Getting every one in the picture

A snapshot of progress midway through the Asian and Pacific Civil Registration and Vital Statistics Decade

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

Get every one in the picture

*The shaded areas of the map indicate ESCAP members and associate members.**

The Economic and Social Commission for Asia and the Pacific (ESCAP) is the most inclusive intergovernmental platform in the Asia-Pacific region. The Commission promotes cooperation among its 53 member States and 9 associate members in pursuit of solutions to sustainable development challenges. ESCAP is one of the five regional commissions of the United Nations.

The ESCAP secretariat supports inclusive, resilient and sustainable development in the region by generating action-oriented knowledge, and by providing technical assistance and capacity-building services in support of national development objectives, regional agreements and the implementation of the 2030 Agenda for Sustainable Development.

**The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.*

Getting every one in the picture

A snapshot of progress midway through the Asian and Pacific Civil Registration and Vital Statistics Decade

United Nations publication

Printed in Bangkok

Foreword

Asia and the Pacific has reached the midpoint of the Civil Registration and Vital Statistics (CRVS) Decade (2015-2024). The Decade is dedicated to achieving universal and responsive CRVS systems for everyone. CRVS systems provide individuals with a legal identity, facilitating access to public services, while supporting governments by producing better data to guide decision making.

The COVID-19 crisis has further put a spotlight on the importance of CRVS systems by revealing the stark inequalities and fragility of our health care and social protection systems. The lack of well-functioning CRVS systems means we will never know the full impact of the pandemic in terms of the number of deaths and those affected by the crisis, never mind our ability to provide timely social and economic support.

The report shows that the Asia-Pacific region is on the right path to reach goals of universal and responsive CRVS systems. CRVS systems are much better positioned to respond to the crisis than they would have been five years ago. With further acceleration of efforts, governments can ensure the catalytic changes to reach those furthest behind.

Since 2014, governments have been adapting the Regional Action Framework on CRVS into their comprehensive and multisectoral national CRVS strategies. As a consequence, more member States have more accurate, complete and timely vital statistics to deliver public services.

Improvements to CRVS systems are the result of national leadership and strong commitments by governments to implement the Regional Action Framework. The Regional Steering Group for CRVS played a critical role in fostering political commitment for change and increasing awareness of the importance of CRVS throughout the region. A robust CRVS Partnership between governments and development partners also contributed to the successes of the first half of the Decade.

This report represents a milestone for every civil registration officer, statistician, health worker and coder in the region. These professionals work tirelessly daily with our communities to give them the documentation they require to live their lives in full and provide governments with the statistics needed to improve health, socio-economic development and good governance.

The initiative to “Get Every One in the Picture” has highlighted the importance of regional cooperation and shared goals. This report is a testament to these enhanced regional efforts. It is our hope that the report will guide further concrete actions during the remainder of the Decade.

Armida Salsiah Alisjahbana

Under-Secretary-General
of the United Nations and
Executive Secretary of ESCAP

Kamni Naidu

Administrator-General in the Ministry of Justice,
Government of the Republic of Fiji and Chair of the
Regional Steering Group for CRVS in Asia and the Pacific

Acknowledgements:

This report was prepared by the Statistics Division of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). David Rausis and Ulysse Boiteau-Montéville drafted the report with the support of Tanja Sejersen, Petra Nahmias and Gemma van Halderen and contributions from Nasikarn Nitiprapathananun, Panita Rattanakittiaporn and Artan Jama.

We would like to thank the National Focal Points for Civil Registration and Vital Statistics, as their responses to the midterm questionnaire formed the core of the analysis and with their support made this report possible. Thanks are due to the members of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific, their key insights guided the elaboration of the questionnaire and aided in the drafting of the report.

We are also grateful for the help provided by development partners in the collection of midterm questionnaires and the support in the organization of valuable workshops with countries. Their review of the report was critical to ensure a high-quality analysis of civil registration and vital statistics improvements.

Thanks to countries and development partners who contributed to the case studies presented in the report and for providing pictures to illustrate it.

We would also like to thank the Bloomberg Philanthropies Data for Health Initiative that helped to fund activities supporting the midterm questionnaire and the preparation of the report.

Our gratitude extends to Mary Ann Perkins for editing and Ipsita Sarkar for designing the report.

Photo credits:

Cover - Shutterstock 266870093;

Acknowledgements - iStock 157571059;

Table of contents - Plan International/ Indonesia, Shutterstock 231476659, UNHCR/Chris de Bode, UN photo, Shutterstock 578164351;

Overview - Plan International/Bangladesh, Unsplash/Yannis;

Introduction - UN Photo/Timor-Leste, ESCAP/Thailand;

Section 1 - UNICEF/Chute, ESCAP/Thailand, UN Photo/Nepal, Shutterstock 573553435;

Section 2 - iStockphoto 451418931, Philippine Statistics Authority;

Section 3 - UN Photo/Bangladesh, Shutterstock 274477811;

Section 4 - UNICEF/Priozzi, Department of Provincial Administration/Thailand, Shutterstock 260996492;

Section 5 - UNHCR/Tajikistan; and

Annexes - UN Photo/Isaac

Acronyms

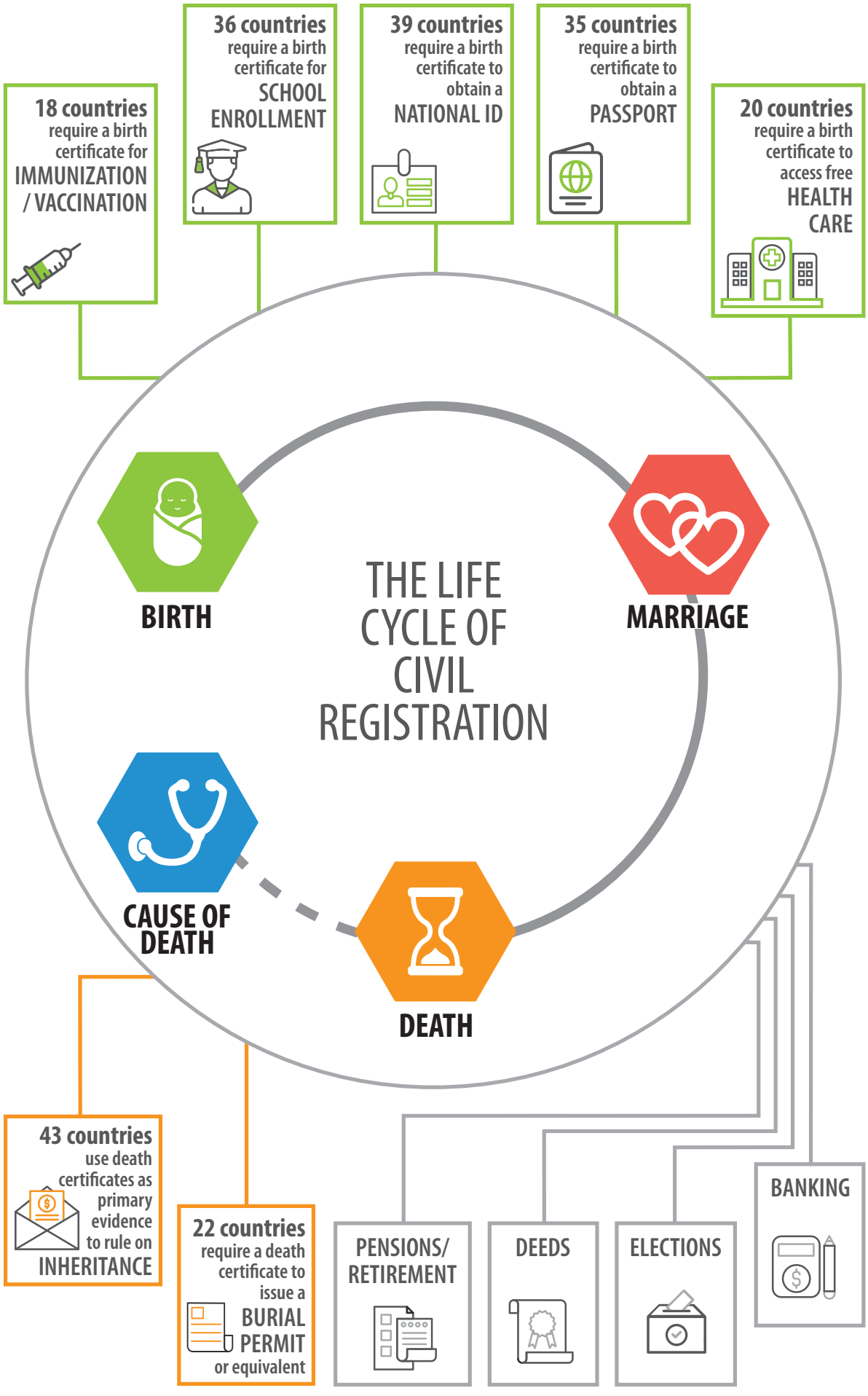
ANACONDA	Analysis of Causes of National Deaths for Action
ASEAN	Association of Southeast Asian Nations
COVID-19	Coronavirus disease 2019
CRVS	Civil Registration and Vital Statistics
DHS	Demographic and Health Surveys
DOSM	Department of Statistics Malaysia
ENEA	East and North-East Asia
ESCAP	Economic and Social Commission for Asia and the Pacific
ICD	International Statistical Classification of Diseases and Related Health Problems
MICS	Multiple Indicator Cluster Surveys
NCA	North and Central Asia
NRD	National Registration Department
SDGs	Sustainable Development Goals
SEA	South-East Asia
SSWA	South and South-West Asia
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNLIA	United Nations Legal Identity Agenda Task Force
WHO	World Health Organization

Table of Contents

Overview

Civil registration is closely connected to a person's legal identity. Birth registration provides an official and permanent recognition of a child's existence. Later in life, the proof of legal identity provided by the official birth certificate enables individuals to exercise their rights and access services. At the end of life, the death certificate represents a final and permanent record of the fact of death, which next of kin need to manage the legal or financial consequences of death. Registration records can also be harnessed for vital statistics on births, deaths, including on causes of deaths, and marriages. These statistics are critical to design, implement and monitor public policies, and to monitor the 2030 Agenda for Sustainable Development.

There is strong commitment to civil registration and vital statistics in Asia and the Pacific with the Ministerial Declaration to "Get Every One in the Picture" adopted in 2014. In the Ministerial Declaration, governments proclaimed the Asian and Pacific Civil Registration and Vital Statistics Decade, 2015–2024. The Decade gives a clear timeframe for realizing their shared vision that all people in Asia and the Pacific will benefit from universal and responsive civil registration and vital statistics systems facilitating the realization of their rights and supporting good governance, health and development. They also endorsed the Regional Action Framework on Civil Registration and Vital Statistics (CRVS) in Asia and the Pacific to accelerate and focus efforts to achieve the shared vision. Acting upon their commitment to implement the Regional Action Framework, member States and associate members have improved their CRVS systems and strived to realize their shared vision.



Number of countries out of the 44 countries that responded to the midterm questionnaire

This report presents an overview of the progress countries have made towards the three goals of the Regional Action Framework (universal civil registration, provision of legal documentation, and vital statistics from civil registration) and the 15 nationally set targets supporting them (see Box 1). The report also describes activities conducted by countries to improve their systems and showcases their success stories. It is based on reports submitted by 45 member States and associate members at the midpoint of the Decade in 2019–2020, and it will be a basis for the discussions at the Second Ministerial Conference on CRVS in Asia and the Pacific, which will be convened in November 2021.

The targets of the Regional Action Framework represent the range of areas covered by CRVS and the priorities countries identified in 2014. Targets were endorsed on birth registration and the issuance of a birth certificate, death registration and the issuance of a death certificate, the recording of causes of death and the quality of the information collected, and finally the use of this information for vital statistics. Figure I shows the action status for key targets of the Regional Action Framework under the four above-mentioned categories. It indicates a contrasting picture of achievements and needs across targets. Targets on vital statistics, which are dependent on improvements in civil registration, all require action. Nevertheless, even 'actioned' targets may require efforts in some countries which were not able to provide data for them.

The level of development of CRVS systems varies greatly in Asia and the Pacific. The bird's-eye view of CRVS displayed in Figure II highlights major differences in the achievements of the targets of the Regional Action Framework in the five Asia-Pacific subregions. Most of the countries in East and

Figure I: Status of action for key targets of the Regional Action Framework at the midterm of the Civil Registration and Vital Statistics Decade

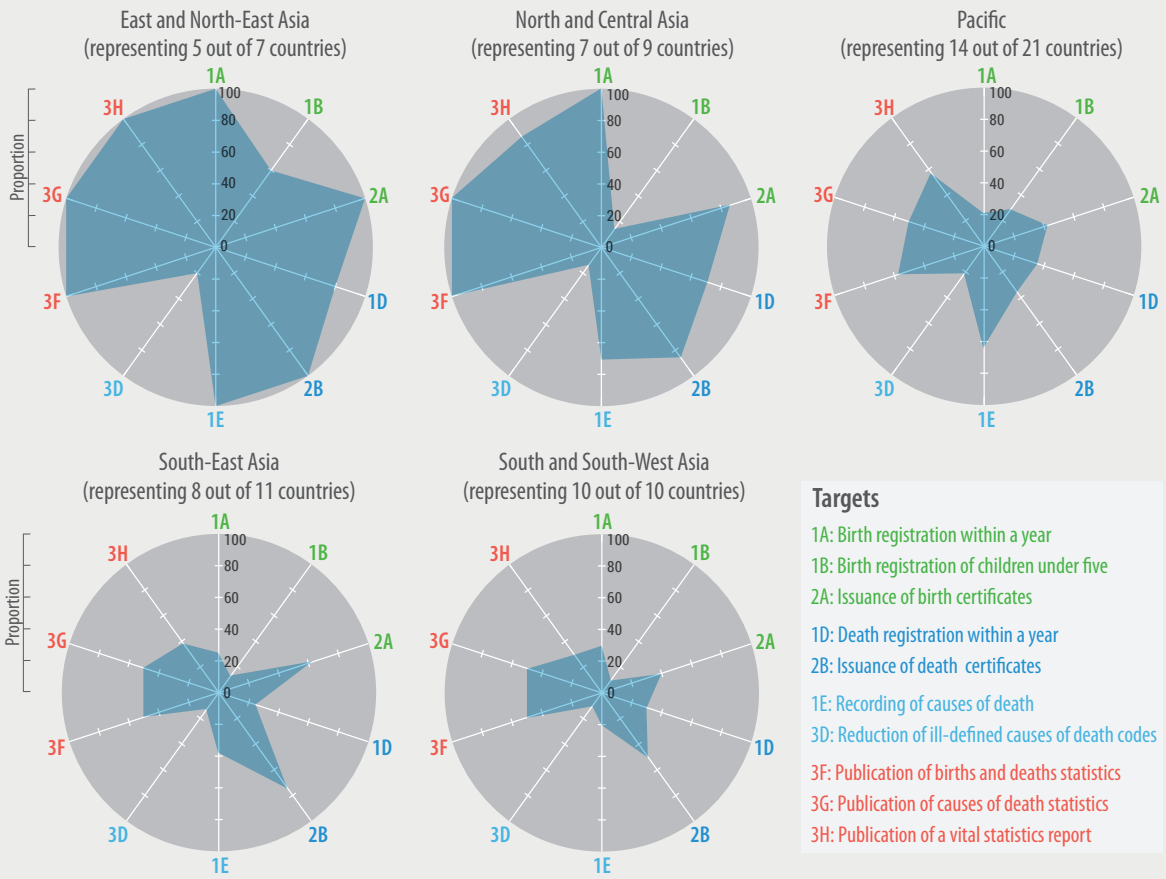
Areas	Actioned	Being actioned	Need for action
Birth registration	2A	1A 1B	
Death registration	2B	1D	
Cause of death recording	1E		3D
Vital statistics			3F 3G 3H

Targets

1A: Birth registration within 1 year
1B: Birth registration for children under five
2A: Issuance of birth certificate
1D: Death registration within 1 year
2B: Issuance of death certificate
1E: Recording of causes of death by the health sector
3D: Redcuction of ill-defined causes of death codes
3F: Publication of births and deaths statistics
3G: Publication of causes of death statistics
3H: Publication of a vital statistics report

Note: The Regional Action Framework contains 15 targets. For summary purposes and because data are incomplete for some of the targets, only 10 of them are presented here. The classification of targets was based on the trends showed by country reporting data between the baseline and midterm years: if fewer than 1 in 10 countries showed stagnation or regression, the target was considered 'Actioned'. If fewer than 1 in 3 countries were in the same situation, it was considered 'Being actioned'. If more than 1 in 3, it was considered 'Need for action'. More details on how progress was assessed are provided in the notes to Figure III and Figure VIII and in technical report (https://getinthepicture.org/resource/technical-report-crvs-decade-midterm-report).

Figure II: Proportion of reporting countries having achieved key targets of the Regional Action Framework, by Asia-Pacific subregions



Note: The Regional Action Framework contains 15 targets. For summary purposes and because data are incomplete for some of the targets, only 10 targets are presented here. Non-regional member States are not included in this graph. For more information on the subregional groupings, please refer to Annex III.

North-East Asia and North and Central Asia benefit from well-functioning CRVS systems as almost all births and deaths are registered and registration records are used for vital statistics. The situation in the Pacific, South-East Asia and South and South-West Asia is vastly different, where many countries have weaker systems and progress is still needed to achieve the vision of universal and responsive CRVS systems by the end of the Decade. Although these differences are long-standing, they are decreasing over time.

Encouraging trends are visible in the region. First, the percentage of births registered, also called birth registration completeness, is rapidly increasing in countries which had low birth registration rates at the beginning of the Decade. This is true for all subregions. For example, from 2014 to 2018, birth registration completeness increased from 40 to 66 per cent in Cambodia. Other countries such as Afghanistan and Fiji also made significant progress over the same period, increasing from 32 to 46 per cent and 64 to 72 per cent, respectively (see figure V, p.17). These countries are closing the gap with the 26 countries that are already registering more than 90 per cent of their births.

As a result, the number of children under five years old in Asia and the Pacific whose birth was never registered decreased from 135 million in 2012 to 64 million in 2019.[1] Out of the 64 million unregistered children in the region, about 50 million of them live in South and South-West Asia, and they represent 27 per cent of all children under five. The Pacific subregion has the highest percentage of children under five not registered (30 per cent). Nevertheless, even for countries with high birth registration completeness, it is not

1 UNICEF (2019). *Birth Registration for Every Child by 2030: Are we on track?* Available at www.unicef.org/media/62981/file/Birth-registration-for-every-child-by-2030.pdf .

clear if they have truly achieved universal registration and even one unregistered birth is one too many.

The registration of deaths followed the same trend as the registration of births, with countries from the Pacific, South-East Asia and South and South-West Asia that had low death registration completeness at the beginning of the Decade catching up with countries that already achieved high registration completeness. From 2014 to 2018 Fiji improved the percentage of deaths registered from 73 to 88 per cent while Lao People's Democratic Republic improved from 33 to 42 per cent. Nevertheless, in many countries, death registration is still less common than birth registration. This can be partially explained by fewer incentives to register deaths.

Another reason for the low completeness of death registration in the region is that many deaths take place outside of health facilities or without the attendance of a medical practitioner. These deaths are often not recorded by the health sector and thus do not have a medically certified cause of death. Moreover, six countries reported lacking legislation stating the cause of death must be medically certified. A third of all deaths taking place in 33 countries in the region (those that provided midterm reports) have a medically certified cause of death. For the other deaths, information on the cause can be partially obtained using verbal autopsy on a sample of the deaths without a medically certified cause of death. Verbal autopsy involves interviewing persons familiar with the deceased to determine the likely cause of death. This is currently used by 13 countries, and more are planning to do so by the end of the Decade.

The provision of a medical certificate of cause of death alone does not mean the information available on the certificate is sufficient to accurately classify the cause of death. The lack of training for medical professionals is one reason for this. Among the countries that provided midterm reports, 17 countries did not have any regular training for doctors or coroners on medical certification of cause of death. Further, 22 countries did not have regular training provided on cause of death coding (necessary to enable statistical use), and nine of those countries did not have ad hoc training either. Figure II shows that countries in all subregions have yet to achieve their targets on reducing the use of ill-defined codes for causes of death, although some have more ambitious targets than others. This is important for the many countries in the region where a medically certified cause of death is recorded for few deaths and causes of death are often ill-defined. The implications of this are significant as this information is key to understanding mortality in the region, including the impact of crises such as the COVID-19 pandemic.

As civil registration improves, more countries can use it for vital statistics. In Asia and the Pacific, 32 countries reported that they are already producing vital statistics based on civil registration. Nevertheless, 17 countries have yet to do so, and they are all located in South and South-West Asia, South-East Asia and the Pacific. Furthermore, dissemination practices have also changed recently in many countries. The Regional Action Framework emphasizes annual releases of vital statistics, however, many countries are going further and releasing key vital statistics such as the number of births or deaths on a quarterly or monthly basis. This trend towards more timely releases took on new relevance during the COVID-19 pandemic which created a need for almost instant information on mortality.

This report provides an overview of progress made by countries and showcases their success stories. Nevertheless, as the region starts the second half of the Decade, it is obvious that universal registration has yet to be achieved and some people have been left behind. Moreover, the quality of the information on deaths and their causes must be improved for the region to be prepared for future health crises. This report therefore highlights where progress is still needed and possible solutions to overcome the challenges to *getting every one in the picture.*

Encouraging trends are visible in the region. Birth registration completeness is rapidly increasing in countries which had low birth registration rates at the beginning of the Decade. As a result, the number of children under five years old in Asia and the Pacific whose birth was never registered decreased from 135 million in 2012 to 64 million in 2019.

Introduction

Civil registration is linked to a person's legal identity, including their right to recognition as a person before the law and their formal relationship with the State. The birth certificate issued after the registration of a birth provides an official and permanent recognition of a person's existence. Birth registration also establishes the connection of a child to her or his family through the recording of the parents' names. Later in life, the proof of legal identity provided by birth registration and the subsequent issuance of an official birth certificate as well as the registration of other vital events, such as marriages, allows individuals to access services and exercise their rights. These rights and services can be as varied as political participation, recourse to justice, property ownership, formal employment, financial services and inheritance. At the end of life, the death certificate represents a final and permanent record of the fact of death, which next of kin need to manage the legal or financial consequences of death. A universal and well-maintained civil registration system is recognized as the best source of information on vital events.[2] Statistics based on registration records, with causes of death recorded and disaggregated by key demographic characteristics, are critical to design, implement and monitor public health policies. They are also necessary for monitoring the 2030 Agenda, which includes 67 indicators benefiting from data from CRVS systems.[3]

2 United Nations (2014). *Principles and Recommendations for a Vital Statistics System*. Revision 3. Available at https://unstats.un.org/unsd/demographic/standmeth/principles/M19Rev3en.pdf.

3 For more information on the establishment, functioning and characteristics of civil registration and its use for statistics, please refer to: United Nations (2014). *Principles and Recommendations for a Vital Statistics System*.

There is a long-standing commitment to CRVS in Asia and the Pacific. Indeed, governments and development partners in Asia and the Pacific recognized that many countries did not have universal and responsive CRVS systems, and this impeded inclusive and sustainable development. Those leaders came together in 2014 at the first Ministerial Conference on CRVS in Asia and the Pacific to accelerate and focus efforts to improve CRVS systems in the region. As a result, they proclaimed their shared vision, that by 2024 all people in Asia and the Pacific will benefit from universal and responsive CRVS systems facilitating the realization of their rights and supporting good governance, health and development. To mark a timeframe for realizing their shared vision, governments proclaimed the Asian and Pacific CRVS Decade, 2015–2024.

During the Ministerial Conference, governments committed to focusing their efforts on improving national CRVS systems by endorsing the Regional Action Framework on CRVS in Asia and the Pacific. The Regional Action Framework 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 achieving the shared vision. It contains three goals, 15 nationally set targets and eight implementation steps for countries to follow while improving their CRVS systems (see Box 1 for more information on the Regional Action Framework). [4]

Acting on commitments made at the Ministerial Conference in 2014, governments started implementing the Regional Action Framework. Forty-one member States and associate members of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) set their own targets for 2024 and reported them to ESCAP.

Most member States and associate members of ESCAP established ambitious targets for improvements throughout the Decade. By themselves or with support from development partners and donors, they have worked since then to strengthen different aspects of their CRVS systems, from improving birth registration processes to ensuring causes of death are assigned in compliance with international guidelines and standards.

Asia and the Pacific has reached the midpoint of the Decade, and, as agreed in the Regional Action Framework, this is the moment to look at progress made since the beginning of the Decade and identify remaining barriers to achieving the shared vision of universal and responsive CRVS systems. For this purpose, a questionnaire was prepared by the Regional Steering Group for CRVS in Asia and the Pacific and sent to all member States and associate members. In all, forty-five countries responded to the questionnaire on their progress towards the targets of the Regional Action Framework, and the implementation steps conducted. The secretariat and other development partners reviewed and cross-validated their responses with other sources of information. Additional exchanges between the secretariat and the countries took place before the responses were finalized.[5] A preliminary progress report based on the responses to the midterm questionnaire and the regional baseline report was drafted and presented to the 2020 session of the ESCAP Committee on Statistics.[6] It constitutes the basis for this report. Although the reports on the midterm review of progress have already been developed, member States and associate members are still welcome to respond to the midterm questionnaire to facilitate the evaluation of progress.

4 More information on the Regional Action Framework at https://getinthepicture.org/crvs-decade/regional-action-framework.

5 For more information on the midterm questionnaire process, please consult the Technical Report on the Midterm Questionnaire on the implementation of the Regional Action Framework on CRVS in Asia and the Pacific. Available at https://getinthepicture.org/resource/technical-report-crvs-decade-midterm-report

6 ESCAP/CST/2020/INF/3. *Report on progress towards the achievement of the goals of the Asia and Pacific Civil Registration and Vital Statistics Decade (2015–2024)*. Available at www.unescap.org/sites/default/files/ESCAP.CST_.2020.INF_.3_Progress_of_CRVS_Decade.pdf.

TIMELINE OF THE CRVS DECADE

2025
Final review to be conducted

2024
Members and associate member to submit a questionnaire on their progress

2020
Questionnaires verified and analyzed for the midterm report

2021
Midterm report published

2021
Second Ministerial Conference on CRVS in Asia and the Pacific

2019
Midterm questionnaire sent to countries

2018
Resolution 74/8 adopted: Accelerating the implementation of the Regional Action Framework on CRVS in Asia and the Pacific

2016
CRVS Baseline report and national targets submitted

2014
Ministerial Conference on CRVS in Asia and the Pacific

2015
Resolution 71/14 adopted: Asian and Pacific CRVS Decade 2015-2024

2015
UN General Assembly adopts the 2030 Agenda

This report presents progress countries have made in the implementation of the Regional Action Framework, including success stories which could be replicated elsewhere. The report highlights remaining challenges and discusses solutions to address them. It is divided into five chapters:

1. Achieving universal birth registration;
2. Recording all deaths and causes of death;
3. Using civil registration records for vital statistics;
4. The Regional Action Framework, a catalyst to improve CRVS systems; and
5. Horizons for CRVS in Asia and the Pacific.

The chapters on **achieving universal birth registration, recording all deaths and causes of death**, and **using civil registration records for vital statistics** all highlight progress made in the region towards their corresponding targets. They examine indicators such as the proportion of births or deaths registered within a year and whether vital statistics based on civil registration are released in the public domain in a timely manner. They also contain suggestions for improvements in the second half of the Decade.

The fourth chapter discusses how countries and development partners have used the **Regional Action Framework as a catalyst to improve CRVS systems**. The Regional Action Framework contains eight implementation steps countries should take to improve their CRVS systems. This chapter shows how the implementation steps have translated in more collaboration for action and enhanced the understanding of CRVS systems, and how they have facilitated the planning of improvements and the monitoring of progress.

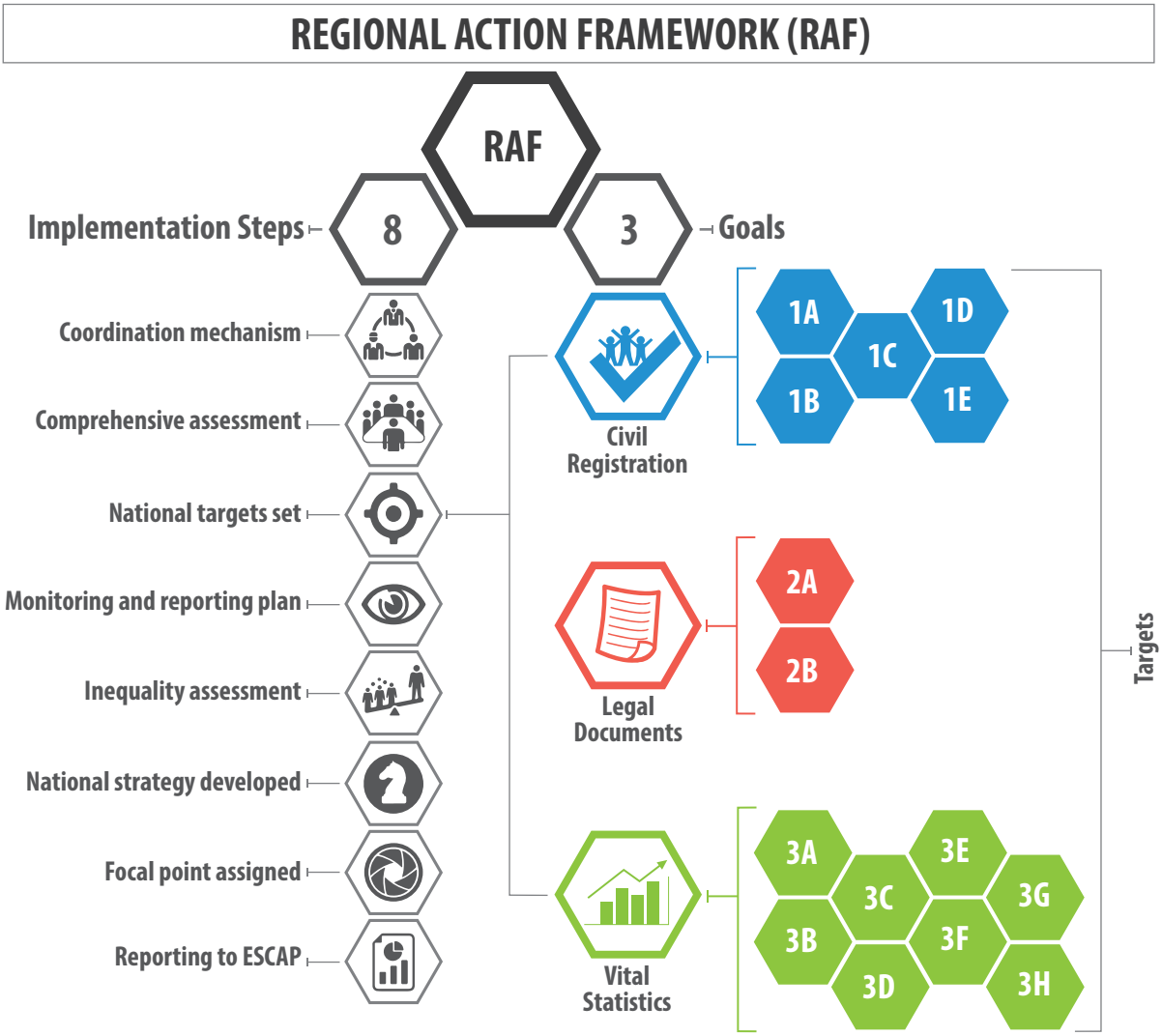
Finally, chapter 5 presents some **horizons for CRVS in Asia and the Pacific**. Since the inception of the Decade major developments related to CRVS have taken place. The 2030 Agenda was launched, an increasing number of countries are implementing identity management systems and the entire region has been impacted by the COVID-19 crisis. This chapter describes how CRVS system improvements can respond to these developments, and how CRVS systems can be an accelerator for monitoring the 2030 Agenda. CRVS systems are enablers for implementing identity management systems, which are necessary to build back better and be prepared for future health crises.

To strengthen the momentum around CRVS in the region and celebrate progress during the first half of the Decade, a Second Ministerial Conference on CRVS will be convened in 2021. The Ministerial Conference will promote civil registration systems as the foundation for legal identity management, consider the integration of CRVS into national and international development agendas, including the 2030 Agenda, and discuss lessons learned from the COVID-19 pandemic. This report will serve as a basis for the discussions at the Ministerial Conference, and the discussion of the remaining challenges will support governments and development partners to identify solutions to overcome them.

Box 1 **The Regional Action Framework on CRVS in Asia and the Pacific**

The Regional Action Framework is a catalyst for governments and development partners to focus and accelerate their efforts to realize the shared vision of universal and responsive CRVS systems in Asia and the Pacific. It aims to facilitate collaborative action at the local, provincial, national and international levels by enabling multiple stakeholders to align and prioritize their efforts under agreed upon goals and targets.

The Regional Action Framework is structured around three goals and 15 underlying nationally set targets. These goals address the three essential outputs of CRVS systems: the civil registration of vital events, which is a precursor to the other two goals; the provision of legal documentation to individuals and families; and the production and dissemination of vital statistics based on civil registration records. The targets are designed to enable monitoring and evaluation in ways that are objective, efficient, technically sound and time bound during the Asian and Pacific Civil Registration and Vital Statistics Decade, 2015–2024. They recognize core human rights principles of progressive realization, non-regression, non-discrimination and equity, which apply to all countries and areas. They were set by countries based on their situation at the beginning of the Decade and have therefore different values depending on the country (see Annex II for more information on the targets and progress by countries and for more information on the Regional Action Framework, please visit https://getinthepicture.org/crvs-decade/regional-action-framework).



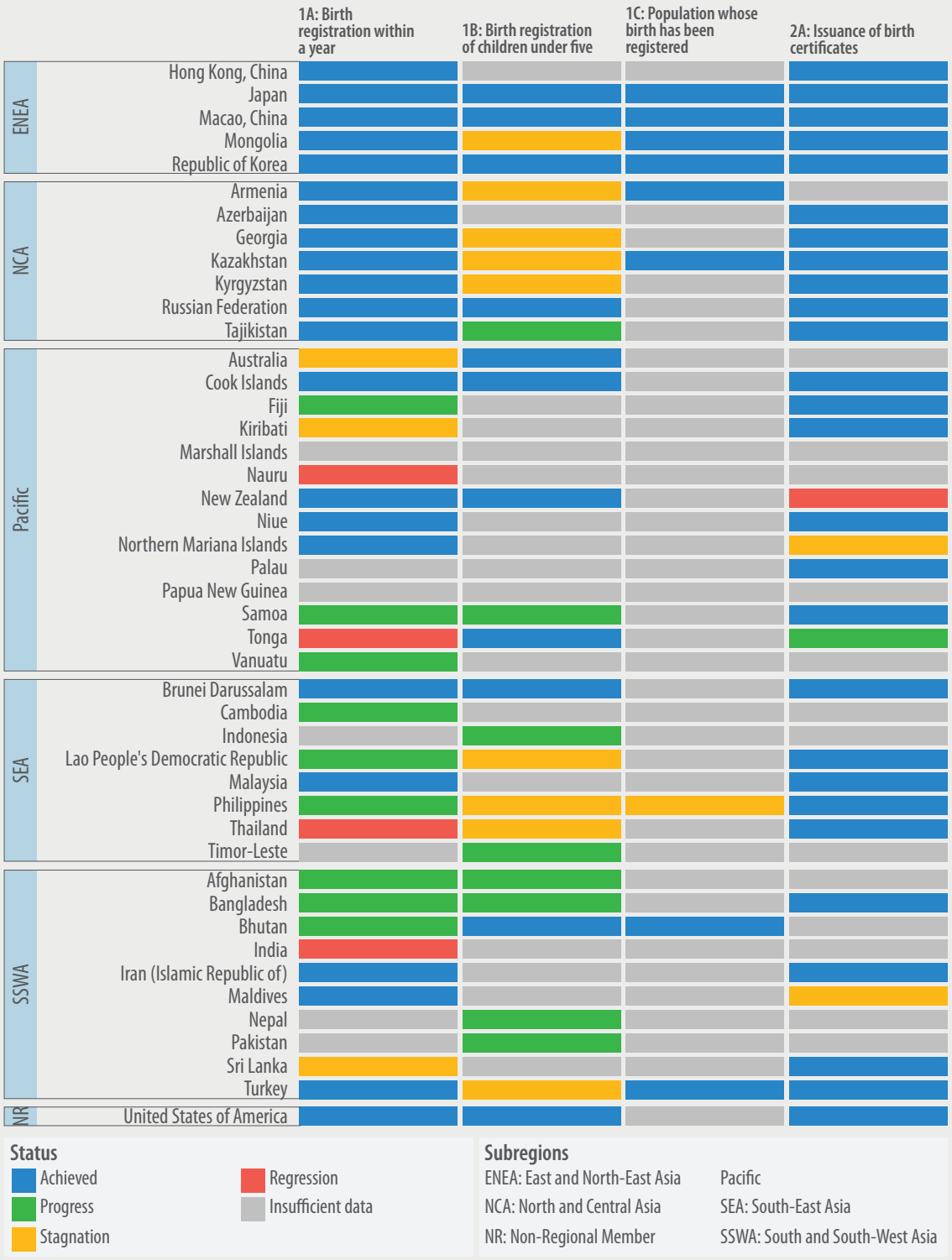
1

Achieving universal birth registration

Birth registration is closely linked to a person's legal identity. It provides an official and permanent recognition of an individual. Beyond the recognition of an individual, birth registration also establishes the connection of a child to her or his family through the recording of the parents' names. Later in life, the proof of legal identity provided by the birth registration and the official birth certificate allows individuals to access services and exercise their rights. For example, the recording of a child's date of birth as part of birth registration can later help prevent child marriage.

Birth registration is an integral part of the 2030 Agenda. Goal 16 on peace, justice and strong institutions includes target 16.9 on the provision of a legal identity for all, including birth registration. This reflects the importance of civil registration for legal identity and, ultimately, the promotion of peaceful and inclusive societies providing access to justice for all and building effective, accountable and inclusive institutions at all levels. Goal 17 on partnership for the goals includes indicator 17.19.2 on the proportion of countries that achieve 100 per cent birth registration by 2030. It highlights the importance of registration and its use for statistics both for monitoring sustainable development and as an indicator of statistical capacity. By improving birth registration countries are thus also contributing to the achievement of the Sustainable Development Goals (SDGs).

Figure III: Overview of achievement against birth registration targets



Note: Progress was assessed only for countries that had submitted at least two data points. For most countries, the baseline data is from 2014 and the midterm from 2018. If the midterm value is superior or within 2 percentage points of the target set for 2024, the target is considered achieved. If not, if the midterm value has increased by more than 2 percentage points compared to the baseline, it is considered progress. If it has decreased by more than 2 percentage points compared to the baseline value, it is considered regression. If it remained within 2 percentage points above or below the baseline value, it is considered stagnation.

For target 1B, the sources are the UNICEF database, MICS surveys and DHS surveys, or midterm reports if none of the previous sources are available. Since most of the data came from surveys and not civil registration data, a different methodology was used: available data for the 2010–2019 period was collected and divided between baseline (2010–2014) and midterm (2015–2019). Progress was only assessed for countries having at least one data point for each of these two periods, and within each period only the latest data point was kept if there was more than one. Countries were considered having achieved their target if the latest available data was superior or equal to their target or was at 100 per cent if they had not set a target, even if only one data point was available.

The Regional Action Framework contains four targets on different facets of birth registration. Target 1A on birth registration within one year stresses the need to register births soon after their occurrence to ensure access to services and facilitate the exercise of rights. Registration soon after birth also reduces the risk of misreporting and increases the likelihood of the registration of the death of a child, which might not have been recorded otherwise. Timely registration is a precursor to timely vital statistics on births and infant mortality. Nevertheless, the registration of a birth alone does not constitute proof of civil registration. It should be accompanied by the issuance of a birth certificate, but unfortunately this is not always the case. The Regional Action Framework therefore includes target 2A on the provision of birth certificates after registration. Although it is important to register a birth soon after its occurrence, various factors such as the lack of parental awareness, difficulties in accessing registration points or overly complex requirements or procedures can prevent the registration of a child in a timely manner. Target 1B on birth registration of children under five years old reflects the importance of alleviating this issue by processing late registration relatively early in the life of a child. Finally, since birth registration and birth certificates are critical all throughout the life course, the Regional Action Framework includes target 1C on the registration rate of the entire population, reflecting the accumulated efforts to register births and the potential backlog of individuals who need to obtain legal documentation. Figure III shows many countries have already achieved or are progressing toward achieving these targets. Nonetheless, for target 1B on children under five and target 1C on the entire population whose birth has been registered, data availability is not always sufficient to assess progress. These targets can also be used to answer important questions about the status of birth registration in Asia and the Pacific.

Goal 16 on peace, justice and strong institutions includes target 16.9 on the provision of a legal identity for all, including birth registration.

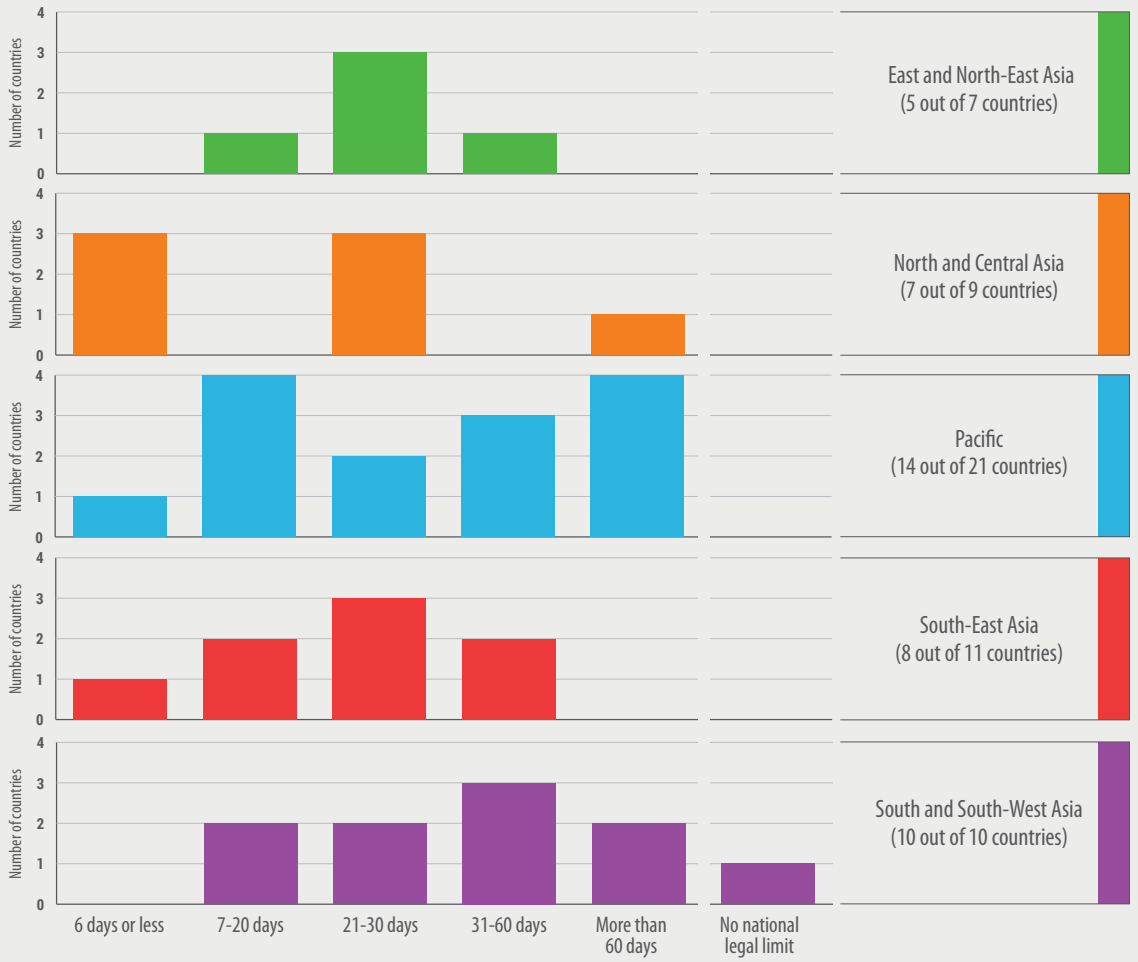
Are births registered within a year?

As explained above, it is critical for births to be registered soon after their occurrence. Article 7 of the Convention on the Rights of the Child emphasized the need to register children immediately after birth. Forty-two countries in the region reported having a legally specified period during which registration is free to encourage timely registration of births. For most, this period is between two weeks and three months from the date of birth. After this period, many countries ask for additional documents or a late registration fee, which may discourage the registration of births. One country in the region requires a fee to register births during the legally specified time period while one other country does not have any legislation about it. The legally specified period for birth registration is similar across Asia and the Pacific. The only exception is the North and Central Asia subregion where at least three countries have a free registration period of six days or less.

Unfortunately, a legally specified time period during which registration is free is not sufficient to ensure universal birth registration. The situation at the beginning of the Decade varied greatly from one subregion to the other. While half of the countries in the region, mostly located in East and North-East Asia and North and Central Asia, registered more than 95 per cent of their births within a year, many other countries lagged behind. Nevertheless, these countries set ambitious targets for 2024, and they must make fast progress to achieve them.

Since the inception of the Decade, countries have implemented several activities, programmes or reforms to improve their

Figure IV: Legally specified time period for birth registration



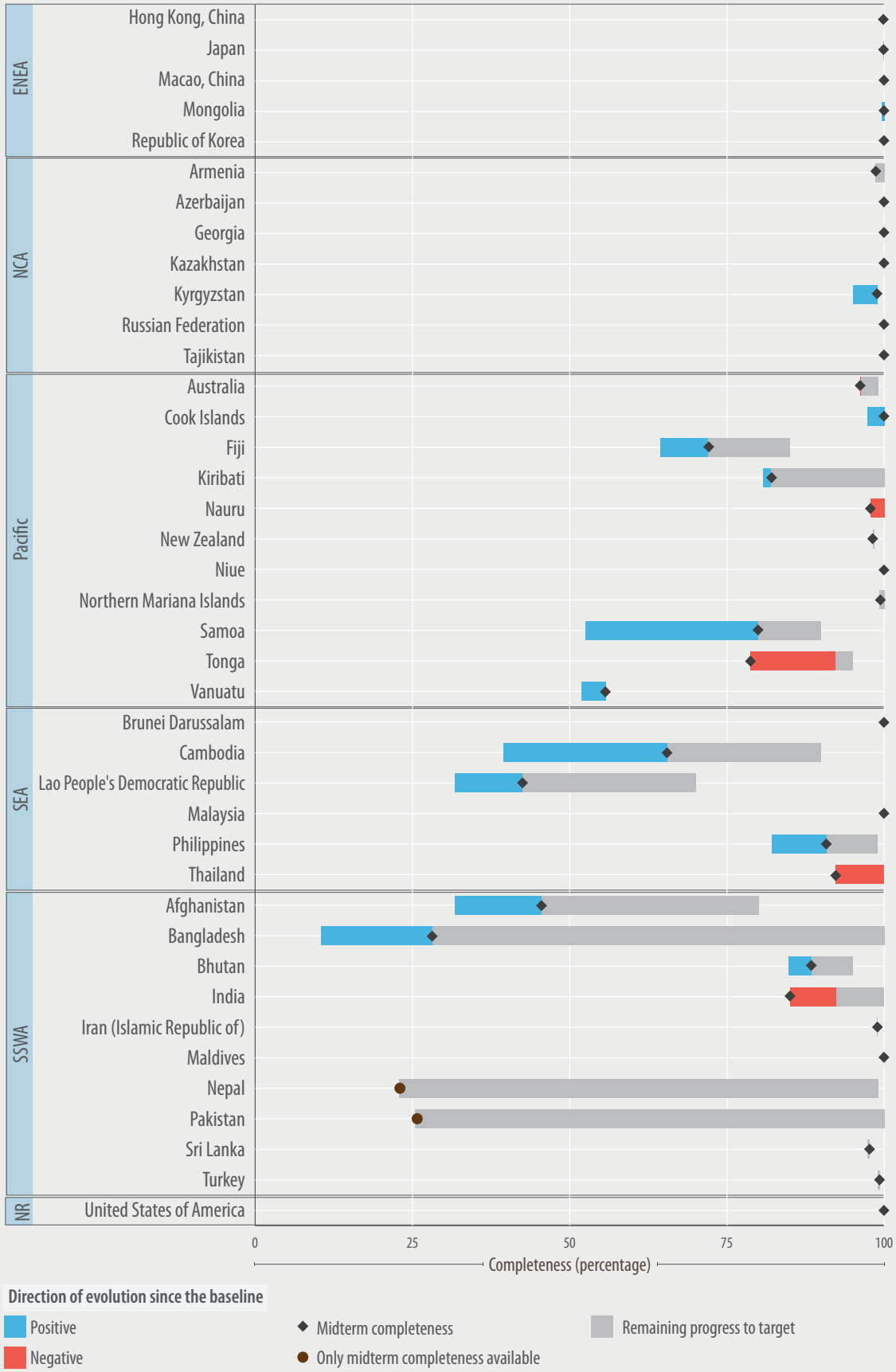
Note: For more information on the subregional groupings, please refer to Annex III.

Non-regional countries are not included in this graph.

CRVS systems, including birth registration. These efforts were particularly notable in countries that had lower birth registration completeness at the beginning of the Decade. For example, Kiribati opened civil registration desks in hospitals, Afghanistan revised its registration law, and Bangladesh is implementing an online Birth and Death Registration Information System. Coupled with the establishment of multi-sectoral national coordination mechanisms and a much better understanding of the gaps remaining, acquired by making a detailed assessment of national CRVS systems, this has resulted in significant progress towards the targets set by countries.

Indeed, the region has made great progress on birth registration completeness, i.e., the percentage of births which are registered within one year of occurrence, between the baseline (2014 for most countries) and midterm (2018 for most countries) (see Figure V). This progress is mostly visible in countries which had low birth registration completeness at the beginning of the Decade, and while there remain large differences in the region, the gap is closing. Countries such as Afghanistan and Cambodia registered few of their births in 2014, and they have managed to drastically increase birth registration completeness. Should countries continue progressing at the same pace during the second half of the Decade, the picture of birth registration completeness will be much more similar across subregions of Asia and the Pacific. Nevertheless, many countries must accelerate their progress to achieve the target on birth registration completeness by the end of the Decade.

Figure V: Birth registration completeness: Progress towards target 1A



Note: Birth registration completeness depends on the quality of the estimated number of births, which is difficult to estimate. The figures should therefore be interpreted with caution and be understood as a general indicator of the situation rather than an exact representation of the reality. For more information on the calculation of birth registration completeness, please consult the technical report (Available at https://getinthepicture.org/resource/technical-report-crvs-decade-midterm-report)

Box 2 **Birth registration in the face of natural disasters: Vanuatu and the tropical cyclone Pam**

Since 2008 the civil registration completeness of Vanuatu has increased, but the civil registration system was put to the test in 2015 when the country was hit hard by tropical cyclone Pam. Although the death toll was limited, over half of the country's 270,000 population were affected, and about a third of affected people were displaced.

The Civil Registration and Vital Statistics Department, in collaboration with other national stakeholders as well as the United Nations Children's Fund (UNICEF) and the United Nations Development Programme (UNDP) responded to the crisis by increasing capacity for registration and launching awareness campaigns and mobile registration operations. The cost of travel was a major obstacle for many families, so registration points were opened in remote islands and "catch up days" were organized in areas that lacked access to government services. As a result more than 250,000 children and adults were issued a birth certificate, including around 80,000 for the first time.* A mini census with complete enumeration conducted in 2016 showed that 85 per cent of the population had a birth certificate.

The Department of Civil Registry also signed memorandums of understanding with the ministries of health and education to extend the registration role to midwives and teachers. Further partnerships are still being developed, for example, to link national identification to voter registration. Finally, and critically with regards to natural disasters, the Government of Vanuatu developed a central civil registration database with support from UNICEF and the Government of Australia. The locally developed system is better adapted to the specific needs of the country, and in post-disaster registration campaigns, the database ensure accuracy and avoiding double registrations. As Vanuatu is ranked by the United Nations University's Institute for Environment and Human Security as the world's most at-risk country for natural hazards,** efforts to increase the resilience of the CRVS system are even more critical.

Notes: * Pacific Civil Registrars Network (2017), *Report of the Disaster Preparation and Response Workshop*, Available at https://getinthepicture.org/sites/default/files/resources/Final%20report%20PCRN%20conference%20on%20disasters%20and%20CRVS%20Suva%2022122017.pdf .

**https://i.unu.edu/media/ehs.unu.edu/news/4070/11895.pdf .

If a birth is registered, is a birth certificate then issued?

Ideally the registration of a birth should be accompanied by the provision of a birth certificate for all individuals to claim identity and civil status and ensure related rights. It is critical to provide these documents for legal and administrative purposes. Legal documentation should be accessible at no fee or a low fee and delivered soon after the registration of a vital event. Legal documentation, in particular legal identity, is strongly linked with a broad range of rights and activities, and efficient CRVS systems can help everyone to claim their rights. For this reason, the United Nations recently launched an agenda on legal identity that emphasizes its link with civil registration (see Box 4).

A birth certificate gives an individual access to a range of rights and services. For example, 35 countries in Asia and the Pacific reported using the birth certificate as a primary source document in issuing national passports, while 36 countries require a birth certificate for enrolling in primary school. Moreover, 23 countries said a birth certificate is required for receiving childbirth allowance.

These examples show the importance of a birth certificate for individuals throughout their lifetime. Although requiring birth certificates for the provision of services has a positive effect on registration completeness, it is important to emphasize that access to education and the right to health are human rights, which should not be restricted due to a lack of documentation.

Most countries reported issuing birth certificates for all registered births. Nevertheless, in countries such as New Zealand and Tonga, birth certificates were not automatically issued free of charge after registration, explaining the lower percentage of registered births for which a certificate was issued. In New Zealand parents increasingly do not need a paper certificate as data are shared across the Government to allow access to services such as parental payments. In Tonga birth certificates are needed for a child to enter school, and parents often wait until that moment to order a birth certificate.

How many children under five have not had their birth registered?

Various factors, such as lack of parental awareness, difficulties in accessing registration points or overly complex requirements or procedures, can prevent the registration of a child soon after birth. The impact of those factors emerges with higher frequency in already vulnerable groups, such as ethnic or language minorities. It is vital to

Box 3 **Kyrgyzstan and the fight to eliminate statelessness in Central Asia**

The issue of statelessness in Central Asia mainly originated from the dissolution of the Soviet Union and the formation of new States. Indeed, what was internal migration under the old regime, left people stranded across borders with outdated Soviet passports or proof of their place of birth. Women, who often migrated when marrying, were disproportionately affected when new borders were created, and their children inherited this precarious status. To this day, countries in the region are trying to address this issue.

Since 2014, the Government of Kyrgyzstan has worked hand-in-hand with the Office of the United Nations High Commissioner for Refugees (UNHCR) to eliminate all known cases of statelessness in the country. This ambitious project was started as part of the global #IBelong campaign launched by UNHCR in 2014 to end statelessness by 2024. Continuing efforts made since its independence, Kyrgyzstan embraced this campaign and followed the recommendations from the Global Action Plan to End Statelessness.

Kyrgyzstan's dedication paid off in 2019, when it was declared the first country in the world to eliminate statelessness. This success story was achieved through the identification of more than 13,700 stateless people, including more than 2,000 children in a period of five years. Depending on the situation of these people, their statelessness was resolved through either birth registration or the confirmation or acquisition of nationality and was ensured by the delivery of national identity documents such as birth certificates and passports.

This important milestone also highlights the role civil society can play in achieving universal registration. Indeed, Azizbek Ashurov, a lawyer, has been one of the key actors in eliminating known cases of statelessness in the country. Through his organization, Ferghana Valley Lawyers Without Borders, he offered legal support to stateless people since 2003. Working with the Government, he later organized mobile campaigns in remote parts of the country to find and help marginalized groups. In recognition of his efforts, UNHCR awarded him the 2019 Nansen Refugee Award.

alleviate this issue relatively early in the life of a child to ensure the rights of the child are protected and the child has access to services, such as school.

Although birth registration in Asia and the Pacific is improving, there remain an estimated 64 million children under five without birth registration, representing 18 per cent of children under five in Asia and the Pacific (Figure VI). Most of these children are living in South and South-West Asia. In terms of percentages, the Pacific subregion is the most impacted, with 30 per cent of children under five not registered. In South-East Asia, 17 per cent of children under five (9.5 million) are not registered.[7]

Eight countries in the region have achieved full registration of all children under five (see Annex II, Table 1). Nevertheless, most countries have legislation mandating births to be registered within a few weeks or months.

7 UNICEF (2019). *Birth Registration for Every Child by 2030: Are we on track?*, Available at https://data.unicef.org/resources/birth-registration-for-every-child-by-2030/.

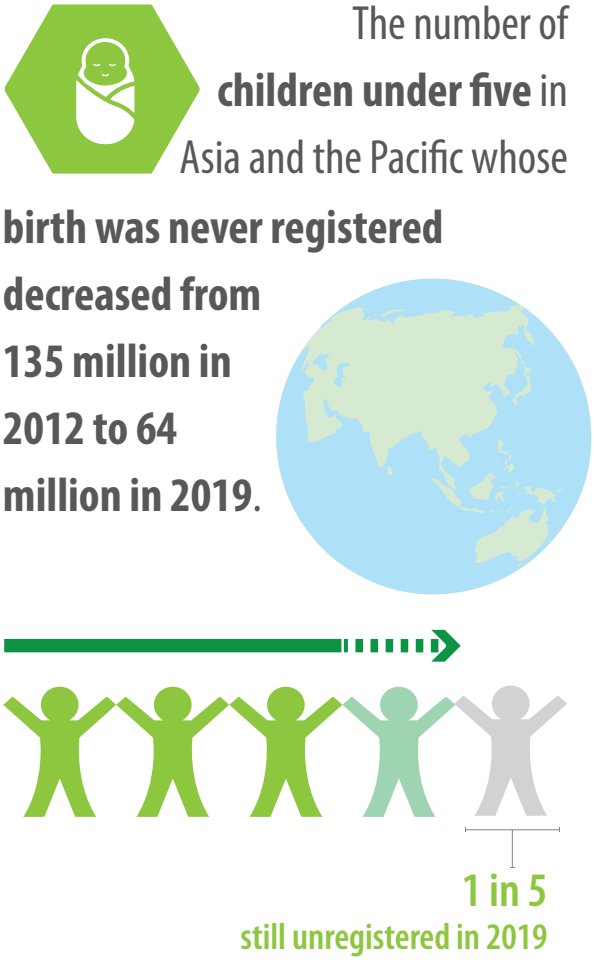
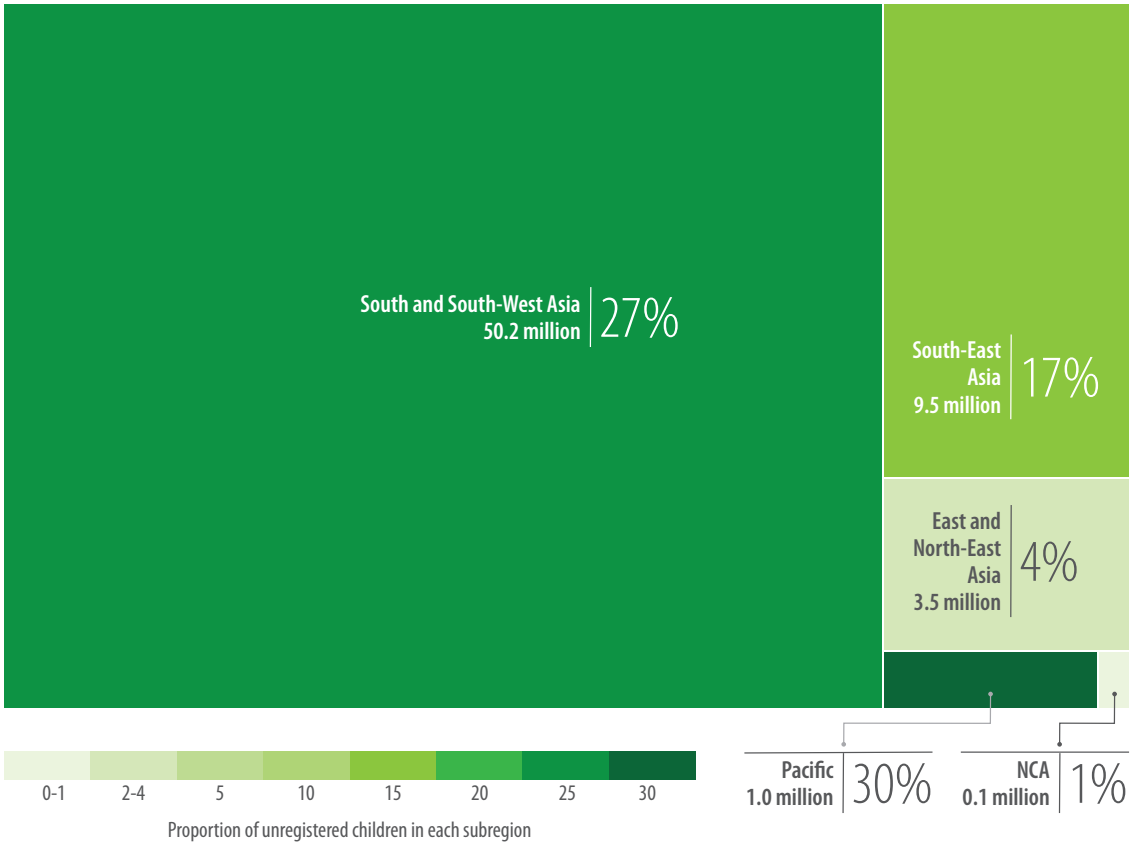


Figure VI: Number and percentage of children under five in Asia and the Pacific whose birth has never been registered, by subregion



Note: The figure is based on an estimated 356.4 million children under five, and 64.4 million of them unregistered (18%). Non-regional countries are not included in this graph.

With increasing birth registration rates in the region, the number and percentage of children under five whose birth has not been registered should decrease in the coming years. It will be crucial to ensure that those who did not benefit from improvements in birth registration as young children are registered later in their life.

What is the percentage of the total population whose birth was never registered?

Since a birth certificate is needed throughout the life of an individual, it is important to monitor the registration rate of the entire population, which reflects the accumulated efforts to register births and the potential backlog of individuals who need to obtain legal documentation. As part of the Regional Action Framework, countries have set ambitious targets for 2024. Currently, 15 countries are aiming to have their entire population registered by 2024, and 15 more have targets ranging from 60 per cent to 99.5 per cent.

A well-functioning CRVS system is not sufficient to measure the registration rate of the entire population since migration must also be considered. Therefore, calculating the registration rate for the entire population is possible only for countries that have a population register, including information on birth registration, or that conducted a census or survey with a question on birth registration not only for children, but for all members of the household. Estimating the number of people and percentage of the total population whose birth has never been registered is extremely challenging. The Philippines has a census question on birth registration for all household members. According to their 2015 census, 95 per cent of their population had its birth registered. Following cyclone Pam, Vanuatu had a question on birth registration in its 2016 mini census with complete enumeration. It showed that 85 per cent of the population had its birth registered. Nepal asked this question as part of a survey, giving an estimated 62 per cent of the population that had its birth registered. Nine other countries with population registers or identity management systems[8] linked to their CRVS systems were able to submit figures for this target in response to the midterm questionnaire. With the exception of the above-mentioned countries and Papua New Guinea at 15 per cent, all respondents to the midterm questionnaire reported that more than 99 per cent of their population had its birth registered (see Annex II, Table 1).

As 18 per cent of children under five in the region never had their birth registered, it is likely the percentage for the total population is even higher due to lower birth registration rates in the past. Making progress and achieving universal registration of the entire population also requires a different kind of effort than birth registrations during the first year of life and for children under five. Countries must not only modify the current

8 While there is no internationally agreed definition of identity management, the term most commonly refers to the issuance of a proof or legal tender of identity to each individual and the maintenance of systems for managing information and documents associated with such identity. *Handbook on Civil Registration and Vital Statistics systems: Management, Operation and Maintenance, Revision 1*, United Nations, New York, 2018, para. 80, available at https://unstats.un.org/unsd/demographic-social/Standards-and-Methods/files/Handbooks/crvs/crvs-mgt-E.pdf .

system but actively organize campaigns to make sure that everyone has the opportunity to register irrespective of their age.

What can the region do to improve birth registration?

Progress in birth registration completeness is far from linear and depends largely on the underlying improvements made to CRVS systems. Due to the different levels of development of CRVS systems in the region and the resulting heterogeneity of birth registration completeness, different approaches will be required in each country.

Many countries reported already being close to universal birth registration at the beginning of the Decade and displayed no major changes since then. However, due to the intrinsic difficulty in measuring how many people were not counted, namely unregistered births, it is challenging to assess whether a country is indeed registering all births soon after their occurrence. Remaining gaps may still exist, especially in hard-to-reach or marginalized population groups. To ensure genuine universal registration, countries may want to conduct a more detailed analysis of birth registration with a focus on hard-to-reach and marginalized populations. The implementation of the Regional Action Framework requires members and associate members to complete a series of eight implementation steps. One is to assess inequalities related to CRVS experienced by subgroups of the population, including among hard-to-reach and marginalized populations, which only a few countries have done thus far (see Chapter 4, **Regional Action Framework as a catalyst to improve CRVS systems**). Countries with high birth registration completeness should make this kind of assessment a priority for the second half of the Decade to ensure the CRVS system leaves no one behind.

Although the situation has markedly improved since the beginning of the Decade, many countries are still far from reaching their targets for 2024, let alone universal birth registration. Indeed, at least 13 countries in the region register fewer than 90 per cent of births. Long-term improvements to their CRVS systems will require a coordinated improvement approach involving all relevant stakeholders. Fortunately, all these countries now have a CRVS coordination mechanism and have developed or are developing a comprehensive CRVS strategy based on a detailed assessment of the situation. Areas of improvements will depend on the country but may include a revision of the legal framework, simplification of registration procedures to have a more active system reaching out to the families rather than the other way around, implementation of an information and communications technology platform for CRVS and advocacy campaigns. A stronger involvement of the health sector in birth registration could also help increase the percentage of timely births registrations. Indeed, medical professionals are uniquely positioned to notify civil registrars of recent births. The implementation of any of these elements alone will not be sufficient for countries to reach their objectives by the end of the Decade.

Finally, tackling the issue of the birth registration backlog will be a critical issue for many countries going forward. As countries implement identity management systems linked to civil registration it is important to make sure the lack of birth certificate does not become a barrier to enter these systems. Papua New Guinea, which had low birth registration rates in the past, decided to offer late registrations while entering people into their identity management system. In Vanuatu, individuals who register for a new identification card will be supported to have their birth registered first, if needed. Those efforts support building the stock for the identity management system and vital statistics, and those efforts assume that all births will be registered in the future. Otherwise, the identity management systems in these countries will be incomplete again in the not-too-distant future. Identity management systems can build on civil registration, and this is another important reason for investing in and strengthening civil registration.

Box 4 United Nations Legal Identity Agenda

The right to be recognized as a person before the law is enshrined in Article 6 of the Universal Declaration of Human Rights and other international rights instruments. For this reason, SDG target 16.9 calls for legal identity for all, including birth registration, by 2030. In addition, recent technological progress has also facilitated the implementation of identity management systems in countries.

Around the world, countries needed guidance on the implementation of identity management systems. To ensure a homogeneous, harmonized and coordinated approach of all United Nations agencies and programmes and the World Bank Group, the United Nations Legal Identity Expert Group was formed in September 2018. It was initiated by the United Nations Deputy Secretary-General and comprises 17 United Nations agencies.

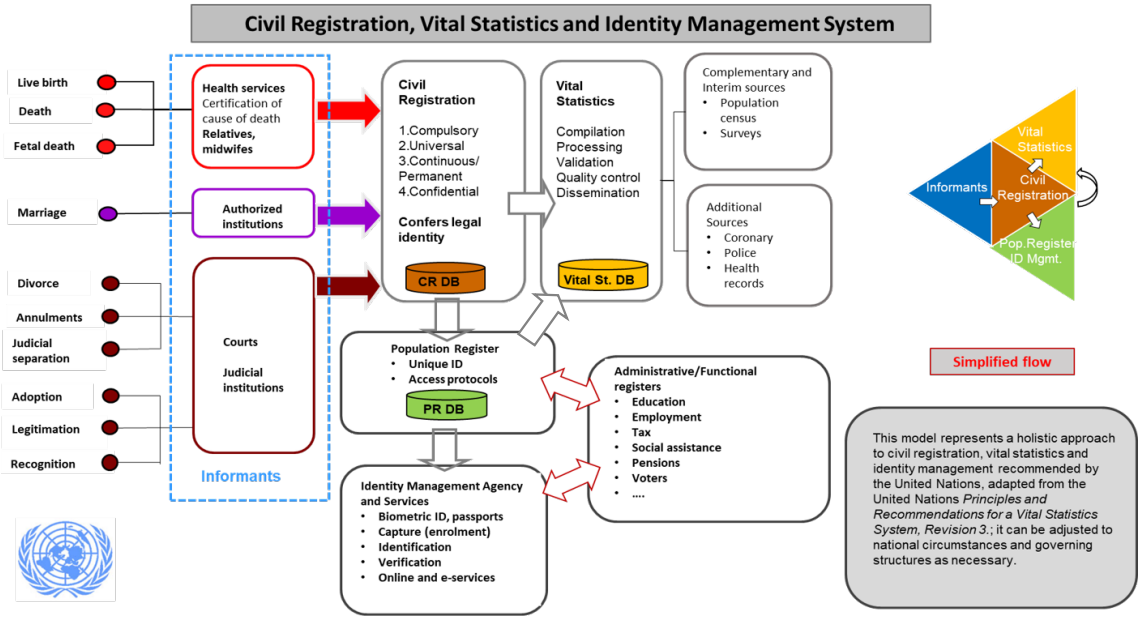
The common approach has a strong emphasis on ensuring a holistic installation and development of civil registration, vital statistics and identity management systems. The United Nations operational definition of legal identity is therefore founded on civil registration from birth to death, with a human rights approach. It is defined as follows:

Legal identity is the basic characteristics of an individual's identity, e.g., name, sex, place, and date of birth conferred through registration and the issuance of a certificate by an authorized civil registration authority following the occurrence of birth. In the absence of birth registration, legal identity may be conferred by a legally recognized identification authority. This system should be linked to the civil registration system to ensure a holistic approach to legal identity from birth to death. Legal identity is retired by the issuance of a death certificate by the civil registration authority upon registration of death.*

Proof of legal identity is defined as a credential, such as birth certificate, identity card or digital identity credential that is recognized as proof of legal identity under national law and in accordance with emerging international norms and principles.* In the case of refugees, Member States are primarily responsible for issuing proof of legal identity. The issuance of proof of legal identity to refugees may also be administered by an internationally recognized and mandated authority.

The holistic approach to civil registration, vital statistics and identity management promoted by the United

(Box 4 continued)



Nations Legal Identity Agenda provides member States with a clear framework to implement as a systematic and perpetual mechanism for ensuring legal identity for all. Legal identity founded on civil registration leverages the strength and infrastructure of an existing system. It guarantees the concept of legal identity starts from births, ensuring children are covered, unlike stand-alone identity management systems onboarding individuals later in life. Secondly, it provides a clear method to 'retire' legal identity, facilitating the closing of governmental services, such as the provision of pensions after death and the maintenance of up-to-date population registers. In return, by using civil registration rather than competing with it, the implementation of identity management systems will strengthen the role of civil registration and thus ensure the continuous availability of a wealth of demographic and health information for vital statistics.

Note: *United Nations, Statistical Commission, *Overview of the United Nations Legal Identity Agenda*, Available at: https://unstats.un.org/unsd/statcom/51st-session/documents/BG-Item3k-Overview-E.pdf .

Box 5 Linking civil registration and national identification for greater citizen convenience and system capacity: the examples of Bhutan and Mongolia

Guided by the philosophy of Gross National Happiness, the Royal Government of Bhutan takes multiple aspects into account to improve the well-being and living standards of its people. In this regard, high interest is given to civil registration as it is recognized as the first step in ensuring the provision of citizens' rights. As part of such efforts, a transition was started at the beginning of the twenty-first century to enhance the civil registration process from a paper-based system to a database called the Bhutan Civil Registration System. Administered by the Department of Civil Registration and Census under the Ministry of Home and Cultural Affairs, the system generates a citizenship identity number in parallel to the registration of a child's birth. To make the registration process more accessible, the Royal Government established registration facilities through community centres at the Gewog level (block level). As soon as the birth registration is completed, the system sends a text message to the applicant with the citizenship identity number. This web-based civil

(Box 5 continued)

registration system not only increases the coverage and completeness rate of registration, but it also offers benefits for data integration. In particular, it allowed for the development of the national population register, with updates in real time, which makes Bhutan the only country in the South Asia to achieve the full integration of the civil registration and identification systems.

In Mongolia, the will to increase accessibility of state services, including through digitization, has led to similar achievements. In 2018, it adopted the "One citizen, One registration" programme* with three overarching goals: to further integrate the system of civil registration to provide prompt delivery of public services, to fully digitize the original sources and to ensure data security.

Indeed, while Mongolia was already registering most of its vital events, the lack of collaboration between the primary stakeholders led to discrepancies and data quality problems. Through the revision of the civil registration law as well as the signing of a memorandum of understanding, these institutions were able to connect their different databases by key features, such as identification number, to form a national comprehensive database. This means that the registration of a child's birth in a civil registration office enables the child to later obtain an identification number and an identification card, while the relevant information is securely transmitted to the Ministry of Health and the National Statistical Office. Most local registration offices are now connected to the Internet, allowing for automatic transmission to the database, and the programme is still ongoing to connect the remaining offices.**

Notes: *National Statistics Office of Mongolia (2019) *Integration of CRVS and ID systems*, Available at https://getinthepicture.org/system/files/Integrating%20CRVS%26ID%20-%20Mongolia.pdf .

**http://eng.burtgel.gov.mn/post/53333.

A birth certificate is important for individuals throughout their lifetime. Access to education and the right to health are human rights, which should not be restricted due to a lack of documentation.

2 Recording all deaths and causes of death

With the COVID-19 pandemic, the importance of registering deaths and recording causes of death has gained increased visibility. Death registration is fundamental in measuring and mitigating critical health challenges, particularly in calculating excess mortality to monitor the COVID-19 pandemic. Moreover, every death registration should be accompanied by a medically certified cause of death. This information is paramount to produce statistics on mortality and cause of death. However, the significance of death registration and recording causes of deaths goes beyond the production of vital statistics.

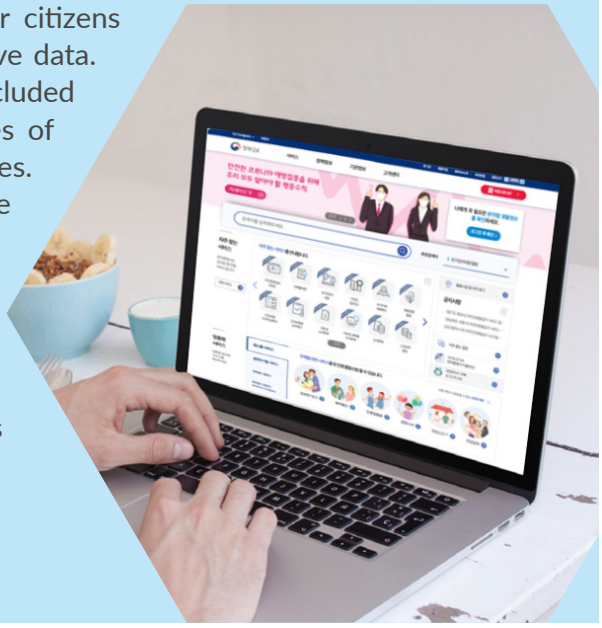
The registration of deaths also fulfils a legal and administrative purpose of the State. A death certificate represents a final and permanent record of the fact of death. It is used as primary evidence by courts in ruling inheritance or other related claims in all but one country that responded to the midterm questionnaire. In addition, 22 countries reported requiring a death certificate to issue burial permits and 24 countries said they were providing funeral assistance to at least part of their population after the submission of a death certificate. Finally, death registration and a record of the causes of death are valuable for the family of the deceased. It may be part of the grieving process and the information on the cause of death can also inform descendants of health conditions that may be hereditary.

Box 6 **CRVS resilience through accessibility and digitization: the example of Armenia and the Republic of Korea in the COVID-19 crisis**

The COVID-19 crisis has brought significant challenge to the delivery of CRVS services. However, it has also shed light on how innovation can increase systems' robustness and even provide help in the mitigation of such a crisis. Indeed, the nature of the situation has forced many countries in the region to limit or stop their in-person public services during part of 2020, including the registration of vital events. This major disruption is problematic both because it prevents people from accessing some of their rights and it impacts a source of information critical to understand and fight the pandemic. In contrast, countries that had previously established online civil registration platforms were able to provide continuous services while the collection of vital statistics data continued.

In Armenia, repeated efforts have been made since 2016 to remove barriers to civil registration. For example, the Ministry of Justice opened a number of unified offices for the provision of public services throughout the country, including in post offices and bank agencies in rural communities. These offices help reduce the distance people need to travel to access civil registration services while also simplifying administrative processes. Cost barriers were addressed by removing some of the state duties, for example for the registration of marriage, while the delays taken for each procedure were also cut short. Recently, on-site birth registration points have been opened in a few hospitals to make services directly available to those who need it. In June 2020, the Ministry of Justice launched an online platform allowing some administrative procedures to be done entirely online, such as receiving proof of marital status or copies of events certification. The number of services available on the platform has progressively expanded and campaigns to increase awareness on the importance of the procedures were conducted. During the COVID-19 pandemic these efforts enabled the continuity of governmental services and provided recourse to the population when some services had to be suspended.

This increased convenience for the public offered by online service delivery is further exemplified in the Republic of Korea. The country has long been involved in e-governance, where it ranks among the best internationally. This involvement has been reflected in CRVS for a long time: digitization of several CRVS-related databases began as part of a more general plan in 1987. Through progressive steps, full computerization and interoperability of the different systems was achieved, significantly simplifying the administrative processes for citizens while also increasing the security of sensitive data. In 2018, online services for citizens included declaration of births and requests of copies of family relationship or marriage certificates. Coupled with the high completeness of the civil registration system, this digitization and the simplification of procedures has shown its value during the COVID-19 crisis. By continuing to provide complete and timely registration data, this system enables the use of vital statistics to monitor aspects of the crisis that are often unaccounted for.



The Regional Action Framework contains six targets on the registration of deaths and the recording of causes of death. Similar to targets 1A and 2A for birth registration, targets 1D and 2B focus on the registration of deaths soon after their occurrence and the issuance of a death certificate thereafter. These targets reflect the importance for families to obtain the death certificate of the deceased early to claim benefits and settle the inheritance and estate. In addition to registering deaths, recording the cause of death is paramount for public health reasons. The Regional Action Framework includes target 1E on deaths captured by the health sector which have a medically certified cause of death recorded using the international form of the death certificate. However, recording a medically certified cause of death is not sufficient for producing vital statistics. The underlying cause of death must also be coded to be analysed. Target 3C concerns the percentage of deaths occurring in health facilities or with the attention of medical practitioners, which have an underlying cause of death code derived from the medical certificate according to the standards defined by the International Statistical Classification of Diseases and Related Health Problems (ICD), latest version as appropriate.[9] The quality of the statistics on causes of death is dependent on the information given on the medical certificate of cause of death and its coding. The Regional Action Framework includes target 3D on the reduction of ill-defined codes, reflecting the importance of improving data quality in addition to the coverage of deaths for which a cause of death was recorded. Finally, in many countries of the region, a large number of deaths are still taking place outside of medical facilities and without the attendance of a medical practitioner, preventing the assignment of a medically certified cause of death. The Regional Action Framework includes target 3E on the use of verbal autopsy to collect information on these populations and understand health issues affecting them. These targets are used to monitor improvements in death registration and the recording of causes of death in the region (Figure VII).

9 To simplify the reporting by countries, data for target 3C was instead collected on whether countries were using ICD to code deaths rather than on the percentage of deaths occurring in health facilities or with the attention of a medical practitioner which have an underlying cause of death code.

Figure VII: Registration of deaths and recording of causes of deaths

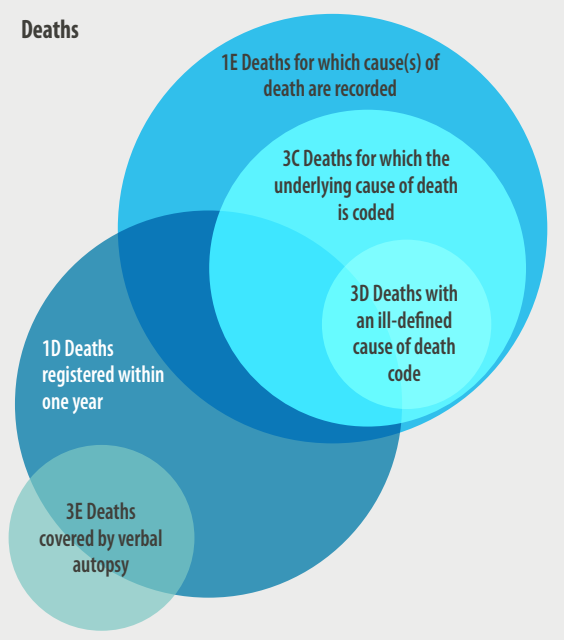
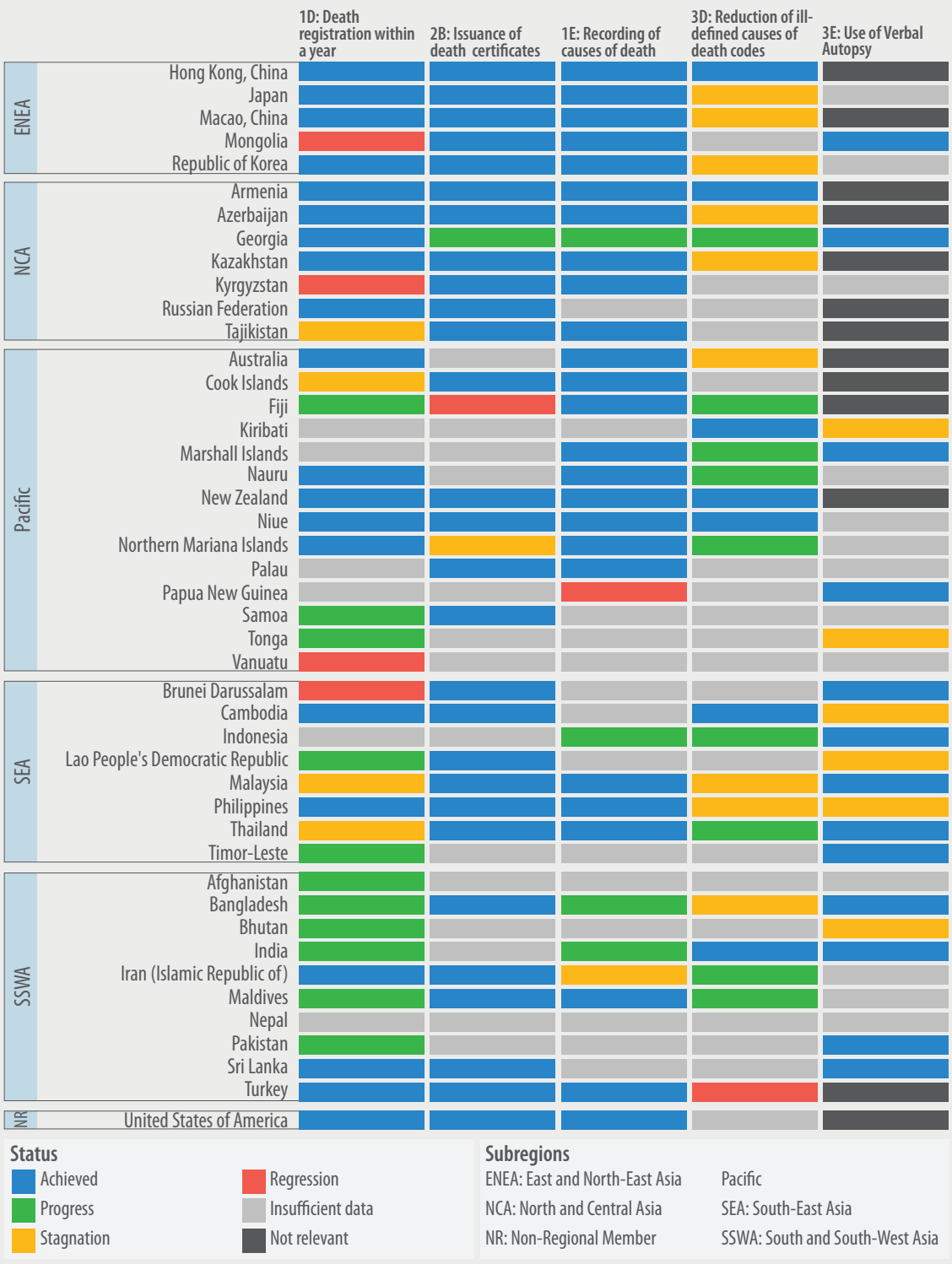


Figure VIII shows a higher percentage of countries in East and North-East Asia and North and Central Asia have already achieved their targets on death registration and the recording of causes of death. Nevertheless, all subregions have yet to achieve their target on the reduction of ill-defined causes of death.

Are deaths registered within a year?

Timely registration of deaths is necessary for public health concerns and because the burial or cremation permit should be issued only after the death has been registered. Similar to the registration of births, 42 countries in the region reported having an initial period during which registration is free. However, the period given for registering deaths is usually much shorter, with 15 countries having a limit of six days or less (Figure IX). Countries in East and North-East Asia and North and Central Asia tend to have a shorter legal period to register deaths than countries in the other subregions. For all countries except the Lao People's Democratic Republic and Pakistan the registration is free within the legally specified period.

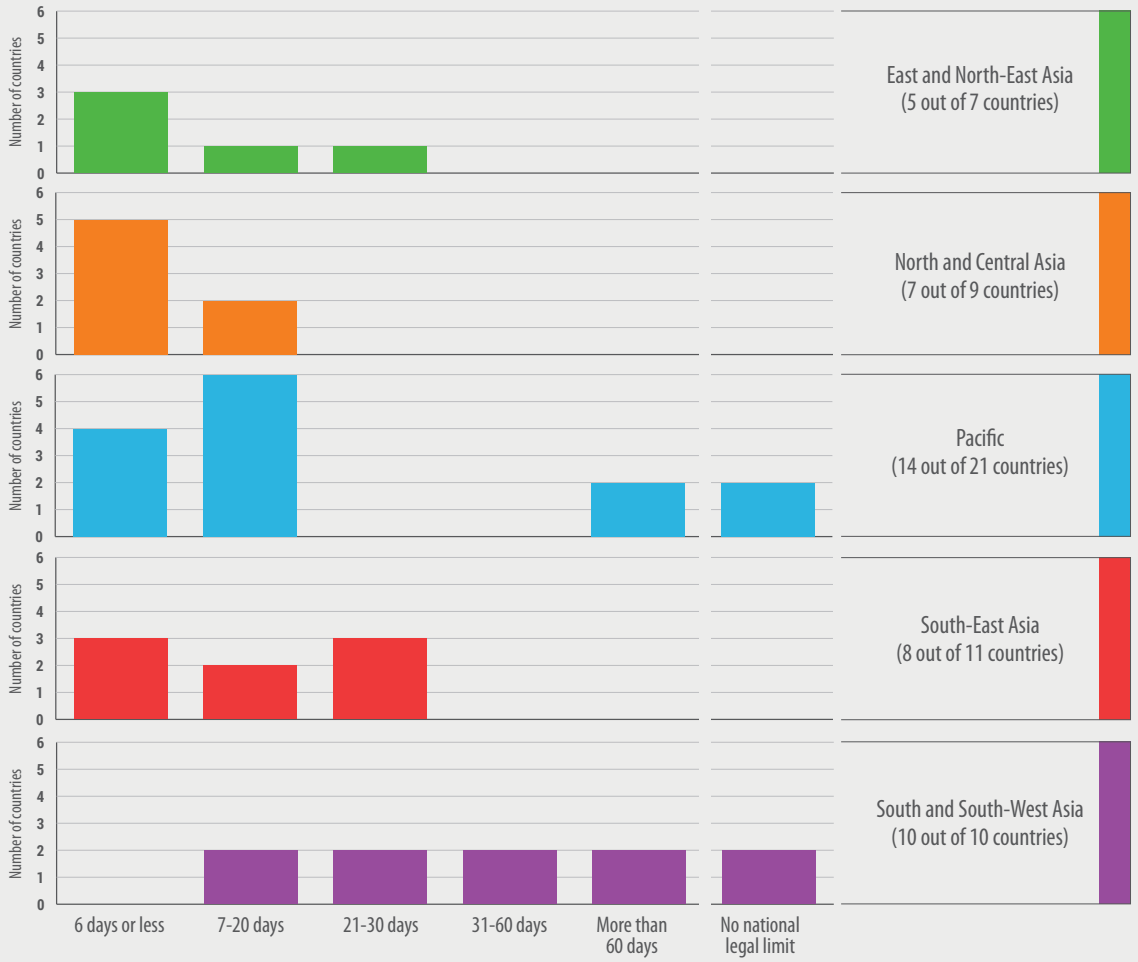
Figure VIII: Overview of achievement against targets on death registration and the recording of causes of death



Note: Progress was assessed only for countries that had submitted at least 2 data points. For most countries, the baseline data is from 2014 and the midterm from 2018. If the midterm value is superior or within 2 percentage points of the target set for 2024, the target is considered achieved. If not, if the midterm value has increased by more than 2 percentage points compared to the baseline, it is considered progress. If it has decreased by more than 2 percentage points compared to the baseline value, it is considered regression. If it remained within 2 percentage points above or below the baseline value, it is considered stagnation.

For target 3E, no numerical data was collected in the midterm questionnaire, but simply a question asking whether verbal autopsy was implemented or not. Countries reporting implementation of verbal autopsy were considered having achieved the target. Countries expressing, in the midterm or baseline questionnaire, a will to implement it but not having started yet by the midterm were considered as 'Stagnation'. For countries expressing, in the baseline or midterm, that they would not be implementing verbal autopsy due to the high percentage of in-hospital deaths, the target was considered 'Not relevant'. Finally, for countries not having answered the question, the target was listed under 'Insufficient data'.

Figure IX: Legally stipulated period for death registration



Note: For more information on the subregional groupings, please refer to Annex III. Non-regional countries are not included in this graph.

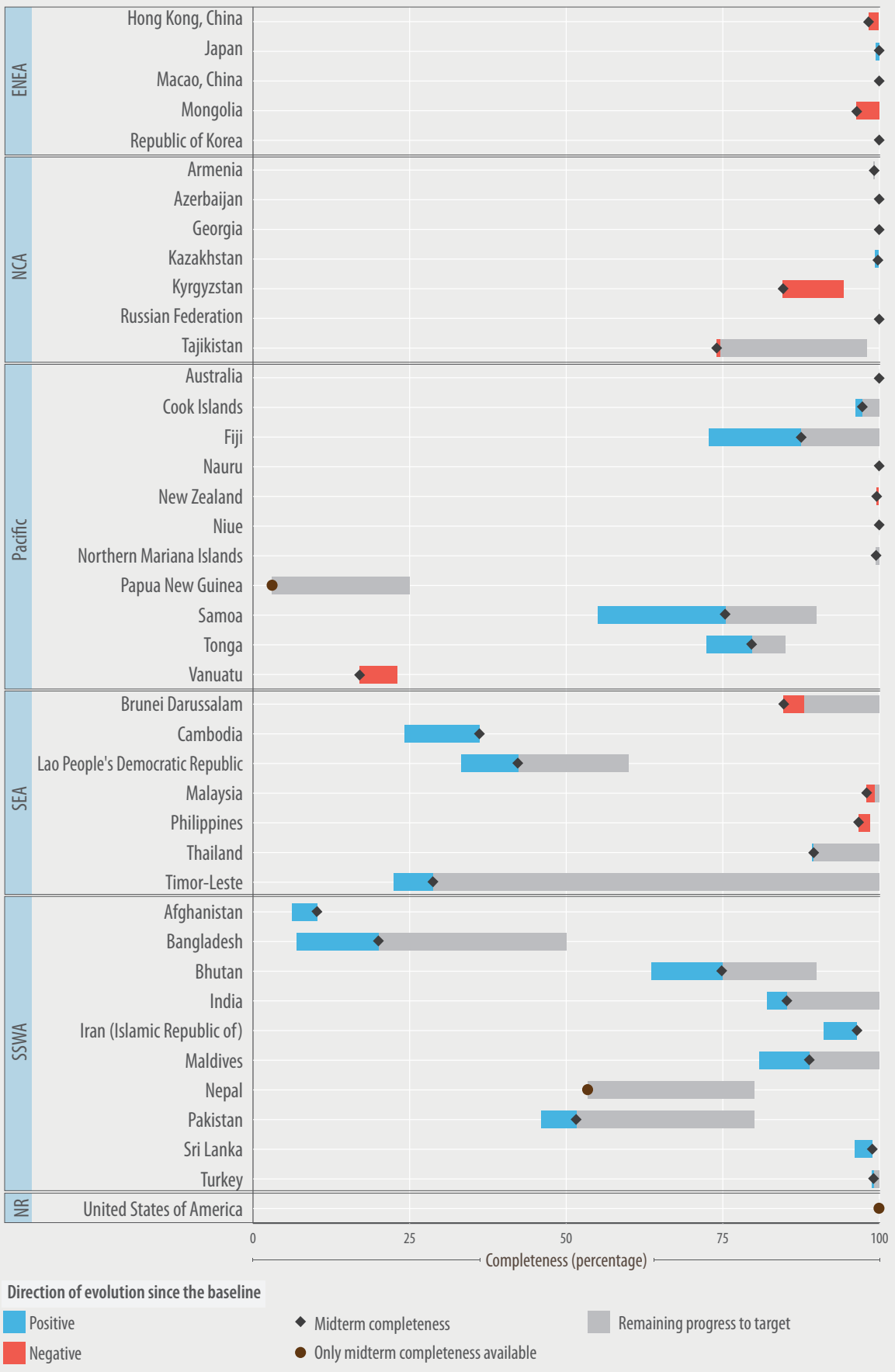
After this period, about half of the countries charge a fee for late registration, which may discourage the late registration of deaths.

As with birth registration, the completeness of death registration is calculated by comparing deaths which occurred during a certain year and were registered within one year of occurrence to the estimated number of deaths during the same year.[10] The completeness of death registration in Asia and the Pacific is at a lower level than birth registration. The reasons for this include the more limited incentives to register deaths and the fact that many deaths occur outside of health facilities. The gap between the countries with the most and least completeness of death registration is also larger than for birth registration. Eight countries reported registering all deaths within a year, six fewer than the number of countries registering all births.

With a few exceptions, most countries progressed towards their target. However, the current pace of progress may not be sufficient for countries to reach their target by the end of the Decade. Countries which reported death registration completeness close to 100 per cent may wish to conduct a more detailed analysis of death registration with a focus on hard-to-reach and marginalized populations to ensure they have truly achieved universal death registration.

10 Death registration completeness depends on the quality of the estimated number of deaths, which is difficult to estimate. The figures should therefore be interpreted with caution and be understood as a general indicator of the situation rather than an exact representation of the reality. For more information on the calculation of death registration completeness, please consult the technical report. Available at https://getinthepicture.org/resource/technical-report-crvs-decade-midterm-report

Figure X: Death registration completeness: Progress towards target 1D



Looking at the different subregions, East and North-East Asia and North and Central Asia have high completeness of death registration, with only two countries below 90 per cent. CRVS systems in these regions benefit from well-institutionalized processes. The situation in South-East Asia and South and South-West Asia is very different. Most countries are making progress although only a few have completeness above 90 per cent. Finally, in the Pacific, there seems to be a convergence towards complete death registration among countries that responded to the midterm questionnaire. However, it should be noted that only 11 out of 21 countries in the Pacific subregion submitted data, limiting the strength of the analysis.

If a death is registered, is a death certificate then issued?

A death certificate, like other civil registration documents, should be easily accessible to the appropriate individuals soon if not directly after the registration of the death. In Asia and the Pacific, 29 countries reported the practice of issuing death certificates on the day of the registration, while 14 reported that it may take longer depending on the case.

Similar to birth certificates, most countries reported issuing death certificates for all registered deaths. Only five countries reported not issuing certificates for all deaths. Northern Mariana Islands reported that death certificates are issued to qualified individuals upon request for a small fee, and death certificates were not always requested after death registration.

The automatic issuance of death certificates following registration in an overwhelming majority of countries that responded to the midterm questionnaire is encouraging as it means the family of the deceased will be able to claim an inheritance or obtain specific support such as funeral assistance.

Box 7 COVID-19 and CRVS

During any epidemic, basic CRVS processes are vital to inform and support both national and global responses to monitor the impact of the emergency and assess the impact of interventions. To better understand the implications of COVID-19 on CRVS functions, the United Nations Legal Identity Task Force launched a global survey (UNLIA survey) in which 56 countries and four states of Australia participated. The survey results revealed that the pandemic had a massive impact on the principles, operations and functions of CRVS.* Due to the pandemic, many CRVS offices were closed, budgets were refocused toward COVID-19 response. Maintaining the registration process was difficult as staff were shifted toward responding to the pandemic. If no positive actions were taken to compensate, then underreporting, incompleteness and inaccuracy would be among the expected long-term impacts of the pandemic on CRVS systems.

Countries need to focus on improving the notification of deaths and medical death certification and building capacity to routinely measure and monitor excess mortality resulting from the public health emergency. Those actions can help to ensure that their mortality surveillance systems are of maximum benefit for policy. With the unique access of the health sector to the population, a refocus is needed for its clear responsibility in strengthening CRVS systems. During emergencies, countries can consider such measures as drafting business development plans, strengthening multi-sectoral collaboration, deploying online registration platforms and allowing work shift modalities for CRVS staff.**

Notes: * Impact of the COVID-19 pandemic on Civil registration and vital statistics; UNLIA survey; Global CRVS Group UN Legal Identity Agenda Task Force; https://unstats.un.org/unsd/demographic-social/meetings/2020/Webinar-crvs-Covid19/docs/Seminar02.pdf

** WHO CRVS Strategy and Implementation Plan 2021–2025.

Nevertheless, there are still millions of unregistered deaths every year in the region, and no death certificates will be issued for those deaths. As a result, families may not be able to benefit from services or exercise rights that require a death certificate. In addition, death registration and the issuance of a death certificate by the civil registration authority is needed to 'retire' a legal identity (see Box 4). The implementation of an identity management system in countries without universal death registration could therefore lead to failures to retire legal identities.

Are causes of death recorded?

Assigning causes of death goes beyond the realm of the civil registration authority and is generally under the responsibility of the health sector. Efficient collaboration between the two authorities is crucial to ensure the medically certified cause of death is part of the information recorded by the civil registrar. It requires the medical practitioner attending the death to complete the international form of the medical certificate of cause of death and to send this information to the civil registrar. The registrar will ensure the form is combined with other information needed for statistical purposes. The use of the international form of the medical certificate of cause of death is widespread in the region, with only five countries reporting not using it (the Lao People's Democratic Republic, Nauru, Northern Mariana Islands, Pakistan and Timor-Leste). Nevertheless, three of these countries still reported data on the number of deaths with medically certified cause of death and they are included in the below analysis. However, 17 countries reported not having any regular training on medical certification of cause of death provided to doctors or coroners.

Twenty-two countries declared recording a medically certified cause of death for all deaths taking place in health facilities or with the attention of a medical practitioner. Ten of these countries are effectively recording a cause of death for all deaths. In addition, four record causes of death for 80 per cent to nearly 100 per cent of deaths taking place in health facilities or with a medical practitioner in attendance, while nine record causes of death for less than 80 per cent of these deaths. Nevertheless, many deaths in Asia and the Pacific are not taking place in a health facility or with the attention of a medical practitioner, and they are not recorded by the health sector. Thus not all deaths have a medically certified cause of death, even in countries with 100 per cent for this target.

A medical certificate of cause of death is a necessary but not sufficient step to produce mortality statistics on causes of death. As shown by Figure XI, the information on a medical certificate of cause of death also needs to be coded. If there is no medical certificate, verbal autopsy can be used to obtain less detailed information on the cause of death, which can be useful at the population level if applied to a representative sample.

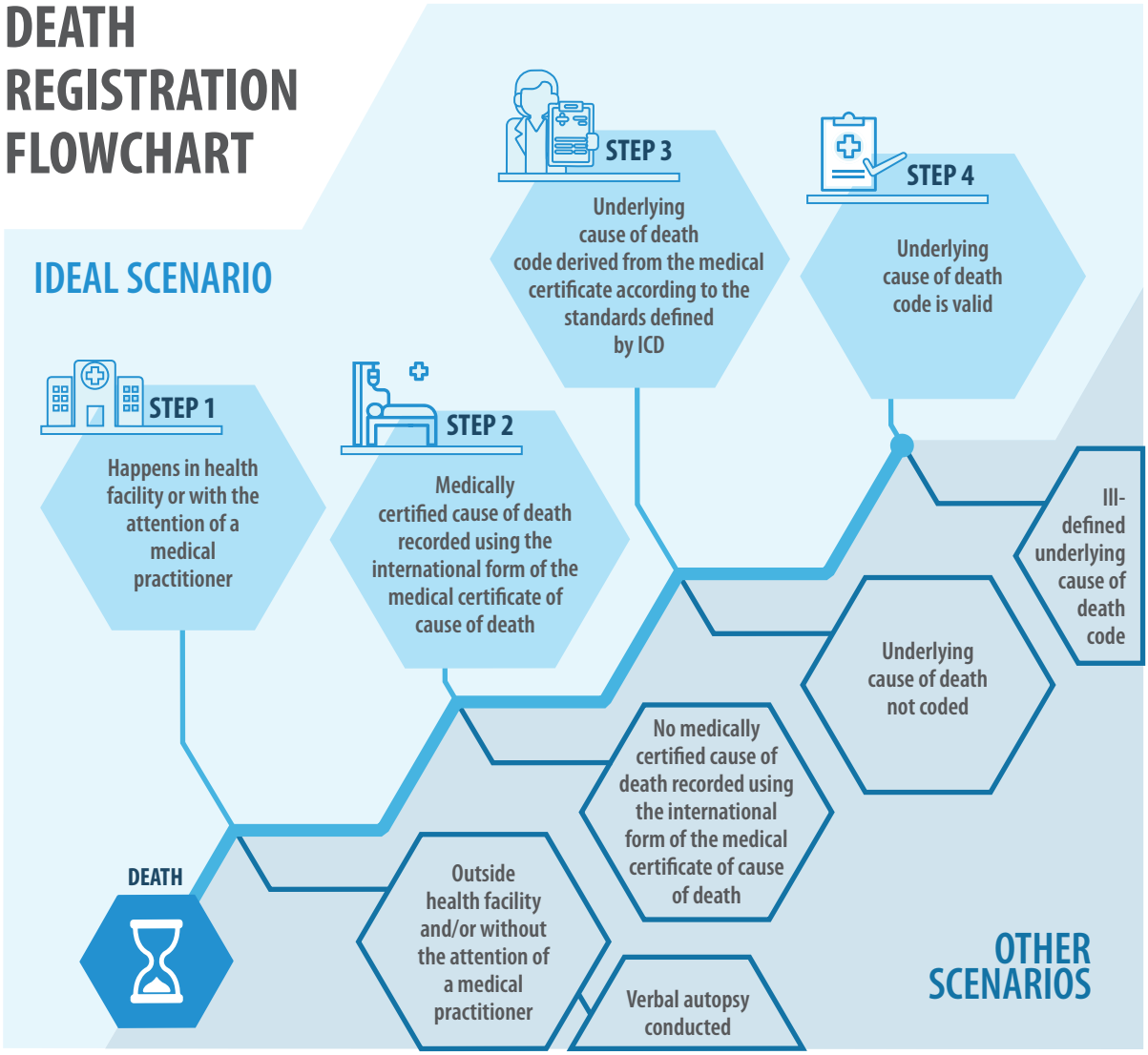
Box 8 COVID-19 as a cause of death

According to the WHO International Guidelines for Certification and Classification of COVID-19 as a cause of death, a death due to COVID-19 is defined as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case and counted independently of pre-existing conditions, unless there is a clear alternative cause of death that cannot be related to COVID-19.* WHO also created a code in the International Statistical Classification of Diseases and Related Health Problems (ICD), Version 10, for COVID-19 (U07), to improve the quality of reporting of the epidemic.**

Notes: * International guidelines for certification and classification of COVID-19 as a cause of death, World Health Organization. Available at www.who.int/classifications/icd/Guidelines_Cause_of_Death_COVID-19.pdf?ua=1 .

** COVID-19 coding in ICD-10; World Health Organization; www.who.int/classifications/icd/COVID-19-coding-icd10.pdf .

Figure XI: Death registration flowchart



If recorded, are causes of death then coded for the purpose of vital statistics?

The underlying cause of death is used as the basis for mortality statistics. It is defined as the disease or injury that initiated the chain of events leading directly to death or the circumstances of the accident or violence that produced the fatal injury. The information provided on a medical certificate of death cannot be directly used for the purpose of producing vital statistics. The underlying cause of death needs to be coded to a statistical category using the comprehensive classification of morbidity and mortality causes provided by ICD, so that the cause of death can inform public health policies. When doctors fill in the medical certificate of cause of death and identify the underlying disease, injury or accident which led to death, the classification of the underlying condition in a general taxonomy facilitates analysis and international comparison. Almost all countries reported using ICD, although not necessarily in a systematic manner. Nevertheless, 22 countries reported not having regular training provided to coders, of which nine countries also reported not having ad hoc training.

The ICD includes codes to be used when information is either too limited or not available to accurately classify the cause of death, characterized as "ill-defined codes". The quality of the information provided on a medical certificate of cause of death is ultimately reflected in the proportion of ill-defined codes. Since the beginning of the Decade many countries managed to lower the proportion of ill-defined codes among causes of death. However, many

Box 9 Tools to increase quality and timeliness of coding causes of death in the Philippines

The Philippines Statistical Authority publishes population data from a variety of sources such as censuses, surveys, and a civil registration system with relatively high completeness. Yet the timeliness and quality of data needed some improvement. The lack of human resources to code and analyse data meant that the data were not specific enough to properly guide policies and publication was often delayed, especially for detailed data, such as causes of death.

Human resources and time are needed to record correct and precise underlying conditions and convert that into an accurate code for cause of death. More than 60 per cent of deaths in the country occur outside of hospitals.* For these deaths, doctors often have very limited information on which to determine cause of death. To help solve those problems, the Bloomberg Philanthropies Data for Health Initiative partnered with the Government of Australia in 2015 to support the implementation of SmartVA (smart verbal autopsy), Iris (automated coding system for cause of death), and ANACONDA (Analysis of Causes of National Deaths for Action). Those tools use the International Statistical Classification of Diseases and Related Health Problems (ICD), Version 10, developed by the World Health Organization.

SmartVA aims to attribute a cause to death occurring outside of health facilities for which there are no medical records or information is insufficient. Using tablets or laptops, a formatted interview between a doctor and the family of the deceased aims to determine a probable cause of death.

The Iris tool automates the mortality coding system. It converts all entries on the medical certificate into an ICD code, and selects the underlying cause of death. This process was previously done manually by coders at the Philippines Statistical Authority. The implementation in the Philippines was guided by the University of Melbourne as a member of the Data for Health Initiative.

The final tool, ANACONDA software, was jointly developed by the University of Melbourne and the Swiss Tropical and Public Health Institute at the University of Basel. It checks the plausibility of mortality levels and quality of causes of death data using information from established epidemiological and demographic patterns. It therefore measures common problems such as lack of detail, improbable sequences and other issues leading to "garbage codes", which assesses the reliability of the data and reveals areas where training is needed.

Using the training of trainers approach to roll out these tools, a large number of provinces and hospitals were reached quickly while also greatly improving the human resources available locally. Results of these innovations can already be seen, with the Philippines Statistical Authority now able to produce cause of death statistics in less than half the time it took previously when the death certificates were manually coded, while having increased data quality.

Note: * CRVS Knowledge Gateway, *Philippines: a story of change*. Available at www.youtube.com/watch?app=desktop&v=p2KAcNPUX9w .

Death registration and a record of the causes of death are valuable for the family of the deceased. It may be part of the grieving process and the information on the cause of death can also inform descendants of health conditions that may be hereditary.

other countries experienced increases in the proportion of ill-defined codes and four countries reported that ill-defined codes were assigned to more than 20 per cent of underlying causes of death at the time of the midterm questionnaire (see Annex II). As shown in Figure VII, progress of countries against target 3D on the reduction of ill-defined code among causes of death stands out compared to the other targets, highlighting the need for improving the quality of information on causes of death in all countries of the region.

Is there any information on the causes of the deaths that took place outside of a health facility or without the attention of a medical practitioner?

Eleven countries in the region reported more than 50 per cent of deaths taking place outside the health sector and therefore not having medically certified causes of death. Verbal autopsy is a structured interview with persons familiar with the deceased to elicit events, signs and symptoms that arose before the death. The information is then analysed by a medical professional or using automated algorithms to assign a probable cause or causes of death. Verbal autopsy generates useful information at the population level but is less reliable than medical certification for assigning the cause of death of an individual. It does not provide family members with a legal certificate of cause of death. Like sample registration, verbal autopsy can be applied to a representative sample of the population.

Thirteen countries reported using verbal autopsy, and its use varies depending on the country. Bangladesh, India and Indonesia have integrated it in their sample registration system. It is also sometimes used in surveys to investigate specific deaths. At the beginning of the Decade, 14 countries set a target to use verbal autopsy by 2024. However, due to the COVID-19 crisis more countries have recently expressed interest in implementing verbal autopsy.

What can the region do to improve death registration and the recording of causes of death?

The COVID-19 pandemic has underlined the lack of timely and accurate data on deaths and their causes in many countries. A universal and well-maintained CRVS system could provide such information. However, as seen in this chapter, many countries have yet to register all deaths and record reliable information on their causes.

Most of the steps to be taken to improve birth registration are also applicable to death registration. However, as there are fewer incentives to register a death, it will probably take longer for countries to achieve universal death registration. Ways to increase the percentage of death registration include revising the legal framework, facilitating the sharing of death-related information between the health sector and the civil registration office, simplifying registration procedures to have a more active system reaching out to the families rather than the other way around, implementing an information and communications technology platform for CRVS and launching

advocacy campaigns. Such improvements are particularly needed for countries embarking on the implementation of a legal identity system based on civil registration as the registration of a death is necessary to retire a legal identity.

Although the region is experiencing notable improvements in death registration, progress on recording causes of death has lagged behind. In many countries, the high percentage of deaths taking place outside of health facilities or without the attendance of a medical practitioner is only slowly diminishing over time. Fortunately, recent progress in the use of verbal autopsy allows countries to gather valuable information on the causes of non-facility deaths. Countries which have a significant percentage of deaths that occur outside health facilities should therefore use verbal autopsy on a representative sample of these deaths. Verbal autopsy can be integrated into the civil registration system or surveys. Nevertheless, the information collected with verbal autopsy is not as reliable as a medical certificate of cause death and it is not recommended to include the individual cause of death generated from verbal autopsy in a death certificate.

As seen before, medically certified causes of death are assigned for most deaths occurring in health facilities or with the attention of a medical practitioner. However, too often this information is of poor quality, resulting in many deaths for which the underlying cause is ill-defined. A greater emphasis on improving the quality of the information provided on medical certificates of cause of death is therefore needed to enhance the understanding of causes of death in the region. To improve quality, it is first important to ensure all hospitals use the international form of the medical certificate of cause of death (see Annex IV) and doctors are trained to complete it. Once completed, these certificates need to be transferred to the authority responsible for their coding. Depending on the country, it could be the National Statistical Office, the Ministry of Health or the Civil Registration Office. The process to transfer the information needs to be clearly defined so that all health facilities do it within a specific timeframe. Finally, the coding of the causes of death should be done by trained coders using ICD. Of course, these are only some steps that could help improve the recording of causes of death as the exact activities will depend on the situation in the country.

3 Using civil registration records for vital statistics

The most important by-product of civil registration is its use for vital statistics. A universal and well-maintained civil registration system is recognized by the United Nations Principles and Recommendations for a Vital Statistics System as the best source of information on vital events.[11] This feature is unique to civil registration systems. Other systems conferring identity documents do not have the recording of demographic and health information as a prerequisite and thus have a significant lesser value for statistics. Using civil registration records is a cost-effective solution to produce vital statistics as it requires fewer resources than conducting surveys. Additionally, compared to the use of surveys or censuses for vital statistics, civil registration records can help improve the timeliness, accuracy, coverage, granularity and completeness of vital statistics.

The production of vital statistics needs to be integrated in the objectives of the civil registration system to ensure the collection and transfer of accurate, complete and timely information for statistics. In return, using registration records for the production of vital statistics also benefits civil registration. Through the validation and analysis of

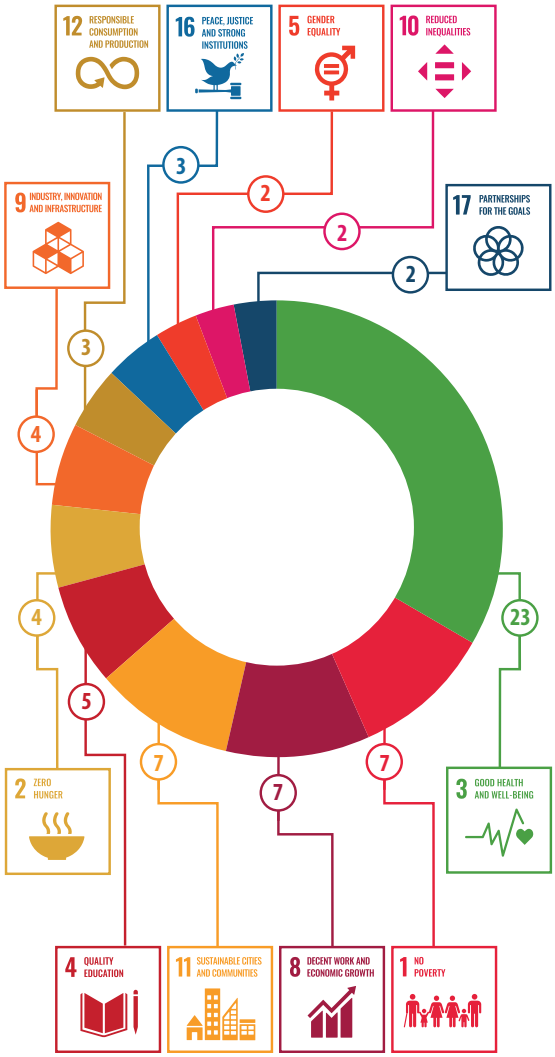
11 United Nations (2014). *Principles and Recommendations for a Vital Statistics System*. Revision 3. Available at https://unstats.un.org/unsd/demographic/standmeth/principles/M19Rev3en.pdf .

the data statisticians can provide precious feedback to civil registrars and help them identify system-wide issues to be corrected. In the end, this will not just improve the data, but also the civil registration process and lead to better governance.

Timely statistics disaggregated by causes of death and other demographic characteristics are crucial to design, implement and monitor public health policies as well as detect emerging health crises, such as COVID-19. They are highly relevant for monitoring the 2030 Agenda, with 67 indicators benefiting from civil registration and vital statistics data (Figure XII).[12] They are needed to report on indicators such as infant and child mortality and the adolescent birth rate, as well as for calculating the denominators for a wide range of population-based targets and indicators. Data on causes of death from CRVS systems are also required to directly report on other indicators of the SDGs, such as maternal mortality, road accident deaths, deaths from communicable and non-communicable diseases and more. Complete and timely vital statistics provide policymakers with data on which to base and justify policies and SDG implementation plans.

Goal 3 of the Regional Action Framework focuses on the production and dissemination of accurate, complete and timely vital statistics on births, deaths and cause of death based on registration records. It underlines the benefits of linking civil registration to the production and quality assurance of vital statistics. Goal 3 has five targets directly linked to the production and dissemination of vital statistics from civil registration records. Targets 3A and 3B focus on the production of statistics respectively on births and deaths using registration records or other valid administrative sources. Producing

Figure XII: Number of indicators benefiting from civil registration and vital statistics data in the 2030 Agenda



Source: Samuel Lantei Mills, Carla Abouzahr, Jane Hak Kim, Bahie M. Rassekh, Deborah Sarpong (2017). *Civil registration and vital statistics (CRVS) for monitoring the Sustainable development goals (SDGS)* (English). Washington, D.C.: World Bank Group. Available at http://documents.worldbank.org/curated/en/979321495190619598/Civil-registration-and-vital-statistics-CRVS-for-monitoring-the-Sustainable-development-goals-SDGS .
Note: The total sum of indicators per Goal is 69, higher than the 67 unique indicators because some appear in several Goals.

Timely statistics are highly relevant for monitoring the 2030 Agenda, with 67 indicators benefiting from civil registration and vital statistics data.

12 Mills, Samuel Lantei; Abouzahr, Carla; Kim, Jane Hak; M. Rassekh, Bahie; Sarpong, Deborah (2017). *Civil registration and vital statistics (CRVS) for monitoring the Sustainable Development Goals (SDGS)* (English). Washington, D.C.: World Bank Group. Available at http://documents.worldbank.org/curated/en/979321495190619598/Civil-registration-and-vital-statistics-CRVS-for-monitoring-the-Sustainable-development-goals-SDGS .

Box 10 Malaysia: Resilience of Vital Statistics production during the COVID-19 pandemic

Malaysia has made important progress in the production of vital statistics in the country over the past few years. The Department of Statistics Malaysia (DOSM) and the National Registration Department (NRD) have a long-standing relationship and are continuously improving their collaboration to facilitate the sharing of birth and death registration records to produce vital statistics. As a result, the data exchange protocols between the two agencies gradually evolved from hardcopy documents to monthly online transfers since 2016. This has allowed DOSM to produce quarterly statistics on births and deaths and to shorten the timeframe in producing annual vital statistics from 24 months to less than 12 months.

However, the COVID-19 pandemic had a disruptive effect on this system. The offices of NRD had to close due to the implementation of the Movement Control Order to prevent the spread of the virus, since birth and death registration are not included as essential services in the Federal Constitution of Malaysia. Registration offices were fully closed from mid-March to mid-May 2020, and later only available by appointment. NRD also offered an extension of up to 90 days to register births and deaths after the order was lifted. As a result, from mid-March 2020 birth and death registration data accessible by DOSM represent only a fraction of the expected births and deaths. In parallel to the NRD, the Ministry of Health registers and keeps records of births within and outside its facilities as well as deaths within its facilities and the Royal Malaysian Police keep records of deaths outside of health facilities. These records are transmitted online to NRD for issuance of birth and death certificates. Unlike NRD, both agencies continued operating during the Movement Control Order. DOSM only has access to the records consolidated and verified by NRD, and it has no direct access to the records of the Ministry of Health and the Royal Malaysian Police. These data could not, therefore, be used for vital statistics.

DOSM still produced its Vital Statistics report for the first quarter of 2020, but in the absence of complete data, it resorted to estimation methods based on time-series data from the past 10 years, as well as methods more specific to the situation. For example, DOSM considered the drop in the number of road accidents and the late registration of births and deaths due to the Movement Control Order. The department was able to use past experience, especially the adjustments performed on death data in Sabah Province, to compensate for underregistration.

The pandemic, by bringing an unexpected challenge to civil registration processes in many countries, highlighted the need for resilient systems such as the one in Malaysia. This is especially critical considering the importance of accurate and timely data to respond to crises. The prompt action from DOSM is proof that human resources are a key element to a well-functioning CRVS system, with the application of complex demographic models to ensure the continuity of vital statistics. However, there is a need to further strengthen the collaboration with the stakeholders and the potential to have access to their data in times of emergency. CRVS stakeholders in Malaysia have learned the importance of enhanced CRVS data sharing and subsequently a data sharing agreement was formalized between the Ministry of Health and DOSM, which will certainly lead to a more resilient CRVS system.

statistics is important, but their impact will be increased tenfold if they are timely, quality assured and regularly made available in the public domain. It is underlined by targets 3F and 3G on the dissemination of vital statistics on births and deaths within one calendar year and vital statistics on causes of death within two calendar years. Beyond releasing tables in electronic format annually, there may be need for more information than just tabulations. A vital statistics report, including an analysis of subnational completeness and of the main trends, fills that gap. For this reason, the Regional Action Framework includes target 3H on the release of vital statistics.

Although not included in the Regional Action Framework, statistics on other vital events such as marriages are important too and should be produced by countries based on registration records in countries where the registration completeness of these events is high.

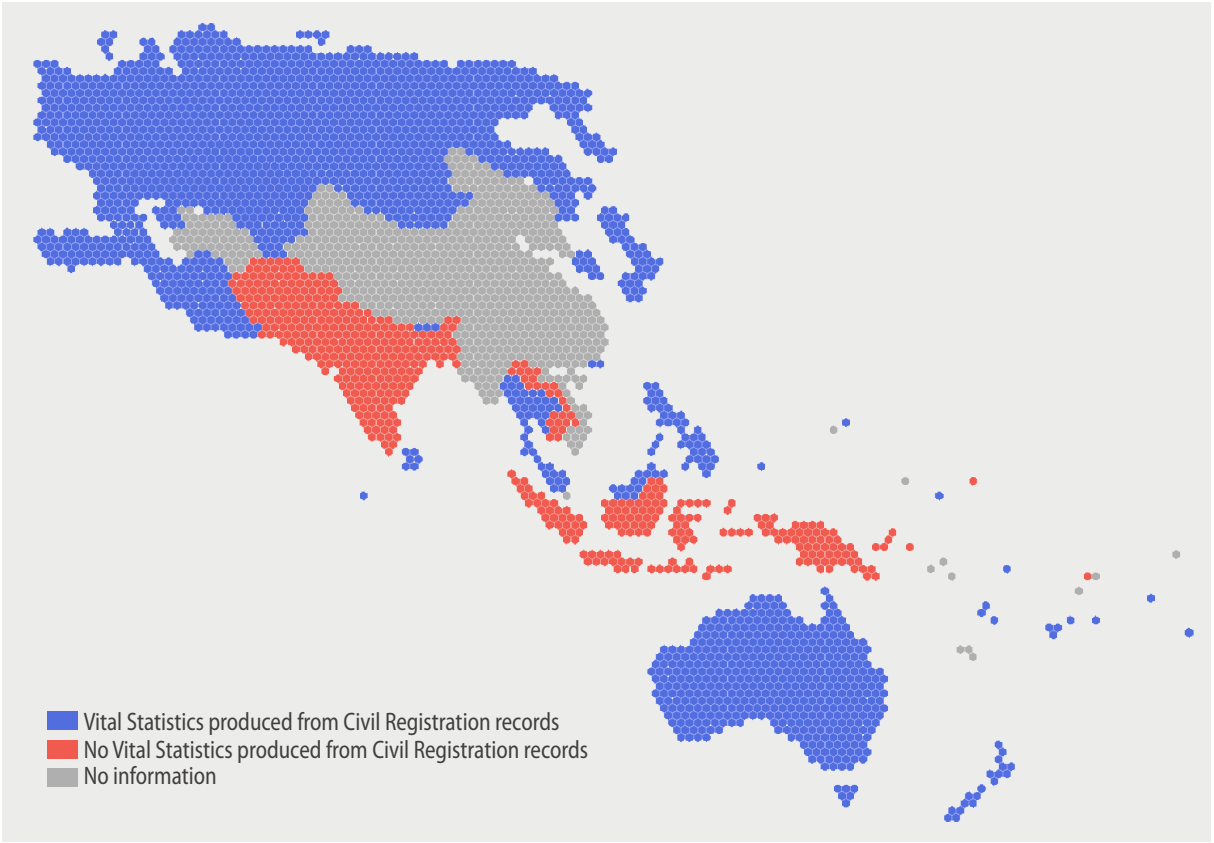
Are registration records used for the production of vital statistics?

With rising civil registration completeness in the region, an increasing number of countries are able to use registration records to produce vital statistics. Thirty-two countries with high civil registration completeness reported using birth and death registration records for vital statistics.

Nevertheless, 17 countries have yet to achieve their target of using registration records for vital statistics and disseminating them in the public domain. These countries are located in South and South-West Asia, South-East Asia and the Pacific. Fourteen of them aim to do so by the end of the Decade with some having already initiated the work. Guidelines for the preparation of a vital statistics report have been developed to support countries to produce and publish vital statistics.[13]

13 For more information on the guidelines, please consult Vital Strategies, United Nations Economic Commission for Africa, United Nations Economic and Social Commission for Asia and the Pacific, and Statistics Norway (2020). *Production of a Vital Statistics Guide*. Available at: https://getinthepicture.org/resource/production-vital-statistics-guide-rev-1 .

Figure XIII: Production of Vital Statistics from registration records by country in Asia and the Pacific



Twenty-eight countries in Asia and the Pacific reported releasing statistics on causes of death within two calendar years. Of the 19 remaining countries, 14 reported aiming to produce and disseminate statistics on causes of death using registration records by the end of the Decade.

Are vital statistics based on civil registration released in the public domain in a timely manner?

Vital statistics are necessary for evidence-based decision-making, for example to plan for new schools or to monitor the effectiveness of road safety campaigns on road fatalities. Their use is enhanced by their timely release in a format easily accessible to the user. Almost all countries producing vital statistics reported disseminating their tabulations on births and deaths in the public domain in an electronic format within one calendar year. Exceptions include Fiji, Maldives and Vanuatu, which are doing it beyond one calendar year or in the form of a vital statistics report published on an ad hoc basis.

Due to the time needed for coding medical certificates of causes of death, assigning the cause of death for cases requiring the involvement of the coroner and to check cause of death information, it generally takes longer to release statistics on causes of death using registration records as the primary source than to release other vital statistics. Twenty-eight countries in Asia and the Pacific reported releasing statistics on causes of death within two calendar years. In addition, Fiji and Vanuatu produce statistics on causes of death, but they disseminate them along with the rest of their data in their vital statistics reports on an ad hoc basis. Of the 19 remaining countries, 14 reported aiming to produce and disseminate statistics on causes of death using registration records by the end of the Decade.

The dissemination of vital statistics can also take the form of a report, which is an important step in improving CRVS systems. It can include detailed analysis of vital statistics providing the user with more information about demographic trends. It is also an important element in the development of vital statistics in countries which are starting to use civil registration records. In that case, a vital statistics report provides a unique opportunity to present the state of the CRVS system by providing an analysis of completeness at subnational levels. In return, these findings will help the civil registration office to identify regions needing improvement and create a positive feedback loop. Twenty-seven countries reported already publishing a vital statistics report and 17 more countries aim to publish one by the end of the Decade.

Dissemination practices have also changed recently in many countries. According to the Regional Action Framework, countries are meant to release these statistics annually and within one calendar year, however many are going further and releasing key vital statistics such as the number of births or deaths on a quarterly or monthly basis. This trend towards more timely releases was further enhanced during the COVID-19 pandemic as there was a need for almost instant information on excess mortality (number of deaths above the threshold of what would be expected). For example, Australia and New Zealand started releasing preliminary weekly data on the number of deaths at the beginning of the pandemic.

What can be done to improve vital statistics from civil registration records?

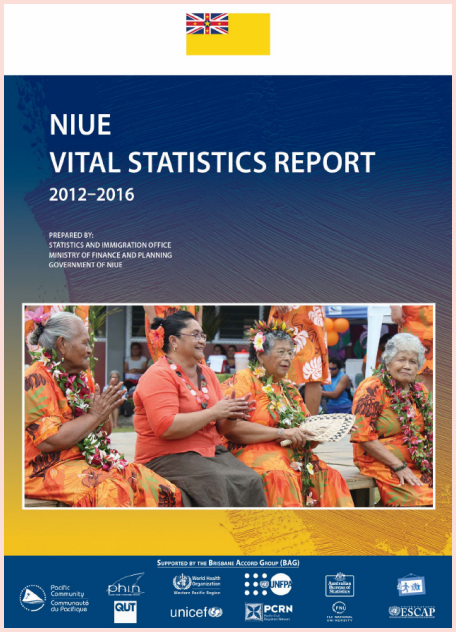
The accuracy, completeness and timeliness of vital statistics is dependent on the accuracy, completeness and timeliness of civil registration records and the medical certification of causes of death. Nevertheless, statisticians do have a part to play in the improvement of CRVS

Box 11 Improving vital statistics production and dissemination: the examples of Georgia and Niue

The production and publication of vital statistics is largely dependent on the completeness of civil registration, and thus it is among the areas many countries still need to tackle by the end of the Decade. This means that highlighting positive examples is important to ensure all targets are reached by 2024. Georgia and Niue are among such examples, having improved their systems in the past few years.

In Georgia, a series of reforms made between 2003 and 2017 reshaped the CRVS system as a whole to make it more efficient. These changes mostly consisted in removing barriers to registration and facilitating the transfer of information between administrations, especially between the Public Service Development Agency, in charge of civil registration, the National Center for Disease Control and Public Health, and Geostat, the national statistical office. Coupled with initiatives to ensure better data quality, such as the use of personal identification numbers to avoid duplicates and the verification of ICD codes with the ANACONDA software, these reorganizations have enabled Geostat to easily access more complete and accurate data. As a result of this progress, in 2017 Geostat published its first vital statistics report for the year 2015 with the support of Bloomberg Philanthropies Data for Health Initiative and ESCAP. It has since published a report annually while cutting short the delay, with the 2019 report published in September 2020. Furthermore, a large number of tables of vital statistics are available online.

Niue shares a similar success story in a different context. The island country has managed to develop a well-functioning vital statistics system thanks to good coordination between its administrative offices and with the help of the Pacific Community and the Brisbane Accord Group. A first vital statistics report covering 1987–2011 was published in 2015 by the Niue Statistics Office with support from the Ministry of Health and the Civil Registration Office, followed in 2017 by a report covering 2012–2016. Detailed updates on births, deaths and marriages are also now published biannually. The general recommendations for the proper functioning of vital statistics systems were adapted due to the small size of the population and the statistical uncertainty that comes with it. For example, vital statistics reports are published on a five-year basis and ICD has been introduced through the shortened General Mortality list to allow for grouping and easier interpretation. Collaboration with New Zealand has also been formalized to better register and report the vital events of Niueans occurring in New Zealand.



Vital statistics from civil registration records are essential to provide disaggregated information on the population and ensure no one is left behind.

systems. It is crucial that vital statistics are considered in the management of civil registration. Civil registration, health and statistics authorities should all work together to ensure the information collected in the registration forms covers the topics recommended by the United Nations Principles and Recommendations for a Vital Statistics System,[14] is accompanied by a filled-out medical certificate of cause of death, and that all the necessary information is transferred securely and in due time to relevant stakeholders.

As explained earlier, the analysis of civil registration records for vital statistics provides civil registration offices with feedback on the completeness and quality of the records, which once addressed will improve vital statistics. For this reason, countries should use civil registration records for vital statistics even when they are not complete to provide the civil registration office with an analysis of completeness at subnational levels. This will guide them in improving the civil registration system, as Timor-Leste did with its first vital statistics report released in 2017.[15]

Further, a statistical analysis of completeness using secondary sources, such as surveys or health records, or the use of indirect demographic methods can help identify subgroups of the population with low civil registration rates. As explained in the previous two chapters, many countries have already achieved high level of completeness, but this does not mean everyone is registered. Such analysis will therefore support one of the implementation steps of the Regional Action Framework, namely the assessment of inequalities in access to the CRVS system experienced by subgroups of the population.

Finally, the COVID-19 pandemic highlighted the need for more timely vital statistics. Many countries in the region are already publishing vital statistics annually and within one or two calendar years, complying with the targets of the Regional Action Framework. Nevertheless, more frequent releases would go towards meeting the ever-increasing needs of the users.

14 United Nations (2014). *Principles and Recommendations for a Vital Statistics System*. Revision 3. Available at https://unstats.un.org/unsd/demographic/standmeth/principles/M19Rev3en.pdf .

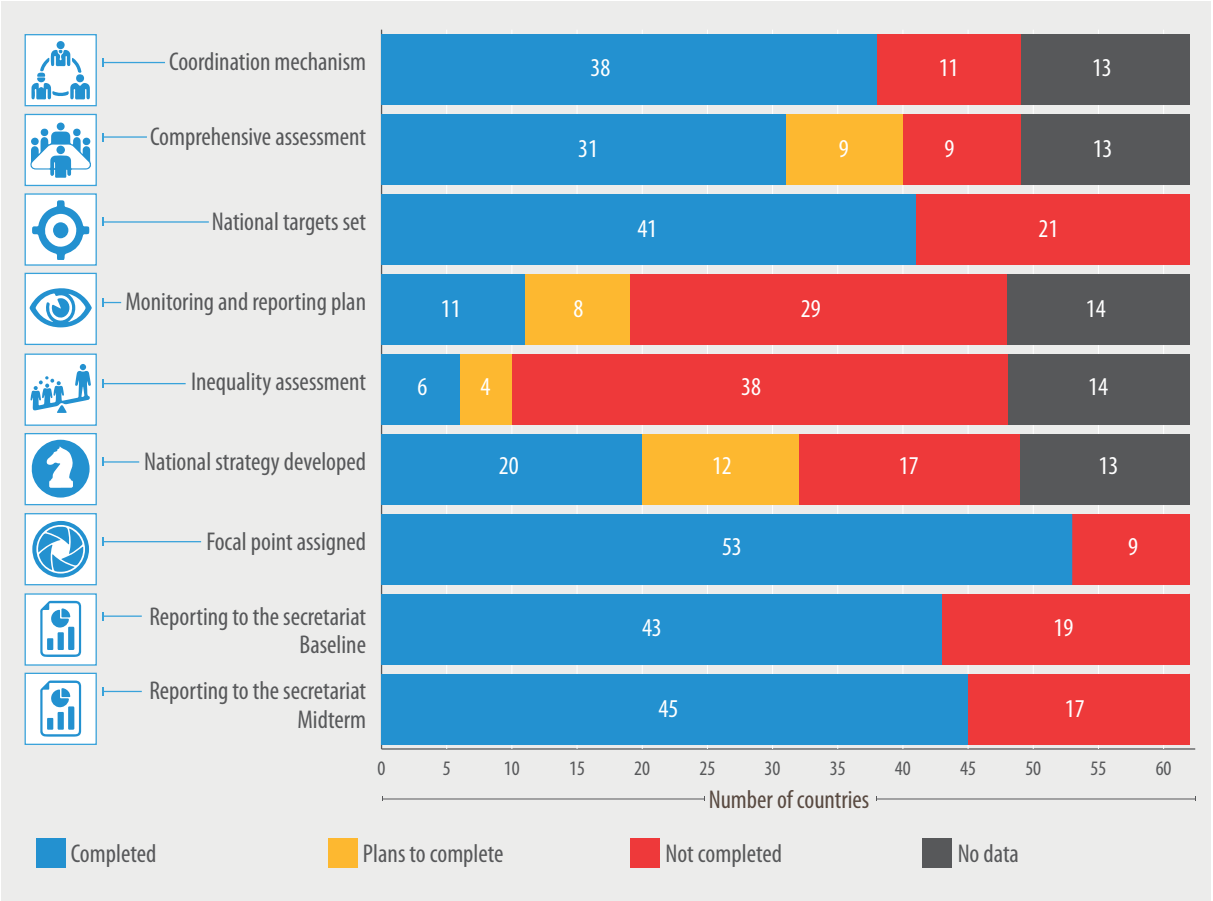
15 General Directorate of Statistics (2017). *Births and deaths statistics report, 2014–2015*. Available at https://getinthepicture.org/sites/default/files/resources/Timor-Leste%20Births%20and%20Deaths%20Statistics%20Report%202014-2015.pdf

4 The Regional Action Framework, a catalyst to improve CRVS systems

As seen in previous chapters, progress in improving CRVS requires a long-term approach. Indeed, the ambitious shared vision of the Decade can only be realized through a coordinated and multisectoral effort at local, national and regional levels. The achievement of this vision calls for proactive measures, political commitment, true collaboration and dedicated resources. The Regional Action Framework therefore requires member States and associate members to complete a set of eight implementation steps (see Figure XIV).

The implementation steps follow a logical sequence for countries to identify areas where improvement is needed, set their objectives, monitor progress and report to the secretariat. However, the steps are not only relevant to the implementation of the Regional Action Framework, but they are more generally fundamental to the organization of national CRVS systems. They support the coordination, assessment, organization and monitoring of CRVS systems. They also aim to ensure inclusive and sustainable process and outcomes. Using information on the completion of implementation steps submitted by 50 countries as part of midterm or baseline reporting, this chapter shows how the

Figure XIV: Status of implementation steps



implementation steps have translated into more collaboration for action and enhanced the understanding of CRVS systems, thus facilitating the planning of improvements and the monitoring of progress.

Is collaboration increasing to support CRVS improvements and breaking silos?

CRVS is a cross-cutting issue by nature, involving a wide variety of ministries and agencies at the national, provincial and municipal levels. This diversity of institutions requires a clear division of responsibilities and effective coordination to ensure a cohesive system. Coordination and alignment of activities is needed across local, national, subregional or regional levels as well as among development partners. The Regional Action Framework is serving this purpose as it is a platform to facilitate harmonization and avoid duplication at all levels.

Breaking silos

The agencies working on CRVS are diverse and located in different ministries. This may result in a tendency to act in silos without considering the implications on the work of other stakeholders. The establishment of a national coordination mechanism will help share information more effectively and facilitate the implementation of improvements benefiting the entire system. It is essential for a successful national assessment and the subsequent development of a national comprehensive multisectoral strategy. Therefore, it is often the priority of countries trying to improve their system.[16] Moreover, some countries with well-functioning systems still have working groups to ensure ongoing discussion on data discrepancies, changing policies, etc. This can be part of ongoing quality control.

16 The information note on national multi-sectoral CRVS coordination mechanisms is available at https://getinthepicture.org/resource/information-note-national-multi-sectoral-crvs-coordination-mechanisms

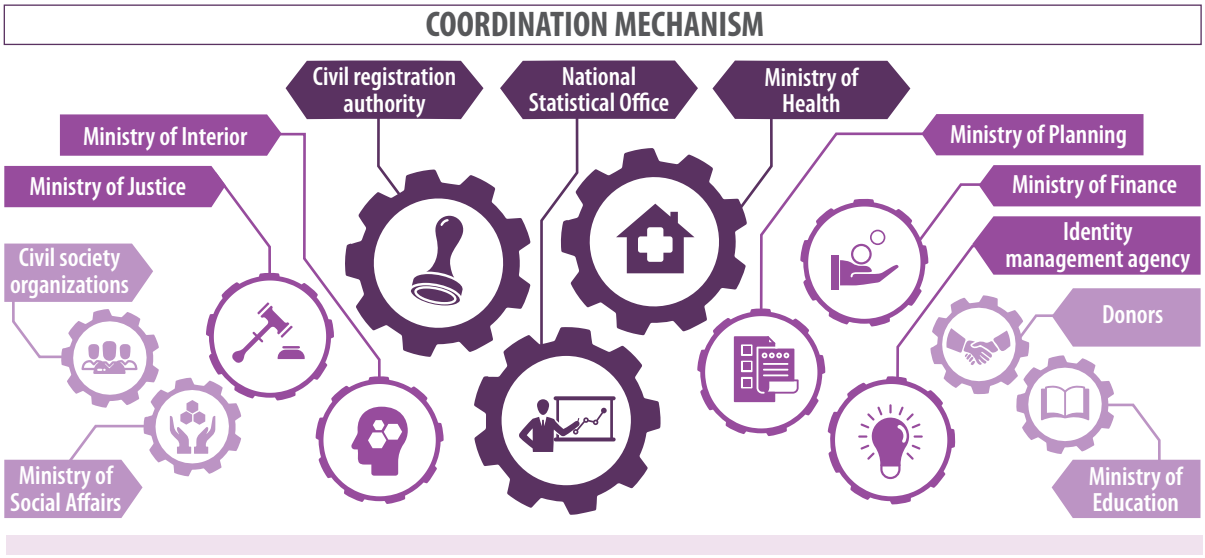
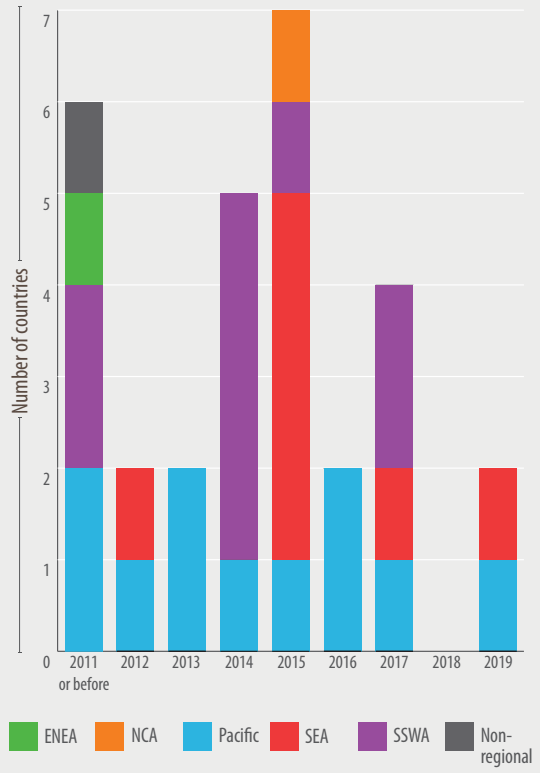


Figure XV: Establishment of national coordination mechanisms



Note: Eight more countries have reported the establishment of a coordination mechanism, but with no establishment date. They are not represented in this graph.

The subregional designations are as follows: East and North East Asia (ENEA); North and Central Asia (NCA); the Pacific, South-East Asia (SEA); and South and South-West Asia (SSWA). For more information on the subregional groupings, please refer to Annex III.

A national coordination mechanism can coordinate the entire system and facilitate the provision of technical assistance by national stakeholders or development partners. It can guide them towards areas needing the most support and secure the participation of all relevant stakeholders, while ensuring activities do not overlap to maximize their impact.

Thirty-eight countries in the region reported having a national coordination mechanism, showing its importance for the functioning of CRVS systems. More importantly, 15 countries have established a coordination mechanism since the beginning of the Decade, and as recently as 2019 for Indonesia and Nauru. The improvement of national coordination is therefore one of the main successes of the regional initiative.

There are usually at least three main stakeholders involved in CRVS, namely the Civil Registration Office or the ministry under which it is operating, the Ministry of Health and the National Statistical Office. This is reflected in the membership of national coordination mechanisms, which usually include these three stakeholders. However, depending on the country and the roles of its different agencies, the membership is extended to the Ministry of Planning or Cabinet Secretariat, the Ministry of Justice, the Ministry of Interior, the Ministry of Finance, the Ministry of Education and other governmental or international agencies. Due

Box 12 **Political commitment for a better governance of CRVS activities: the example of the Technical Support Unit of the Government of Pakistan**

With its multiple provinces, its decentralized system and its large population, Pakistan is facing unique challenges on its journey towards universal civil registration. With this in mind and the low levels of civil registration completeness in the country, the Government of Pakistan launched several initiatives for institutional strengthening of the CRVS system in a bid to solve the "scandal of invisibility". One of the first initiatives was the completion of a CRVS comprehensive assessment in 2013, followed in 2014–2015 by the establishment of national and provincial CRVS steering committees to ensure a clear division of responsibilities.

At the end of 2017, the establishment of a Technical Support Unit dedicated to CRVS under the Ministry of Planning, Development and Special Initiatives was a crucial step toward better governance of the CRVS system. Its work is guided by an ambitious six-year plan reflecting the priority accorded to CRVS by the Government.

Since its inception, the Technical Support Unit has helped in a wide range of activities, with a focus on the coordination of the CRVS system through the organization of provincial summits and the first international CRVS summit in Pakistan. The unit has supported thematic area studies and provincial assessments, which fed into consultations for a uniform national CRVS law and policy. The National Policy for CRVS Reforms was approved by the National Steering Committee under the chair of Minister of Planning, Development and Special Initiatives. Using its central role in the CRVS system of Pakistan and in response to gaps and challenges revealed by the studies it conducted, the Technical Support Unit organized capacity-building projects for various CRVS stakeholders with the support of multiple development partners. Furthermore, the unit is playing a critical role in building strong coordination and liaison with different stakeholders to gear up CRVS implementation. All these efforts have contributed to the increased completeness of both birth and death registration in Pakistan. But the road to universal registration is still very long, and data often remain too scarce to provide reliable estimates. These challenges highlight the need for sustained political commitment to ensure all CRVS stakeholders continue to work together in the right direction.

to their central role in CRVS systems, Civil Registration Offices or the ministries under which they are operating chair or co-chair most national coordination mechanisms. Notable exceptions are Bangladesh (Cabinet Secretariat), Bhutan (Ministry of Health), Hong Kong, China (Census and Statistics Department), Indonesia (Ministry of National Development Planning), Pakistan (Ministry of Planning, Development and Special Initiatives) and Turkey (Turkish Statistical Institute).

Engaging with development partners

Due to the large number of development partners that can potentially support CRVS activities, it is critical that countries coordinate with them to maximize the impact of their activities. A national CRVS focal point can provide a link between national CRVS systems and development partners, and facilitate coordination and reporting at the regional level.

Fifty-three countries have nominated a national focal point (see Annex I). They usually work in civil registration or statistics. With the exception of Bangladesh, Cambodia and the United States of America, all national focal points are members of the national coordination mechanism. National focal points have been key for development partners to engage in countries and they benefited from multiple activities to support

their work, such as selected training activities and a series of workshops to complete the midterm questionnaire.

Regional collaboration

Regional collaboration has multiple benefits. It helps countries share experiences and learn from each other. This is particularly relevant when countries need to address new issues, such as the link between civil registration and legal identity. Regional collaboration also facilitates raising awareness of CRVS among national decision-makers. Finally, regional collaboration is needed for development partners to avoid duplication of work.

Regional collaboration in Asia and the Pacific is primarily achieved via multiple mechanisms, including through the Regional Steering Group for CRVS in Asia and the Pacific, which acts as the custodian of the Decade. The Regional Steering Group is responsible for providing regional oversight and guidance for the implementation of the Regional Action Framework. It is composed of a geographically balanced combination of representatives from both member States and development partners, totalling 30 members, and it is serviced by ESCAP. Similar to the composition of national coordination mechanisms, it includes representatives from civil registration, statistics, justice, health and planning. The Regional Steering Group also facilitates coordination between the Regional Action Framework and various global, subregional or national initiatives.

Established in 2015, the Regional Steering Group meets annually and reports to ESCAP. Its members support the implementation of CRVS-strengthening activities and ensure countries adhere to the principles articulated in the Regional Action Framework, for example through the development of guidelines and information briefs and advocacy activities. Recently, the Regional Steering Group provided guidance on the substantive preparations for the Ministerial Conference to be convened in November 2021.[17]

17 For more information on the work of the Regional Steering Group for CRVS in Asia and the Pacific, see www.getinthepicture.org/sites/default/files/resources/RSG%20History%20Information%20Note_0.pdf .

Box 13 **International coordination in the Pacific: the Brisbane Accord Group and Pacific Civil Registrars Network**

Improving CRVS in the Pacific subregion, with its remote island countries and States and high migration rates between them, requires intraregional knowledge sharing and collaboration. These efforts have been supported by the Pacific Civil Registrars Network, which comprises leading civil registrars from across the region, and the Brisbane Accord Group, which gathers technical partners operating in the region.

The Brisbane Accord Group was formed in 2010 to help the Pacific countries and territories improve their CRVS systems and maximize the investment outcomes from the technical partners through effective coordination and collaboration. To achieve these, the members agreed on a set of principles to guide their actions, which include country-led assistance only, and consistency and coordination among members of their group. Activities of the group centre on cooperating with countries to realize a comprehensive assessment of their CRVS system, which can then inform an adapted improvement plan. The Brisbane Accord Group also provides more general capacity-building on the analysis and interpretation of civil registration data and on medical certification and ICD coding of causes of death.

The Pacific Civil Registrars Network is a member of the Brisbane Accord Group. While the Brisbane Accord Group is mainly for development partners, the members of the Pacific Civil Registration Network are civil registrars from 36 countries or States, 21 agencies and 12 businesses. The Network was established in 2014 to respond to the needs of Pacific islanders, who are very mobile, migrating for jobs, health care and so on. They frequently have to register different vital events in different countries. This can be a problem for those migrating as well as for the Governments, which obtain incomplete or inaccurate data sets. To tackle this problem, the Network facilitates registration data sharing agreements and offers a platform for mutual learning. Registration data sharing agreements, in particular between New Zealand and Niue, Cook Islands, and the State of New South Wales, Australia enable countries to complete their mortality data and retire personal identities following the death of an individual.

The collaboration in the Pacific is a prime example of how joint efforts between countries and their partners can accelerate the improvement of CRVS systems.

Pacific CRVS
supported by Brisbane Accord Group

Another important platform is the CRVS Partnership for Asia and the Pacific, which consists of development partners presently engaged in helping Asia-Pacific countries improve their CRVS systems. It provides a platform to coordinate and collaborate on activities. Members of the partnership are also actively engaged in the organization of the Ministerial Conference to take place in November 2021.

Subregional collaboration

Beyond collaboration at the Asia-Pacific level, cooperation between smaller groups of countries facing a similar set of issues also plays a crucial role in improving CRVS systems. Subregional groups, such as the Brisbane Accord Group, the Asia eHealth Information Network, the Pacific Civil Registrars Network, the Civil Registration Professionals of South Asia, and the cooperative project between the Association of Southeast Asian Nations (ASEAN) and UNHCR on Legal Identity of All

Women and Children in ASEAN, are critical platforms where countries with common CRVS history, similar legal frameworks or shared geography can discuss challenges and find solutions together. The activities of these subregional groups strengthen the implementation of the Regional Action Framework.

Is there a push for better understanding of CRVS systems and who is left behind?

Due to the complexity of CRVS systems and their large number of stakeholders, obtaining a clear and comprehensive understanding of the situation and gaps to be addressed is imperative for the development of a comprehensive multisectoral national CRVS strategy to improve the overall system. The way in which different subgroups of the population experience CRVS can vary. Implementation of the Regional Action Framework therefore includes two implementation steps on conducting a standards-based comprehensive assessment of CRVS and assessing inequalities related to CRVS experienced by subgroups of the population, including hard-to-reach and marginalized populations.

Identifying gaps and issues in national systems

Conducting a standards-based comprehensive assessment enables the identification of gaps and issues. The assessment usually covers the legal framework of the system, the completeness and coverage of civil registration, registration practices, practices for coding causes of death and the quality of data produced. It is therefore a crucial step in the development of a strategy and should involve all relevant stakeholders through the national coordination mechanism. Fifteen countries in Asia and the Pacific reported having used their coordination mechanisms for conducting a comprehensive assessment.

As shown in Figure XIV, 31 countries reported having conducted at least one comprehensive assessment, while 17 confirmed not having conducted any. Although most countries completed this implementation step before the Decade, 11 did so after its inception. Nine more countries plan to conduct one before 2025. In addition, other countries plan to undertake a second assessment in the coming years, which only Fiji has done so far. Many of the countries which have not conducted any comprehensive assessment are high-income countries that reported high civil registration completeness and the use of registration records for vital statistics. A comprehensive assessment might therefore not be necessary for them. Nevertheless, they may wish to assess quality issues and experiences related to CRVS by specific subgroups of the population.

Development partners have supported the completion of 26 comprehensive assessments. They have also been instrumental in the development of tools to conduct these assessments. Indeed, many countries have used a tool developed in 2010 by WHO and the University of Queensland to review CRVS practices.[18] More recently, a group of countries and development partners working under the auspices of the Africa Programme for Accelerated Improvement of Civil Registration and Vital Statistics developed the Civil Registration and Vital Statistics Systems Improvement Framework,[19] a tool that builds upon the results of a comprehensive assessment and focuses on the assessment of business processes.

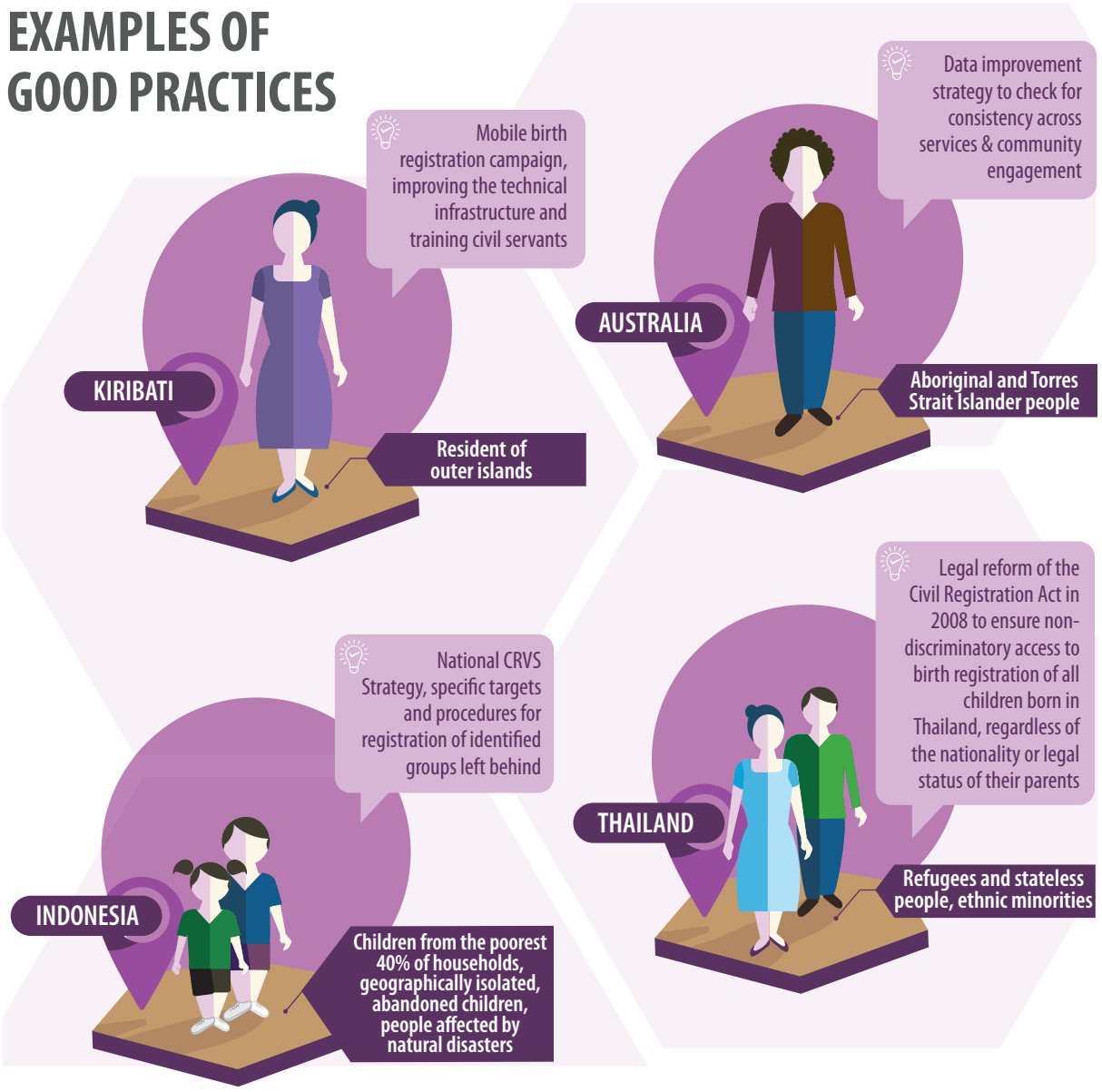
Assessing who is left behind

While the percentage of registered births and deaths in the region is rising year after year, most countries have yet to reach universal civil registration. One obstacle is the lack of information about the experience of the most marginalized and hard to reach members of society vis-à-vis CRVS. Assessing inequalities related to CRVS

18 University of Queensland, WHO (2010). *Improving the quality and use of birth, death and cause-of-death information: guidance for a standards-based review of country practices.* Available at www.who.int/healthinfo/tool_cod_2010.pdf .

19 CRVS Systems Improvement Framework (2021). Available at https://getinthepicture.org/resource/crvs-systems-improvement-framework

EXAMPLES OF GOOD PRACTICES



experienced by subgroups of the population, including among people living in rural, remote, isolated or border areas, minorities, indigenous people, migrants, non-citizens, asylum-seekers, refugees, stateless people and people without documentation, is therefore a key step to understand barriers to registration and develop a plan to overcome them. It is also necessary to understand and address gender specific issues such as difficulties for single women to register their children.

Several countries are targeting specific subgroups of populations either as part of their comprehensive strategies or with a specific strategy. For example, Kiribati is conducting a mobile birth registration campaign targeting outer islands as well as improving the technical infrastructure and training civil servants responsible for civil registration. Indonesia has set a specific target for birth certificate ownership of children from the poorest 40 per cent of households. It has also approved a regulation that stipulates special procedures to assist subgroups of the population experiencing difficulties in accessing identity cards and civil registration documents, which includes populations affected by natural hazards, populations living in remote areas or along international borders, and abandoned children/foundlings. Australia has an active data improvement strategy for the registration of Aboriginal and Torres Strait Islander people, focusing on the consistency

Box 14 The inclusion of marginalized groups in the civil registration system in Thailand

Thailand is home to around 570,000 refugees and stateless persons. These populations were in a legal limbo until 2008 when the Civil Registration Act was reformed and the Thai civil registration system aligned with international standards, most notably the Convention on the Rights of the Child, by extending birth registration to all births in Thailand. The reform made it possible to retroactively register births that occurred before 2008.

Registering births of all children is the first step towards solving statelessness. Although some children cannot apply for Thai nationality, birth registration still provides them with a proof of legal identity and is key in the protection of their rights. The Bureau of Registration Administration set up a specific identification number format for non-Thai citizens in parallel to the citizen identification number.

These reforms were necessary to create an inclusive framework, but they are not sufficient to make sure that everyone registers vital events. Indeed, many barriers can remain, especially for people living in remote areas, far from registration offices, who do not speak Thai. Hilltribes and other groups may have limited interactions with the Government, and there may be mistrust or misunderstandings, such as mistaking a birth notification given by a health facility for a birth certificate. Local registrars may be unaware that these populations should be registered. Other groups, such as migrant workers, may face the same barriers.

The Government collaborated with several United Nations agencies, in particular with UNHCR, to improve birth registration. Improvements include the development of an online registration programme that connects hospitals and district registration offices, capacity-building for local civil registration officials, and awareness initiatives, including establishing community networks and launching a dedicated Government website on nationality matters. In hospitals at the border with Myanmar where there are many births to non-Thai nationals, the Bureau of Registration Administration, the Ministry of Public Health, the International Organization for Migration and civil society organizations work together to provide legal advice and translation to make sure families are informed of their rights. Collaboration with the Ministry of Education has also allowed the retroactive integration of non-Thai nationals in the national civil registration system.

The project provided nationality or residency status to more than 14,000 people in 2020, surpassing the objectives that had been set. For 2021, even more ambitious targets were set, supporting the realization of rights for these populations while also providing authorities with essential information on populations that had been invisible. Going forward, Thai authorities will need to continue their efforts to include marginalized groups in civil registration to achieve the ambitious pledge taken in 2016 as part of UNHCR's "IBelong" campaign to end statelessness in the country by 2024.

and quality of indigenous identification across jurisdictions and the sharing of strategies relating to engagement with those communities. To overcome significant gaps in civil registration completeness of various subgroups of its population, Thailand reformed its Civil Registration Act in 2008 to ensure non-discriminatory access to birth registration of all children born in Thailand, regardless of the nationality or legal status of their parents (see Box 14).

Nonetheless there is still a lack of information on inequalities experienced by some populations in the region. Few countries have conducted an inequality assessment, yet it is an agreed step in the implementation of the Regional Action Framework. Moreover, as shown in the previous sections, many countries are close to – but have not fully achieved – universal civil registration. Through an inequality assessment, these countries can ensure they are truly getting everyone in the picture to achieve universal civil registration. To provide practical guidance to countries on how to better assess completeness and coverage to inform inequality assessments, ESCAP and other partners organized a series of Expert Group Meetings on the topic.[20] Moreover, the Bali Process Civil Registration Assessment Toolkit provides a basis for conducting a qualitative assessment of inequalities experienced by specific subgroups of the population, and it has been piloted in three countries in the region.[21]

20 For more information on the Expert Group Meetings see www.unescap.org/announcement/cvrs-ap .

21 Developed in cooperation between Bali Process Member States, the Bali Process Regional Support Office and UNHCR, and piloted in Pakistan, Thailand and Viet Nam. See Regional Support Office of the Bali Process (2018). *Bali Process Civil Registration Assessment Toolkit*. Available at https://getinthepicture.org/resource/bali-process-civil-registration-assessment-toolkit

Box 15 **Innovations to serve the public and create revenue streams in New Zealand**

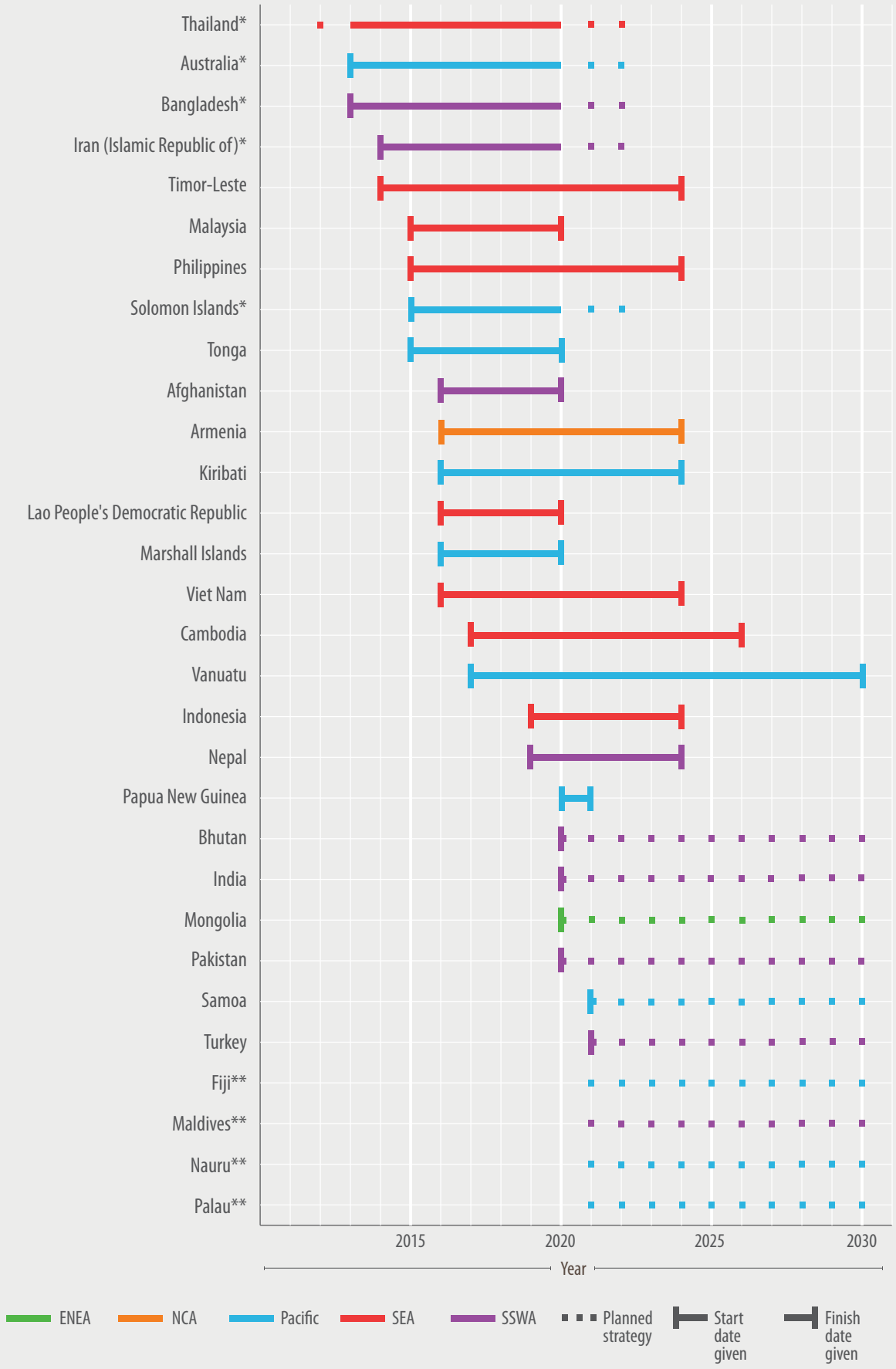
New Zealand is continuously making civil registration more accessible to its population. One of the key aspects of this increased accessibility is the provision of registration services online, allowing easy and fast delivery to the population and quick access to data for statistical purposes. The provision of registration services online must take into account inequalities in access to the Internet to ensure it does not create new barriers in access to registration. Accessibility is supported by free registration, in line with international standards and the Regional Action Framework.

While registration is free for individuals, the Office of the Registrar General is almost entirely self-dependent for its funding, through value added services and data sales. This includes the sale of special birth certificates, with an added value for decorative or multiple certificates. An example is the "All Blacks" certificate which features the country's famous rugby team. Other services include the translation of official documents or apostilles.

The Registrar-General also sells registration data to other government agencies and to select private sector entities. The accuracy, completeness and timeliness of the registration data makes it extremely valuable to many other service providers. The Office of the Registrar General has developed partnerships with other government services or banks to provide them with secure and up-to-date data, while also ensuring that the privacy of everyone is respected. Another innovation is the establishment of contacts with ancestry websites. Patrons of ancestry websites may be interested in the services offered by the Office of the Registrar General, resulting in more certificates sales that generate revenue.

By leveraging the high completeness and accuracy of their registration data, New Zealand has been able to continually invest in their civil registration.

Figure XVI: Timeframe of comprehensive multisectoral national strategies



* Countries that have reported a development date but no timeframe
** Countries that are planning to implement a strategy but have not established a timeframe

Are improvements to CRVS systems done in a planned approach with clear objectives?

CRVS systems involve multiple stakeholders, each having an impact on the overall system. Achieving and maintaining universal and responsive CRVS systems requires a coordinated approach to CRVS improvements with clear goals and targets. A national strategy outlining how a country aims to reach its goals means going from ad hoc activities to prioritized and systematized actions with a larger impact. Such a strategy and targets also allow development partners to identify support activities relevant to the country and assess whether it is contributing to the country's objectives.

Developing a comprehensive multisectoral national strategy

A comprehensive multisectoral national CRVS strategy with an articulated plan of work with clear delineation of responsibilities and backed by a detailed budget with adequate resources is paramount to address the gaps identified by the comprehensive assessment. The strategy should also reflect the principle of a stepwise approach, focusing on feasible and sustainable improvements.

Box 16 **Planning the way to universal registration: Indonesia's National CRVS Strategy**

Since 2011, the Government of Indonesia has strengthened its CRVS system through progressive steps. A standard-based CRVS assessment in 2011–2012 mapped the challenges, and these were addressed in the Medium-Term Development Plan in 2015, which included legal identity as one of five basic services to alleviate poverty. The plan also set specific targets for subgroups of the population most at risk of exclusion. Finally, a comprehensive multisectoral national CRVS strategy was endorsed through Presidential Regulation No. 62/2019. The strategy contains clear targets to be achieved by 2024, partly aligned with the three goals and targets of the Regional Action Framework.

The strategy pinpoints supply side and demand side action to achieve universal registration. On the supply side, the number of registration points and their geographical coverage will be increased. The human resources attributed to civil registration and the simplification of the procedures through innovative approaches are other critical points in making sure every Indonesian has a real opportunity to register. On the demand side, enhancing awareness is another pillar of the strategy, with special attention to the different sociocultural practices present in the country.

Regular surveys have shown that children in the poorest households, or in remote provinces and rural areas are more likely to lack identification documents. This problem had already been partly addressed when charges for legal identity documents were supressed in 2013 or targeted campaigns were carried out in some provinces. Gaps remain, and proof of identity is critical for marginalized groups to assert their rights, thus the strategy has pledged to uphold these efforts so no one is left behind in the access to a legal identity.

To develop and improve the vital statistics system the strategy aims for collaboration among stakeholders to address technical difficulties, and integrate and link different data sources, including civil registration and census.

Finally, to strengthen coordination between the different entities of the CRVS system, a National Team was established in 2019, with the Ministry of Planning as secretariat. The Team includes different ministries and as well as local stakeholders involved in the provision of civil registration services and the production of vital statistics.

Asia and the Pacific has seen an increase in the development of multisectoral CRVS strategies. In all, 19 countries have developed one since 2013, of which 15 countries developed one since the beginning of the Decade (see Figure XVI). The duration of these strategies varies from one country to another, with seven aligned with the Decade, finishing in 2024.

Through a common strategy, improvements to the CRVS system are done collaboratively, ultimately benefiting all stakeholders.[22]

Asia and the Pacific has seen an increase in the development of multisectoral CRVS strategies. In all, 19 countries have developed one since 2013, of which 15 countries developed one since the beginning of the Decade (see Figure XVI). The duration of these strategies varies from one country to another, with seven aligned with the Decade, finishing in 2024.

The Civil Registration Offices or the ministries under which they operate are responsible for coordinating and overseeing the implementation of the strategy in most countries. This responsibility is often aligned with chairing the national coordination mechanism. In 17 countries, the other stakeholders were involved in the development of the strategy through the national coordination mechanism.

There is no recommended template for these strategies in the Regional Action Framework, although its action areas can provide a basis for governments to focus and organize efforts towards developing and implementing comprehensive multisectoral national strategies. Nevertheless, they all cover similar areas of interventions, such as improving operational procedures and practices of civil registration offices, strengthening the knowledge or number of staff, and raising awareness of the importance of civil registration. Most also allocate earmarked government funding for the maintenance of CRVS systems. In the spirit of the Regional Action Framework, 16 countries have strategies that include specific and measurable targets for the CRVS systems, 12 of which, including Cambodia and Papua New Guinea, use targets of the Regional Action Framework. Box 16 gives an overview of Indonesia's National CRVS Strategy.

Development partners have also played a key role in assisting countries in designing

22 See the information note on comprehensive multisectoral national CRVS strategies, available at https://getinthepicture.org/resource/information-note-comprehensive-multi-sectoral-national-crvs-strategies .

the strategies, supporting 15 countries. With 12 additional countries planning to develop a comprehensive multisectoral strategy before the end of the Decade and six countries having strategies that end before then (see Figure XVI), the collaboration between governments and development partners on the development of comprehensive multisectoral strategies will most likely continue in the second half of the Decade.

Setting national target values for 2024

Associated with each of the three goals of the Decade is a series of specific targets that countries are expected to set and achieve by 2024 (see Box 1 on the Regional Action Framework). The targets are designed to enable monitoring and evaluation in ways that are objective, efficient, technically sound and time bound during the Decade. National targets should respond to the national situation, ambition and capacity, including the resources dedicated to improving CRVS systems. Ideally, they should reflect the consensus in the country with regards to its objectives for 2024 and be approved by all national stakeholders, therefore, national coordination mechanisms have an important role to play in setting the targets.

Forty-one countries set their targets at the beginning of the Decade and reported them to the secretariat with their baseline or midterm report. However, due to the lack of data and the difficulty of measuring some of the targets, a few countries set targets without providing a baseline. Moreover, as the relevance of the targets depends on the national situation, 28 countries set a national value for some targets only.

Countries were asked to monitor progress towards their targets and adapt their targets in response to the monitoring data. Many countries have modified some of their targets following the review process, taking their experiences of the first half of the Decade into account to adjust their objectives for the second half of the Decade to be both ambitious and achievable. However, Northern Mariana Islands is the only country that had not set targets at the beginning of the Decade and has done so since then, reflecting the complexity of the process and the need for strong political momentum.

How is progress being monitored?

Plan for monitoring and reporting on achievement of the targets

Achieving a well-functioning CRVS system requires ongoing monitoring of the system and progress towards the targets and the action plan to implement the national strategy. Monitoring and reporting provide information that national leaders and those responsible for improving CRVS systems need to inform decisions. Eleven countries reported having monitoring and reporting plans, while eight are considering developing one.

Reporting progress to ESCAP secretariat or subregional body

To monitor the implementation of the Regional Action Framework, ESCAP member States and associate members, have agreed to provide reports on progress towards achieving each of the 15 targets at the beginning, midpoint, and end of the Decade. In addition to informing on national progress, these reports enhanced knowledge-sharing, regional cooperation and learning, and they helped to identify opportunities for collaboration.

Forty-five countries provided information on the implementation of the Regional Action Framework in response to the midterm questionnaire, which serves as the basis for the midterm report. The response rate is particularly high in South and South-West Asia, where all 10 countries responded to the midterm questionnaire, showing the importance accorded to improving CRVS systems in the subregion. Other countries can still submit their midterm report to facilitate the evaluation of progress.

5 Horizons for CRVS in Asia and the Pacific

Recognition of the importance of universal and responsive CRVS systems has increased since the beginning of the Asian and Pacific Civil Registration and Vital Statistics Decade. The 2030 Agenda, launched after the declaration of the Decade, acknowledges civil registration as a basis for legal identity and requires good quality vital statistics to monitor progress towards the SDGs. Multiple countries have begun to implement identity management systems, often founded on civil registration. In 2020, the COVID-19 pandemic underlined the need for accurate, complete and timely vital statistics, including on causes of death, for which civil registration is recognized as the best source. By progressing towards the goals of the Regional Action Framework, that is Goal 1 on universal registration, Goal 2 on the provision of legal documentation from civil registration, and Goal 3 on the production of vital statistics based on civil registration, countries are also supporting their achievement of the SDGs, facilitating the implementation of identity management systems and preparing to monitor and respond to future pandemics.

As presented in the report, countries have, to a large degree, taken advantage of the Decade and the momentum created around CRVS to strengthen their systems. Following recommendations from the Regional Action Framework and with the

support of development partners they have implemented key steps for improvements. Most importantly, an increasing number of countries are addressing CRVS issues in a coordinated and multisectoral manner rather than through ad hoc, siloed activities. This is a testimony to increased national leadership and political commitment facilitating action at local, provincial, national and international levels by enabling multiple stakeholders to align and prioritize their efforts, as well as monitor progress towards achieving shared results.

Thanks to these efforts, the region has made tremendous progress with respect to the three goals of the Regional Action Framework. The birth and death registration gaps in the region are rapidly closing, and countries that had low birth and death registration completeness at the beginning of the Decade are rapidly improving. Moreover, the use of civil registration records for vital statistics is continuously being enhanced to respond to the needs of the users, as proven during the COVID-19 pandemic. Nevertheless, this midterm assessment of progress also highlighted areas in need of further action, including some areas that are relevant to a few countries only and others that are more widely relevant.

Although its timeframe goes beyond the Decade, the 2030 Agenda set the target to strengthen national statistical systems, specifically by achieving the registration of 100 per cent of births and 80 per cent of deaths by 2030. Moreover, the 2030 Agenda places a strong emphasis on leaving no one behind. In terms of civil registration, it means all vital events should be registered. To ensure every one is in the picture it is critical that countries conduct assessments of inequalities related to CRVS experienced by subgroups of the population, including hard-to-reach and marginalized populations. The assessment of inequalities is an implementation step of the Regional Action Framework, and it has been completed by only a few countries so far. Assessing inequalities, therefore, needs to be prioritized in the second half of the Decade if countries wish to ensure they achieve Goal 1 of the Regional Action Framework on universal civil registration of births, deaths and other vital events and fulfil the pledge set out in the 2030 Agenda of leaving no on behind.

An increasing number of countries are implementing identity management systems to improve the delivery of governmental programmes to the population and facilitate access to services, such as banking. The provision of legal identity is included in the SDGs, with target 16.9 on legal identity for all, including birth registration, by 2030. To support the achievement of this target, the United Nations Legal Identity Agenda was launched in 2019 (see Box 4). It defines civil registration as the basis for legal identity. Providing all individuals with legal documentation of civil registration, Goal 2 of the Regional Action Framework, is therefore all the more relevant for countries moving towards implementing identity management systems founded on civil registration. Indeed, identity management systems should be implemented in conjunction with investments in civil registration, otherwise there is a risk of further marginalizing subgroups of the populations not necessarily covered by civil registration.

Accurate, complete and timely vital statistics, including on causes of death, are crucial to monitor the SDGs. Moreover, the COVID-19 pandemic has further underlined the importance of vital statistics for evidence-based policymaking. Civil registration, unlike other systems conferring identity documents, can provide data on vital events, including causes of death. Nonetheless, to this day there are still at least 17 countries in the region that do not use registration records to produce vital statistics, including on causes of death. Further, even when countries are able to produce vital statistics, specifically cause of death statistics, a low proportion of deaths have a medical certificate of cause of death and the information provided or the coding practices applied are of poor quality. Nevertheless, the use of verbal autopsy in the region helps alleviate this issue by providing a temporary solution to the lack of information on causes of death. More efforts

are needed to improve the recording of causes of death and to harness registration records for statistics to provide timely vital statistics and accurate statistics on causes of death by the end of the Decade in the region. This will facilitate the monitoring of the SDGs and future health crises. Increasing the involvement of the health sector in CRVS systems will be one of the necessary steps for countries to achieve this.

The Second Ministerial Conference on CRVS in Asia and the Pacific, which will take place in November 2021, will be an opportunity for governments and development partners to come together and celebrate the success of the first part of the Decade described in the present report. More importantly, they will be able to discuss the challenges ahead and identify common solutions to address them. These solutions will need to consider the renewed importance of CRVS for the SDGs, the implementation of identity management systems and the need to monitor health crises. The recommendations from the Conference will be key for the region to achieve its shared vision that by 2024 all people in Asia and the Pacific will benefit from universal and responsive CRVS systems that facilitate the realization of their rights and support good governance, health and development. The achievement of the shared vision will, in turn, strengthen sustainable development, facilitate the implementation of identity management systems founded on civil registration and improve preparedness for future health crises.

Annex

Annex I: Overview of implementation steps

Country	Coordination mechanism	Comprehen-sive assessment	National targets set	Reporting plan	Inequality assessment	National strategy	National focal point	Reporting to the secretariat - Baseline	Reporting to the secretariat - Midterm
Afghanistan	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
American Samoa [a]	Yes	Yes	Yes	No		No	Yes	Yes	No
Armenia	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Australia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Azerbaijan	No	Yes	No	Yes	No	No	Yes	Yes	Yes
Bangladesh	Yes	Yes	Yes	Yes	Plan	Yes	Yes	Yes	Yes
Bhutan	Yes	Yes	Yes	No	No	Plan	Yes	Yes	Yes
Brunei Darussalam	Yes	No	Yes	No	No	No	Yes	Yes	Yes
Cambodia	Yes	Yes	Yes	Plan	No	Yes	Yes	Yes	Yes
China [a]			No				No	No	No
Cook Islands	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
Democratic People's Republic of Korea [a]			No				Yes	No	No
Fiji	Yes	Yes	Yes	No	No	Plan	Yes	Yes	Yes
France [a]			No				No	No	No
French Polynesia [a]			No				No	No	No
Georgia	No	No	No	No	No	No	Yes	No	Yes
Guam [a]			No				Yes	No	No
Hong Kong, China	Yes	No	Yes	No	No	No	Yes	Yes	Yes
India	Yes	Plan	Yes	Plan	No	Plan	Yes	Yes	Yes
Indonesia	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Iran (Islamic Republic of)	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Japan	No	No	No	No	No	No	Yes	Yes	Yes
Kazakhstan	No	Plan	Yes	No	No	No	Yes	Yes	Yes
Kiribati	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Kyrgyzstan	No	Yes	No	No	No	No	Yes	Yes	Yes
Lao People's Democratic Republic	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Macao, China	No	No	Yes	No	No	No	Yes	Yes	Yes
Malaysia	Yes	Yes	Yes	Yes	Plan	Yes	Yes	Yes	Yes
Maldives	Yes	Yes	Yes	No	No	Plan	Yes	Yes	Yes
Marshall Islands	Yes	Yes	No	Yes	No	Yes	No	No	Yes
Micronesia (Federated States of) [a]	Yes	Yes	Yes	No	No	Plan	Yes	Yes	No
Mongolia	No	Plan	Yes	Plan	No	Plan	Yes	Yes	Yes
Myanmar [a]	No	Plan	Yes	No	No	Plan	Yes	Yes	No

Country	Coordination mechanism	Comprehen-sive assessment	National targets set	Reporting plan	Inequality assessment	National strategy	National focal point	Reporting to the secretariat - Baseline	Reporting to the secretariat - Midterm
Nauru	Yes	Plan	Yes	No	No	Plan	Yes	Yes	Yes
Nepal	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Netherlands [a]			No				No	No	No
New Caledonia [a]			No				No	No	No
New Zealand	Yes	No	Yes	No	No	No	Yes	Yes	Yes
Niue	Yes	Plan	No	Plan	No	No	Yes	No	Yes
Northern Mariana Islands	No	No	Yes	No	No	No	Yes	No	Yes
Pakistan	Yes	Yes	Yes	Plan	Plan	Plan	Yes	Yes	Yes
Palau	Yes	Plan	No	No	No	Plan	Yes	No	Yes
Papua New Guinea	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Philippines	Yes	Yes	Yes	Plan	No	Yes	Yes	Yes	Yes
Republic of Korea	No	No	Yes	No	No	No	Yes	Yes	Yes
Russian Federation	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
Samoa	Yes	Yes	Yes	No	Plan	Plan	Yes	Yes	Yes
Singapore [a]			No				No	No	No
Solomon Islands [a]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
Sri Lanka			No				Yes	No	Yes
Tajikistan	Yes	Plan	Yes	Yes	No	No	Yes	Yes	Yes
Thailand	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Timor-Leste	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Tonga	Yes	Yes	Yes	Plan	No	Yes	Yes	Yes	Yes
Turkey	Yes	Plan	Yes	Plan	No	Plan	Yes	Yes	Yes
Turkmenistan [a]			No				No	No	No
Tuvalu [a]			No				Yes	No	No
United Kingdom of Great Britain and Northern Ireland [a]			No				No	No	No
United States of America	Yes	No	Yes	No	No	No	Yes	Yes	Yes
Uzbekistan [a]			No				Yes	No	No
Vanuatu	Yes	Yes	No	No	No	Yes	Yes	No	Yes
Viet Nam [a]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Subtotal: Yes	38	31	41	11	6	20	53	43	45
Subtotal: No	11	9	21	29	38	17	9	19	17
Subtotal: Plans	0	9	0	8	4	12	0	0	0
Total	**49**	**49**	**62**	**48**	**48**	**49**	**62**	**62**	**62**

[a] These countries have yet to submit the midterm questionnaire. Apart from "National Focal Point" and "Reporting to the secretariat", the information comes from their baseline report, if any.

Source: Midterm questionnaire responses are available at https://getinthepicture.org/regional-picture/midterm-reporting.

Annex II: Overview of targets

NR: No response; NTS: No target set; TA: Target achieved

Table 1: Birth registration

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

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

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

Country	Target 1A			Target 1B			Target 1C	
	Baseline	Midterm	Target	Baseline	Midterm	Target	Latest data	Target
Afghanistan	31.8%[a] (2014)	45.5%[a] (2018)	80%	37.4% (2010)	42.3% (2015)	NTS	NR	NTS
American Samoa [b]	91% (2013)	NR	95%	NR	NR	91%	NR	100%
Armenia	98.6% (2014)	98.7% (2018)	100%	99.6% (2010)	98.7% (2015–16)	100%	99% (2018)	100%
Australia	96.3% (2014)	96.2% (2017)	99%	NR	100% (2018)	99%	NR	99%
Azerbaijan	100% (2014)	100% (2018)	NTS	93.6% (2006)	NR	NTS	NR	NTS
Bangladesh	10.5%[a] (2014)	28.2%[a] (2017)	100%	20.2% (2014)	56% (2019)	100%	NR	100%
Bhutan	84.8% (2017)	88.4% (2018)	95%	99.8%[c] (2017)	95.6%[c] (2018)	97%	99.8% (2018)	99%
Brunei Darussalam	100% (2014)	100% (2018)	100%	100%[c] (2014)	100%[c] (2018)	100%	NR	NTS
Cambodia	39.5%[a] (2014)	65.5%[a] (2018)	90%	73.3% (2014)	NR	90%	NR	90%
Cook Islands	97.3% (2014)	100% (2019)	100%	NR	100% (2017)	100%	NR	100%
Fiji	64.5%[a] (2014)	72%[a] (2018)	85%	NR	NR	85%	NR	95%
Georgia	100% (2014)	100% (2018)	NTS	99.6% (2013)	99.6% (2015)	NTS	NR	NTS
Hong Kong, China	99.9% (2014)	99.9% (2018)	NTS	NR	NR	NTS	NR	NTS
India	92.3%[d] (2014)	85%[d] (2017)	100%	NR	79.7% (2015–16)	100%	NR	75%
Indonesia	65.9%[e] (2015)	113%[e] (2018)	90%	66.6% (2012)	77.9% (2017)	95%	NR	NTS
Iran (Islamic Republic of)	98.9% (2014)	98.9% (2019)	99%	98.6% (2010)	NR	100%	NR	100%
Japan	100% (2014)	99.9% (2017)	NTS	NR	100% (2018)	NTS	100% (2018)	NTS
Kazakhstan	99.9% (2014)	100% (2018)	100%	99.7% (2010–11)	99.7% (2015)	100%	100% (2018)	100%
Kiribati	80.8%[a] (2014)	82%[a] (2018)	100%	NR	91.6% (2018–19)	100%	NR	100%
Kyrgyzstan	95.1% (2014)	98.9% (2018)	NTS	97.7% (2014)	98.9% (2018)	NTS	NR	NTS

Country	Target 1A			Target 1B			Target 1C	
	Baseline	Midterm	Target	Baseline	Midterm	Target	Latest data	Target
Lao People's Democratic Republic	31.8%[a] (2014)	42.5%[a] (2018)	70%	74.8% (2011–12)	73% (2017)	80%	NR	70%
Macao, China	100% (2014)	100% (2018)	100%	100%[c] (2014)	100%[c] (2018)	100%	100% (2018)	100%
Malaysia	100% (2014)	100% (2018)	NTS	NR	NR	NTS	NR	NTS
Maldives	100% (2014)	100% (2018)	100%	NR	98.8% (2016–17)	100%	NR	100%
Marshall Islands	NR	NR	NTS	NR	83.8% (2017)	NTS	NR	NTS
Micronesia (Federated States of) [b]	NR	NR	95%	80% (2011–15)	NR	95%	NR	90%
Mongolia	99.6% (2014)	100% (2018)	100%	99.3% (2013–14)	99.6% (2018)	100%	100% (2018)	100%
Myanmar [b]	74% (2013)	NR	95%	72.4% (2009–10)	81.3% (2015–16)	95%	NR	NTS
Nauru	100%[a] (2014)	97.8%[a] (2017)	100%	95.9% (2013)	NR	100%	NR	NTS
Nepal	NR	22.9% (2017)	99%	58.1% (2014)	77.2% (2019)	90%	62.2% (2017)	80%
New Zealand	98.4% (2014)	98.2% (2017)	90%	NR	100% (2018)	99%	NR	99%
Niue	100% (2014)	100% (2018)	NTS	NR	NR	NTS	NR	NTS
Northern Mariana Islands	99.2% (2014)	99.4% (2018)	100%	NR	NR	NTS	NR	NTS
Pakistan	NR	25.4%a (2018)	100%	33.6% (2012–13)	42.2% (2017–18)	100%	NR	100%
Palau	NR	NR	NTS	NR	NR	NTS	NR	NTS
Papua New Guinea	45.7%[e] (2015)	239%[e] (2019)	90%	NR	13.4% (2016–18)	90%	15% (2019)	70%
Philippines	82.1%[a] (2014)	90.8%[a] (2017)	99%	90.2% (2010)	91.8% (2017)	99.5%	94.9% (2015)	99.5%
Republic of Korea	100% (2014)	100% (2018)	100%	100%[c] (2014)	NR	100%	100% (2018)	100%
Russian Federation	100% (2014)	100% (2018)	NTS	NR	100% (2018)	NTS	NR	NTS
Samoa	52.5%[a] (2014)	79.9%[a] (2018)	90%	58.6% (2014)	66.9% (2019–20)	90%	NR	95%
Solomon Islands [b]	29% (2014)	NR	85%	NR	88% (2015)	90%	NR	60%
Sri Lanka	97.4%[a] (2014)	97.7%[a] (2018)	NTS	97.2% (2006–07)	NR	NTS	NR	NTS
Tajikistan	100% (2014)	100% (2018)	97%	88.4% (2012)	95.8% (2017)	98%	NR	NTS
Thailand	100%[a] (2014)	92.3%[a] (2018)	100%	99.4% (2012)	99.8% (2019)	100%	NR	100%
Timor-Leste	15%[e] (2014)	271%[e] (2018)	100%	55.2% (2009–10)	60.4% (2016)	100%	NR	100%
Tonga	91.8%[a] (2014)	78.7%[a] (2018)	95%	93.4% (2012)	97.7% (2019)	97%	NR	84%

Country	Target 1A			Target 1B			Target 1C	
	Baseline	Midterm	Target	Baseline	Midterm	Target	Latest data	Target
Turkey	99% (2014)	99.3% (2018)	100%	98.8% (2013)	98.4% (2018)	100%	100% (2018)	100%
United States of America	100% (2014)	100% (2018)	99%	NR	100% (2018)	99%	NR	99%
Vanuatu	51.9% (2014)	55.7% (2018)	NTS	75.5% (2013)	NR	NTS	85.1% (2016)	NTS
Viet Nam [b]	NR	NR	97%	96.1% (2014)	NR	98.5%	NR	75%
Total responses	**44**	**43**	**38**	**31**	**34**	**36**	**13**	**31**

Cells are coloured according to the country's status for each target: 'Achieved' (blue), 'Progress' (green), 'Stagnation' (yellow), 'Regression' (red) and 'Insufficient data' (light grey). Please refer to Figure III for more information.

[a] These countries have not submitted estimates for the number of births for all years. The level of completeness of birth registration was therefore assessed with international estimates for every year, to allow comparison. These measurements are therefore to be interpreted with caution.

[b] Information for these countries comes from the baseline report, since no midterm questionnaire has been submitted yet. The baseline report, Report of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific, is available at www.unescap.org/sites/default/files/E72_22E.pdf .

[c] Figures are from administrative source, while the others come from surveys.

d Figures for India on target 1A do not represent the national level of completeness: they refer to the annual average completeness rate of States providing disaggregation of registration data by the duration between occurrence and registration. The number of States providing this data changes each year, completeness rates are thus not comparable across the years.

[e] These figures include births registered through outreach campaigns which included registration of older inhabitants to address the backlog, inadvertently increasing the completeness estimation. This explains the percentages superior to 100 per cent.

Source: Midterm questionnaire responses are available at https://getinthepicture.org/regional-picture/midterm-reporting.

Table 2: Death registration

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

Target 1E: 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.

Country	Target 1D			Target 1E		
	Baseline	Midterm	Target	Baseline	Midterm	Target
Afghanistan	6.2%[a] (2014)	10.2%[a] (2018)	NTS	NR	2.5% (2018)	NTS
American Samoa [b]	100% (2014)	NR	100%	NR	NR	100%
Armenia	99% (2014)	99.2% (2018)	100%	100% (2014)	100% (2018)	100%
Australia	100% (2014)	100% (2017)	NTS	100% (2014)	100% (2018)	NTS
Azerbaijan	100% (2014)	100% (2018)	NTS	100% (2014)	100% (2018)	NTS
Bangladesh	7% (2014)	20.1% (2017)	50%	2.5% (2017)	19.6% (2018)	80%

Country	Target 1D			Target 1E		
	Baseline	Midterm	Target	Baseline	Midterm	Target
Bhutan	63.6% (2017)	74.9% (2018)	90%	11.1% (2011)	NR	85%
Brunei Darussalam	88%[a] (2014)	84.7%a (2018)	100%	NR	NR	100%
Cambodia	24.2%[a] (2014)	36.2%[a] (2018)	30%	NR	NR	30%
Cook Islands	96.2% (2014)	97.3% (2019)	100%	100% (2014)	100% (2019)	100%
Fiji	72.8%[a] (2014)	87.5%[a] (2018)	100%	99.3% (2014)	99.9% (2017)	99.9%
Georgia	100% (2014)	100% (2018)	NTS	70.6% (2014)	85.1% (2018)	NTS
Hong Kong, China	99.8% (2014)	98.3% (2018)	NTS	100% (2014)	100% (2018)	NTS
India	82.1%[c] (2014)	85.2%[c] (2017)	100%	32.3% (2014)	48.7% (2017)	60%
Indonesia	NR	NR	NTS	45% (2017)	50% (2018)	NTS
Iran (Islamic Republic of)	91.1% (2015)	96.4% (2019)	95%	81.1% (2018)	81.5% (2019)	85%
Japan	99.9% (2014)	99.9% (2017)	NTS	100% (2014)	100% (2017)	NTS
Kazakhstan	99.3% (2014)	99.8% (2018)	100%	100% (2014)	100% (2018)	100%
Kiribati	NR	NR	NTS	16% (2014)	NR	80%
Kyrgyzstan	94.3%[a] (2014)	84.6%[a] (2018)	NTS	100% (2014)	100% (2018)	NTS
Lao People's Democratic Republic	33.2%[a] (2014)	42.3%[a] (2018)	60%	NR	NR	85%
Macao, China	100% (2014)	100% (2018)	100%	100% (2014)	100% (2018)	100%
Malaysia	99.2% (2014)	97.9% (2018)	100%	100% (2014)	100% (2018)	100%
Maldives	80.8%[a] (2014)	88.8%[a] (2017)	100%	100% (2014)	100% (2018)	100%
Marshall Islands	NR	NR	NTS	100% (2014)	100% (2018)	NTS
Micronesia (Federated States of) [b]	NR	NR	90%	NR	NR	100%
Mongolia	100% (2014)	96.4% (2018)	100%	100% (2014)	100% (2018)	100%
Myanmar [b]	50% (2013)	NR	75%	NR	NR	75%
Nauru	100%[a] (2014)	100%[a] (2018)	100%	100% (2015)	100% (2017)	100%
Nepal	NR	53.4% (2017)	80%	45.4% (2014)	NR	NTS
New Zealand	99.9% (2014)	99.6% (2018)	99%	100% (2014)	100% (2018)	99%
Niue	100% (2014)	100% (2018)	NTS	100% (2014)	100% (2018)	NTS
Northern Mariana Islands	99.5% (2014)	99.5% (2018)	100%	100% (2014)	100% (2018)	100%
Pakistan	46%[a] (2014)	51.6%[a] (2018)	80%	NR	NR	80%

Country	Target 1D			Target 1E		
	Baseline	Midterm	Target	Baseline	Midterm	Target
Palau	NR	NR	NTS	100% (2014)	100% (2018)	NTS
Papua New Guinea	<1% (2011)	<3% (2017)	25%	41.3% (2015)	22.3% (2018)	NTS
Philippines	98.5%[a] (2014)	96.7%[a] (2018)	90%	100% (2014)	100% (2017)	NTS
Republic of Korea	100% (2014)	100% (2018)	100%	99.1% (2014)	99.7% (2018)	100%
Russian Federation	100% (2014)	100% (2018)	NTS	NR	NR	100%
Samoa	55%[a] (2014)	75.4%[a] (2018)	90%	NR	NR	95%
Solomon Islands [b]	NR	NR	60%	16% (2014)	NR	80%
Sri Lanka	96.1%[a] (2014)	98.9%[a] (2018)	NTS	NR	NR	NTS
Tajikistan	74.6%[a] (2014)	74%[a] (2018)	98%	100% (2014)	100% (2018)	NTS
Thailand	89.3%[a] (2014)	89.5%[a] (2018)	100%	100% (2014)	100% (2018)	100%
Timor-Leste	22.4%[a] (2014)	28.7%[a] (2018)	100%	NR	NR	NTS
Tonga	72.4%[a] (2014)	79.6%[a] (2018)	85%	NR	NR	NTS
Turkey	98.8% (2014)	99.1% (2018)	100%	100% (2014)	100% (2018)	100%
United States of America	NR	100% (2018)	99%	100% (2014)	100% (2018)	100%
Vanuatu	23% (2014)	17% (2018)	NTS	NR	NR	NTS
Viet Nam [b]	NR	NR	90%	NR	NR	80%
Total responses	**42**	**41**	**35**	**35**	**32**	**31**

Cells are coloured according to the country's status for each target: 'Achieved' (blue), 'Progress' (green), 'Stagnation' (yellow), 'Regression' (red) and 'Insufficient data' (light grey). Please refer to Figure VIII for more information.

[a] These countries have not submitted estimates for the number of deaths for all years. The level of completeness of death registration was therefore assessed with international estimates for every year, to allow comparison. These measurements are therefore to be interpreted with caution.

[b] Information for these countries comes from the baseline report, since no midterm questionnaire has been submitted yet. The baseline report, Report of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific, is available at www.unescap.org/sites/default/files/E72_22E.pdf .

[c] Figures for India on target 1D do not represent the national level of completeness: it evaluates for each year the average completeness for States providing disaggregation of registration data by the duration between occurrence and registration. The number of States providing this data changes each year, so completeness rates cannot be compared across years.

Source: Midterm questionnaire responses are available at https://getinthepicture.org/regional-picture/midterm-reporting

Table 3: Legal documentation

Target 2A: 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.

Target 2B: 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.

Country	Target 2A		Target 2B	
	Latest data	Target	Latest data	Target
Afghanistan	NR	85%	NR	NTS
American Samoa [a]	100% (2013)	95%	NR	100%
Armenia	98.7% (2015)	100%	98.9% (2018)	100%
Australia	NR	NTS	NR	NTS
Azerbaijan	100% (2018)	NTS	100% (2018)	NTS
Bangladesh	100% (2018)	100%	100% (2018)	100%
Bhutan	NR	NTS	NR	100%
Brunei Darussalam	100% (2018)	100%	100% (2018)	100%
Cambodia	100% (2018)	90%	100% (2018)	90%
Cook Islands	100% (2019)	100%	100% (2017)	100%
Fiji	99.8% (2018)	100%	90.8% (2018)	100%
Georgia	100% (2018)	NTS	89.6% (2018)	NTS
Hong Kong, China	100% (2018)	100%	100% (2018)	NTS
India	NR	100%	NR	100%
Indonesia	100% (2014)	100%	100% (2014)	100%
Iran (Islamic Republic of)	100% (2019)	100%	100% (2019)	100%
Japan	100% (2017)	NTS	100% (2017)	NTS
Kazakhstan	100% (2018)	100%	100% (2018)	100%
Kiribati	100% (2018)	100%	100% (2010)	100%
Kyrgyzstan	100% (2018)	NTS	100% (2018)	NTS
Lao People's Democratic Republic	100% (2018)	100%	100% (2018)	100%
Macao, China	100% (2018)	100%	100% (2018)	100%
Malaysia	100% (2018)	NTS	100% (2018)	100%
Maldives	94.9% (2017)	100%	100% (2018)	100%
Marshall Islands	NR	NTS	NR	NTS

Country	Target 2A		Target 2B	
	Latest data	Target	Latest data	Target
Micronesia (Federated States of) [a]	NR	NTS	NR	NTS
Mongolia	100% (2018)	99.9%	100% (2018)	99.9%
Myanmar [a]	NR	95%	NR	75%
Nauru	NR	100%	NR	100%
Nepal	100% (2017)	NTS	100% (2017)	100%
New Zealand	94.3% (2018)	99%	100% (2018)	85%
Niue	100% (2018)	NTS	100% (2018)	NTS
Northern Mariana Islands	95.6% (2018)	NTS	89.1% (2018)	NTS
Pakistan	NR	100%	NR	100%
Palau	100% (2018)	NTS	100% (2018)	NTS
Papua New Guinea	NR	NTS	NR	20%
Philippines	100% (2018)	99.5%	100% (2018)	90%
Republic of Korea	99.5% (2018)	100%	99.7% (2018)	100%
Russian Federation	100% (2018)	100%	100% (2018)	100%
Samoa	100% (2018)	90%	100% (2018)	100%
Solomon Islands [a]	NR	70%	NR	50%
Sri Lanka	100% (2015)	NTS	100% (2014)	NTS
Tajikistan	100% (2018)	98%	100% (2018)	NTS
Thailand	100% (2018)	100%	100% (2018)	100%
Timor-Leste	NR	100%	NR	100%
Tonga	40% (2018)	95%	NR	80%
Turkey	100% (2018)	100%	100% (2018)	100%
United States of America	100% (2018)	NTS	100% (2018)	NTS
Vanuatu	NR	NTS	NR	NTS
Viet Nam [a]	100% (2014)	100%	100% (2014)	100%
Total responses	**37**	**33**	**35**	**34**

Cells are coloured according to the country's status for each target: 'Achieved' (blue), 'Progress' (green), 'Stagnation' (yellow), 'Regression' (red) and 'Insufficient data' (light grey). Please refer to Figures III and VIII for more information.

[a] Information for these countries comes from the baseline report, since no midterm questionnaire has been submitted yet. The baseline report, Report of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific, available at www.unescap.org/sites/default/files/E72_22E.pdf .

Source: Midterm questionnaire responses are available at https://getinthepicture.org/regional-picture/midterm-reporting. Latest data only since just a few countries have significant changes over the years.

Table 4: Determination of causes of death

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

Target 3E: 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.

Country	Target 3D[a]			Target 3E[d] (Is verbal autopsy used?)		
	Baseline	Midterm	Target	Baseline	Midterm	Target
Afghanistan	NR	NR	NTS	No	No	
American Samoa [b]	3% (2014)	NR	2%	NR	NR	
Armenia	2.6% (2014)	1.6% (2018)	1%	No	No	No
Australia	0.8% (2011)	1.4% (2018)	NTS	No	No	No
Azerbaijan	3.5% (2013)	2.8% (2018)	NTS	No	No	No
Bangladesh	2.4% (2017)	2.8% (2018)	1.2%[c]	NR	Yes	Yes
Bhutan	NR	NR	NTS	No	No	Yes
Brunei Darussalam	NR	NR	NTS	Yes	Yes	
Cambodia	43.8% (2015)	28% (2018)	30%	No	No	Yes
Cook Islands	NR	NR	1%	No	No	No
Fiji	5.4% (2013)	3.8% (2017)	1%	No	No	No
Georgia	39.3% (2013)	19.4% (2018)	NTS	NR	Yes	
Hong Kong, China	3.4% (2013)	3.8% (2018)	5%	No	No	No
India	3.3% (2013)	4.9% (2017)	7%	NR	Yes	
Indonesia	40% (2017)	35% (2018)	NTS	NR	Yes	
Iran (Islamic Republic of)	23.4% (2013)	16.3% (2019)	15%	Yes	No	Yes
Japan	0.9% (2013)	1.2% (2017)	NTS	NR	No	
Kazakhstan	6.4% (2013)	6.2% (2018)	3%	No	No	No
Kiribati	31.5% (2014)	11.6% (2018)	19%[c]	NR	No	Yes
Kyrgyzstan	NR	NR	NTS	No	No	
Lao People's Democratic Republic	NR	NR	NTS	NR	No	Yes
Macao, China	2% (2013)	2.1% (2018)	1%[c]	No	No	No
Malaysia	1.5% (2013)	1.6% (2018)	NTS	Yes	Yes	
Maldives	10% (2012)	6.2% (2017)	4%	Yes	No	
Marshall Islands	7.6% (2013)	4.7% (2018)	NTS	NR	Yes	
Micronesia (Federated States of) [b]	10% (2014)	NR	NTS	NR	NR	
Mongolia	NR	NR	NTS	NR	Yes	Yes
Myanmar [b]	NR	NR	NTS	NR	NR	
Nauru	40.8% (2015)	21.3% (2017)	NTS	NR	No	

Country	Target 3D[a]			Target 3E[d] (Is verbal autopsy used?)		
	Baseline	Midterm	Target	Baseline	Midterm	Target
Nepal	NR	NR	NTS	NR	No	
New Zealand	0.5% (2013)	0.7% (2015)	1%	No	No	No
Niue	0% (2013)	0% (2018)	NTS	NR	No	
Northern Mariana Islands	8% (2013)	1.8% (2018)	0%	NR	No	
Pakistan	NR	NR	NTS	NR	Yes	Yes
Palau	NR	NR	NTS	NR	NR	
Papua New Guinea	NR	NR	NTS	NR	Yes	Yes
Philippines	2.7% (2010)	2.7% (2017)	1.3%[c]	NR	No	Yes
Republic of Korea	10.6% (2013)	11.3% (2018)	7%	NR	No	
Russian Federation	9.9% (2016)	NR	NTS	No	No	No
Samoa	NR	NR	NTS	NR	NR	
Solomon Islands[b]	NR	NR	0.4%[c]	NR	NR	Yes
Sri Lanka	NR	NR	NTS	NR	Yes	
Tajikistan	NR	NR	NTS	No	No	No
Thailand	29.7% (2013)	24.3% (2018)	20%	Yes	Yes	Yes
Timor-Leste	NR	NR	NTS	No	Yes	
Tonga	NR	NR	5%	NR	No	Yes
Turkey	2.9% (2013)	4.3% (2018)	1.5%	No	No	No
United States of America	1.1% (2018)	NR	NTS	No	No	No
Vanuatu	NR	NR	NTS	NR	No	
Viet Nam[b]	NR	NR	NTS	NR	NR	Yes
Total responses	**30**	**26**	**21**	**23**	**43**	**27**
Subtotal: Yes				5	13	14

Cells are coloured according to the country's status for each target: 'Achieved' (blue), 'Progress' (green), 'Stagnation' (yellow), 'Regression' (red), 'Insufficient data' (light grey) and 'Not relevant' (dark grey). Please refer to Figure VIII for more information.

[a] Ill-defined codes is a category defined explicitly in the International Statistical Classification of Diseases and Related Health Problems (ICD), which contains codes likely not specific and requiring reallocation. For a list of these codes, please consult the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Volume 2: Instruction Manual. However, many countries did not use the same list of codes for their estimate of ill-defined causes of death. As such, percentages cannot be compared between countries. You can find more details about each country's answer on https://getinthepicture.org/.

[b] Information for these countries comes from the baseline report since no midterm questionnaire has been submitted yet. The baseline report, Report of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific, is available at www.unescap.org/sites/default/files/E72_22E.pdf.

[c] These targets have been modified to reflect the current understanding of the target, expressing the percentage of ill-defined codes to achieve.

[d] In the light of recent countries' experiences, verbal autopsy is not encouraged to be applied to a large population scale, but rather on a representative sample. To reflect this, target 3E is not anymore monitored by the coverage percentage of verbal autopsy, but by the use or not of verbal autopsy and its different applications.

Source: Midterm questionnaire responses are available at https://getinthepicture.org/regional-picture/midterm-reporting.

Table 5: Production of vital statistics (1)

Target 3A: 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.

Target 3B: 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.

Country	Target 3A			Target 3B		
	Baseline	Midterm	Target	Baseline	Midterm	Target
Afghanistan	No	No	NTS	No	No	NTS
American Samoa [a]			2024			2024
Armenia	Yes	Yes	2019	Yes	Yes	2019
Australia	Yes	Yes	TA	Yes	Yes	TA
Azerbaijan	Yes	Yes	TA	Yes	Yes	TA
Bangladesh	No	No	2021	No	No	2021
Bhutan	Yes	Yes	2020	Yes	Yes	2022
Brunei Darussalam	Yes	Yes	TA	Yes	Yes	TA
Cambodia	No	No	2023	No	No	2023
Cook Islands	Yes	Yes	TA	Yes	Yes	TA
Fiji	Yes	Yes	2015	Yes	Yes	2016
Georgia	Yes	Yes	TA	Yes	Yes	TA
Hong Kong, China	Yes	Yes	TA	Yes	Yes	TA
India		No	2024		No	2024
Indonesia	No	No	2017	No	No	NTS
Iran (Islamic Republic of)	Yes	Yes	2015	Yes	Yes	2020
Japan	Yes	Yes	TA	Yes	Yes	TA
Kazakhstan	Yes	Yes	TA	Yes	Yes	TA
Kiribati	No	No	2020	No	No	2024
Kyrgyzstan	Yes	Yes	TA	Yes	Yes	TA
Lao People's Democratic Republic	No	No	2022	No	No	2022
Macao, China	Yes	Yes	TA	Yes	Yes	TA
Malaysia	Yes	Yes	TA	Yes	Yes	TA
Maldives	Yes	Yes	TA	Yes	Yes	TA
Marshall Islands	Yes	Yes	TA	Yes	Yes	TA

Country	Target 3A			Target 3B		
	Baseline	Midterm	Target	Baseline	Midterm	Target
Micronesia (Federated States of) [a]			2016			2016
Mongolia	Yes	Yes	TA	Yes	Yes	TA
Myanmar [a]			NTS			NTS
Nauru	Yes	Yes	TA	Yes	Yes	TA
Nepal	No	No	2024	No	No	2024
New Zealand	Yes	Yes	2015	Yes	Yes	2015
Niue	Yes	Yes	TA	Yes	Yes	TA
Northern Mariana Islands	Yes	Yes	TA	Yes	Yes	TA
Pakistan	No	No	2024	No	No	2024
Palau		Yes	TA		Yes	TA
Papua New Guinea	No	No	2024	No	No	2024
Philippines		Yes	2015		Yes	2015
Republic of Korea	Yes	Yes	TA	Yes	Yes	TA
Russian Federation	No	Yes	TA	No	Yes	TA
Samoa	No	No	NTS	No	No	NTS
Solomon Islands [a]			2017			2018
Sri Lanka	Yes	Yes	TA	Yes	Yes	TA
Tajikistan	Yes	Yes	TA	Yes	Yes	TA
Thailand	Yes	Yes	TA	Yes	Yes	TA
Timor-Leste	Yes	No	2022	Yes	No	2022
Tonga	Yes	Yes	2017	Yes	Yes	2017
Turkey	Yes	Yes	TA	Yes	Yes	TA
United States of America	Yes	Yes	TA	Yes	Yes	TA
Vanuatu		Yes	TA		Yes	TA
Viet Nam [a]			2022			2024
Total responses	**41**	**45**	**47**	**41**	**45**	**46**
Subtotal: Yes	30	33		29	33	

Cells are coloured according to the country's status for each target: 'Achieved', 'Stagnation' and 'Insufficient data'.

[a] Information for these countries comes from the baseline report since no midterm questionnaire has been submitted yet. The baseline report, Report of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific, is available at www.unescap.org/sites/default/files/E72_22E.pdf.

Source: Midterm questionnaire responses are available at: https://getinthepicture.org/regional-picture/midterm-reporting

Table 6: Availability of vital statistics (2)

Target 3F: 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.

Target 3G: 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.

Target 3H: 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.

Country	Target 3F			Target 3G			Target 3H		
	Baseline	Midterm	Target	Baseline	Midterm	Target	Baseline	Midterm	Target
Afghanistan	No	No	NTS	No	No	NTS	No	No	NTS
American Samoa [a]			2024			2024			2024
Armenia	Yes	Yes	2019	Yes	Yes	2019	Yes	Yes	2019
Australia	Yes	Yes	TA	Yes	Yes	TA		Yes	TA
Azerbaijan	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Bangladesh	No	No	2021	No	No	2021	No	No	2021
Bhutan	No	No	2022	No	No	2022	No	No	2024
Brunei Darussalam	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Cambodia	No	No	2024	No	No	2023	No	No	2023
Cook Islands	Yes	Yes	2020	Yes	Yes	2020	Yes	Yes	2020
Fiji	No	No	2016	No	No	2017	No	No	2018
Georgia	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Hong Kong, China	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
India	No	No	2024	Yes	Yes	2018	No	No	2024
Indonesia	No	No	2020	No	No	2024	No	No	NTS
Iran (Islamic Republic of)	Yes	Yes	2015	No	Yes	2020	Yes	Yes	2015
Japan	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Kazakhstan	Yes	Yes	TA	Yes	Yes	TA	No	No	2020
Kiribati	No	No	2024	No	No	2021	No	Yes	2020
Kyrgyzstan	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Lao People's Democratic Republic	No	No	2022	No	No	2022	No	No	2022
Macao, China	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Malaysia	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Maldives	Yes	No	2020	Yes	Yes	TA	Yes	No	2020

Country	Target 3F			Target 3G			Target 3H		
	Baseline	Midterm	Target	Baseline	Midterm	Target	Baseline	Midterm	Target
Marshall Islands	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Micronesia (Federated States of) [a]			2017			2017			2024
Mongolia	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Myanmar [a]			NTS			NTS			NTS
Nauru	No	Yes	2019	No	Yes	TA		Yes	TA
Nepal	No	No	2024	Yes	Yes	2024	No	No	2024
New Zealand	Yes	Yes	2015	Yes	Yes	2015	Yes	Yes	2015
Niue	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Northern Mariana Islands	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Pakistan	No	No	2024	No	No	2024	No	No	2024
Palau		Yes	TA			NTS			NTS
Papua New Guinea	No	No	2024	No	No	2024	No	No	2024
Philippines		Yes	2018		Yes	2017		Yes	2019
Republic of Korea	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Russian Federation	Yes	Yes	TA	No	Yes	TA	Yes	Yes	TA
Samoa	No	No	NTS	No	No	NTS	No	No	NTS
Solomon Islands [a]			2025			2025			2025
Sri Lanka	Yes	Yes	TA	No	No	NTS	Yes	Yes	TA
Tajikistan	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Thailand	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Timor-Leste	No	No	2022	No	No	2022	No	No	2022
Tonga		No	2017	No	No	2017		No	2017
Turkey	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
United States of America	Yes	Yes	TA	Yes	Yes	TA	Yes	Yes	TA
Vanuatu		No	NTS		No	NTS		Yes	TA
Viet Nam [a]			2022			2024			2024
Total responses	41	45	46	42	44	44	39	44	45
Subtotal: Yes	**26**	**28**		**25**	**29**		**24**	**28**	

Cells are coloured according to the country's status for each target: 'Achieved', 'Stagnation' and 'Insufficient data'.

[a] Information for these countries comes from the baseline report since no midterm questionnaire has been submitted yet. The baseline report, Report of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific, is available at www.unescap.org/sites/default/files/E72_22E.pdf.

Source: Midterm questionnaire responses are available at https://getinthepicture.org/regional-picture/midterm-reporting.

Annex III: List of countries in the Asia-Pacific region and subregions and non-regional members of ESCAP

The following table provides the regional and subregional groupings used in this analysis along with the corresponding countries under each of them.

REGION: ASIA AND THE PACIFIC

Afghanistan; American Samoa*; Armenia; Australia; Azerbaijan; Bangladesh; Bhutan; Brunei Darussalam; Cambodia; China*; Cook Islands; Democratic People's Republic of Korea*; Fiji; French Polynesia*; Georgia; Guam*; Hong Kong, China; India; Indonesia; Iran (Islamic Republic of); Japan; Kazakhstan; Kiribati; Kyrgyzstan; Lao People's Democratic Republic; Macao, China; Malaysia; Maldives; Marshall Islands; Micronesia (Federated States of)*; Mongolia; Myanmar*; Nauru; Nepal; New Caledonia*; New Zealand; Niue; Northern Mariana Islands; Pakistan; Palau; Papua New Guinea; Philippines; Republic of Korea; Russian Federation; Samoa; Singapore*; Solomon Islands*; Sri Lanka; Tajikistan; Thailand; Timor-Leste; Tonga; Turkey; Turkmenistan*; Tuvalu*; Uzbekistan*; Vanuatu; Viet Nam*

SUBREGION: EAST AND NORTH-EAST ASIA (ENEA)

China*; Democratic People's Republic of Korea*; Hong Kong, China; Japan; Macao, China; Mongolia; Republic of Korea

SUBREGION: NORTH AND CENTRAL ASIA (NCA)

Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Russian Federation, Tajikistan, Turkmenistan*, Uzbekistan*

SUBREGION: THE PACIFIC (PACIFIC)

American Samoa*, Australia, Cook Islands, Fiji, French Polynesia*, Guam*, Kiribati, Marshall Islands, Micronesia (Federated States of)*, Nauru, New Caledonia*, New Zealand, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands*, Tonga, Tuvalu*, Vanuatu

SUBREGION: SOUTH-EAST ASIA (SEA)

Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar*, Philippines, Singapore*, Thailand, Timor-Leste, Viet Nam*

SUBREGION: SOUTH AND SOUTH-WEST ASIA (SSWA)

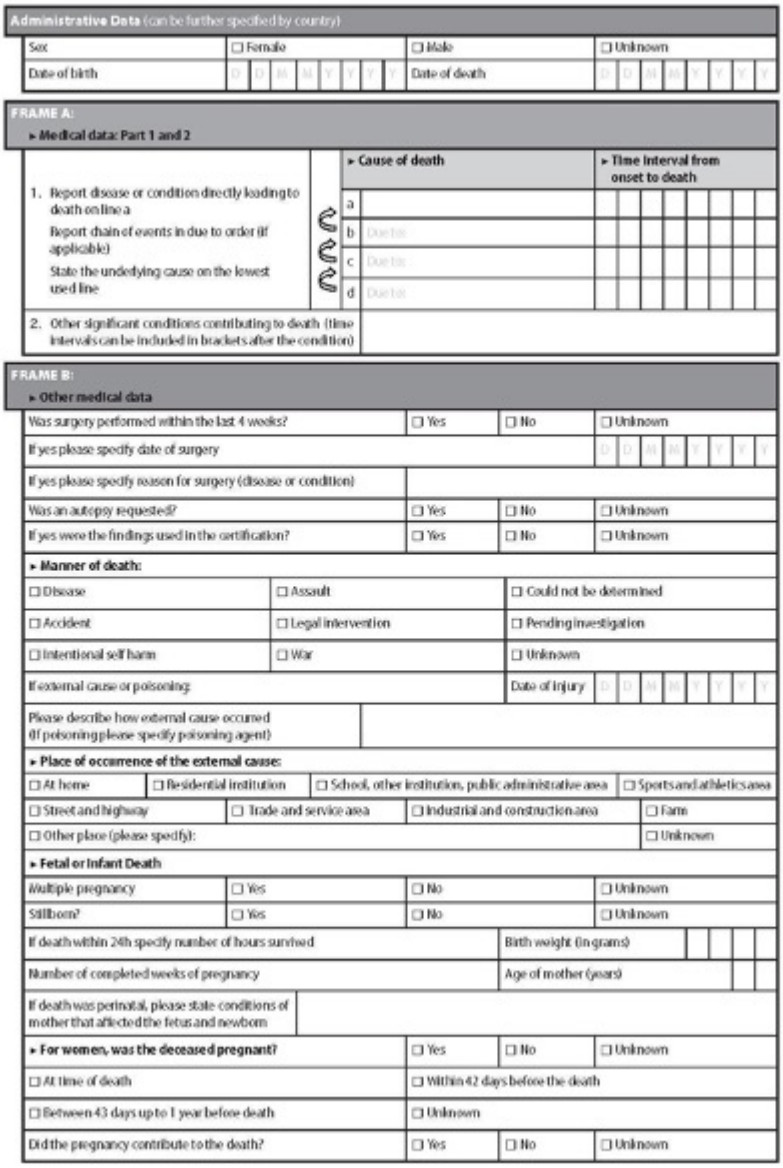
Afghanistan, Bangladesh, Bhutan, India, Iran (Islamic Republic of), Maldives, Nepal, Pakistan, Sri Lanka, Turkey

NON-REGIONAL MEMBERS

France*, Netherlands*, United Kingdom of Great Britain and Northern Ireland*, United States of America

* These countries have not submitted a midterm questionnaire and, therefore, may not be included in some of the analyses.

Annex IV: International Form of Medical Certificate of Cause of Death (WHO, 2016 revision)



Administrative Data (can be further specified by country)

Sex	☐ Female	☐ Male	☐ Unknown
Date of birth	D D M M Y Y Y Y	Date of death	D D M M Y Y Y Y

FRAME A:
▸ Medical data: Part 1 and 2

		▸ Cause of death	▸ Time interval from onset to death
1. Report disease or condition directly leading to death on line a Report chain of events in due to order (if applicable) State the underlying cause on the lowest used line		a	
		b Due to/as	
		c Due to/as	
		d Due to/as	
2. Other significant conditions contributing to death (time intervals can be included in brackets after the condition)			

FRAME B:
▸ Other medical data

Was surgery performed within the last 4 weeks?		☐ Yes ☐ No	☐ Unknown
If yes please specify date of surgery			D D M M Y Y Y Y
If yes please specify reason for surgery (disease or condition)			
Was an autopsy requested?		☐ Yes ☐ No	☐ Unknown
If yes were the findings used in the certification?		☐ Yes ☐ No	☐ Unknown
▸ Manner of death:			
☐ Disease	☐ Assault	☐ Could not be determined	
☐ Accident	☐ Legal intervention	☐ Pending investigation	
☐ Intentional self harm	☐ War	☐ Unknown	
If external cause or poisoning:		Date of injury	D D M M Y Y Y Y
Please describe how external cause occurred (If poisoning please specify poisoning agent)			
▸ Place of occurrence of the external cause:			
☐ At home	☐ Residential institution	☐ School, other institution, public administrative area	☐ Sports and athletics area
☐ Street and highway	☐ Trade and service area	☐ Industrial and construction area	☐ Farm
☐ Other place (please specify):			☐ Unknown
▸ Fetal or Infant Death			
Multiple pregnancy	☐ Yes	☐ No	☐ Unknown
Stillborn?	☐ Yes	☐ No	☐ Unknown
If death within 24h specify number of hours survived		Birth weight (in grams)	
Number of completed weeks of pregnancy		Age of mother (years)	
If death was perinatal, please state conditions of mother that affected the fetus and newborn			
▸ For women, was the deceased pregnant?		☐ Yes ☐ No	☐ Unknown
☐ At time of death		☐ Within 42 days before the death	
☐ Between 43 days up to 1 year before death		☐ Unknown	
Did the pregnancy contribute to the death?		☐ Yes ☐ No	☐ Unknown

More information is available at https://crvsgateway.info/The-International-Form-of-Medical-Certificate-of-Cause-of-Death~356.

Get
every one
in the picture

For more information, please visit
www.getinthepicture.org

Statistics Division
United Nations Economic and Social
Commission for Asia and the Pacific

United Nations Building
Rajadamnern Nok Avenue
Bangkok 10200, Thailand
escap-crvs@un.org