

Tanoa Waterfront Hotel, Lautoka, Fiji Islands
1st – 2nd June 2016

PSSC-12 Agenda 9.1

Meeting Paper Title: Civil Registration and Vital Statistics (CRVS) in the Pacific Islands (Paper presented by SPC on behalf of the Brisbane Accord Group)

1. Purpose of Paper

1.1. This paper builds on the information presented on behalf of the Brisbane Accord Group at the previous PSSC meeting in order to:

- To re-iterate the importance of Civil Registration and Vital Statistics (CRVS) for monitoring national development and highlight the role that National Statistics Offices should be play in supporting CRVS system development and VS reporting.
- To provide, as requested by PSSC-11, an overview of the current status of CRVS systems in the Pacific, and key challenges for the region in ensuring universal civil registration.
- To ensure PSSC members understand the regional frameworks for supporting system improvement, and the coordinated support available from technical partners through the Brisbane Accord Group.
- To challenge NSOs to take a lead role in working across sectors to:
 - o ensure there is a coordinated set of national priorities through an endorsed national CRVS plan,
 - o routinely evaluate and publish vital statistics data from the national CR system,
 - o advocate for appropriate investment in national CRVS systems at both the national level and through investment partners, and
 - o ensure that CRVS systems (along with other sources of administrative data) are adequately reflected in national strategies for the development of Statistics.

2. Introduction / Background

2.1. Civil registration (CR) is the compulsory, continuous, universal and permanent recording of vital events such as births and deaths. From these records, vital statistics (VS) on births, deaths, causes of death, fertility and mortality (and where migration data is also available – population estimates) can be produced for policy and planning. Where civil registration has a high level of both coverage and completeness, it is generally accepted to be the preferred source of vital statistics due to the ongoing and timely collection of data; and the ability to include cause of death information.

2.2. There has been growing recognition over the last several years of the importance of accurate vital statistics for the Pacific Islands. CRVS data will be essential for reporting against development frameworks such as the Sustainable Development Goals (SDGs) and the Healthy Islands Framework. CRVS is also increasingly being recognised as a critical mechanism for supporting good governance (through data driven planning and accountability, links with electoral rolls etc), a tool for financial management (linkages with social security) and data linkages (through identity management) and a key element in supporting human rights (through the recognition of identity and associated rights, and the accountability of measuring and recording deaths).

2.3. Recognising the importance of CRVS, and reflecting the various political commitments already made by member governments (attached in the appendices), PSSC-11 noted the recommendations made at that meeting and agreed that:

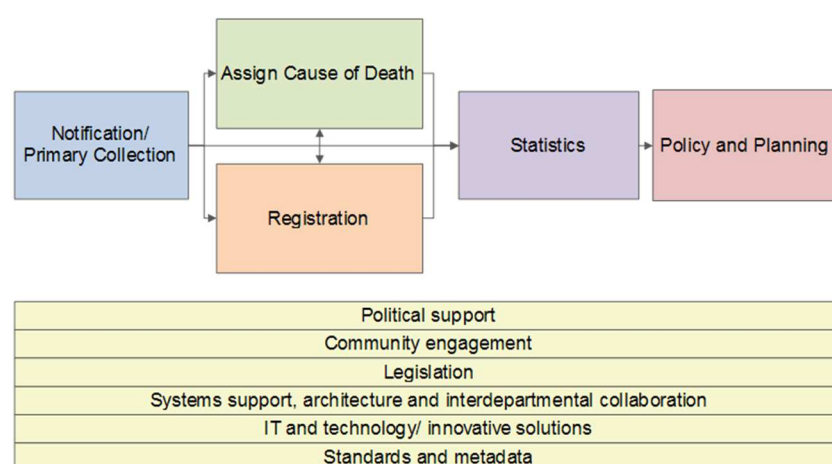
- NSOs [should] encourage and lead where appropriate to ensure that there is a formalised national committee for CRVS improvement in place, and to work with this committee to:
 - Formalise terms of reference and have these endorsed
 - Discuss and set targets in line with the RAF requirements, and discuss with BAG and ESCAP if more time is needed to set these prior to December 15
 - Finalise a national multi-sectoral plan that identifies key priorities and endorse this through the appropriate national political channels.
- National plans should be used as a basis for discussions at a national level around appropriate resourcing for the role of the NSO in CRVS (and other administrative systems) and with donors and partners regarding the need for and value of national and regional technical support.
- National committees that have identified IT a key priority should review the regional guidelines and consider what is needed to move forward.
- Countries that have completed a vital statistics report should be congratulated, and that all countries are encouraged to include this activity in their release schedules at least every 2 years

2.4. PSSC-11 also added a call for TYPSS Partners to harmonize and consolidate a list of their individual assistance on CRVS, so as not to burden NSOs with assistance. As presented at that meeting, this one of the two primary reasons for the establishment of the Brisbane Accord Group (BAG) in 2010, with work by the various partners being coordinated through the Pacific Vital Statistics Action Plan (PVSAP). The other reason of course being to support the improvement of CRVS systems and data in the region.

2.5. The registration process is composed of five key functional steps and relies on a range of underlying support needs as shown in Figure 1. In order to ensure the system can generate high quality, reliable and timely data for policy and planning use, all of the components must be functioning well. As such effective CRVS systems require a multi-sectoral approach as they

span a range of government functions and departments. These generally include the health, statistics, and registry sectors; and may also include departments such as police, immigration, IT, social security, planning, local government and education amongst others. Given the importance of vital statistics for national development, it is essential that the national statistics office has a strong voice and active role in the national CRVS coordination mechanism.

Figure 1: CRVS functional steps and supporting elements

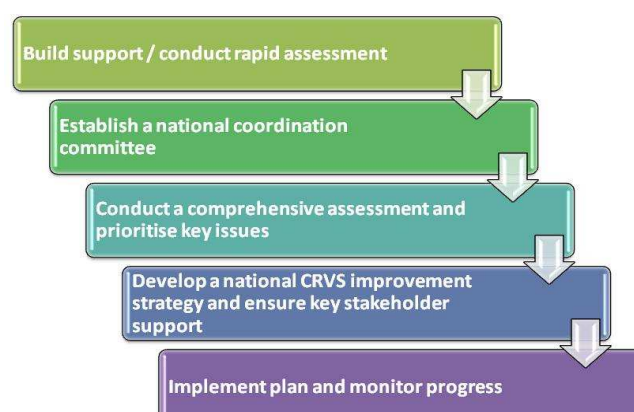


3. The Status of CRVS in the Pacific Islands

3.1. There is, and remains, significant variation in the capacity of CRVS systems in the Pacific Islands, and from a statistical point of view, their subsequent ability to generate reliable, timely data on births deaths and causes of death. While some systems have near complete data with medical certification of causes of death with routine analysis and publication; others are still struggling to make registration nationally accessible. While some of these differences are a result of differences in population size, geography (single vs multiple islands) and system maturity; others can be directly attributed to the engagement between national stakeholders and priority given to the improvement of the CRVS system.

3.2. The approach taken under the PVSAP is to support countries to form a national committee, conduct an assessment (using a recognised assessment tool) and develop a national multi-stakeholder plan, and subsequently to implement this plan (Figure 2).

Figure 2: Steps towards CRVS improvement under the PVSAP



3.3. Technical assistance is provided at each step, and the national plan is important in ensuring that activities across the system and the support provided by partners is coordinated and is targeted at addressing recognised country priorities. Since 2011, support has been provided to all PICTs (excluding the French Territories) to undertake this process. The only exception being PNG which has had several technical visits, but which has not yet undertaken a national assessment. While all remaining countries have set priorities as a result of the assessment process, not all have completed or formalised these plans; while some countries in group 1 who commenced this process in 2011 may need to revisit these having completed many of the items on their original lists. An overview of the status of national assessments and plans is given in Table 1.

3.4. In 2014, PICTs also committed to the Asia Pacific Regional Action Framework (RAF) on CRVS, and endorsed the UN decade for CRVS in Asia and the Pacific (2015-2024). The RAF has taken a very similar approach to the PVSAP, with countries committing to forming a national committee, assessing their CRVS system and developing a national multi-sectoral plan. The RAF however goes a step further and commits countries to setting target levels for indicators under three goals and reporting progress against these to ESCAP.

The three goals are:

- 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.

While the goals and target text are common, each country has committed to setting their own target levels against each of these goals. The first report, including country targets, was due to ESCAP by December 2015. To date, only 6 countries have formally shared this information with ESCAP (see Table 1).

3.5. Although many countries have not formalised their national plans, this should not be taken as a sign that little progress has been achieved; with many countries making significant improvements to their systems both during the assessment process and as a result of the priorities identified through this (whether formally documented or not). Some of these key achievements over the previous 5 years have included:

- Improved integration of CRVS data and systems into national planning mechanisms
- Greater coordination and improved data sharing between departments
- Improved access to data including greater links with health sector, and extensive outreach programs (such as those recently undertaken in Vanuatu and Fiji)
- Infrastructure investment, including new IT, decentralisation of access points etc. (Solomon Islands and Vanuatu)
- Legislation review and revisions to ensure universal registration (Vanuatu and Samoa)
- Improved certification and coding practices, and quality review (Fiji, Tonga, Kiribati, FSM and others)
- Published national vital statistics reports (Cook Islands, American Samoa, Nauru)

Many of these achievements were highlighted at the Pacific regional meeting on CRVS in Noumea in February 2016, with countries sharing key lessons, achievements and challenges following the first 5 years of the PVSAP and reviewing the updated UN Principles and Recommendations for CRVS. Country presentations and materials are available on the event page of the PVSAP website at www.pacific-crvs.org

3.6. While much of the progress has been impressive, we do however still face significant challenges in ensuring that every birth and death in the region is registered, and even more so that this information is used in the production of vital statistics. While the key issues vary from country to country, there are a number of common challenges which affect multiple countries across the region and these are what we will focus on in the following section. BAG partners will continue to work with countries as possible on an individual basis on their own unique challenges and situation.

4. Key Challenges for CRVS in the Pacific Islands

4.1. The issues outlined in this section have been drawn from partner engagement across the region, feedback from national plans and assessments, and discussions at the regional meeting in February. While nearly all countries have made significant progress over the last several years; having addressed many of the more simple issues that can be dealt with through internal processes - the issues that stand out across the region are those which require meaningful collaboration between departments at the national level.

4.2. The legislative framework

While all countries have a requirement to formally register births and deaths, much of the legislation across the region is old and does not adequately support a modern efficient CRVS system. Problems range from very specific issues such as legislation prescribing the exact form layout and pen colour to be used – thus restricting greater use of electronic registration, or specific exemptions such as in Samoa where funeral parlours are exempt from ensuring deaths are registered; through to the Solomon Islands where the legislation supports a parallel system that “competes” with national registration by recognising a statutory declaration from a justice of the peace as having equivalent or greater legal standing than a birth or death certificate. Across the region, legislation is frequently too prescriptive, and thus limiting when looking at means to improve processes, and there are very few systems that adequately manage data protection and use. Many countries are dealing with specific issues, and particularly data sharing, through formalised MOUs to work around older legislation. Several countries have also started legislation reforms, although to date these have not been finalised. A working document on “best practice” legislation guidelines for the region detailing key elements for inclusion and citing positive examples from the region was circulated to all countries earlier this year and to the previous PSSC meeting. It is attached again here for the information of PSSC members.

Table 1a: National CRVS Key features (part 1)

Country	Ministry/ Department that houses the Registry office	Committee	Year of Comprehensive Assessment	CURRENT Plan	RAF targets	Coverage of CRVS system
Am. Samoa	Homeland Security	Not active	2014 (rapid assessment plus mapping)	No	No	Whole country
CNMI	Health	No	2012	No	No	Whole country
Cook Islands	Justice (courts)	Informal	2011	No	No	Whole country
Fiji	Home affairs	Formal	(HMN assesement 2009-10) 2011 - mapping and prioritisation exercise	Yes	Yes	Whole country
FSM	Courts (state based)	Informal	2012	Draft	Yes	Major population centres
Guam	Health	No	2012	No	No	Whole country
Kiribati	Womens affairs	Informal	2014-2015	Not complete	Yes	Whole country
Nauru	Office of the President	No (suggestion to incorporate into HIS committee)	2011	No	No	Whole country
Niue	Justice (AG)	Informal?	2011	No	No	Whole country
Palau	Justice (courts)	Informal	2012	Draft	No	Whole country
PNG	Registry	Formal (but being replaced with new format)	Not completed (assistance has been offered)	No	No	Unknown - expanding access to birth registration through national ID
RMI	Internal affairs - moving to Health	Not active	2012+2014	Draft	No	Major population centres
Samoa	Statistics	Formal (not active)	2013	Informal	Yes	Whole country
Solomon Isl.	Home affairs	Formal	2014-15	Yes - currently being finalised	Yes	Major centre only
Tokelau	Transport	Formal	2011	No	No	Whole country
Tonga	Justice	Formal (not active)	(2008-2009)	Informal	Yes	Whole country
Tuvalu	Justice (AG)	Not active	2011	No	No	Major population centre - (local government has reigstry role - but this is not working well)
Vanuatu	Home affairs	Formal	2014-2015	Currently being finalised	No	Major centres - expanding to whole country through outreach and links with heath and education
* Figures as self-reported by Countries to ESCAP						
" + data difficulties (and changes to the selected data set) mean this report is unlikely to be finished)						
# Carter, Karen L., et al. "Mortalityv and life expectancy in Kiribati based on analysis of reported deaths." Population health metrics 14.1 (2016); 1.						

Table 1b: National CRVS Key features (part 2)

Country	Estimated birth registration completeness*	Target 1.A: by 2024, at least ... per cent of births in the territory and jurisdiction in the given year are registered	Estimated death registration completeness*	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	Have completed a CRVS DARW course	Vital Statistics Report Published	Deaths which are medically certified	Country should be able to generate routine vital statistics reports based on current collection of CRVS data
Am. Samoa					Yes (person has subsequently left)	Yes	All	Yes
CNMI					Yes	Pending	All	Yes
Cook Islands					Yes	Yes	All	Yes
Fiji		* pending		*pending	Yes	Progress stalled	All (with minor exceptions)	Yes -from health registration rather than CR data
FSM	80 (2014)	95%			Yes	Pending	Deaths in hospital only (all deaths in Kosrae)	No
Guam					Yes (person has subsequently left)	Progress stalled	All	Yes
Kiribati	97 (2010)	100%	91 (2010) -Note study found 58% for 2005-2009 based on reconciled data only#	100	Planned - 2016		Deaths in hospital only	No
Nauru					Yes	Yes	All (with minor exceptions)	Yes
Niue					Yes	Yes	? All	Yes
Palau					Yes	Progress stalled	All	Yes
PNG							Deaths in major hospitals (incomplete)	No
RMI					Yes	Pending+	Most deaths (certificates for deaths from outer islands completed by radio)	No (due to data quality issues rather than coverage or completeness)
Samoa	30 (date not stated)	85%		70	Planned - 2016		Deaths in hospital only	Unsure (registration coverage is currently thought to be too low for accurate results)
Solomon Isl.	29 (2014)	85%		60	Planned - 2016		Deaths in hospital (incomplete)	No
Tokelau					Yes	No	(Most not certified)	Unsure (although system should be able to capture most events)
Tonga	89 (2014)	95%	80 (2014)	85	Yes	Pending	All deaths (some gaps)	Yes
Tuvalu					Yes (x2 person has subsequently left)	No	Deaths in hospital only	No (poor collection from outer islands), may be possible from health registration data
Vanuatu					Planned - 2016		Deaths in hospital only	No

4.3. Clarity of roles, responsibilities and data sharing

One of the key challenges that has been noted both in regional discussions and in national plans is ongoing uncertainty related to roles and responsibilities between departments as registration becomes more accessible; and countries shift registration closer to the time of event (birth or death) with more of this function carried out within the health sector. Common issues that have arisen include an increased burden on the health system (often without adequate recognition or resourcing, and frequently linked to a lack of IT infrastructure at the registry office which limits capacity at this office); registry systems that cannot amend or extract data when necessary due to external IT processes and management without clear lines of responsibility; processes (such as data checking or analysis) that are not clearly assigned and therefore do not get routinely completed, and competing analyses and publications between departments. Additionally, while many countries now share notifications of births and deaths directly with the registration office to improve registration rates; others still rely heavily on the family to facilitate this data sharing. This is particularly an issue in addressing late birth registrations where the child is being raised by extended family who may not be able to access original documents to complete the registration.

While the mapping exercises undertaken with nearly all countries as part of their national assessments have helped to identify and untangle these concerns, and most plans include a need to improve process documentation and policy; there has in practice been limited progress in this area. BAG is actively working to support countries to improve their process documentation and share these documents where possible to encourage others.

4.4. Access to registration

For some countries in the Pacific, particularly those with highly dispersed populations and a large number of islands, access to registration points remains a significant challenge for improving registration rates. In the Solomon Islands, RMI and Pohnpei for example – registration is possible only in the major population centre; and as such the majority of registrations, if completed at all, are through the late registration process. Addressing access issues is a significant undertaking – considering options of decentralisation and delegation, collaboration with other ministries and outreach programs; with appropriate solutions differing in each country. We have however seen significant progress in this area over the previous several years with examples such as the outreach program in conjunction with the electoral office and collaboration with the Ministry of Education in Vanuatu proving that it is possible to have a significant impact on registration completeness in a short time period with appropriate investment. One of the greatest challenges that countries face in considering how to improve access to registration, linked closely with the legislation issues above, is balancing ease of access with gathering the evidence required to ensure a reliable legal identity.

4.5. Infrastructure and IT

Quite a few countries in the region have identified IT infrastructure for the registry office as a major need, and have either invested in new or improved systems (i.e. PNG, Fiji, Samoa, Solomon Islands, and Vanuatu) or flagged this as a high priority in their national assessment (i.e. Samoa, Kiribati, RMI, FSM, Tuvalu and Palau). Poor IT systems (or indeed the lack of a viable system altogether) make data sharing more difficult, and as records are difficult to search and find tend to lead to issues of poor data quality and duplicate registration. Another effect has been a practical shift of registry functions (such as error corrections, searches, and name

changes) to health departments which have tended to have better IT systems in place. Regional guidelines for IT for CRVS in the Pacific have been circulated to all member states as a draft for comment, and discussions commenced regarding the potential benefits of a collaborative approach to IT purchases or development. It was strongly noted by all participants at the regional meeting in February that they felt it was imperative that legislative issues, roles and responsibilities and data sharing procedures should be dealt with as a matter of priority before expenditure on IT upgrades in order to ensure that countries end up with appropriate systems that meet their needs.

4.6. Data protection and quality

The effectiveness of the CRVS system is largely dependent upon the ability to share data between access points and the registry in order to ensure a high level of registration completeness, and for this data to be shared in an appropriate way for data quality assurance and analysis to produce vital statistics. Additionally, there is a growing understanding of the value of a national identity to link government services, plan service provision and track population changes. At the same time, the registration both assigns and closes a legal identity, and it is critical that this information is adequately protected from inappropriate access or use so that people trust their data is secure. This was a major topic of conversation at the recent meeting in February, with all countries present expressing concerns around the need to improve the legislative framework around data protection and the systems that support these activities. This will be increasingly important as the technological capacity to link data sets (for electoral rolls, ID, e-government or population registers etc.), moves faster than the legislative and policy framework.

4.7. Registration of deaths

Across the region, the registration of deaths tends to be significantly less complete than the registration of births. There are a number of factors which contribute to this – not least being a general reluctance to discuss deaths and lack of understanding at both the community and community leadership level of why this data is important, and the lack of incentives (such as burial permits or need for registration documents for property transfers and access to the deceased persons assets). At the same time however, given these difficulties, we have seen a real reluctance from some national committees and departments to include a strong focus on death registration in their programs. There is a need to strongly engage with communities to advocate the importance of death registration – while at the same time addressing the legal and access issues to ensure the process for death registration is as simple and non-threatening as possible.

4.8. Cause of death data

While there has been an impressive amount of work done over the previous few years to improve cause of death data (including extensive training for doctors and coders, national data quality assurance processes and the introduction of induction processes for new doctors); this remains an area that most countries have specified as a need for additional support. Improving cause of death data includes addressing medical certification of death, the coding of medical certificates, and, for countries where universal certification of death is not currently possible (FSM, Kiribati, Vanuatu, Solomon Islands, and PNG) consideration of the use of verbal autopsy (family questionnaires) once systems are in place that adequately capture the fact of death (see section 4.7). There is also a need to support greater assessment of the quality of cause of

death data – something which has been done (or is underway) collaboratively with BAG partners for several countries (Tonga, Fiji, Samoa, Kiribati) – but which requires significantly more investment to be able to incorporate this more routinely.

There are many factors which influence the medical certification of death. Current work supported by BAG in FSM indicates that training alone is not sufficient to improve certification practices, with family and community pressure exerting a strong influence on what doctors feel comfortable recording. Further training will therefore need to be undertaken in the context of broader community programs to encourage death registration and improve the understanding of why this data is important.

Key coding challenges include working with countries both to improve coding skills, but also to seek more collaborative approaches to coding and quality assessment. These are specialist skills (that differ from health morbidity coding) that require constant practice and review to ensure high quality data outputs. BAG has been working with several countries with a high enough volume of deaths to look into the use of automated systems, but there remains a need for regional support both for outliers that do not fit these systems and for countries where the volume of deaths simply does not support automated coding or routine practice for manual coding; and a system to support data sharing that would allow countries to legally share de-identified data and utilise regional support as available.

For countries considering verbal autopsy, beyond the initial investment in ensuring that we are able to adequately capture the fact of death (and therefore know which deaths require further investigation), there is a significant investment required to ensure that the VA tool used is suitable at a local level, will adequately capture locally relevant conditions, and that there are adequate systems, personnel and training in place for the initial interview, review of data to assign cause of death (by a medical practitioner), coding and data collation. For this reason countries are encouraged to initially ensure that both the certification of deaths in hospital and coding issues are addressed prior to moving on to verbal autopsy.

4.9. Analysis capacity and reporting responsibility

As noted at 4.3, the analysis of CRVS data is frequently either not clearly assigned to specific job roles, or is done separately between health and statistics leading to disputes regarding both the data set and final figures. Additionally, the staff to whom this role does tend to fall are often also responsible for a range of other HIS and health reports (within the Ministry of Health) or statistical surveys such as the DHS (within the social statistics section of the NSO) and find it difficult to prioritise this work in the face of other time bound pressures (such as survey funding). While substantial investments have been made in data analysis training across both sectors over the previous few years (largely at country request), many of the final reports have been stalled due to these issues or staff turnover. Of the reports that have been finalised, we are aware that many of these have been completed out of hours with staff working weekend or taking leave to find the space from their normal duties. If we are to genuinely improve the routine analysis and reporting of CRVS data, we need to not only ensure that the appropriate data sharing agreements are in place, but that this work is given a clear priority and place in the NSO reporting schedule and appropriately resourced. At a minimum we would hope to see that all countries produce a basic vital statistics report from their CRVS data every

two years (with appropriate caveats if the dataset is not complete); with an ultimate aim of annual reports in line with the RAF targets.

4.10. A need to improve the resourcing and political commitment to CRVS

The visibility of CRVS and political commitment has grown substantially since 2011 and the beginning of the PVSAP. Most recently, the RAF commitment has been useful in encouraging countries that have done an assessment and set priorities, but not necessarily formalised these into an adopted plan to revisit this and formalise their priorities and commitments to action at a national level. However, formalising these plans is essential to ensuring a coherent national approach where data can be shared readily between agencies for its intended purpose, and also for assisting partners to be able to identify and justify areas in which we may be able to assist. Ideally, the aim is to have all countries with a formalised CRVS plan that is referenced in the National Strategy for the Development of Statistics. While some countries have achieved this and are working together, others have many of the pieces of this work done (the assessment, priority setting etc.) but have yet to bring it together. Additionally, it should be noted that having completed many of the more accessible actions and system amendments – many Pacific countries are now facing more structural changes (as described above – legislative, infrastructure, and procedural) that require a greater level of resourcing. While development partners continue to provide support as possible – registration is inherently a national function, and for long term sustainability of systems (particularly those which are currently heavily reliant on outside support for basic operational support), they must be supported through appropriate national investment and prioritisation.

5. Support from the Brisbane Accord Group

5.1. The Brisbane Accord Group (BAG) is working to support countries to improve CRVS in the Pacific through the Pacific Vital Statistics Action Plan (PVSAP), and has done so since its formation in 2010. BAG brings together the activities of the various agencies to ensure consistent messages to country, but also to ensure the maximum impact from technical assistance and investment through coordinated and complimentary activities. There are currently 12 agency partners in the BAG membership: SPC (which also acts as coordinator for group), WHO, UNICEF, UNFPA, ESCAP, The Australian Bureau of Statistics (ABS), Pacific Health Information Network (PHIN), Pacific Civil Registrars Network (PCRN), Queensland University of Technology (QUT), Fiji National University (FNU), the University of Queensland (UQ) and the University of New South Wales (UNSW). Priorities are drawn directly from national assessment and plans (and where these are not formalised through direct country engagement with national committees); and partner engagement on the ground – with regular meetings and discussion between partners to ensure consistent and complimentary approaches.

5.2. BAG also works closely with related initiatives to ensure coordinated and complimentary approaches. This has included the work of the Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality (coordinated by US HRSA), the HIS work of the Pacific Island Health Officers Association, the Global CRVS network and various other individual projects.

5.3. Rollout of the PVSAP over both Phase 1 (2011-2014) and Phase 2 (2015-2018) has taken a staged approach. This started with the small island countries in 2011 and continued through to 2013 when we started working closely with our last group - the larger countries, who at that time had less well developed systems. We have throughout continued our support to the earlier groups as they implement and work on priority issues, with technical assistance shifting over time from assessments to more specific issues such as coding, certification and data analysis. Much of the current work outlined in the November 2015 report to PSSC remains underway, with support ongoing to a number of country projects and reports, and ongoing work to advance regional projects such as the legislation guidelines and review, follow up support to countries regarding target setting under the RAF, redrafting of the data analysis course work and reporting guidelines, and regional analyses of mortality. In addition there has been a major regional conference (in February 2016) involving all PICTs (except RMI who were unable to attend due to travel disruptions as a result of Cyclone Winston) to provide countries with an opportunity to share experiences, ideas and lessons learnt.

5.4. Highlighted activities upcoming over the second half of 2016 include

- a third round of the Data Analysis and Report Writing workshop (for countries with largely incomplete CRVS data);
- technical assistance visits for Samoa, Tonga, and others as requested and possible,
- finalisation of work on doctors attitudes to certification,
- ongoing coding support for trial IRIS sites (and depending on funding – further roll out of this trial),
- support for legislation reform and re-drafting,
- support for “south-south” missions support improved registry record management and decentralisation and outreach, and
- work to improve data sharing between countries for overseas events.

In addition we have also been active in following up other sources of potential support, and have been working with the World Bank to identify resources to further support legislation review and IT development for CRVS in the Pacific.

5.5. While we feel the BAG partnership is and has been a truly effective approach to regional development, we continue to face ongoing challenges across the group in relation to funding key activities and support, and have not been able to fully capitalise on the momentum in the region to scale up activities such as the IT development, system support, regional coding support, verbal autopsy, death certification training or quality assessment (of both completeness and cause of death data) to the level that we would like to do so to ensure the Pacific reaches its full potential and that everyone is “in the picture”. There are also a range of potential data linkages with sectors such as education and health that we feel warrant further exploration. While there are potential avenues of support at a global level that we would like to explore further – all of these will require countries to have indicated that CRVS is a national priority and indicated a commitment to ongoing improvement and national investment. Countries are therefore encouraged ensure the completion of their national plans, and that CRVS is noted as a priority in both national strategies for the development of statistics (NSDSs) and national development plans.

5.6. BAG partners are strongly committed to continuing support for CRVS improvement in the Pacific and the continued partnership and collaboration between the group through the PVSAP. We are excited to see a growing engagement by statistics offices across the region and encourage both PSSC and those countries which already have a strong statistical engagement in this work to continue to engage in improving the linkages between CRVS and other sectoral statistics programs, population data and the national development strategy; and to strongly encourage all NSOs in the region to make CRVS a priority in their social statistics program.

6. Key Recommendations

The recommendations below mirror the discussions with PSSC-11, with national statistics offices encouraged to:

6.1. **Note the importance of a multi-sectoral approach to CRVS and the key issues facing CRVS systems in the region, while encouraging countries to share their lessons and documents with others in the region through the PVSAP website.**

6.2. **Engage and lead where appropriate to ensure that there is a formalised national committee for CRVS improvement in place, and to work with this committee to:**

- Formalise terms of reference and have these endorsed
- Discuss and set targets in line with the RAF requirements, if not already done
- Finalise a national multi-sectoral plan that identifies key priorities and endorse this through the appropriate national political channels.
- Utilise these plans as a basis for discussions at a national level around appropriate resourcing and investment for CRVS (and other administrative systems)

6.3. **Include CRVS as a priority in the NSDS, national development plans and national statistical reporting schedules and seek appropriate resourcing for these.**

6.4. **Note the coordinated support provided by BAG partners under the PVSAP and work with partners and donors to clearly articulate both the importance of and priorities for support through national plans**

6.5. **Utilise the UN Decade for CRVS in Asia and the Pacific, and the SDG framework to build political support for CRVS and encourage national investment in this area.**

And for states that have identified legislation and/or IT as a national priority for CRVS:

6.6. **Review the draft best practice for legislation and regional IT guidelines for CRVS and work through a comparison of existing legislation and infrastructure in relation to these standards; and**

6.7 **Engage with BAG partners to investigate potential regional solutions for IT development and support, and mobilise appropriate national investment.**

7. Annexes

Annex I: Political Agreements on CRVS

- Pacific Heads of Planning and Statistics Meetings - 2010
- Pacific Ministers of Health Meetings - 2011
- Pacific Heads of Planning and Statistics Meetings - 2013
- Pacific Ministers of Health Meetings - 2013;
- Asia Pacific Ministerial Declaration and Decade for CRVS (2015), including the adoption of the Asia-Pacific Regional Action Framework for CRVS.
- Pacific Ministers of Health Meetings – 2015
- Pacific Heads of Health Meeting - 2016

Annex II: Best Practice Guidelines – Legislation for CRVS in the Pacific (final draft for publication)

<http://www.pacific-crvs.org/pacific-crvs-meeting-docs>

Annex III: Best Practice Guidelines – IT standards for CRVS systems in the Pacific (draft for working publication)

(to be distributed at meeting)