

# CRVS AND THE PACIFIC HEALTHY ISLANDS FRAMEWORK

In 1995 in Fiji, the Pacific health ministers declared their vision of Healthy Islands in the *Yanuca Island Declaration*. They envisioned Healthy Islands where:

1. Children are nurtured in body and mind
2. Environments invite learning and leisure
3. People work and age with dignity
4. Ecological balance is a source of pride, and
5. The ocean which sustains us is protected.

Findings from the twenty-year review concluded that the Healthy Islands vision should remain the unifying framework for health development in the Pacific. In addition, it was also recognised there is increasing significance of Healthy Islands as a response to the current threats from NCDs and climate change.



*In order to strengthen progress and provide greater accountability for change, the review also recommended the development of a monitoring framework across these key themes.*

The draft Healthy Islands Monitoring Framework comprises of **48 mandatory indicators**. These have been separated into two main types: core (to be updated annually) and **complementary** (to be reported on as survey data is updated). In addition to the mandatory indicators, **31 optional indicators** are proposed (to be selectively reported on, subject to national priorities and reporting systems).

*Civil registration and Vital Statistics (CRVS) systems are a key source of data for monitoring against these indicators, and an important mechanism for addressing key health challenges through better planning and social inclusion.*

**Well-functioning CRVS systems provide routine data on: - Births - Deaths; and - Causes of death,**

amongst other information on vital events. Where there is near-universal inclusion in the system – we are able to use this data to generate indicators on mortality, fertility and the impact of specific diseases in real-time, aggregated over multiple years to minimise random fluctuations (due to small population sizes) and accurately reflect progress as it occurs. It also allows countries to update their population data between censuses for more accurate population denominators.

In the absence of a strong national CRVS system, data on fertility and mortality may be derived periodically from surveys such as the household census or Demographic Health Survey (DHS). While valuable in addressing key gaps, surveys may have issues with recall accuracy, and sub-national samples may result in unstable measures due to the small number of events – especially for rare events such as mortality outcomes from specific conditions. At best, the data may be updated every 5-10 years from a census, and cause of death data is not captured. The outcome is that countries which do not have high quality, universal CRVS systems in place may find that their estimates are either too uncertain to support high quality planning and response, or that countries must rely heavily on reporting modelled data that may not accurately reflect current conditions on the ground.

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**Birth, death and cause of death data is required for 16 mandatory and 4 optional indicators in the reporting framework, including direct indicators of the completeness of birth and death registration (1.3 & 3.7).**

### Indicators that directly rely on CRVS data

HI No.	HI Indicator name
<b>1. Strong leadership, governance and accountability</b>	
CORE indicators	
1.3	Death registration coverage
OPTIONAL indicators	
<b>2. Avoidable diseases and premature deaths are reduced</b>	
CORE indicators	
2.1	Risk of premature death from target non-communicable diseases (NCDs)
2.2a	Maternal deaths
2.2b	Maternal mortality ratio
2.3	Mortality rate from road traffic injuries
2.4a	Deaths due to suicide among adults
2.4b	Adult suicide mortality rate
2.5	Life expectancy at birth: both sexes
OPTIONAL indicators	
2.O.5a	Life expectancy at age 40 years: males
2.O.5b	Life expectancy at age 40 years: females
2.O.6	Top 10 causes of death
<b>3. Children are nurtured in body and mind</b>	
CORE indicators	
3.1	Under-five mortality rate
3.3	Neonatal mortality rate
3.4	Adolescent birth rate
3.5	Low birth weight among newborns
3.6	Births attended by skilled health personnel
3.7	Birth registration coverage
3.14a	Deaths due to suicide among children and adolescents
3.14b	Child and adolescent suicide mortality rate
OPTIONAL indicators	
3.2	Infant mortality rate

[1] For indicators sourced from the SPC NMDIs or WHO GHO, indicator definitions have been copied across directly from their respective meta-data dictionaries. Remaining indicator definitions have been adapted from the 2015 Global Reference List of 100 Core Health Indicators (WHO), where possible.

In addition to the indicators that rely directly on data from the CRVS system, many more require accurate population data as a denominator. A reliable, well-functioning CRVS system allows countries to update this data more accurately between censuses, ensuring the best possible data for planning and evaluation.

Recognising the importance of CRVS for providing data for decision makers, and the broader role of the CRVS in national identity and subsequently social inclusion and protection - the health sector in the Pacific has made a number of important commitments both internationally and regionally to improving CRVS systems in the region.

Most notable of the commitments made are the recommendations of the Pacific Ministers of Health Meetings (2011, 13 and 15), and the Ministerial declaration in 2015 which adopted the Asia-Pacific Regional Action Framework (RAF) and the Decade for CRVS. In various language, these outcome documents all commit countries to forming a multi-sectoral coordination committee, undertaking an assessment of the national CRVS system, and developing and implementing a national CRVS improvement plan. The RAF goes further and commits countries to report progress against key targets to the UN Economic and Social Commission for Asia and the Pacific. Brisbane Accord Group (BAG) partners have been supporting countries in this work under the Pacific Vital Statistics Action Plan (PVSAP) since 2011.

### Where can I get more information?

Check out the other fact sheets at: [www.pacific-crvs.org](http://www.pacific-crvs.org) and [www.getinthepicture.org](http://www.getinthepicture.org) or contact the **Statistics for Development Division** at SPC at [crvs@spc.int](mailto:crvs@spc.int).

Outcome reports from the Ministers of Health Meetings can be found at: [www.wpro.who.int/southpacific/pic\\_meeting/en/](http://www.wpro.who.int/southpacific/pic_meeting/en/)

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