Statistics Action Plan (2011-2020)
RMI	Republic of the Marshall Islands
SDGs	Sustainable Development Goals
SPC	Pacific Community
TYPSS	Ten Year Pacific Statistics Strategy 2011-2020
TYPSS II	Strategic Framework for Pacific Statistics 2022-2030
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic Commission for Asia and the Pacific
UNICEF	United Nations Fund for Children
UNFPA	United Nations Fund for Population
UNSW	University of New South Wales
UQ	University of Queensland
WHO	World Health Organization

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Current, Active Brisbane Accord Group Partners



Pacific Community
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PCRN
Pacific Civil Registrars Network



Pacific Health Information Network



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Vital Strategies



Australian Government
Australian Institute of Health and Welfare



CDC Foundation
Together our impact is greater



UNITED NATIONS ESCAP
Economic and Social Commission for Asia and the Pacific



FIJI NATIONAL UNIVERSITY



Queensland University of Technology



unicef
for every child



UNFPA



UNSW SYDNEY



World Health Organization
Western Pacific Region

1. Overview/Summary

This Action Plan for Pacific Civil Registration and Vital Statistics 2023–2026 (APPCRVS) was developed by the Brisbane Accord Group in March 2023. It aligns with the goals and eight implementation steps of the high level CRVS Asia Pacific Regional Action Framework for strengthening civil registration and vital statistics in the Pacific. APPCRVS goes further than the Action Framework by outlining implementation steps for specific countries. A collaborative work programme, reflecting plans of each partner agency within BAG has been developed. It maps activity against each country as well as initiatives that benefit the wider region.

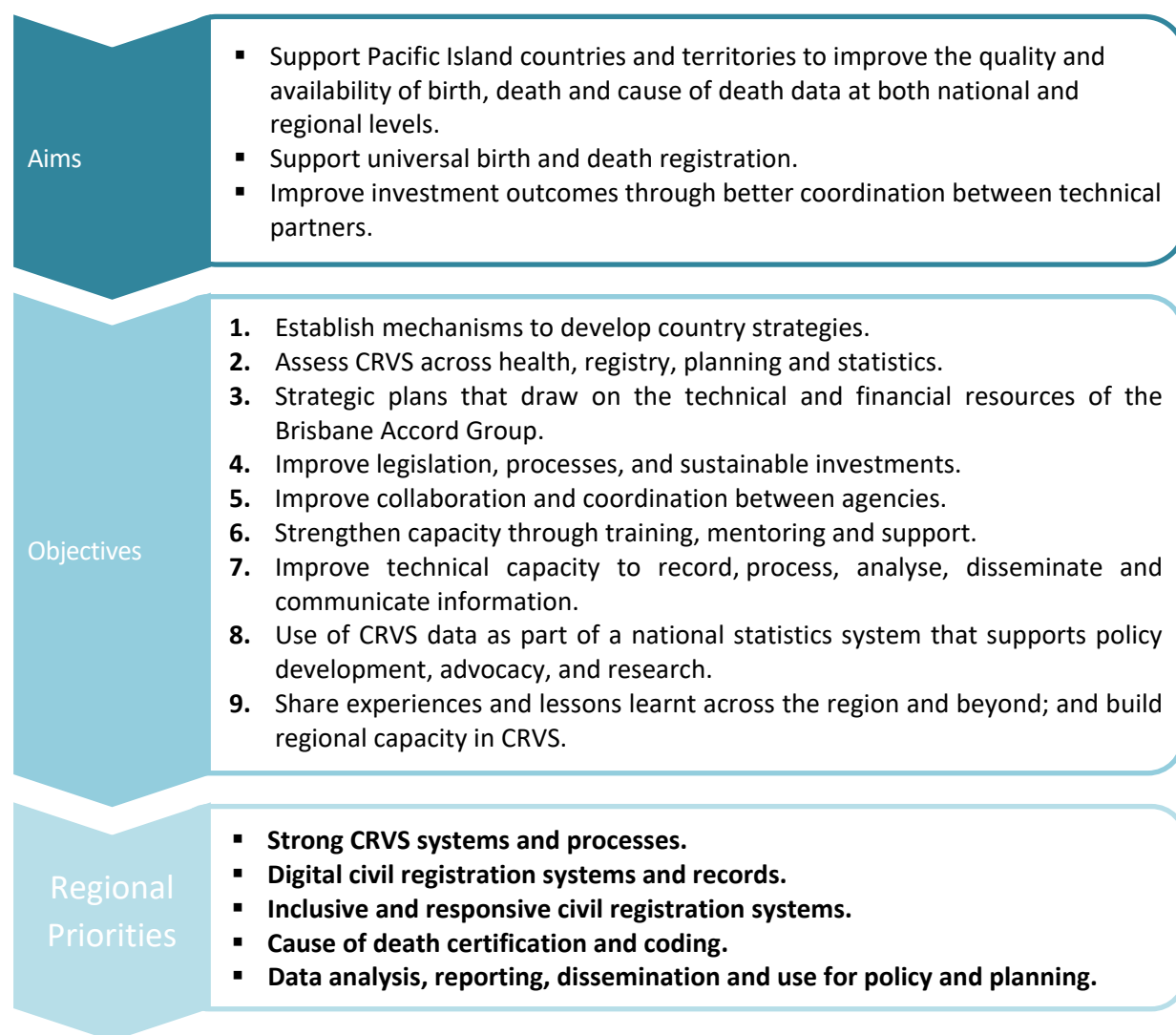


Figure 1 - Overview of the key elements of the APPCRVS

2. Background

The Pacific region comprises 15 independent countries and seven territories all of which rely on statistics to guide planning, development, and government. Civil registration and vital statistics (CRVS) are an essential source of population data. Accurate, reliable, timely data on vital events such as births, deaths and cause-of-death are indispensable for accurate monitoring of demographic changes, population health, identifying health priorities and planning, implementing, and evaluating impacts of population health interventions. For example such data, as well as data on marriages and divorces, also provide valuable context for a broad range of social development policies, programmes, and investments pertaining to family planning, education, social security, legal rights protections for women and children, public housing, as well as future markets for consumer goods, to guide the effective resource allocation. Civil registration also provides an important legal function, through the provision of a legal identity. Birth certificates are often needed to enrol in school, to obtain a passport, a marriage or driver's license, to open a bank account, to apply for and secure formal employment, and death certificates are often required to inherit property. All Pacific Island Countries have signed the International Covenant on Civil and Political Rights, Convention on the Rights of the Child; of which Article 7 states that "The child shall be registered immediately after birth and has the right to a name and nationality...".

Well-functioning CRVS systems provide accurate up-to-date information across a broad range of key indicators such as infant and child mortality rates, adult mortality, maternal mortality, and deaths from specific causes such as non-communicable diseases (NCDs), suicides or traffic accidents; some of which are either not available through survey data, or which may be less accurate from census and surveys due to the methods used (such as for adult mortality rates). Although alternate sources such as periodic household surveys or censuses provide an important interim measure and will remain an important tool for verifying the quality of data from CRVS systems over the longer term, the vast number of indicators will need to be derived from routine administrative collections such as CRVS if they are to be reported on a routine basis.

Accurate vital statistics data are particularly important in the Pacific due to the need to continue to monitor and report progress against the sustainable development agenda, and the need to respond to the impact of NCDs on populations. The apparent rapid health transition from communicable diseases to NCDs has meant that many of the traditional methods for calculating life expectancy and adult mortality from census data are less reliable as the models used in many of these calculations do not sufficiently account for the higher proportion of premature adult deaths.

Limited accurate vital statistics data derived from civil registration is a significant barrier to effective planning and cost-effective resource allocation. By investing in improving CRVS systems, costs and inefficiencies can be reduced, by lessening dependence on very costly demographic health surveys, population and housing censuses, and also ultimately obtaining better quality and more timely data, than via indirect estimation and with information only available every five to ten years.

Pacific Island Countries and Territories (PICTs) have clearly recognised the importance of CRVS systems for health and human rights and demonstrated a strong interest in supporting CRVS system improvements. Political commitments over the recent decades including those from:

- Pacific Health Ministers Meetings;¹
- Pacific Heads of Planning and Statistics Meetings;² and
- The Asia Pacific Ministerial Declaration and Decade (2015–2024) for CRVS³

¹ See Meetings archive and documents at <https://www.who.int/westernpacific/about/how-we-work/pacific-support/pacific-health-ministers-meetings>

² See Meetings archive and documents at <https://sdd.spc.int/heads-planning-and-statistics-hops>

³ Agreed timeframe for realizing a shared vision that all people in Asia and the Pacific will benefit from universal and responsive CRVS systems facilitating the realisation of their rights and supporting good governance, health and development. See more at: <https://getinthepicture.org/resource/ministerial-declaration-get-every-one-picture-asia-and-pacific>

This Action Plan for Pacific Civil Registration and Vital Statistics (APPCRVS) provides the mechanism by which the Brisbane Accord Group (BAG), a consortium of development and other partners,⁴ coordinate, plan and manage the implementation of technical activities at national and regional level to improve national CRVS systems and the quality and routine availability of vital statistics data derived from these systems. The objective is to provide decision-makers with the evidence needed for effective planning; to support universal registration recognising the importance of a legal identity in the provision and protection of human rights and good governance, and to better coordinate strategic and technical efforts amongst partners.

The APPCRVS is designed to provide support across the broad range of system components that contribute to a robust, effective CRVS system. These components are described in the **Appendix**.

The APPCRVS is driven by country needs and issues as articulated through the Strategic Framework for the Development of Pacific Statistics 2022–2030 (TYPSS II)⁵ (under which it sits) and input from the member countries of the Pacific Community (SPC), through their national CRVS committees and plans, and direct representation through Pacific Health Information Network (PHIN) and Pacific Civil Registrars Network (PCRN).

The APPCRVS is a living document and will be updated annually following discussion and agreement among the BAG partners to reflect changes in country status, priorities and needs, and partner contributions. This plan will be made publicly available through the SPC and other partner websites.

⁴ See Brisbane Accord Group webpage <https://sdd.spc.int/brisbane-accord-group-bag>

⁵ See TYPSS II report at: https://sdd.spc.int/digital_library/strategic-framework-pacific-statistics-2022-30-pacific-regional-statistics-system

3. Aim and Objectives of APPCRVS

The principal aims of the Brisbane Accord Group (BAG) are to support Pacific Island countries and territories to improve the quality and availability of birth, death, and cause of death data at both national and regional levels and support universal birth and death registration; and to improve investment outcomes through better coordination between technical partners.

This action plan aligns with the goals and eight implementation steps of the CRVS Asia Pacific Regional Action Framework for strengthening civil registration and vital statistics in the Pacific. It has the following eight objectives:

1. Establish mechanisms for the coordination of development partners and country stakeholders.
2. Support countries to undertake (and update periodically) an assessment of their civil registration and vital statistics systems involving key stakeholders across health, registry, planning and statistics to identify weaknesses and priorities for strengthening.
3. Support countries to develop a comprehensive, prioritised and achievable country strategic plan for improving civil registration and vital statistics that can be carried out drawing on the technical and financial resources of the Brisbane Accord Group.
4. Support countries to Improve national civil registration and vital statistics systems through improved legislation, business processes, sustainable investments and leveraging changing technology to improve access and coverage.
5. Improve collaboration and coordination between the national statistics offices, civil registration offices, health departments, and other agencies involved in registering vital events and producing vital statistics.
6. Strengthen the capacity of personnel involved in civil registration and production of vital statistics through training, mentoring and support.
7. Promote the use of CRVS data as part of a national statistics system that supports policy development, advocacy, and research.
8. Investigate and support regional solutions that support south-south collaborations and encourage the sharing of experiences and lessons learnt between countries and territories across the region and beyond; and build regional capacity in CRVS.

4. APPCRVS Regional Priorities Driving Partner Activities

Five regional priorities have been identified through direct observation of needs in-country, engagement with country CRVS committees, national CRVS plans and assessments, feedback from Pacific networks such as PHIN and PCRN. These were adopted at the BAG in-person meeting in March 2023.

1. Strong CRVS systems and processes

- a. Improved national coordination through CRVS committees.
- b. National comprehensive assessments and action plans.
- c. Business processing improvements.
- d. Legislative review and upgrade regulatory frameworks.
- e. National CRVS systems are adequately resourced.
- f. Civil registration included in national development plans.

2. Digital civil registration systems and records

- a. Paper-based or out-dated systems replaced with modern e-CRVS systems which are sustainable over the long-term.
- b. Interoperability of information systems and sharing of data with other agencies within a country and regionally, as appropriate.

3. Inclusive and responsive civil registration systems

- a. Conduct Inequality assessments and develop action plans to address identified inequalities.
- b. Civil registration improvements linked to human rights commitments.

4. Cause of death certification and coding

- a. Sustainable national and regional capacity in cause of death certification training for new graduates and doctors already practicing in the country.
- b. High quality coding of cause of death data including regional coding capacity for countries unable to sustain expertise internally.
- c. Data quality audits and improvements.

5. Data analysis, reporting, dissemination and use for policy and planning

- a. National data analysis capacity through regional capacity building activities.
- b. National and regional levels platform for data dissemination.

A collaborative work programme, reflecting plans of each partner agency has been developed and is an annex to this Action Plan. It maps activity against each country as well as initiatives that benefit the wider region. This will be updated quarterly.

There has also been agreement between BAG partners of the need to improve documentation of the lessons learnt, both in terms of better sharing these lessons amongst interested countries, but also to improve the visibility of the contributions made by the BAG group to regional CRVS development, ensure appropriate recognition of the work done both in and by the region, and to build the peer-reviewed body of knowledge around approaches for improving and evaluations CRVS systems and data in small populations and build the credibility of national data sets from the region.

BAG partners actively encourage the inclusion of country partners wherever possible, adherence with local ethics provisions (as applicable) and ensuring the results are shared and discussed with the relevant stakeholders are core principles for research in the region supported by the group.

BAG partners specifically provide skill development and support for countries to:

- Be lead authors,
- Publish (peer reviewed or on our websites),
- Present their work at conferences,
- Network and share experiences, and
- Collaborate with academic institutions and research institutes in the Pacific Island region.

5. Related Regional and Global Initiatives

The APPCRVS sits within a broader context of international and regional initiatives.⁶ BAG will remain responsible to its existing governance structures with work on CRVS coordinated through the APPCRVS but will also collaborate as part of these initiatives as appropriate.

The basic approach of the APPCRVS aligns with the Regional Action Framework (RAF) for Civil Registration and Vital Statistics in Asia and the Pacific that governments endorsed in 2014 at the first Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific, at which the Asia and Pacific Civil Registration and Vital Statistics Decade (2015–2024) was declared.⁷ Extending the Decade was considered by the Regional Steering Group for CRVS in Asia and the Pacific at the annual meeting in May 2023.

The Regional Action Framework contains three goals, 15 nationally-set targets and eight implementation steps for countries to follow while improving their CRVS systems. The RAF facilitates collaborative action at local, provincial, national and international levels by enabling stakeholders to align and prioritize efforts, as well as by monitoring progress toward the goals and targets.

5.1. Three goals of the Regional Action Framework

1. Goal 1: Universal civil registration of births, deaths and other vital events. This Goal includes 5 specific targets.
2. 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. This Goal includes 2 specific targets.
3. Goal 3: Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and are disseminated. This Goal includes 8 specific targets.

5.2. Eight Implementation Steps of the Regional Action Framework

1. Establish an effective and sustainable national CRVS coordination mechanism comprising all relevant stakeholders.
2. Conduct a standards-based comprehensive assessment of CRVS in their territory, which is inclusive of all relevant stakeholders, for the purpose of identifying gaps and making recommendations that will be the foundation of a comprehensive multi-sectoral national CRVS strategy.
3. Set the national target value for each target, in consultation with all relevant stakeholders, and report these to the ESCAP secretariat.
4. Develop and implement a plan for monitoring and reporting on achievement of the targets, including on reporting to the ESCAP secretariat.
5. 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 national targets to address those inequalities.
6. 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.

⁶ See more information in Appendix 4: Selected list of global and regional conventions, treaties and agreements with national reporting and indicator requirements of the TYPSS II document:

https://sdd.spc.int/digital_library/strategic-framework-pacific-statistics-2022-30-pacific-regional-statistics-system

⁷ See Regional Action Framework document: <https://getinthepicture.org/resource/regional-action-framework-civil-registration-and-vital-statistics-asia-and-pacific>

7. Assign a national focal point within the Government that is responsible for coordinating with the ESCAP secretariat and development partners.
8. Through the national focal point, report relevant information to the ESCAP secretariat or subregional body, as appropriate, in accordance with the reporting structure for the regional action framework.

5.3. Six key principles for implementing the regional action framework

1. Countries take the lead. Activities under the Regional Action Framework should be driven by country demand and address the needs identified in the comprehensive multi-sectoral national CRVS strategy, if one exists.
2. A stepwise approach. The Regional Action Framework harnesses existing strengths of members and associate members, and facilitates incremental, feasible and sustainable improvements that are supported by ongoing monitoring and evaluation.
3. Flexibility and responsiveness. Recognising 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 individual circumstances of each member and associate member.
4. Building on local expertise. In recognition of national and regional diversities, the Regional Action Framework leverages local knowledge and expertise for CRVS improvement.
5. 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 Rights 15 and article 7 of the Convention on the Rights of the Child,^{16,17} 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.
6. Coordination and alignment. The Regional Action Framework is a platform to facilitate harmonization and avoid duplication of activities of local, provincial, national, regional and international stakeholders, including the previous PVSAP and current APPCRVS for augmented impact in countries.

To ensure a coordinated approach within countries and the broader region, it is critical to integrate with the following list of initiatives. These initiatives provide significant opportunities for the Pacific Islands and enable countries and BAG partners to access a wider range of resources and expertise.

- Partnership in Statistics for Development in the 21st Century (PARIS21) <https://www.paris21.org/>
- Pacific Monitoring Alliance for Non-communicable Diseases (MANA): <https://pacificdata.org/health-dashboard>
- Sustainable Development Goals (SDG) <https://getinthepicture.org/resource/role-crvs-achieving-sustainable-development-goals>
- Pacific “Healthy Islands” Monitoring Framework:⁸ [Healthy Islands Monitoring Framework](#)

⁸ The 3rd Progress report presented at the PHIN meeting:

<https://phd.spc.int/sites/default/files/p-related-files/2023-03/2023%20PHIN%20Agenda%2011%20TD%203.1%20Healthy%20Islands%20Monitoring%20Framework%203rd%20Progress%20Report%2028%20April%202023.pdf>

6. APPCRVS Country Groupings

PVSAP 2011–2014 established four country groups, acknowledging that different structural and administrative challenges affect small island states and larger countries and administrations in different ways, and hence there is a need to organise technical assistance and training along such lines. However, the varying rates of progress and changing needs in the region have led to some re-organisation of these initial groups.

The current plan recognises six broad groupings of countries, each with different needs and priorities as outlined below. These groupings are based on characteristics such as population size, historical system influences, system complexity and challenges, coverage and access to registration, and the ability to generate and utilise CRVS data for statistical purposes. These are summarised in the table below:

Table 1: Broad country groupings for the APPCRVS

Group	Characteristics	Countries/ States/ Territories	Priority
A	Small countries of the south Pacific with good national coverage	Cook Islands, Nauru, Niue, Tokelau	Medium
B	North Pacific Countries and Territories with US influenced health reporting requirements:		
B1	- States and Countries with significant system challenges, incomplete coverage, and limited COD data.	FSM (National, Chuuk, Pohnpei, and Yap), RMI	Very High
B2	- States and Countries with good coverage and data quality.	Palau and FSM (Kosrae)	Medium
B3	- US territories with data processing and coding done remotely.	American Samoa, CNMI, Guam	Medium
C	Large Pacific countries with good registration coverage including COD.	Fiji and Tonga	High
D	Mid to large Pacific countries with significant legal and structural challenges in registration coverage and completeness, reporting processes, and causes of death.	Kiribati, Samoa, Solomon Islands, Tuvalu, Vanuatu	Very High
E	Papua New Guinea has its own category due to the size of population, presence of a national ID system, and current registration challenges.	Papua New Guinea	Very High
F	French Territories – These territories do not receive direct support under the APPCRVS as they have well developed systems with centralised support from France, but may be engaged in specific reporting or regional activities.	French Polynesia, New Caledonia, Wallis and Futuna	Medium

6.1. Group A: Cook Islands, Nauru, Niue and Tokelau

Group A comprises small island countries in the South Pacific with reasonably good coverage and completeness of both birth and death registration; and capacity to generate and publish data with support. The small population sizes mean that data must be aggregated over periods of at least 3 years (and preferably 5 years) to be meaningful. All have completed an assessment and set priorities, although most committees and plans remain informal.

While there remain some system upgrades required to ensure completely modern, person-based (rather than event based) registration systems, and most records are still managed through excel or Access databases and manual data sharing between departments; the major priorities for this group are strengthening data quality, analysis and reporting, and processes for sharing data on overseas events.

Key details for Group A countries are shown in the APPCRVS County Annex.

Objectives

Recognising national priorities and the current state of CRVS, the APPCRVS has set the following objectives for Group A:

- Countries are registering all births and deaths on island.
- Countries have in place a system for sharing data with key partner countries data on off-island births and deaths.
- Countries have legislative frameworks that support modern, person-centric (rather than event based) registration systems.
- Countries have a quality review processes in place for birth, death and cause of death data.
- Key measures on births, deaths and key cause of death tabulations are published regularly.

It is also noted that the small countries of Group A have essentially complete registration and good interdepartmental links are ideal candidates for considering support around linking CRVS functions with a population registry if suitable support were to become available.

6.2. Group B: Federated States of Micronesia, Marshall Islands, Palau, American Samoa, Northern Mariana Islands, Guam

The north Pacific countries and territories in Group B have similarities in structures, reporting requirements (particularly health reporting requirements around births for CDC and compact funded programs) and legislation. Death certificates all follow the US standard and are countersigned by the Directors of Health.

Active agencies in this sub-region include the Pacific Island Health Officers Association (PIHOA) and COIIN. The COIIN program has a unique set of targets around improving birth records and reporting of neonatal deaths; focussing on working with maternal and child health programs. While both agencies collaborate with BAG, more needs to be done to streamline messages and improve coordination in this area.

While Group B has common priorities including reducing duplication across reporting systems and improving the analysis and reporting of data; there are three distinct sub-groups with very different needs across this set of countries.

Group B1: FSM (National, Chuuk, Pohnpei and Yap States) and RMI

Both large countries with significant system issues, CRVS as a whole is fairly dysfunctional in both FSM and RMI. There is also potential for improving reporting, and particularly COD reporting from outer islands. In RMI this is probably through increased remote support to nurse practitioners in the community, while in FSM, verbal autopsy procedures may be more appropriate. Both national systems have weak leadership at the national level. In FSM this may be attributable to the split between state and national functions and the lack of a national registry office; while in RMI there has simply been limited investment in the registry component of CRVS and limited capacity in the health system to adequately deal with their reporting functions. There is significant work underway in RMI to strengthen the health system and civil registry functions are anticipated to be moved to the Ministry of Health. At the state level, both Chuuk and Pohnpei struggle with overall system capacity (and functionality) and have poor completeness and a very high proportion of deaths due to unknown causes. There are a number of key priorities for this group including legislation revision, strengthening registry capacity and infrastructure, clarifying departmental roles and responsibilities, improved health reporting procedures and access to registration in the outer islands, data collation and quality management at the national/ central level, certification training and coding support. Across all of this, these countries and states need to invest heavily in improving their own human resource capacity, with current gaps requiring both additional staff numbers and improvements in minimum education and skill requirements for employment in key roles, along with additional support and training from partners. Verbal autopsy will be important but will require some of the underlying structural issues to be addressed first if it is to be effective.

While it could be argued that Yap, which has more regular publication of data through statistics and health and appears to have a stronger outer island health network, should belong to group B2, it still has significant coverage issues given the highly dispersed and remote populations and extremely limited capacity within the civil registry office which is still operating a predominantly manual system.

Group B2: Palau and Kosrae

While there is a need to improve IT to reduce reliance on manual systems and clarify roles and responsibilities between departments; these systems have essentially complete reporting for births and deaths including medical certification. There are also strong functional links between key departments with data being shared on a routine basis. The priority here is to improve the quality of death certification and coding (which for Kosrae is done at a national level in Pohnpei), to improve the efficiency in these labour-intensive systems, and to improve analysis and reporting.

Group B3: US Territories – CNMI, Guam and American Samoa

In CNMI and Guam, CRVS is completed through the health system, while in American Samoa this function is split between health and homeland security (more similar in function to most other Pacific PICTs). All territories have essentially complete systems, IT systems that are compatible with the US Electronic CRVS standards and are part of the US national data sharing arrangements (EVE and STEVE systems). All data is sent to the national centre, with deaths coded remotely. There are limited procedures for returning coded data to the territories, and limited analytical capacity locally. Most analysis at the national level does not adequately disaggregate data for local use. The key priority for this group of territories is to support improved collaboration and data sharing with their national system and encourage analysis of key measures and indicators at a territory level.

Key details for group B countries are shown in the APPCRVS County Annex.

Objectives

Recognising national priorities and the current state of CRVS in these countries, the following objectives for BAG support in Group B, in addition to supporting national goals and targets:

- All PICTs are routinely publishing vital statistics derived from CRVS (including appropriate caveats).
- All PICTs have set national priorities for CRVS improvement, along with targets under the RAF.
- Responsibility for notification, registration, analysis and reporting are clearly (and legally) defined in each PICT.
- All PICTs have an agreed coordination mechanism in place to support CRVS improvements.

Group B1

- All births and deaths in central islands are both reported and legally registered, with improved birth and death registration from the outer islands.
- All deaths in hospital or within close proximity to a doctor are medically certified.
- PICTs have improved reporting of events in outer islands with an eventual view to introduce verbal autopsy where appropriate.

Group B2

- High levels of completeness for birth and death registration are retained, with improved rates of legal registration of events (rather than just through the health system).
- PICTs are supported to improve efficiency of their systems to reduce the high labour intensity of current processes.

Group B3

- Territories have a clear data sharing agreement in place that allows them to access coded COD data from their own residents.

6.3. Group C: Fiji and Tonga

These two countries both have relatively large populations, well developed health information systems, fairly complete reporting of both births and deaths (at least within the health system), and reasonably high-quality

cause of death data with most deaths being medically certified. Support for these countries started in earnest late in 2012, although both had completed comprehensive CRVS system assessments prior to the commencement of the PVSAP. Despite their achievements, and relatively high capacity for CRVS process, tensions remain between departments in both countries that limit data quality and comparison and tend to stall routine production of birth and death statistics at a national level. There are also concerns that reporting processes designed to ensure high quality data capture may make late registration of births difficult for those who miss out at the time of their birth.

Key information for both countries is shown in the APPCRVS County Annex.

Objectives

In addition to national targets and goals, under the plan we would like to see all Group C countries:

- Maintain high levels of registration completeness for all births and deaths.
- Reduce or eliminate duplication of collection or data handling where possible.
- Ensure equity in access to registration so that all children have their births registered and all deaths are recorded.
- Improve cause of death data through universal certification and improved coding practices and review.
- Have procedures and infrastructure in place to ensure sustainability of their current systems and improve quality control procedures.
- Where possible, consider the introduction of person-based registers.
- Improve quality assurance, and routine reporting of key vital statistics and causes of death.

6.4. Group D: Kiribati, Samoa, Solomon Islands, Tuvalu, and Vanuatu

This group constitutes large countries with systems that have significantly less than universal registration for either births, deaths or in most cases, both. While these countries have started at several very different places, Vanuatu and Solomon Islands have made substantial improvements in both their overall systems and birth registration coverage, while Kiribati, Samoa and Tuvalu have struggled despite significant TA investments. While Samoa has achieved notable progress in certification improvements and data sharing between health and registry, initial progress has stalled with the lapse of the national committee, and the CR system has been reviewed as requiring significant support concerning IT infrastructure and processes. Samoa is also less dispersed geographically than the other countries here, however it faces similar challenges in under-reporting, and has identified a need to better engage through ministries with direct community contact (in Samoa's case both with the Ministry of Health and the Ministry of Women's Affairs) to improve registration coverage.

Systems remain fragile and are vulnerable to changes in individual personnel, shifts in policy or support, or a reduction in development partner support.

Although birth registration rates are generally higher than death registration rates, none of the countries have achieved 100% complete birth registration. Additionally, many deaths are only reported through the health system, and this data is often not shared with other stakeholders or is collected in a fragmented manner. Therefore, data on registered or reported deaths across all countries is incomplete and requires significant adjustment or inference to analyse.

Key information for both countries is shown in the APPCRVS County Annex.

Objectives

In addition to national targets and goals, under the plan we would like to support Group D countries to:

- Improving interdepartmental coordination to improve CRVS and community outreach.
- Strengthening the sustainability of their systems by implementing legal processes, delegation of function, documenting procedures, gaining political support and allocating national resources.
- (As funding allows), support countries to invest in IT systems for CR that support national processes and enhance data quality control and management.

- Increase birth and death registration to achieve coverage targets set by countries, while also encouraging them to aim to achieve:
 - Universal birth registration.
 - At least sufficient death registration coverage so that the data collected is useful for statistical purposes.
- Improve cause of death reporting by ensuring accurate medical certification of deaths that occur in hospitals and promoting the collation of cause of death data from the community through VA processes (following improvement in the collection of fact of death).

6.5. Group E: Papua New Guinea

The population size and level of development puts the challenges of national CRVS in Papua New Guinea into a very different scale from that for other PICTs. Work on improving the CRVS system has been very limited despite numerous attempts from BAG partners and others to initiate this support, including the development of an Action Plan in 2019 which has not been implemented. PNG has been focussed on the rollout of a national ID system.

Key information is shown in the APPCRVS County Annex.

Objectives

In addition to implementing the 2019 Action Plan, we would like to support PNG to:

- Improve interdepartmental coordination to improve CRVS and community outreach.
- Strengthen the sustainability of their systems by implementing legal processes, delegation of function, documenting procedures, gaining political support and allocating national resources.
- Increase birth and death registration to achieve universal birth registration and at least sufficient death registration coverage so that the data collected is useful for statistical purposes.
- Improve cause of death reporting by ensuring accurate medical certification of deaths that occur in hospitals and promoting the collation of cause of death data from the community through VA processes (following improvement in the collection of fact of death).

6.6. Group F: French Territories

These territories do not receive direct support under the APPCRVS as they have well developed systems with centralised support from France but may be engaged in specific reporting or regional activities. Wallis and Futuna have identified a need for some assistance in improving cause of death reporting in recent data; with both Wallis and Futuna and French Polynesia correcting reporting practices over the last several years with support from SPC to separate stillbirths from infant mortality data. Future consideration should also be given to encouraging reporting health and mortality statistics in New Caledonia by ethnicity given the expected disparities; although this is currently restricted by French legislation.

There is potential capacity within these countries to play a more active role in south-south support in specific areas.

Key information is shown in the APPCRVS County Annex.

7. Previous Pacific Vital Statistics Action Plan (2011–2020)

Following the formation of the BAG in 2010, the Pacific Vital Statistics Action Plan (PVSAP) was developed to promote the improvement of statistics on births, deaths, and cause-of-death through routine collections in order to provide decision-makers with the evidence needed for effective planning; and to better coordinate technical efforts amongst partners. This vision was later extended to be more inclusive, recognising the importance of encouraging civil registration for human rights. The present APPCRVS 2023–2026 also places increased focus on civil registration as the basis of a legal identity for further national ID and e-government functions.

The first phase of the PVSAP covered 2011–2014. At the March 2014 BAG meeting, all partners committed to continuing support for CRVS system improvements in the region, in line with the Ten Year Pacific Statistics Strategy (2011–2020).⁹

Since 2010, BAG partners have developed regional best practice guidelines in areas such as legislation, data sharing, and IT systems and provided support to countries to subsequently implement these guidelines. BAG partners have also provided training and capacity-building on analysis and interpretation of civil registration data, medical certification of causes of death, and ICD coding of cause of death. BAG partners have also facilitated high-level advocacy for CRVS with in-country partners. In light of these activities, PICTs have conducted rapid or comprehensive assessments of national CRVS systems and formed national CRVS committees to provide oversight and coordination of CRVS improvement activities. Countries have increased CRVS stakeholder engagements, including between national civil registries, statistics offices, and health departments, implemented policy changes and undertaken review of CRVS legislation. National vital statistics reports have also been published. There have been improvements in birth and death registration.

For specific details on achievements over the period of the PVSAP, see Pacific CRVS webpage by SPC at <https://sdd.spc.int/civil-registration-and-vital-statistics-support-crvs>.

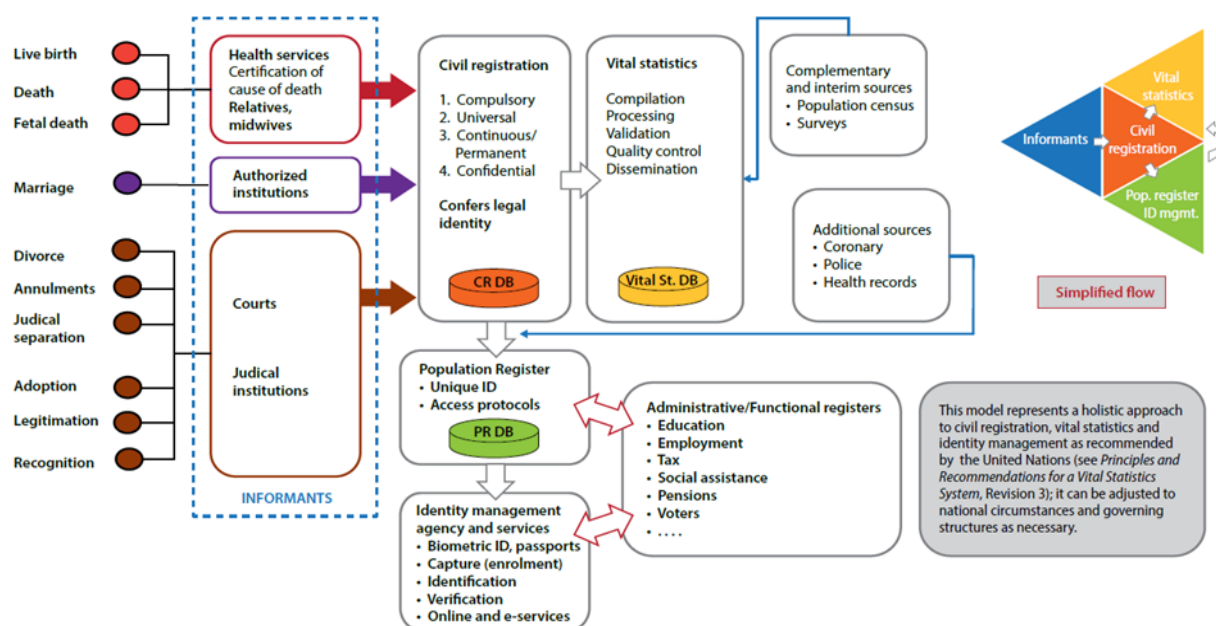
Despite the progress made, key challenges remain in many PICTs in achieving efficient and reliable universal registration of births, deaths and causes of death. Some common issues identified in the assessments include:

- Difficulty accessing remote populations.
- Logistical challenges transferring data from provincial to national centres.
- Significant problems with accuracy of cause-of-death data.
- Poor cause-of-death certification practices.
- Limited coverage and accessibility to health services.
- Outdated legislation and poor understanding of existing policies.
- Need to better engage communities and a lack of incentives for registration.
- Lost data due to events occurring overseas.
- Limited analysis and use of data.
- Need for further capacity building in data management, system support, analysis and reporting at both country and regional levels.
- Difficulty retaining skilled staff in dysfunctional or under-resourced systems.
- Need for strong leadership and governance to encourage a ‘culture of information use’.
- Unreliable or unsuitable IT systems.
- Duplication of responsibilities for vital registration.

⁹ See Pacific Vital Statistics Action Plan (2011–2020) here: https://sdd.spc.int/digital_library/pacific-vital-statistics-action-plan-pvsap

The following diagram shows the core components of a functional CRVS system including identity management system. Underlying elements and structures that are essential for supporting these functions to operate effectively.

The APPCRVS is designed to provide support across the broad range of system components that are important in building a robust, responsive and effective CRVS system.



Key: CR DB: Civil Registration Database; PR DB: Population Register Database; Vital St. DB: Vital Statistics Database

Source: Framework for civil registration, vital statistics, and identity management system developed by the UN Legal Identity Expert Group.