

Who Counts? 4



The way forward

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Good public-health decisionmaking is dependent on reliable and timely statistics on births and deaths (including the medical causes of death). All high-income countries, without exception, have national civil registration systems that record these events and generate regular, frequent, and timely vital statistics. By contrast, these statistics are not available in many low-income and lower-middle-income countries, even though it is in such settings that premature mortality is most severe and the need for robust evidence to back decisionmaking most critical. Civil registration also has a range of benefits for individuals in terms of legal status, and the protection of economic, social, and human rights. However, over the past 30 years, the global health and development community has failed to provide the needed technical and financial support to countries to develop civil registration systems. There is no single blueprint for establishing and maintaining such systems and ensuring the availability of sound vital statistics. Each country faces a different set of challenges, and strategies must be tailored accordingly. There are steps that can be taken, however, and we propose an approach that couples the application of methods to generate better vital statistics in the short term with capacity-building for comprehensive civil registration systems in the long run.

This article is the fourth in a series about the importance of collecting data for health development, and several key messages have emerged from previous articles in this series.¹⁻³ First, statistics on numbers of births, deaths by age and sex, and medical causes of death are crucial for good public-health decisionmaking, and civil registration is the most effective and efficient method of generating these vital statistics. Second, civil registration—unlike all other information systems—can provide benefits to individuals and communities in terms of legal status, nationality, inheritance, and human rights. Third, investments in the systems needed to generate vital statistics have been fragmented and inadequate in the past 30–40 years. Fourth, from a public-health perspective, there are interim solutions that yield data relevant to policymaking, for example on infant and child mortality; however, these are no substitute for statistics derived from functioning civil registration systems that are continuous and comprehensive. Fifth, a range of methods exists to enable countries to improve the availability and quality of vital statistics and to strengthen their civil registration systems.

We acknowledge that the achievement of comprehensive civil registration will require long-term commitment and investment. In this article, we outline courses of immediate action that vary according to the status of a country's registration system.⁴ These actions will also help strengthen capacity in birth and death registration and cause-of-death certification, thus ensuring long-term sustainability. We also describe the critical ingredients needed for civil registration, including political commitment, a supportive legal framework, allocation of roles and responsibilities among stakeholders, mobilisation of human and financial resources, and, most critically, ensuring public trust.

Strategic approaches to establishing civil registration systems

There is no single pathway to reach the goal of establishing an effective system—the magnitude and complexity of the task varies tremendously between countries, and strategies need to be tailored accordingly. Building loosely on the country classification according to the quality of vital statistics used by Mahapatra and colleagues,² we describe four strategic approaches relevant to different types of country situations.

Countries with very limited registration of births and deaths and medical certification of cause of death

As interim measures, censuses and survey-based approaches will have to be used to obtain the population representative data on births and child deaths for planning and programme management.⁵ In addition, demographic surveillance in selected sites can generate data on vital events, including adult mortality. Although not representative of the population as a whole, data from such settings can provide important information on levels of mortality by age and sex. Enumeration can be coupled with verbal autopsy to determine cause of death (bearing in mind the limitations of verbal autopsy that have been described elsewhere).⁶ Creating the skills for demographic surveillance contributes to building the capacities required for sustainable civil registration.

Hospital-based data for mortality can be of value, especially in urban areas where the population is more likely to use formal health-care facilities than are those in rural areas. Deaths in hospitals are generally accompanied by medical records, which can yield useful information even though they are not representative of deaths in the population as a whole. Moreover, building the skills of health professionals in death certification is

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