

PROGRESS IN THE PACIFIC: CRVS achievements and challenges in the Pacific Islands

**The Pacific Vital Statistics Action Plan
Supported by the Brisbane Accord Group (BAG)**

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Compiled by the Brisbane Accord Group (BAG)

Secretariat of the Pacific Community
April 2015

Presented at the Ministerial Meeting on Civil Registration and Vital Statistics in Fiji
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The Brisbane Accord Group (BAG) and The Pacific Vital Statistics Action Plan



A strong CRVS system is essential for good planning and policy

Civil Registration and Vital Statistics (CRVS) improvements are critically important for the Small Island Developing States of the Pacific islands. Accurate data on births, deaths, and causes-of-death are essential for monitoring population health, identifying and responding to development priorities, and calculating population-based indicators used to track development progress (such as the Millennium Development Goals (MDGs), Universal Health Coverage, and the Pacific Islands National

Minimum Development Indicators (NMDIs)). Reliable real-time population data underpin sound policy and planning for development investments and governance. There is also recognition that formal registration of births and deaths is essential for identity management; to support a safe, secure community through accountability; and to address human right commitments such as the International Convention on Rights of the Child, which has been ratified by all Pacific Countries.

There has been a significant amount of work done over the last few years to improve the quality and coverage of birth and death registration in the region, with many examples of progress included in this booklet. However, many Pacific island countries and territories (PICTs) are still not able to accurately measure and report against key development outcomes. Consequently, PICTs rely heavily on international estimates which may not accurately reflect local conditions. Moving forward, improving development outcomes for these countries into the post 2015 agenda will require countries to be able to accurately monitor and report births, deaths and causes of death through a routine CRVS system.

The Brisbane Accord Group (BAG)

The collection, dissemination and use of data from a CRVS system is a multi-disciplinary and multi-agency undertaking. As such, improving vital statistics in the Pacific Region requires a diverse set of technical expertise that is not available in any one agency in the region. Recognizing this, development partners came together in 2010 to form the **Brisbane Accord Group (BAG)**. Members of the BAG include the Secretariat of the Pacific Community (SPC), University of Queensland (UQ), UNFPA, WHO, UNICEF, Pacific Health Information Network (PHIN), Australian Bureau of Statistics (ABS), Queensland University of Technology (QUT), University of New South Wales (UNSW), the Pacific Civil Registrars Network (PCRN), and Fiji National University (FNU).



BAG partners are committed to:

- Improving civil registration and the accessibility, quality and use of vital statistics in the Pacific region; and
- Improving coordination between development partners to provide countries more harmonized technical assistance and maximise investment outputs.

The Pacific Vital Statistics Action Plan (PVSAP)

Regional and country support for CRVS improvements is guided by the **Pacific Vital Statistics Action Plan (PVSAP)**, which sits under the **Ten Year Pacific Statistic Strategy (TYPSS)**. This ensures that CRVS is reflected as a regional statistical priority.

The basic premise of the PVSAP is to work with countries to assess their collection and reporting systems for births, deaths, and causes of death, and develop a country-specific improvement plan. Partner agencies are then able to focus their support in a coordinated manner to meet countries' needs. This is essentially the same approach that has more recently been adopted under both the UN ESCAP Asia Pacific CRVS Plan and the subsequent Regional Action Framework.

Steps in developing a national plan (as supported through the PVSAP)

Build stakeholder support and conduct a rapid assessment of the CRVS system



Establish and formalise a national coordination committee



Conduct a comprehensive CRVS assessment and priorities key issues



Develop a national CRVS improvement strategy and ensure key stakeholder support



Implement CRVS improvement plan and monitor progress

Progress and Next Steps...

PICTs have been working to improve their CRVS systems with support under the Pacific Vital Statistics Action Plan (2011-2014), and significant progress has been made. Both the Pacific Ministers of Health (in 2011, 2013 and 2014) and the Heads of Planning and Statistics meeting for the Pacific Islands (2013) have highlighted the political commitment of their governments to this issue, and recommended that all Pacific countries and territories complete an assessment and CRVS improvement plan. All Pacific countries have undertaken a rapid assessment, with many also having completed the comprehensive assessment and preparation for a draft national improvement plan.

A second iteration of the PVSAP has been developed, with BAG partners committed to continuing to support PICTs to develop reliable and sustainable CRVS systems to ensure that everyone in the Pacific is counted.

For more information:

www.pacific-CRVS.org
crvs@spc.int

BAG

Development partners formed the **Brisbane Accord Group (BAG)** in 2010 to support improvements in CRVS in the Pacific Region.

BAG partners are committed to:

Progressing civil registration in the Pacific region

Improving the quality and use of vital statistics in the Pacific region

Partner coordination to harmonize technical assistance

Maximizing investment and preventing duplication

BAG partners developed the Pacific Vital Statistics Action Plan (PVSAP) to ensure CRVS is fully integrated into regional strategic statistical priorities.

In 4 years

Under the PVSAP, BAG supported **15 countries** and 3 US Territories to improve CRVS in the Pacific Region.



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CRVS

eVery life counts

no birth or death goes unrecognised
no cause of death goes undocumented

Who needs Civil Registration and Vital Statistics?

Communities

Individuals

Every newborn child has the right to a name and nationality. Birth certificates provide access to social services and legal documents. Death certificates are required for burial and for settling property transfers.

Need information to determine infrastructure and services' requirements.



Governments

Require both types of information and cause of death information to inform sectoral policy and budget priorities.

A robust civil registration system is the most reliable, cost-effective and timely source of vital statistics. While **Estimates** of fertility and mortality serve an important function, they are **not a substitute for real data**. There is a real risk that policy decisions based on incorrect estimates could lead to poorer health and development outcomes.

Death

Cause of death

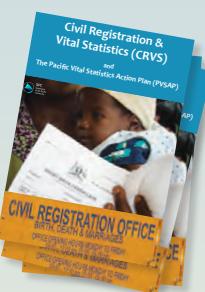
Birth

Pacific Countries and Territories are making significant progress in improving CRVS systems under the Pacific Vital Statistics Action Plan, 2011–2014.

The plan was developed by the Brisbane Accord Group (BAG), a consortium of development partners, with the aim of:

- improving vital statistics in the Pacific region, and
- improving coordination between development partners.

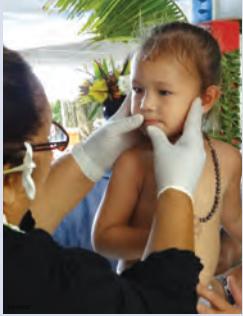
BAG partners are:



Vital Statistics drive informed policy development and planning.
Civil Registration is **vital** for the regular recording of births and deaths.

CRVS data shows clear reduction in IMR due to health policy changes

COOK ISLANDS



- In 2014, staff from the National Statistics Office and Ministry of Health attended a data analysis and report writing course with BAG partners.
- The work focussed on analysing trends in birth, death, and cause of death data from the national CRVS system.
- Data showed a dramatic drop in the infant mortality rate (IMR) from 15.3 in the period of 1999 – 2003 to 3.6 in 2009-2013.
- The results clearly show the effect of policy changes to ensure mothers received antenatal care and that high risk births were transferred early to the hospital on the main island of Rarotonga.

Both infant and child mortality declined from the period 1999-2003 to 2009-2013

- **IMR** declined from **15.3** to **3.6** per 1,000 live births
- **U5M** declined from **21.1** to **5.7** per 1,000 live births

Next Steps:

The Cook Islands are currently discussing methods of capturing and sharing off-island events such as births and deaths with the New Zealand Registrar.

This data sharing will allow a more comprehensive picture of mortality in the Cook Islands.

The Cook Islands

The Cook Islands is a small island country in the South Pacific with a resident population of 14,974 (2011). It comprises 15 small islands whose total land area is 240 square kilometres (92.7 sq mi) and a Exclusive Economic Zone (EEZ) of 2.2M square kilometres (690,000 sq mi) of ocean. While most of the population lives on the main island of Rarotonga, there are 12 inhabited islands in total, seven of which do not have routinely scheduled transport.

Targeted Health Programs

- Over the last 5 years, interventions targeting pregnant mothers have encouraged them to:
 - ▶ attend antenatal check-ups
 - ▶ receive counseling of proper antenatal care
 - ▶ eat well, exercise, stop smoking, and avoid alcohol.
- Additionally, policies were enacted to ensure transport costs were covered to reach the main hospital in Rarotonga for delivery. Policies also made it easier for mothers to attend clinics for antenatal and postnatal services. Home visits for post natal services are also provided by public health nurses.
- Free and easy accessibility to all types of contraception (Pills/Injectables implants/IUD/condoms) has prevented unwanted pregnancy complications.
- Improvements in immunization programs enabling a higher percentage of coverage, along with more postnatal counseling programs, also decreased infant and child deaths.



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Collating national vital statistics from state-based civil registry systems

FEDERATED STATES OF MICRONESIA



- Reliable vital statistics are essential to national and the state governments for planning, policy, and evaluation.
- However, collating statistics at a national level can be very challenging when registration is a state-based function.
- FSM has undertaken a comprehensive assessment of their CRVS system and identified ways of improving registration on the ground within states, and collation of data at a national level.

CRVS in FSM

The Federated States of Micronesia is comprised of 4 states: Chuuk, Kosrae, Pohnpei, and Yap.

- Health services are operated at a state level, alongside a national Department of Health and Social Affairs (DHSA) that is responsible for a range of policy and public health functions, and which works closely with the State Health Services. The DHSA also provides statistical support to the states through their Health Information Office, including the coding of medical certificates of death.
- Civil registration is overseen by the State courts, with procedures differing between jurisdictions.
- The National Statistics Office, which alongside the DHSA is responsible for the collation and publication of birth and death statistics is a national body, with staff in each of the states that report directly to the national office.
- Although birth and death registration is required by law in FSM, coverage varies significantly between states.
- Kosrae is a single island and has essentially complete registration coverage, in large part due to the intensive follow up of all events by medical records staff, and the direct links between Health and the Court with records manually shared on at least a weekly basis.
- The other states each have one central island and many outer islands, many of which are relatively inaccessible. Registration in these states is much lower, with statistics generally derived from the health data.

Key Priorities for Improvement

- Review of legislation to identify and address discrepancies between state and national levels.
- Formalise agreements between state and national offices to clearly define roles and responsibilities regarding data collection, notification, coding and tabulation, analysis and reporting.
- Strengthen capacity at state levels in medical certification of deaths, and coding.
- Investment in an upgraded national HIS system to support good data management practices and facilitate data sharing between state and national levels.
- Support to state courts to upgrade IT systems for data management to improve ability to search and retrieve records and facilitate data sharing with other sectors.
- Capacity building for community based health staff to improve birth and death reporting from outer islands.



FSM has undertaken a CRVS assessment and formed a national CRVS committee.

Next steps are to revisit and endorse a national CRVS improvement plan and engage key national and state stakeholders.

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OF QUEENSLAND
AUSTRALIA



PCRN
Pacific Civil
Registrars Network



FNU
FIJI NATIONAL
UNIVERSITY



Improving cause of death data – certification and coding

FIJI



- Cause of death data is critical information for identifying health issues, planning policy responses and evaluating health system responses.
- The cause of death data available to planners is dependant both on the completeness of the reporting, and the quality of the information collected.

Achievements

Fiji has undertaken a major exercise to improve cause of death data over the last few years.

- **Policy changes have been made to update the medical certificate of death to ensure consistency with the ICD.**
- Following an initial train the trainer course with FNU and other BAG partners, **Fiji has rolled out certification training for doctors across Fiji** – There are now 30% (137/448) of government doctors in Fiji who have been trained. An analysis by FNU has shown tangible improvements in certification quality by doctors who have attended the training.
- **Training on certification has now been incorporated as a standard part of the medical degree offered through FNU**, and all new graduates are required to have completed these sessions.
- **All reported deaths are now coded through the Ministry of Health using ICD-10**, replacing an earlier system where deaths were coded through both the Ministry of Health and Fiji Islands Bureau of Statistics.
- **The national HIS has been amended to allow the cause of death to be entered into the system as shown on the certificate**, with a separate entry line for underlying cause of death.
- **Medical coders have been recognised as a specialty profession** within the Ministry of Health, allowing greater career security and progression.

CRVS in Fiji

Fiji has a decentralised civil registration system, with registration of births, deaths and marriages required by law. Additionally, the law dictates that all deaths have a medical certificate of death completed by a medical practitioner before burial.

Births and deaths are also recorded through the Ministry of Health and Medical Services (MOHMS), and entered into a national database. The MOHMS generates multiple (5) copies of the Medical Cause of Death Certificate by using colour coded carbonated booklets. The white copy is sent directly to the civil registry where it awaits relatives to present in person to complete the registration. The blue copy goes to Police for the burial order, green to the relatives, pink to the Health Information Unit and yellow stays in the record books as an archive. Reporting through the MOHMS is currently more complete than through the Registry, and data from MOHMS is generally used for analysis at the national level.

Prior to the changes described, the proportion of deaths coded to ill-defined and unknown causes was around 8%. However, previous analyses have shown a very high proportion of deaths coded to general categories indicating a need for more specific information.

The medical certificate of death as used in Fiji.



Fiji is currently writing a national vital statistics report as a collaboration between the Ministry of Health, the Fiji Bureau of Statistics, and the National Civil Registry Office.

Further certification training for currently employed physicians is being planned as resources allow.

Use of automated coding tool IRIS has been explored with assistance from ABS/QUT and proved very successful. Fiji is to commence automated coding from 2015.

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Conducting a multi-sector assessment of CRVS in Kiribati

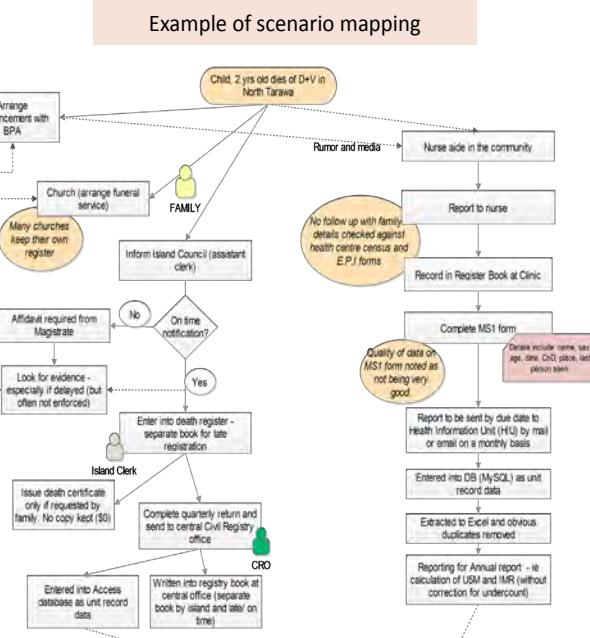
KIRIBATI



- Kiribati is currently undertaking a comprehensive assessment of their CRVS system.
- This assessment will form the basis of the national CRVS improvement plan to be completed early in 2015.
- The assessment has engaged a broad group of stakeholders including government departments, community representatives, church groups, and the media.
- This has complimented an ongoing program to strengthen civil registration, particularly through improved training and support for outer island offices from UNICEF which has seen birth registration increase from 68% to 82% in one year.

What was done

- The current assessment process germinated from a workshop initiated by the national committee in collaboration with development partners held in early 2014.
- The workshop engaged a broad group of stakeholders who mapped current reporting processes to identify how the system works, key issues associated with the system, and any efforts that were duplicated.
- This workshop was followed by a series of technical meetings to complete the components of the WHO Comprehensive Assessment Tool.
- As participants worked their way through each question of the assessment tool, the discussion generated was captured and used to flesh out the issues.
- Mapping and discussion showed the importance of involving island councils and community leaders to improve CRVS.



Key Stakeholders

- Ministry of Health (Medical Records, HIS office, HIV/AIDS program, doctors, Outer island Medical assistants, Clinic managers, Clinic nurses, Maternity ward etc)
- National Civil Registry Office
- Island Council clerks and assistant clerks
- Police
- Ministry of Justice & Attorney Generals Office
- National Statistics Office
- Church Representatives
- Community organisations.

Next Steps

A second national workshop is planned for early 2015. Results of the assessment will be presented to the broader stakeholder group for prioritization and preparation of a national plan.

Community leaders and churches are essential in any process to improve CRVS in Kiribati.



Mapping real scenarios has helped all stakeholders reach a common understanding of the system and issues.

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Data back-up is essential for national vital statistics

NAURU



- In mid-August 2013, the Nauru National Hospital suffered a fire that burnt through both the medical records office and the adjacent pharmacy.
- As a result, most of the records were lost, and the Health Information System suffered a devastating setback.
- However, Nauru operates a direct registration system, where birth and death records are entered directly into the registration system for later verification by civil registry staff. As a result, data is stored at both locations.
- Nauru has subsequently been able to move ahead with an analysis of their birth, death, and cause of death data despite the hospital record losses.

CRVS in Nauru

Nauru is a small island country of 10,979 people.

Nauru has a national Health Information Committee, which also functions as the national CRVS committee. There is close cooperation between key departments (Statistics, Ministry of Health, and Civil Registry Office) on data sharing and reconciliation.

Nauru has essentially complete registration of births and deaths, in part due to the funeral assistance payments and a child payment at birth which are linked to formal registration.

Key Challenges

Although a commercial IT system for civil registration is in place and appears to be functional, much of the data is still managed through individual spreadsheets.

The non-Nauruan population fluctuates significantly in Nauru – greatly affecting population based indicators of mortality. While there is a need to ensure vital events in foreigners are registered and reviewed, in order to better understand trends in the resident population, analysis is generally conducted on the Nauruan population only.

Improving CRVS in Nauru

- 2011 – National CRVS committee formed and completed a rapid assessment of their CRVS system.
- 2011 – Representatives from Statistics, Health, and Civil Registry attended a sub-regional workshop (for Group 1 countries under the PVSAP): Completed a comprehensive assessment and developed a draft national CRVS improvement plan.
- 2012 - Follow up work undertaken to reconcile data between ministries, improve medical records and coding, train doctors in medical certification of death, and address other identified issues.
- 2013 – Key representatives attend the second sub-regional workshop to report on progress and update plans.
- 2014 – Staff from the national Statistics Office and Ministry of Health attend a Data analysis and report writing workshop to analyse civil registration and cause of death indicators. The report is due to be released in late 2014.

Key Indicators for Nauru (2011-2013)

Total Fertility Rate (TFR) = 3.9

(3.5-4.3) births per woman

IMR = 18.0

(10.8-28.1) deaths in children under age 1 per 1,000 live births

Male Life Expectancy= 57.8

Males born today are estimated to live (53.1-62.4) years under age 1 per 1,000 live births

Teenage Fertility Rate = 94

(68-141) births per 1,000 women aged 15-19 years

Under 5 Mortality= 22.7

(14.6-33.8) deaths in children under age 5 per 1,000 live births

Female Life Expectancy = 64.8

Females born today are estimated to live (59.7-70.0) years 5 per 1,000 live births

Off-site back up of data, particularly in small systems, is critical.



Next Steps:

Nauru is currently planning a National Strategy for Development Statistics, and will formally revisit their national CRVS improvement plan as part of this work.

Further work is planned to review the current CR database and how this can be more fully utilised to support good data quality and security in Nauru.

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UNICEF

FNU
FIJI NATIONAL UNIVERSITY

UNSW AUSTRALIA

Findings from the first published CRVS analysis report

NIUE



- In 2013 Niue published their first vital statistics report including an analysis of causes of death.
- The report highlighted important issues which had been previously overlooked.
- A key, and unexpected, finding of the report was that while non-communicable diseases are important in Niue - these are largely confined to older age groups.
- The leading cause of premature deaths (below 60 years of age), was actually external causes – including road deaths and suicides.

CRVS in Niue

Niue is a small island country of 1460 residents (2011 Census). Registration of births and deaths is conducted through the Civil Registry office, with support from the Ministry of Health and National Statistics Office. Registration is essentially 100% complete, although data is affected by off-island births and deaths from medical referrals. While births and deaths are analysed and published routinely (usually in association with the Census), there has previously been little analysis of causes of death.

What was done

The analysis was completed through a technical attachment from the National Statistics Office with the Secretariat of the Pacific Community. This was supported by the national committee working closely together both before and after the attachment.

Next steps:

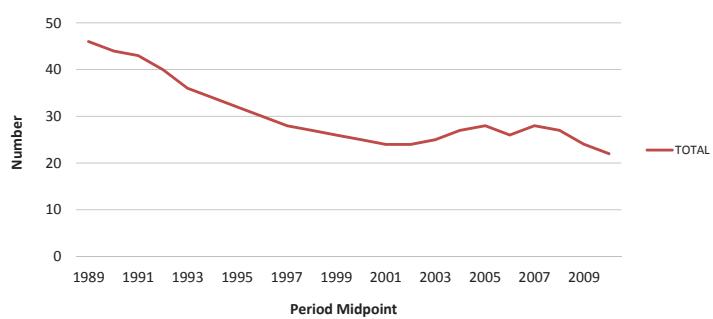
A second report is planned for 2015/2016 to provide updated information.

The work re-highlighted the need to ensure indicators for small populations like Niue are not based on single year figures but are aggregated over several years.

This training served as the basis for a CRVS data analysis and report writing workshop run through SPC and facilitated by BAG partners, attended by 6 countries in 2014. Plans are in the works for a second sub-regional 2015 workshop as funding allows.

Results

5 Year Rolling Average Number of Births: Niue 1987 - 2011



- Despite a falling number of births in Niue (see figure), the total fertility rate has stayed stable – at 2.8 births per woman for 2007-2011.
- Life expectancy for 2007 – 2011 is estimated at 70.1 (95% CI: 63.8 – 71.8) for males and 76.3 (72.9 – 79.7) for females.
- While heart disease, respiratory diseases, cancer and diabetes topped the list of leading causes of death for 2007-2011 for all ages, external causes of death topped the list for ages 15-59 years for both men and women.



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Linking CRVS data through a unique identifier

REPUBLIC OF PALAU



REGISTRATION DATA HAS MANY USES FOR GOVERNMENT

- Every Palauan citizen and resident born in Palau is issued a hospital number when a Certificate of Live Birth is recorded at the Belau National Hospital. This hospital number is unique to each individual.
- The unique identifier allows matching of birth and death records from the Ministry of Health with the Clerk of Courts who serves as the Civil Registrar.
- This linking of data also ensures that other important records can be updated when a death occurs, including social security payments and pensions, and the electoral roll.



CRVS in Palau

Nearly all births and deaths in Palau occur at the Belau National Hospital (BNH).

When a birth occurs outside the hospital, the mother and child are transported to BNH for a check up and the Certificate of Live Birth is recorded.

When a death occurs outside the hospital:

- If a person dies in Koror or on Babeldaob, the body is transported to the morgue at BNH where the medical certificate is completed.
- If a death occurs in one of the more remote states, the death must be certified by two legally authorized persons and reported to BNH.
- In cases of missing bodies, the court must declare the person dead before the death is certified.
- Vital Status Registry is the responsibility of the judicial system, with the Clerk of Courts also acting as the Civil Registrar. The Ministry of Health certifies live births as the first step for Birth Registration, and all deaths.

What was done

Palau undertook a partial CRVS assessment in 2012 and identified 3 priority areas:

- A legislation update
- A review of the need to establish a separate Civil Registry Office
- Upgrade cause of death coding from ICD9 to ICD10.

Achievements and key challenges

- Since the assessment in 2012 there has been progress made in these targeted areas.
- There is a proposed bill before the Palau National Congress to establish a Division of Vital Records under the Ministry of Health. The aim is to establish a central office tasked with maintaining vital records and serving the public by providing copies of vital records to qualified requestors.
- The Bureau of Public Health has begun work to amend and improve their policy on the certification of live births at the Belau National Hospital. There is a need to modify birth certification and birth registry procedures to facilitate the process and also ensure compliance with the Palau National Code and Public Health Regulations.

In 2012 and 2013, ICD10 was used in cause of death coding. However, there is still a need to build ICD coding capacity within the Ministry of Health through training of staff to improve the quality of vital statistics data.

Next steps

Next steps for Palau are to conduct a comprehensive CRVS assessment and to draft a national CRVS improvement plan. With the growing non-communicable disease epidemic in the Pacific region, Palau should continue to improve the accessibility and quality of birth, death, and cause of death statistics derived from the registration data for planning and evaluation.

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PNG commits to multi-sectoral engagement to Improve CRVS

PAPUA NEW GUINEA



- A national multi-sectoral CRVS committee was established by PNG on May 16, 2014
- This includes the National Department of Health, National Civil Registry, National Statistics Office and the National Planning Department
- Stakeholders at this time signed a joint memo outlining their formal commitment to pushing the CRVS agenda forward
- This initiative will complement current work on rolling out a national identification system and linkages with birth registration.

CRVS in PNG

There are a range of mechanisms by which births or deaths may be recorded by government agencies in PNG, although these largely function as independent systems, and formal registration remains fairly incomplete.

The Office of the Registrar General is the official registration agency, and therefore the department that issues the legal certificate of birth or death. There are a limited number of registration points, with families required to visit the national office, except for births in the national hospital which may be registered on site.

Data is also collected through the health system which tabulates births and deaths on a monthly basis. Medical certificates of death are completed for some deaths at the request of the family, but are currently not centrally collated and are primarily for family use.

Older systems of recording births and deaths such as village registers are also still in use in some areas through Provincial governments. Several trials over the last few years have considered re-focusing on these mechanisms.

A national Identity system for PNG

The Government of PNG has identified the roll out of a national identification system as a core priority.

This provides key opportunities to strengthen the current birth and death reporting systems. Work to date has included testing a combined birth registration and identity form, provincial meetings to build community and administrative support, and significant infrastructure development.



Next Steps

The committee plans to undertake a comprehensive assessment, and an initial stakeholder workshop to start this process is planned for February 2015.

Work to improve CRVS will be integrated into the development of the National Statistics for Development Strategy and, as appropriate, aligned with the roll out of the national identification system.

The current roll out of a National Identification system in PNG, a major national undertaking, provides a key opportunity to strengthen registration in the provinces.

Improving IT infrastructure has been a major focus in PNG over the last few years, and will greatly enhance opportunities to improve registration access.



Work on Verbal Autopsy by the PNG National Research Institute and the University of Queensland will provide a key opportunity for improving data collection.

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CRVS as an essential element of child protection in RMI

REPUBLIC OF THE MARSHALL ISLANDS



- RMI launched their first Child Protection Baseline Report in 2013, with support from UNICEF, to serve as a marker for measuring progress in child protection.
- The report and subsequent launch workshop identified a number of areas where civil registration was critical for supporting child protection in RMI such as:
 - The need for birth registration regardless of the parents' marital status and the recognition of children's citizenship rights
 - The mandatory investigation of a death of a child.



CRVS in RMI

Registration of births and deaths in RMI is undertaken through the national Civil Registry Office which sits under the Ministry of Internal Affairs. The system is fairly centralized and requires families to come to the office either in Majuro or on Kwajalein to complete the registration. Although registration is compulsory by law, registration is still incomplete. Duplicate records are also an issue, as searching for previously issued certificates is difficult and it is not uncommon for people to simply ask for a new registration when a formal certificate is needed.

Additionally, multiple programs within the Ministry of Health record births and deaths. These include data collected through the two major hospitals on Majuro and Kwajalein, and both outer island health programs. Monthly reporting from the outer islands is frequently done by CB radio call.

CRVS and Child Protection

The Child Protection Baseline report reviews how effectively the legal framework, formal social service structures, and the community and family environment protects children and provides recommendations going forward.

A key output of child protection is that an effective and efficient birth registration system is in place and children's citizenship rights are recognized. Some recommendations to strengthen civil registration in RMI were to:

- Seek Cabinet approval to revise the Births, Deaths and Marriages Registration Act to specify the requirement of a mandatory investigation into the death of a child. An alternative would be to include this into the Child Abuse and Neglect Act.
- Undertake further research into the long-term impact of current registration requirements on the child's best interests, especially in cases of higher incidence of non-registration, such as where parents are not married and where children are born out of wedlock. Ensure enforcement of birth registration regulations and provide assistance to register where required.

In conjunction with the report launch, BAG partners facilitated a workshop to

Map the processes for reporting births & deaths

and identify priority issues based on the findings from the comprehensive CRVS assessment.



Next steps for RMI include:

- Formalizing a national CRVS improvement action plan
- Linking the HIS reporting to the Ministry of Internal Affairs
- Data analysis and report writing.

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Embedding CRVS improvements in a national strategy for the development of statistics (NSDS)

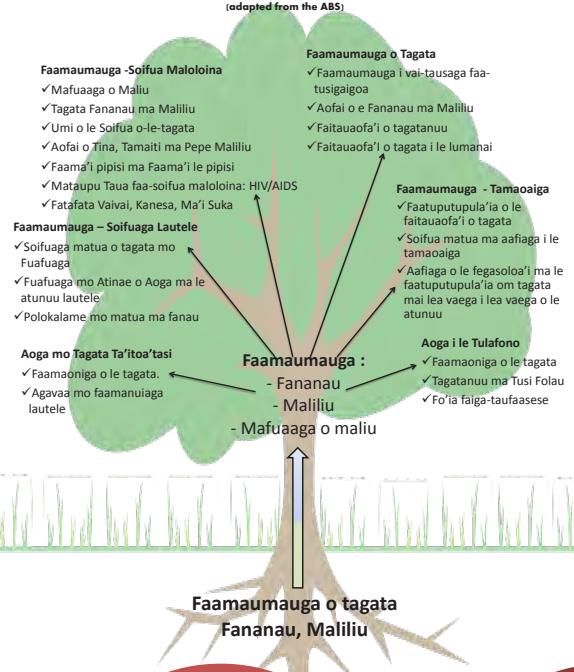
SAMOA



A key goal of the NSDS is: Comprehensive, timely and reliable population, demographic and vital statistics to provide the necessary information so that population and related policies can be formulated and monitored

- Samoa formalized their national CRVS committee and completed an in-depth assessment and mapping of their CRVS system
- The committee developed a draft National CRVS Improvement Plan and began implementing a range of projects to improve CRVS in Samoa
- CRVS features strongly in the National Statistics for Development Strategy which has been nationally adopted.
- Linking the CRVS Improvement plan to the broader NSDS allows CRVS to be elevated in the national agenda – highlighting the importance of this data to population policy and governance.

The CRVS tree – Uses of Data in Samoa (adapted from the ABS)



A key challenge in Samoa was bringing together strong national departments with very different mandates, needs, and structures.

Strong leadership from the National Statistics Office has been essential for stakeholder agreement and the development of a nationally cohesive plan.



Next steps include formally endorsing the national improvement plan, and conducting a review of legislation to better define roles and responsibilities.

CRVS in Samoa

The Civil Registry in Samoa sits under the Samoa Bureau of Statistics, and is responsible for the legal registration of all births and deaths. There are two offices, one on each of the main islands, and families are required to present to the office in person.

Both the National Health Service and the Ministry of Women, Community, and Social Development have important roles in collecting data on births and deaths, with legislation requiring these agencies to share data with the Registry office. The Samoa Bureau of Statistics and Ministry of Health have key roles in analysis and dissemination of vital statistics.

What was done

Members of the National CRVS committee were actively engaged in the NSDS development process, and were therefore able to contribute findings from the work already done on CRVS assessment and mapping.

The CRVS committee has focussed heavily on identifying data users and key stakeholders for CRVS data to ensure broad engagement and support for CRVS.

Key improvements already completed or underway include:

- IT upgrades for the national Civil registry system
- Changes to the medical certificate of death in line with international standards
- Training for doctors in medical certification of death
- Procedures to ensure data from the NHS is routinely provided to the national registry office.

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Improving legal frameworks to support birth and death registration

SOLOMON ISLANDS



The Solomon Islands Government recognises the importance of CRVS and is making progress towards establishing a robust national system. Their vision is:

"To improve the lives of Solomon Islanders through a robust, accessible and sustainable CRVS system that provides complete, timely information to support good public policy."

This will be achieved through

Ensuring the system is adequately resourced; Serving the entire country;
Supportive appropriate legislation; and Standardised data collection."

(2013 National Stakeholder meeting)

CRVS in the Solomon Islands

Existing legislation requires both births and deaths to be registered, but access to registration in the Solomon Islands is very limited. Less than 25% of all births are registered, and only a very small proportion of deaths are formally registered.

The Solomon Islands currently have a parallel system, with legislation allowing local magistrates to complete a legal declaration for a birth or death. However, the information collected is not standardized between this and the formal registration processes, and no central collation or reconciliation of the data is undertaken.

The Ministry of Health and Medical Services collects a count of births, and a "notification" of deaths through their monthly reporting system from health centres. However, medical certificates are only provided for deaths at the hospitals, although not all deaths in hospital have a medically certified cause of death.

One of the key challenges for CRVS in the Solomon Islands has been access to registration - which has resulted in a parallel legal process operated through local magistrates

Access to registration is improving

In 2007, just 20 births were formally registered but by June 2014, more than 35,000 people legally had their birth registered.

15 additional "satellite service centers" in health facilities have been opened to provide more access to registration.



Ongoing improvements in registration coverage require legislation that provides a supportive framework for a well-functioning Civil Registration and Vital Statistics (CRVS) system.

Assessment and Law Reform

- The Solomon Islands CRVS committee, with the support of BAG partners, undertook a comprehensive assessment of their CRVS system.
- The assessment identified a range of legal issues that may need reform.
- The national CRVS committee is working with the Law Reform Commission to review how legislation could be amended to improve CRVS.

Key legal issues included:

- the need for clear legislation making birth and death registration compulsory , and
- clarification of roles and responsibilities.

Other issues included:
ensuring identity processes (such as elections and passports) are linked to birth and death registration.

Next Steps:

Prioritization of improvements for a national CRVS improvement plan is scheduled for early 2015.

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Developing a Civil Registration System for Tokelau

TOKELAU



- Tokelau is one of the most geographically isolated countries on earth. Despite the small population, it faces many challenges in resourcing and sustaining a CRVS system.
- An estimated 1/2 - 2/3 of births of children under age 5 were not registered in 2012, and death registration was likely to be even less complete.
- With strong Government support and inter-departmental collaboration, Tokelau is now building up its Civil Registration System to a point where reporting of births and deaths will be near complete.

CRVS in Tokelau

- Tokelau is a remote island nation that can only be accessed by boat. Government is operated by the Tapulega (traditional council), with a further administrative centre in Apia, Samoa - the nearest major port. Many vital events for Tokelau residents occur overseas with only limited medical care available at the hospitals on the island.
- Until recently, although births and deaths were known to various departments or officials, there was no central collation of this data and subsequently no analysis or use of the data for planning purposes.

What was done

In 2012, Tokelau started improving birth and death registration with support from BAG under the Pacific Vital Statistics Action Plan, and a National Statistics Advisor position seconded from Statistics New Zealand.

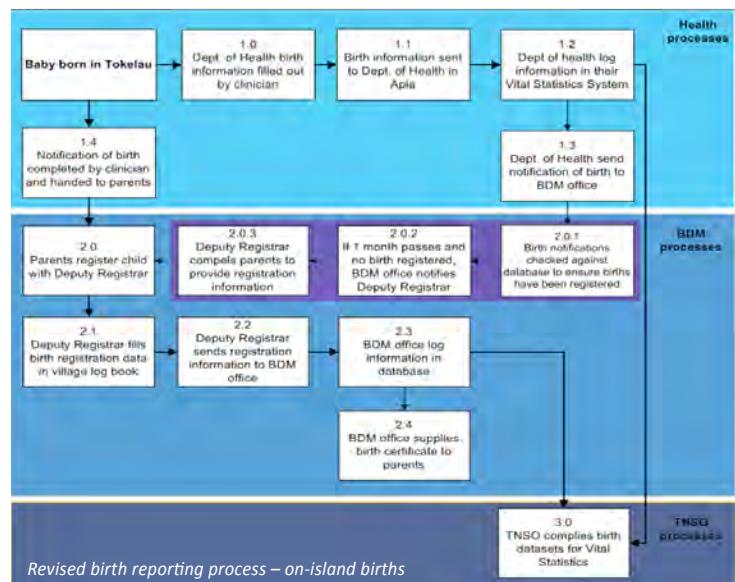
Members of health, statistics, and registry attended a sub-regional workshop to assess their system.

A national committee of senior Government officials was formed and formally endorsed.

System mapping and a national improvement plan developed; national registration day organised

The committee is undertaking a range of activities including:

- Revising processes for registration of births and deaths
- Developing a procedural manual for registration
- Certification for cause of death training for all doctors working in Tokelau
- Formal training for health staff on registration processes
- Organising a celebration day to catch up on registrations
- Upgrading paper-based records to a national CRVS database.



There are limited incentives for registration in Tokelau. To meet demand for vital statistics by health policy makers, Tokelau has developed a health-dominated system for vital statistics.

Lessons learnt:
Engagement with traditional structures/chiefs has been essential for community participation.

Next steps:
Data analysis and dissemination for policy use, and data sharing with neighbouring countries for off-island events.

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Improving development outcomes for Tonga through better CRVS data

TONGA



- Over the last several years, Tonga has formalised an active multi-sectoral Civil Registration and Vital Statistics committee, and undertaken a significant amount of work to improve CRVS.
- One example of this work has been the reconciliation of registered births and deaths with those reported through health. This work involved both the Ministry of Justice (MOJ) and Ministry of Health (MOH), and was overseen by the National Statistics Office (NSO).
- Improved CRVS data has facilitated core government functions and improved development outcomes.

Improved CRVS data has been used to update the electoral role for the 2014 election - and therefore to support fair elections.

A 2011 exercise to reconcile data (through MOH, MOJ and the University of Queensland) revealed higher than anticipated early adult mortality from non-communicable diseases (NCDs). *

As a result, existing NCD responses were reviewed and Tonga was able to attract additional support for health programs.

Tonga has developed a strong process for linking data to national planning

Prioritising CRVS against other competing needs is a key challenge for governments



Collaboration across ministries is essential for high quality data



CRVS in Tonga

Registration of births and deaths is compulsory by law in Tonga, with all deaths required to have a medical certification of death. Official registration is done through the Civil Registry Office under the MOJ, with a sub-registry in each of the major island groups. There is also a system of town and district officers who are required to record events in their community and share this information with the registry.

Health data is collected through the health clinics and hospitals, with reports collated and coded (for deaths) at the national hospital. Reporting processes have been revised over the last several years to improve data completion and quality.

There is no requirement for registration of a death before burial. Although reporting in each source is less than fully complete, nearly all events are captured somewhere in the government system.

Improving CRVS data

- Following the earlier exercise in 2011, data reconciliation has now been adopted as a routine data quality exercise in the Tonga CRVS system.
- In 2014, both birth and deaths from health and civil registry data have been reconciled with the work overseen by the Tonga National Statistics Office. Analysis is due to be completed by the end of 2014, and reconciled data should be made available shortly thereafter.
- Substantial work has been undertaken to digitise records at the Civil Registry office, to improve record management and subsequently data quality, better preserve records, and facilitate better linkages with other departments. This work has been supported by the Commonwealth Secretariat.
- A medical record review was also completed in 2011, and highlighted a range of certification and coding issues for review. This exercise is currently being repeated by the Ministry of Health.
- The MOH, MOJ, and the NSO, have jointly held both community workshops to highlight the importance of CRVS, and training for staff in the outer islands.

Next steps for Tonga include formalising key priorities into a multi-sectoral national plan.

* Ref: Hufanga, Carter, Rao, Lopez and Taylor. "Mortality trends in Tonga: an assessment based on a synthesis of local data." *Population health metrics* 10, no. 1 (2012)

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Improving registration coverage for better health statistics

TUVALU



- Tuvalu has undertaken a national CRVS assessment and formed a national CRVS committee.
- A key priority identified through this process included capacity building in analysis and data reporting.
- The quality of birth and death data in Tuvalu has previously been affected by under-reporting from the outer islands and poor collation of records, resulting in duplicate copies of data sets which then need to be reconciled.

CRVS in the Tuvalu

Tuvalu is an atoll country with one main island, and 8 outer islands. Health services in the outer islands are provided through island health centres, with support visits from the main health centre every few months.

Birth and Death registrations are collated at the national registry office, with the actual registration being carried out at the island / local council level, although registration is less than 100% complete. Records are primarily managed through a hard copy filing system with data entered electronically in spreadsheets by type of event and island.

What was done

- In April 2014, staff from the Ministry of Health and the National Statistics Office attended a data analysis and report writing workshop organised by Brisbane Accord Group partners.
- Civil registry and national health system data on births and deaths were analysed
- It was noted that files derived from the same source data differed, and that the data from both sources was incomplete due to missing events from the outer islands.
- As a result, the HIS manager undertook a series of supervisory visits to outer island clinics and registry offices to cross check and update the health system records.
- A review of the electronic files was also conducted to ensure that there was one complete master-file which will continue to be updated.

Next Steps

- Tuvalu is currently working on completing the analysis of vital registration data for publication, with results anticipated to be released soon.
- Further steps are being considered to improve data quality across the registry and health collections, including data verification and reconciliation.
- Training to engage nurses more closely in the death notification process was given in October, including introductory training in a verbal autopsy process for the outer islands which will be trialled in 2015.
- Formalisation of the national committee and national CRVS improvement plan is a high priority for Tuvalu.



Engagement with local health and council (registry) offices is essential for ensuring that births and deaths in the outer islands are recorded and formally registered.

As vital events are more likely to be known to the health system, linking the Ministry of Health data collections to the formal registration system is essential for improving CRVs.



Even in a relatively small system, good record management practices are essential for collecting high quality birth and death data.

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Implementing an electronic, central registry for vital events in the US territories

AMERICAN SAMOA, COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS, AND GUAM



- US territories have progressively implemented electronic registration systems for vital events, including a link that allows data sharing between jurisdictions.
- By investing in systems that meet guidelines developed by the National Association for Public Health Statistics and Information Systems (NAPHSIS), jurisdictions are able to install and access systems (STEVE) that allow data sharing across jurisdictions, an important advantage in territories with mobile populations.
- These US territories have undertaken a rapid assessment and mapping of their CRVS systems, and identified priorities for broader system improvements.

As nearly all births and deaths occur in hospital, strong links with the National Health Service are essential for high quality registration data.

CRVS in the US Territories

Birth and death registration in CNMI and Guam is part of the National Health Service, allowing parents and families to register events as they occur at the main hospitals. In American Samoa, registration is managed through the Department of Homeland Security, although records are also maintained at the National Hospital and used for tabulating vital statistics. The US National Center for Health Statistics (NCHS) provides support for data tabulation and publication.

Births and deaths are registered in the electronic system and are then accessible to other jurisdictions that have signed up to the federal program.

US territories currently record causes of death using ICD9 although work is underway to support a shift to ICD10 in the near future.

Although data is essentially complete, statistical analysis is not always readily available at the local level.

CRVS in the US Territories has been extensively supported by the Pacific Islands Health Officers Association, and the Hawaii Registrars office.

About STEVE

The State and Territorial Exchange of Vital Events (STEVE) System was developed by NAPHSIS for the electronic exchange of vital event data between jurisdictions. STEVE replaces the use of paper hard copies, and allows for reporting of statistical data to the National Center for Health Statistics (NCHS).

Next Steps

The State and Territorial Exchange of Vital Events (STEVE) System was developed by NAPHSIS for the electronic exchange of vital event data between jurisdictions. STEVE replaces the use of paper hard copies, and allows for reporting of statistical data to the National Center for Health Statistics (NCHS).



American Samoa is developing a draft vital statistics report which includes analysis of births, deaths, and causes of death - anticipated to be released in 2015.

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Making registration more accessible through schools and hospitals

VANUATU



Vanuatu is an island nation of 271,089 people. Much of the population still lives traditional lifestyles with little interaction with government.



Vanuatu has greatly improved birth registration in the last few years by:

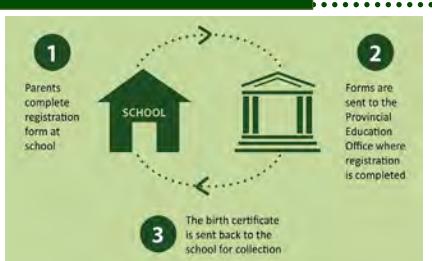
- registering children through schools as part of their initial enrolment processes
- registering new births at hospital prior to discharge
- "catch up days" in remote areas that do not have regular contact with government.

In just one year (2013 to 2014), birth registration rates for children aged under 1 increased from 35% to 57%.

These activities have been supported by the roll-out of IT connectivity to provincial centres and the development of a national CRVS database.



Linking CRVS to Education



The Department of Civil Registry and the Ministry of Education signed an MOU outlining cooperation between both departments with the goal of increasing birth registration through schools.

This system benefits both departments; it encourages birth registration by improving access, and allows the Ministry of Education to track student progress by using birth certificate numbers as unique identifiers.

Linking CRVS to the Ministry of Health

- The Department of Civil Registry and the Ministry of Health established a partnership introducing on-site birth registration in the main hospitals.
- A Civil Registry staff member sits with the maternity ward at Vila Central Hospital.
- HIS officers at provincial hospitals have authority to register on-site births
- Birth registration rates for children under age 5 have significantly increased in a short period of time.

Next Steps

Vanuatu recently held a workshop to prioritize improvements in their system and will use those priorities to draft a national CRVS improvement plan. A key focus will be to learn from the experience gained with births to improve death registration coverage.

Improving Infrastructure

Greater collaboration with education and health partners at provincial levels has been made possible through the rollout of internet and telecommunication infrastructure across Vanuatu under its Universal Access Policy

The Office of the Government Chief Information Officer (OGCIO) is currently rolling out infrastructure to ensure that all schools are able to serve as an internet "hotspot" for government access, creating further opportunities to bring registration points closer to communities.

Close cooperation between departments is an essential component of effective registration.

Alongside the ongoing support provided by BAG partners, Vanuatu has also benefitted from significant support for decentralising access to registration points through an EU funded UNICEF project.

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Improving CRVS in the Pacific Islands: the Pacific Vital Statistics Action Plan (PVSAP)

- Civil registration and Vital Statistics (CRVS) is important for:
- ✓ Health monitoring and priority setting
- ✓ Human rights
- ✓ Planning government services

The **Pacific Vital Statistics Action Plan (PVSAP) 2011–2014** was developed by the Brisbane Accord Group with two aims in mind:

- Improve vital statistics in the Pacific region
- Improve coordination between development partners.

The PVSAP sits under the *Ten Year Pacific Statistics Strategy, 2011–2020*, to ensure CRVS is fully incorporated into regional strategic statistical priorities.



How the PVSAP works

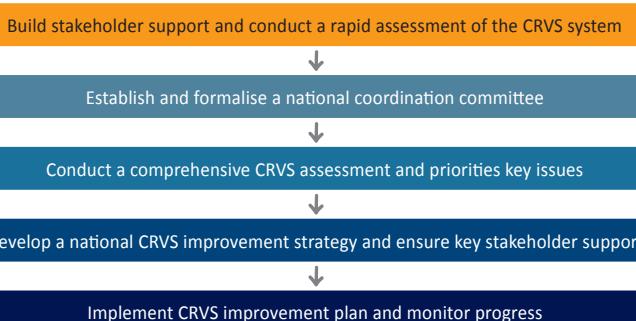
- Partners support countries to assess their collection and reporting systems for births, deaths, and causes of death, and develop a country-specific improvement plan.
- Partner agencies are then able to focus their support in a coordinated manner to meet countries' needs.

Partnership in action

Strengths of the PVSAP include:

- ✓ emphasis on **country ownership** and fostering strong interdepartmental relationships between stakeholders in country
- ✓ true **collaboration** between partner agencies, aligning individual agency work programs and drawing on the strengths of each agency.

Steps in developing a national plan



Next Steps

Brisbane Accord Group partners have committed to supporting the next phase of the Pacific Vital Statistics Action Plan (2015–2017) in line with phase II of the Ten Year Pacific Statistics Strategy.

Support under the Asia-Pacific Regional Action Framework will continue to be coordinated through the Pacific Vital Statistics Action Plan.

For more details contact the BAG secretariat at SPC
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Improving CRVS in the Pacific Islands: Regional Priorities for 2015–2017

THE BRISBANE ACCORD GROUP AND THE PACIFIC VITAL STATISTICS ACTION PLAN

Pacific Island Countries and Territories have been supported to assess and begin to improve their CRVS systems through the Pacific Vital Statistics Action Plan for several years now. While there has been significant improvement and many success stories – there is still much work to be done in the region.



Phase II priorities

While much progress has been made, there is still much work to be done. **PRIORITIES for phase II include:**

- Support countries to complete national comprehensive assessments
- Development of CRVS improvement plans
- Support regional best practice in legislation
- Governance and Accountability
- Appropriate use of IT to support registration
- Sustainable regional capacity in death certification training
- Regional mortality coding capacity
- Adequate national resourcing of CRVS systems
- Data analysis and accessibility, and subsequent use of data for policy and planning
- Platforms for data dissemination – at both national and regional levels.

Next Steps

Brisbane Accord Group partners have committed to supporting the next phase of the Pacific Vital Statistics Action Plan (2015–2017) in line with phase II of the Ten Year Pacific Statistics Strategy.

Support under the Asia-Pacific Regional Action Framework will continue to be coordinated through the Pacific Vital Statistics Action Plan.

In 2013, Pacific Island countries' Ministers of Health and Heads of National Statistical and Planning Agencies endorsed improvement of CRVS as a core regional priority.



For more details contact the BAG secretariat at SPC
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The ^{New} Pacific Civil Registrars Network

Data Sharing across the Pacific Islands

About the Network

Registrars throughout the region have been central players in both national and regional activities and processes to improve CRVS. In most cases we play an active role in our national CRVS improvement committees.

While there are regional Pacific networks for our counterparts in statistics and health information, registrars have not previously had a dedicated network to focus on registry issues.

The Network provides an opportunity to share information, lessons learned, and good practice. It fosters coordination and integration of Civil Registrars' input and ideas into the implementation of the Pacific Vital Statistics Action Plan and the Asia Pacific Regional Action Framework for Civil Registration and Vital Statistics.

A coordinating group has been established including registrars from the Cook Islands, Fiji, New Zealand, Samoa, and Vanuatu. Membership is open to any Civil Registrar with State or Country level responsibility for civil registration or vital statistics, or their nominee. Invitations for associate membership have also been extended to relevant partner agencies.



One of the greatest challenges in the Pacific region is the need to share data on vital events that happen overseas.....

Data sharing

- Pacific Islanders frequently travel overseas for treatment when their local hospital does not provide the facilities or treatment necessary for their condition.
- Many Pacific Island Countries and Territories are therefore unable to get accurate counts of births and deaths, and cause of death distributions.
- This has a serious impact on the vital statistics produced by these countries, and adds further challenges to health and development planning. There are also identity fraud risks from birth records remaining open for deceased people.
- The Pacific Registrars Network has identified data sharing between countries as the major focus of our initial work plan.
- Due to limited resources, the network intends to focus initially on this issue and use it as an opportunity to develop the network. Project support is currently being provided by New Zealand, Australia and BAG partners.

While the network will initially be self-resourcing, with a limited scope of work, the coordinating committee is exploring options for ongoing funding and support.

The Pacific Civil Registrars Network will work with members to identify issues that need to be addressed to improve data sharing – including legal frameworks, data compatibility, and identification of events for Pacific Islanders.

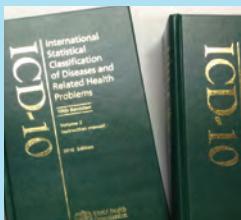


For more details on the network – contact Mr Jeff Montgomery, the Registrar General of New Zealand
Jeff.Montgomery@dia.govt.nz

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Better solutions for coding mortality data in the Pacific Islands

THE BRISBANE ACCORD GROUP AND THE PACIFIC VITAL STATISTICS ACTION PLAN



Pacific Island Countries and Territories (PICTs) have overwhelmingly identified greater support for improving coding as a key need to improve mortality statistics.

- To date, mortality coding training and support has primarily been provided on an ad hoc basis to individual PICTs.
- While this approach may build capacity in-country, it can be expensive and has generally proven unsustainable as it does not address broader enabling factors.
- An improved level of support could be provided to PICTs by taking a regional approach to building infrastructure and capacity of broader benefit to all, including small PICTs which do not always have the capacity to sustain high quality coding at a national level due to their size and constrained resources.

Better coding means better data for decision making

Enabling factors required for good coding

- Complete and **accurate death certification practices**
- Management support** for having a coding function and use of coded data for decision making
- Development of **recognised positions** for coders, career planning and succession planning
- Recognising that mortality coders need a sufficient **volume of coding work** to maintain their skills (noting that mortality and morbidity coding use different coding rules and techniques, meaning there must be sufficient volume in both areas)
- Ensuring coders have been **adequately trained in medical terminology** and have access to refresher training
- Ensuring **access to appropriate and necessary resources**, such as the full set of ICD coding manuals and medical dictionaries
- Quality assurance processes** including routine audits of coded mortality data
- Sustainable resourcing** of coding activities.

Potential Strategies for a regional approach

The Brisbane Accord Group (BAG) has recently sought country feedback on potential options to deliver a strengthened and sustainable model for mortality coding training and support for Pacific Island Countries and Territories.

The options presented for consideration were:

- Establishment of long-term attachments for mortality coders in countries with more developed CRVS systems
- Sponsoring Pacific participants to study relevant degrees at regional universities
- Establishment of a mobile team of expert coders and trainers
- Establishment of a regional shared resource centre.

Most countries in the Pacific use ICD10 for mortality coding, but many struggle to produce high quality results.

Country Preferences

Fourteen countries responded to the survey with their preferences for short term and long term solutions. The majority of respondents favored the following:

Short term solution: the establishment of a mobile team of expert coders and trainers

Longer term solution: the establishment of a regional shared resource centre

Next steps: Country Pilot

An initial pilot of the model has been conducted by expert coders from the Australian Bureau of Statistics and Queensland University of Technology in Fiji in November 2014, with funding support from the Australian Department of Foreign Affairs and Trade. Results are to be evaluated for further discussion within BAG, with a view to identifying both a sustainable approach moving forward and developing a costed proposal to be used to seek the additional resources required to support a regional approach.

The trial will also evaluate opportunities to enable countries - through this regional approach - to gain access to and use up to date automated coding software. If found suitable, this would not replace the need for coders, but rather enable countries to target investment in coding the most difficult cases in order to improve the quality of the data.

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For more details contact the BAG secretariat at SPC crvs@spc.int



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A regional standard on IT for CRVS in the Pacific Islands

THE BRISBANE ACCORD GROUP AND THE PACIFIC VITAL STATISTICS ACTION PLAN



Why is a regional standard required?

The lack of a common IT system or architecture for CRVS across the region poses a number of challenges in providing support to countries. Challenges occur:

- where IT systems are either not functional or are not integrated well with reporting structures (roles, procedures and policies); and
- where data sets are collected in many different formats, preventing the collation and comparison of data at a regional level.

SPC and BAG partner agencies are developing a regional standard on IT for CRVS.

IT in the Pacific

The collection of information on births and deaths is generally facilitated by some computerisation of records.

In the Pacific Islands, these systems range from simple Excel spreadsheets updated by a single operator, to large commercial software platforms operating over multiple sites. Similarly, the level of infrastructure support varies greatly, affecting both the operability and sustainability of these systems.

The primary CRVS IT infrastructure is generally a civil registry database, but may also include systems that support data sharing with Health (HIS and medical certification records), the National Statistics Office, and other departments.



“The idea of these standards is not to prescribe what system or developer countries should use, but to start to introduce a greater level of standardisation and adherence to best practice across the region as and when countries make decisions about new investments in this area”

Linking with other work

The new standard will be consistent with other guidelines as far as possible, while ensuring suitable recommendations for the Pacific context. Work being consulted during development includes:

- The redevelopment of the NZ registry system and the potential for linking births and deaths of Pacific Islanders that occur in NZ to NZ-affiliated states
- STEVE and EVVE systems, and national guidelines developed by NAPHSIS (USA)
- IT standards for CRVS in the African Region being developed by PLAN and partners
- Global IT guidelines for Birth Registration being developed by UNICEF and partners.

Next Steps

- A draft document is anticipated to be completed by the end of 2014 and reviewed by a panel of regional experts during a workshop in January 2015.
- Draft guidelines will then be circulated to partner agencies and country CRVS committees for review and comments.
- It is anticipated that the guidelines will then be formally adopted by BAG partners and endorsed by countries through the Pacific Statistics Steering Committee.

For more details contact the BAG secretariat at SPC
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Monitoring the Pacific non-communicable disease (NCD) crisis

CRVS data on mortality and cause of death is essential for improving health in the Pacific Islands.

Mortality data as a measure for NCDs

- Mortality is an important measure of the impact of non-communicable diseases (NCDs) on a population. It is used to understand:
 - how many people with NCDs are dying from those NCDs, and
 - the overall burden of disease (from death and disability combined) from NCDs.
- In particular, we are interested in premature adult mortality from NCDs.
- Pacific Island Countries and Territories have limited information from which to measure both the impact of the NCD epidemic and the effectiveness of public health interventions. Currently most measures are derived from models. Measures such as the probability of dying from selected diseases require high quality information and may be difficult for countries to generate.
- Routine vital registration based on certification of cause of death is the best source of information for measuring mortality indicators. It provides population data on a continuous basis, and is the best means of obtaining data on causes of death.**

In 2011, the Pacific Islands Forum Leaders meeting in Auckland declared the 'Pacific is in an NCD Crisis'.

The region has some of the highest rates of obesity and diabetes in the world, and in many countries, premature mortality from NCDs is having a significant impact on life expectancy.

All Pacific Island Countries have signed up to the WHO target of reducing mortality between the ages of 30-69 (inclusive) from the four major NCDs – Cardiovascular disease, Diabetes, Chronic Lung Conditions, and cancer – by 25%



Measures of NCD mortality

- Direct measures of NCD mortality**
 - Probability of dying from NCDs
 - Age-specific proportional mortality from NCDs
 - Age-specific mortality rate from NCDs
 - Age-standardised mortality from NCDs
- Proxy Indicators for NCD mortality**
 - Adult mortality (45q15)
 - Life expectancy at 40 (LE 40)
 - Proportional mortality (by underlying cause of death) / against trends in Life Expectancy (EO).

Improving CRVS for NCD monitoring

- There has been significant work over the last several years to assist countries to improve their mortality and cause of death reporting and analysis capacity through the Pacific Vital Statistics Action Plan with support from the Brisbane Accord Group. Work directly related to better NCD mortality monitoring includes:
- Improved coverage of death registration and reporting
 - Certification and cause of death training
 - Coding support and regional solutions for sustainability
 - Data analysis and report writing capacity building
 - Quality assurance and review
 - Data dissemination and accessibility.

The continuation of the NCD epidemic in the Pacific Islands, along with the likely inclusion of NCDs in the Post 2015 development goals, will further increase the demand for data.

Countries will need stable baselines, based on empirical data, to adequately plan and evaluate their response to the NCD epidemic.

SPC & UNSW, with support of the broader BAG group, are collating available mortality data into a regional baseline report for release in early 2015.



For more details contact the BAG secretariat at SPC
crvs@spc.int



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The Brisbane Accord Group (BAG): Partnerships for CRVS

Since its formation in 2010, BAG partners have remained committed to improving civil registration and the accessibility, quality, and use of vital statistics in the Pacific region.

- Improving vital statistics in the Pacific Region requires a diverse set of technical expertise that is not available in any one agency. Recognizing this, development partners came together in 2010 to form the Brisbane Accord Group (BAG).
- Coordination of efforts maximises the return on investment made, ensures consistency in the messages and advice provided to countries, and facilitates outcomes not possible through a single agency.
- Activities are guided by the **Pacific Vital Statistics Action Plan (PVSAP)**, which sits under the Ten Year Pacific Statistic Strategy (TYPSS) 2011–2020.
- **BAG partners are actively working in all 15 Pacific Island Countries**, including Solomon Islands and PNG (priority countries under the Commission of Information and Accountability for Women and Children's Health) and the three US territories.



Australia Bureau of Statistics

Fiji National University

Queensland University of Technology

Secretariat of the Pacific Community (SPC)*

The Pacific Civil Registrars Network

The Pacific Health Information Network

UNFPA (Pacific Regional Office)

UNICEF (Pacific Office)

University of New South Wales, School of Population Health and Community Medicine

University of Queensland, School of Population Health

World Health Organization – Western Pacific Regional Office

*Current BAG Secretariat

Principles of Engagement

- The scope of BAG activities is limited to birth, deaths and causes-of-death.
- Technical assistance by partner agencies related to improving CRVS in the Pacific will be coordinated through BAG.
- Technical assistance to countries should be country driven, and where one exists, consistent with national CRVS improvement plans.
- A coordinated approach to technical assistance is essential to make the most out of the available resources, and assistance provided in one area should not be to the detriment of others.
- Progress with the initiative needs to be reported regularly to regional governance structures.

History

At the initiative of the Health Information Systems Knowledge Hub (HIS Hub) at the University of Queensland and the Statistics for Development Programme of Secretariat of the Pacific Community (SPC), a meeting of Pacific Partners was convened in December 2010 in Brisbane. The aim was to collectively understand ongoing and planned vital statistics development activities in the Pacific and to discuss strategies to improve vital statistics in Pacific countries within the Ten Year Pacific Statistics Strategy being implemented by SPC.

At the first meeting the BAG proposed long-term goals and priority actions for a collaborative initiative to improve vital registration practices in Pacific countries and to provide support to countries as part of the roll out of the Ten Year Pacific Statistics Strategy.

A follow-up meeting of the group was held in Brisbane in April 2011 to develop a more detailed collaborative plan. Participants considered strategic and activity options, identified funding and technical resources to undertake activities and set timelines for implementation.

The plan was subsequently adopted by the group, and coordination for the Plan jointly managed out of the University of Queensland's Health Information Systems (HIS) Hub, and the Secretariat of the Pacific Community (SPC). With the scaling back of funding to the UQ HIS hub in 2013, this function shifted to SPC.



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