



Civil Registration and Vital Statistics Investment Planning

Report of a technical consultation

Addis Ababa, 28–29 April 2014



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Executive Summary

The meeting was attended by more than 70 people, including representatives from five countries in Africa and Asia, and representatives of regional and global development partners. The event was co-hosted by the World Health Organisation, the UN Economic Commission for Africa, and the World Bank, and sponsored by the Canadian Department of Foreign Affairs, Trade and Development.

Four countries presented a case study of their civil Registration and vital statistics (CRVS) system progress and strategies, and costed investment plans for their CRVS systems.

Country	CRVS Status	Indicative Investment Need*
Philippines	Steady progress on CRVS improvement, with a functional system for birth and death registration, and recording causes of death. Improvement needed in registering deaths and recording causes of death.	Estimated \$25m indicative investment need
Mozambique	Progress on improving CRVS systems, and in the process of finalising a comprehensive assessment and national plan. Focus on strengthening demand, and introducing a national population register.	Estimated \$31m indicative investment need
Bangladesh	Progress in improving CRVS systems, especially birth registration. Plans to link civil registration and health information systems with a proposed national population register, harnessing technology opportunities.	Estimated \$64m indicative investment need
Ethiopia	Significant commitment to introducing civil registration systems, and has created a Vital Events Registration Agency. Significant activity planned to roll out across a country of more than 88m people.	Estimated 214m funding gap.

Strengthening CRVS: What should international partners do, and what are the immediate priorities?

Participants provided comments on the role for international partners and immediate priorities for investment.

- It was agreed that at the country level, high-level political commitment and national leadership are essential for success and sustainability. Strong national leadership enable development partners to coordinate their inputs and provide a common basket for funding and joint planning.
- Development partners should support a systemic approach, and make a clear commitment to maintaining the current momentum. Support from global partners is instrumental for conducting CRVS assessments, developing prioritized strategic plans and developing investment cases.
- Countries also look to development partners to establish platforms for sharing cutting edge developments in CRVS and good practice, and harnessing improved technical expertise in specific areas.

It was also agreed that countries have an urgent need for seed funds and some upfront investments. These priorities should be based on the existence of a well-documented, prioritized and costed national CRVS improvement plan and a sound governance framework for implementation that includes functional and effective multisectoral coordination mechanisms.

* See all case studies and indicative investment plans at http://www.who.int/healthinfo/civil_registration/TechnicalConsultation_April2014/en/

Targeting investment in CRVS

The World Bank introduced the concept for global investment in CRVS, and presented a global goal to achieve universal civil registration of births, deaths and other vital events and legal proof of registration by 2030. Provided some estimates and targets..... Targets – minimum births, death, causes of death, and move to include marriage and divorce.

World Bank also promoted that CRVS should be positioned as a global public good, and was a core element of the ‘data revolution’ in the post-2015 development agenda. The momentum achieved thanks to the regional initiatives needs to be extended and sustained.

Participants were consulted on the goals and targets for CRVS, as well as the governance and financing models proposed. A first ever costing of t a comprehensive, multisectoral costing for CVRS was presented by the Bank. The costing focused on 75 priority countries and other low- and middle-income countries with weak CRVS.

- The need for ambitious targets was acknowledged, while also retaining flexibility with regard to feasibility in different country settings. Participants stressed the need to focus on targets and indicators that inform the local response to CRVS challenges.
- In relation to the governance model for investment, it was agreed that any model should support one integrated and costed country CRVS plan based on a clear institutional framework and coordination mechanisms.
- Participants agreed that the priority elements that would need to be included in the costing exercise include the enabling environment; awareness raising; registration service delivery; links to other service delivery points; vital statistics.

1. Introduction

A global meeting on civil registration and vital statistics (CRVS) took place in Addis Ababa from 28-29 April 2014, co-hosted by the UN Economic Commission for Africa (UNECA), the World Health Organization (WHO), the World Bank Group, and sponsored by the Government of Canada Department for Foreign Affairs, Trade and Development (DFATD).

The purpose of the meeting was to discuss investment and acceleration of CRVS strengthening, building on the current regional and global momentum (see Agenda, Annex I). More specifically, the meeting's objectives were to:

- Share and discuss four country case studies on CRVS, including an investment plan.
- Discuss and agree upon a broad global investment framework for CRVS strengthening in countries.
- Examine ways in which all partners can work together to accelerate country CRVS strengthening.

Participants included country delegations representing the civil registration, health, statistics and other key sectors; the African Development Bank; the Centers for Disease Control and Prevent (CDC); the UN Statistics Division; UNFPA; UNICEF; UN regional commissions; the World Bank; WHO; Paris 21; DFATD Canada; Statistics Norway; and Plan International (see complete list of participants Annex II).

In preparation for the meeting, country CRVS case studies and investment plans were developed by Bangladesh, Ethiopia, Mozambique, and Philippines. In addition, the World Bank presented a draft CRVS scaling-up investment plan 2014-2025. These provided the basis for in-depth discussions around country priorities and needs, and for an analysis of responsive and effective mechanisms and processes that development partners could support.

2. Opening remarks

In an opening address to the meeting by telephone link, Mr Pali Lehohla, Statistician General, South Africa and Chairperson of the African Symposium on Statistical Development, noted that the current momentum for CRVS should be informed by the lessons of the past. He suggested that previous international initiatives such as the World Programme for the Improvement in Vital Statistics in 1968 and the International Programme for Accelerating Improvement of Civil Registration and Vital Statistics Systems (IIVRS) in 1991 had not resulted in significant improvements in low- and middle-income countries because they tended to be externally driven and to adopt fragmented and unsustainable approaches to CRVS improvement. In response, the new regional programme – the Africa Programme for Accelerated Improvement in CRVS (APAI-CRVS), which commenced in 2009, has established three fundamental principles designed to avoid the errors of the past. There are high-level political commitment; country ownership and leadership; and capacity development at institutional and individual levels. He concluded that the challenge of CRVS in Africa and elsewhere are not primarily monetary but lie in the need for national commitment, ownership and prioritization of CRVS as an essential function of the State.

The representative of ECA noted the growing momentum for CRVS, as demonstrated by the regional initiatives in Africa, Asia and the Pacific, and the Eastern Mediterranean. In ECA, major efforts have been directed towards creating a broad-based, multisectoral coalition for CRVS and the mobilization of high-level political commitment. Biennial ministerial level meetings have been instrumental in raising awareness of the importance of CRVS for governance, statistics, health, development and equity. He reminded participants that earlier efforts to strengthen CRVS across the continent had not been sustainable and had resulted in over-reliance on suboptimal methods for generating vital statistics. A new approach to CRVS country support is now needed, focusing on holistic and integrated approaches, coordination of partners at country and international levels, and country ownership and leadership.

Dr Ties Boerma, WHO, noted that the challenges of improving CRVS also lie with the UN agencies. Previously uncoordinated investments and fragmented approaches across the UN system had not improved CRVS globally to any significant level. He noted that there was more momentum and demand now coming from countries and regions than ever before, and that the UN system must respond for sustainable effect.

3. Country situation and investment plans

Country participants introduced CRVS case studies and investments in order to stimulate discussion on the opportunities and challenges for CRVS. Countries noted that they all faced common challenges, including:

- Access to financing for CRVS improvements;
- Capacity,
- Coordination of country and development partners;
- Infrastructure (especially physical infrastructure).

There was a common call from countries for partners to coordinate activities and financing for best leveraged effect.

Ethiopia

Ethiopia faces a number of challenges with regard to CRVS, including a large, mainly rural population, and highly decentralized administrative structures. Prior to 2012, there was no legal framework for CRVS. Other challenges to be addressed include:

- Infrastructure: The lowest administrative structures require registration equipment and supplies, including safe storage for registration records.
- Information, education and communication: The public has to be effectively informed and educated on the benefits of registration of vital events and the obligation to do so. This will require creative, effective and sustained advocacy.
- Capacity building: Building institutional capacity in vital events registration and vital statistics systems in all regional states and city administrations and lower administrative levels is needed to ensure sustained delivery of services and quality and continuous flow of data.

On the positive side, there are a number of opportunities that can be harnessed to bring about significant change. These include:

- High level of political commitment to CRVS – The Registration of Vital Events and National Identity Card Law was issued in 2012 and a multisectoral coordination body has been set up, the Vital Events Registration Council.
- National structures to support CRVS implementation – The smallest administrative unites (Kebele) are currently sufficiently staffed to permit registration and issuance of certificates.
- Coverage and access – The Kebele are widely distributed across the whole country, enabling good coverage and access to the population and facilitating monitoring at the lowest administrative levels.
- Social capital – There are several existing community-based networks that create social capital and would facilitate awareness raising and educational campaigns on registration of vital events. These networks could, if trained, serve as notifiers of occurrence of vital events in their neighbourhoods

The government aims to have established fully functioning CRVS by 2020. However, bearing in mind the constraints, it has opted for a scale-up strategy for implementation, rolling out comprehensive CRVS incrementally as basic services, such as power supply, communications and road networks become sufficiently developed to enable the smooth flow of registration documents between vital events registration offices at all levels. The current level of these services would not deter the implementation of a paper-based civil registration, although it could determine the pace of progress towards automation of the system.

Bangladesh

Bangladesh faces a number of challenges with regard to CRVS, including a very large population, the world's highest population density and high levels of poverty and inequality. On the other hand, there are several opportunities upon which to build stronger CRVS systems. They include:

- National resilience to environmental shocks, a homogeneous culture and a single mother tongue enabling rapid training of workforce and effective dissemination of communication messages.
- The government's Vision 2021 to become a middle income country.. As part of this, "Digital Bangladesh" is a whole-of-government agenda coordinated by the Prime Minister's office and Cabinet Division.
- A national identification system is already in place, and field level workers, for example, in the health sector, are already using digital devices to enter data directly from the field.
- The rapid expansion of road and telecommunication infrastructure, which currently has attained virtually 100% geographical coverage.
- Organizational maturity and availability of grassroots work force in Local Government Institutions (urban and rural) and Community Clinics.
- An institutionalized framework for registering and tracking every woman and every child and the establishment of a comprehensive poverty database.

Following the assessment of CRVS conducted in 2012, key priorities for CRVS improvement were identified, including:

- The establishment of the position of Registrar General;
- The development of a shared and interoperable database and unique citizens' ID, including biometric data;
- Establishment of mechanisms to ensure coordination across relevant agencies;
- Legal reform.

Coordination of efforts has helped mobilize in-country resources for key activities, such as the development of interoperable databases. Funding is now being identified for additional databases, capacity development and advocacy, and legal reform. Strategic priorities for the next phase include a focus on improving the coverage and quality of birth and death registration, improving cause of death data, integrating service delivery, vital statistics and the National Population Register, awareness raising and needed legal reform.

The presentation emphasized the critical importance of national ownership and leadership. Development partners should coalesce around a national CRVS improvement plan and offer technical support for the implementation of system-wide interventions for CRVS. Technical support is also needed to address emerging challenges, such as types of biometric identification most relevant and appropriate to the country situation. Support is also needed to enable the establishment of shared innovation hubs and knowledge networks, enabling countries to share experiences and learn from each other.

Philippines

Philippines described a number of challenges to CRVS, including:

- Geography & Population – a large population, scattered across a large archipelago rendering it difficult to ensure complete and timely registration of births and particularly of deaths, especially in remote areas. In addition the registration needs of some 10 million citizens working or living overseas have to be addressed.
- Linking different levels of government – The highly decentralized CRVS system results in inconsistencies in how local government units create and manage registration records and affects the quality of data submitted to the national statistical agency for statistical purposes. The Philippines Statistics Agency has only limited jurisdiction over local civil registrars.
- Reaching Muslims, indigenous peoples and the poor – Geographic barriers limit registration among certain population groups and the poor.
- Low coverage of death registration – The majority of deaths take place outside a health facility and there are no incentives to register deaths. Although in principle a death certificate is required prior to burial, in practice this does not occur and there is a need for more active strategies to capture deaths that occur outside health care facilities, including community awareness.
- Lack of skills on ascertaining causes of death and ICD-10 coding – Only 15% of registered deaths have a reliable cause of death and national cause of death statistics are marred by high levels of ill-defined and “garbage” codes. Further investment in training physicians and statistical coders in correct cause of death ascertainment is needed.

In response to the challenges, the national authorities are working to reform the CRVS system, with committed stakeholders, with the aims of enhanced responsiveness to the needs and rights of the Filipino people and the production of quality vital statistics. The CRVS system supports a broad range of critical activity, across a broad policy, program and planning spectrum within the Philippines. The recent impact of Typhoon Yolanda emphasised not only the importance of the CRVS system to the Philippines, but also the importance of past strengthening activity, including improvement of technology. The results of this improvement, and the archiving in particular, allowed the quick mobilisation of legal identity archives to support post-emergency effort.

There is high-level political commitment to strengthening CRVS, both within the country and to the regional CRVS planning. The commitment to CRVS spans the Philippines Statistical Authority, the local Civil Registration system, and the Department of Health. A senior technical working group has been established, led by the Philippines Statistics Authority and Department of Health, and supported by key partners including WHO, UNICEF, UNESCAP and Plan International. This Technical Working Group has progressed the comprehensive assessment and national planning for CRVS.

Key priorities include:

- Strengthening capacity, business processes and routine monitoring – As part of this, in 2014 the Philippine Statistical Agency was established, merging all statistical agencies in government
- Ensuring standards across a decentralized system – The highly devolved nature of CRVS can be used as an opportunity to make CRVS more relevant for local government units, building the system from the ground up and not just from the top down. The aim is to demonstrate to local government units the benefits of a functioning CRVS system and to ensure that national level activities are flexible in responding to local government needs.

- Ensuring the capture of all vital events – This involves, for example, ensuring that registration and the issuance of the first copy of the certificate is free of charge, as stipulated in the law. In practice, the problem of unregulated fees has become a barrier to civil registration, particularly for the poor.
- Harnessing innovation and technology – For example, in 2000, the national statistics office entered into a public-private partnership to computerize the civil registration system to digitize records and facilitate application, processing & issuance of certificates.
- Monitoring completeness and coverage – A steady and considered process of CRVS assessment, strengthening and review, accompanied by technical and technology development, has been important to strengthening a CRVS system in a country with a large population and a dispersed geography.

Mozambique

Mozambique inherited from the colonial period a registration system based on racial discrimination and low coverage of Civil Registration and Vital Statistics. Following independence there was a shortage of qualified CRVS staff caused by a massive exodus of existing qualified colonial professionals. In 1980, the initial steps to strengthen CRVS were taken, including new legislation and developing systems of routine information collection. Progress was stopped, however, during the 1976-1992 civil war.

Since the end of the civil war, new legislation and mechanisms for CRVS have been established. The Constitution affirms that all citizens have a right to have a name and family and compulsory civil registration of births, deaths, adoptions and marriages is enshrined in the civil code and family law. More recently, the government has developed a strategy of Electronic Government (e-NUIC) and a strategic plan for the Health Information System for Health, SIS-ROH. This includes efforts to “modernize the registration and the central registry office” and assure a correct functioning. An Inter-ministerial Group for Vital Statistics (GITEV) has been set up, bringing together the Ministries of Justice, Health, National Institute of Statistics and Eduardo Mondlane University, as well as UN bodies (WHO, UNICEF) and the central statistics office.

Various strategies have been implemented to increase registration coverage. For example, mobile registration units were re-established after the civil to register children and adults.

The Ministries of Health, Justice, and UN bodies (UNICEF, WHO) have collaborated to include the registration of children during the national Child Health Weeks/ vaccination campaigns.

UNICEF has supported free birth registration campaigns and knowledge and awareness raising. Capacity building through training of civil registration technicians was established in 1997. Statistics on mortality and causes of deaths are currently derived from surveys and ad hoc studies but this is now complemented by an Intra Hospital Death Registration System (SIS-ROH) in 34 hospitals and Provincial Directorates out of 53 existing units in the country.

Key challenges to CRVS in Mozambique include:

- Institutional challenges – These include lack of investment in human resources and infrastructure development; inadequate equipment and materials; dependency on external assistance (both in the Justice and Health sectors);
- Challenges at community level – These include limited access to both health & civil registry services; social and cultural factors that prevent immediate registration; opportunity costs (transport costs, long distances) and bureaucracy; underutilization of community involvement.

On the other hand, there are a number of opportunities for CRVS enhancement. These include:

- High-level political commitment;
- Established coordination amongst Government line ministries, UN agencies and development partners;
- Involvement of community members on notification of vital events;
- Use of ICTs for notification of births and deaths;
- CRVS operational plan under development.
- A possible explicit budget for CRVS activities, which could be expanded into a pooled fund for development.

Key priorities for the short-term include:

- Adaptation of existing legislation to enable free registration and task shifting to permit certification of deaths by additional categories of health care workers;
- The introduction of computerization. Including links to unique identification numbers;
- Integrating mortality data into the routine facility-based Health Information;
- Increasing the number of civil registrations offices;
- Capacity building and training at all levels;
- Capital investment in infrastructure, equipment and human resources.

Discussion: How can international partners support country investment strategies?

Countries concurred that support from global partners was instrumental for conducting CRVS assessments, developing prioritised strategic plans and developing investment cases. Countries also stressed that high-level political commitment and national leadership was essential for success and sustainability. National leadership should be at a high level to ensure a coordination approach across multiple sectors. This strong national leadership enable development partners to coordinate their inputs and provide a common basket for funding and joint planning.

Other discussion included:

- When government takes the lead in coordination and prioritization, development partners are more likely to harmonize their activities and align their support around the national architecture and priorities.
- Existing projects/programmes of development partners may need to be realigned to provide technical support and resources across all aspects of CRVS enhancement. Development partners should support a systemic approach rather than strengthening fragmented support to specific areas of interest.
- Development partners need to make a clear commitment to maintaining the current momentum. Countries have an urgent need for seed funds and some upfront investments. These should be based on the existence of a well-documented, prioritized and costed national CRVS improvement plan and a sound governance framework for implementation that includes functional and effective multisectoral coordination mechanisms.
- Countries look to development partners to establish platforms for sharing good practices and lessons learnt, harnessing technical expertise in specific areas, such as review of standard operation procedures, optimizing IT investments including interoperability, linking CRVS with population registers and biometric ID schemes, and improving cause of death ascertainment and reporting.

- What are the immediate priority actions (1-2 years)?
- There was general consensus that immediate actions in all settings include Institutionalizing collaboration among stakeholder ministries and laying out clearly defined roles and responsibilities.
- A National Steering committee, led from head of government office or head of State, should be formalized and operationalized.
- The potential of closer links between CRVS and the national population register with service delivery, especially in health, should be prioritized.
- With the expansion of unique ID systems, a key priority is to establish comprehensive and secure data sharing protocols, along with legal safeguards for confidentiality.
- Advocacy and awareness building among the general public is important and can be greatly increased through links between CRVS and service provision, including health, education, and social protection.
- Developing methodologies for harmonizing databases and ensuring regular updating and use.
- Research is essential, especially on cutting-edge issues such as biometric systems, appropriate balance of registration incentives and penalties, involvement of communities, improving cause of death reporting, task shifting to community level workers etc.

4. Global investment framework

The strategic case for CRVS

A draft scaling-up investment plan was introduced by the World Bank. This summarized the reasons for the poor performance of CRVS systems, including lack of awareness on the part of the public; barriers to registration; lack of infrastructure and other supply -side problems; and lack of integration and coordination both at country levels and among development partners. On the other hand, there are some success stories in strengthening national CRVS as the country examples during the meeting demonstrate. In part, successes can be attributed to successful public-private partners, effective implementation of innovations and IT for CRVS, and growing interest in identity documentation in order to improve service delivery and reduce duplication and waste.

New opportunities include the potential for CRVS in terms of tracking child and maternal mortality and more effective use of contacts with health services for maternal and child health care for notification and registration of births and deaths. It is increasingly recognized that CRVS should be positioned as a global public good, and a core element of the 'data revolution' and the post-2015 development agenda. The momentum achieved thanks to the regional initiatives needs to be extended and sustained.

The scaling-up plan

The investment plan draft included an overall goal and five targets.

Goal: Achieve universal civil registration of births, deaths and other vital events and legal proof of registration

Targets:

1. By 2020, at least 80% of births in the given year are registered; by 2030, 100%
2. By 2020, at least 70% of all children whose births are registered have an accompanying official birth certificate; by 2030, 90%

3. By 2020, 80% of all maternal & neonatal deaths in a given year are notified and reviewed; by 2030, 90%.
4. By 2020, at least 50% of all deaths in health facilities have cause of death determined and certified; by 2030, 80%
5. By 2020, at least 40% of all deaths outside of health facilities have cause of death determined through community death reviews; by 2030, 80%

A series of indicators was also presented, covering CRVS inputs (financial and human resources), outputs (for example, registration infrastructure availability) and outcomes (registration coverage for births and deaths). The scaling-up plan focuses on 75 priority countries as defined by the Commission on Information and Accountability for women's and children's health (COIA).

Key actions needed at country level include:

- Conduct rapid & comprehensive assessments to feed into national plans.
- Establish inter-sectoral, inclusive national governance arrangements to oversee and coordinate a sustained effort to develop and maintain the CRVS system.
- Amend legislation, policies and regulations in line with international standards as described by the UN.
- Introduce safeguards to protect confidentiality, to secure registration information and record, and to avoid fraud/corrupt use.
- Set up a system to monitor and evaluate progress in strengthening the CRVS.
- Strengthen national institutions by developing infrastructure.
- Build capacity in registration and statistical agencies and among physicians for cause of death certification and in statistical clerks for ICD coding.
- Embed links to civil registration within institutions such as hospitals, health centres, religious institutions and schools
- Link CRVS with other national systems e.g. national identity systems, population registers, electoral rolls, national pension systems, electronic medical records systems etc.
- Modernize and automate CRVS through ICT solutions.

The roles of international agencies include to:

- Establish and update international standards and tools, for example on collecting vital events information; legislation and policies; safeguards to protect individual privacy and prevent improper use of registration records; linking CRVS with other national systems e.g. national identity systems or population register; interoperability of CRVS database and other management information; mobile registration; and monitoring and evaluation of CVRS systems.
- Build the evidence base with implementation research, for example on Increasing registration of vital events through links with services such as child health, immunization and maternal health care; improving cause of death registration & quality of cause of death data; using birth certificate unique identifiers for CRVS databases and other national systems (health, child protection, national identity, education, elections, humanitarian, judiciary and statistics); engaging community workers, TBAs, and pharmacists through mobile SMS technologies; and establishing programs of south-south cooperation and public-private partnerships.
- M&E of programs and innovations and sharing lessons learned and best practice examples.

There was discussion around the importance of a sound legal framework for CRVS. This is essential to ensure productive collaboration between government departments responsible for those involved in collecting information on vital events and those using the information for policy and planning. The legal framework provides the underpinnings for public confidence and trust in the CRVS system, which is

essential if they are to collaborate in registering all vital events. Legal issues and data protection and confidentiality are increasingly important given the upsurge in the use of biometric identification systems, many of which are established outside of the CRVS system and are not always anchored in a legal framework that protect confidentiality. Enforcement of the legal provisions is critical for accountability.

Country participants also stressed the importance of high level, cross-cutting mechanisms to bring together the various initiatives that fall under CRVS, including statistics, health, ID, biometrics, human rights etc.

Financing and governance

The World Bank introduced options to assist countries in meeting the strategic challenges and raising the additional resources needed. The presentation acknowledged that trade-offs have to be made between harmonization and system-wide support and vertical approaches as well as between mainstreaming operations versus the need for accountability and coordination.

Four illustrative scenarios for governance mechanisms were presented: expanding existing funding mechanisms; establishing a new multi donor trust fund; setting up a financial intermediary fund: and using a global alliance model of replenishment. Each scenario presents advantages and limitations and it might be possible to combine the best characteristics. The overall appraisal of options gave preference to setting up of a Global CRVS program as this would be best suited to deliver on the kind of complex alliance and scale-up plan that CRVS entails. This would encourage a holistic approach to CRVS strengthening and help resolve the current disparate efforts in different sectors. Existing routes of funding (such as GAVI, UNICEF) would remain important in delivering on a cross-institutional support and specific components of the CRVS.

The institutional structure of the Global CRVS programme would include:

- A steering committee as the decision-making body, composed of donors and recipient country representatives.
- A Technical Advisory Committee.
- A Coordination Unit within the selected institution for the day-to-day coordination of activities.
- The World Bank or another institution will serve as the Trustee.

The Global Programme would collaborate closely with existing coordination mechanisms such as the ECA and ESCAP regional initiatives and the Global Civil Registration and Vital Statistics interagency group whose secretariat is the UN Statistics Division.

Costing CRVS scale-up

A first ever costing of a comprehensive, multisectoral costing for CVRS was presented by the World Bank. The costing exercise was designed to estimate the additional financial resources needed to reach the implementation plan targets, namely universal birth registration and certification of births by 2030 and 80% of death registration (including neonatal and maternal mortality) with cause of death by 2030. The costing focused on 75 priority countries and other low- and middle-income countries with weak CRVS. After domestic funding is accounted, there is an estimated gap of \$1.99bn[†].

Important data limitations were acknowledged; in most cases the country-level data were extracted from various sources such as national sectorial budgets and sector plans from priority countries. The

[†] This estimate was later published in the World Bank / WHO paper 'Global CRVS: Scaling Up Investment Plan 2015-2024' published at <http://www.worldbank.org/en/topic/health/publication/global-civil-registration-vital-statistics-scaling-up-investment>

methodology used a combination of top-bottom (country level) and bottom-up methodologies on the different cost elements/activities of the system. Calculations were made of total incremental costs, cost per capita, and cost per vital event registered. An initial gross estimation by extrapolating country-specific unit costs to priority countries adjusted by population, crude birth rate, crude death rate, and registration coverage indicates a figure of US\$ 3.3 billion over 10 years for the resources needed to strengthen CRVS systems in priority countries (excluding India and China). Further work is planned to enhance the robustness of the estimates.

5. Global investment – working group sessions

The working group sessions provided an opportunity for more in-depth discussions on key topics, namely birth registration, deaths and causes of death, costing and financing. Participants discussed the potential of innovative approaches (including community based approaches) and opportunities that could be adopted even in resource poor settings? They also commented on the over goal, targets and indicators for CRVS scale-up.

Birth registration working group

Group members shared experiences in innovation and IT, such as Bangladesh computerization of registers and the integration of birth registration into immunization programmes. This involves health workers in collecting information on births and encouraging parents to register the child registered. Plan International is developing a new electronic for birth registration.

Participants emphasized that leadership and political mobilisation is crucial to ensure clear, aligned and integrated responsibilities and accountability between key stakeholders. The collection and use of CRVS information cuts across many sectors. National governments should ensure that planning and coordination between all stakeholders is carried out in a proactive, inclusive and productive manner.

One effective way of increasing demand for registration is to link birth registration to service delivery, particularly maternity care, postpartum and immunization sessions and child health monitoring. However, efforts to increase birth registration do not have unintended adverse effects by creating barriers to health care and education. Birth registration is a right in itself and it is a form of a legal identity. The requirement for a birth certificate for certain services should not impede the enjoyment of rights such as education or health care. A birth certificate can facilitate an individual's access to other identity documents, such as a passport, that are attached to particular rights and benefits.

Participants stressed that governments must take on their responsibility to reach out to parents and ensure access to registration services. Birth registration coverage can be increased by bringing services close to the people, for example, using mobile registration and outreach. Birth registration can be integrated as a cross cutting issue in education, health projects/programmes. Other strategies consist of using "traditional" ceremonies such as baptism to motivate parents to register children, an approach that has been successfully implemented in Philippines.

With regard to the issuance of birth certificates, participants called for clear standards for digitized birth registration. Where CRVS requires the review or adoption of laws (e.g. legal provisions for digitalisation), these legal reform processes must respect, protect and fulfil human and children's rights. Birth registration should take place with respect of international human rights – universality and non-discrimination, timely registration, accessibility of registration points, and free – with safeguards for privacy and confidentiality and safe keeping of registration archives.

Finally, participants called for the development and implementation of integrated national communication strategies to increase knowledge and change attitudes towards birth registration. Knowledge, attitude and practices studies should be carried out to inform the contents, style and media for communications programmes. At global, regional and national levels, investments should be made in strategic communication campaigns to increase knowledge and awareness of CRVS systems (and the benefits they could provide).

Death registration and cause of death reporting working group

The group agreed that a basic requirement should be to increase death registration coverage and the collection of information on key characteristics, in particular age and sex of the decedent, date, and place of occurrence. Improving cause of death ascertainment requires supplementary approaches at facility and community levels.

Increasing death registration coverage

Community awareness and links to burial permits: Strategies are needed to incentivize death registration at community level. For example, barriers to registration such as fees for burial and reporting of deaths should be removed. In Bangladesh, burial authorities are not aware of their reporting obligations to civil registration authorities and although there is also a legal obligation for health facilities to report deaths to the registration authorities, it is not enforced. In the Philippines although the law requires that a permit be obtained prior to burial, the law often remains unenforced and high burial permit fees inhibit universal registration. Were the law to be systematically enforced and fees reduced, death registration would increase significantly. In support of this, local registration offices that perform well in registering deaths are accorded special recognition. An additional strategy involves collaboration with local radio station announcers, encouraging them to maintain a log of death announcements and then follow up families that did not register.

Community health workers as notifiers: Several participants reported the use of village leaders to notify registration authorities of deaths in their jurisdictions. At community level and in rural communities proactive strategies may be required, for example using community workers to actively seek out and report vital events (Bangladesh). However, some participants expressed caution about the use of community health workers given their many tasks and responsibilities in the provision of health care to the population. Mozambique is using community health workers to report community deaths to the health care facilities; the health sector has a well distributed infrastructure that is more accessible than registration office. The health facilities subsequently inform the civil registration authorities. However, formal registration of these events requires legal change; currently only relatives, in possession of a medical certificate of death, can formally notify deaths. Other cadres of health care workers such as community midwives can be trained to report neonatal deaths to local registration authorities. Village elected officials can be partners for monitoring vital events and can act as 'champions' for registration in their local communities. Strategies to increase death registration coverage also include the use of SMS messaging from village health workers to local civil registrars (Philippines).

Health facility reporting: Hospital-based reporting of deaths through the routine HMIS is an important opportunity to increase registration, especially if registration facilities can be located in situ. In Mozambique, the notification by health facilities has been rolled out nationally and is now being modified for application in other health care facilities. However, the use of IT techniques such as SMS for death registration requires an appropriate legislative framework for confidentiality, security and data protection. The new District Health Information System (DHIS) includes individual trackers to register admissions and discharges and every health district has to report deaths to the Management Information System. But there is still no communication with the civil registrar.

Completeness and quality: Participants discussed issues of registration completeness and quality. More guidance is needed on how to evaluate the completeness and accuracy of death registration. Analytical methods for assessing data completeness and quality need to be simplified for use at local levels. It was agreed that statisticians and demographers should be involved in assessing data quality.

Improving cause of death reporting

Hospital and facility cause of death reporting: Although in many settings, only a small proportion of deaths occur in a medical setting, participants agreed that this is an important entry point for improving the quality of cause of death certification and coding. In Mozambique, although hospitals are staffed by physicians, who have the knowledge to do accurate medical certification, there are few physicians in lower level facilities. Mozambique is currently considering task-shifting to other health care workers who could be empowered to complete a death 'bulletin.' Although this would not be equivalent to a medically certified form, it would be a first step. In the Philippines, it is now a requirement that all hospitals must have ICD coders in order to be accredited. The importance of training of physicians in cause of death certification was emphasized. In Mozambique there are annual training sessions available. In Bangladesh, introduction to certification is offered in medical schools. In addition, ICD certification training is offered annually for registrars and is available online and in multiple languages. Participants noted the need for additional guidance on how to deal with dead-on-arrival cases and how to simplify coding systems. There is a continuing need for training materials for non-physicians and the potential of automation in ICD coding, for example IRIS, needs to be fully exploited. It was suggested that a simplified ICD mortality list that could be incorporated into the DHIS should be developed by WHO.

Community level cause of death determination

The discussions on the need to generate information on distribution of causes of death at community level focused on the potential of using verbal autopsy in settings where deaths occur outside the health care system. Philippine is piloting routine verbal autopsy and considering which would be the most appropriate level of health/community workers to conduct the interview and whether to use automated coding to ICD causes or physician review. Bangladesh is implementing routine verbal autopsy with automated coding, using health workers and high school graduates as interviewers. Mozambique is working with research institution to pilot routine verbal autopsy in some areas. Ethiopia does not use verbal autopsy techniques, which are considered too complex to apply in remote settings.

There was agreement that the routine implementation of verbal autopsy would be resource intensive, both in terms of human capabilities and finances. Possible solutions proposed included:

- Avoiding burdening community health workers with conducting verbal autopsy on all death by focusing on typical sites and conducting verbal autopsy continuously in collaboration with the registration system;
- Applying verbal autopsy techniques on representative samples of the population rather than on the whole population;
- Using automated systems to determining cause of death based on interview responses, rather than physician review.

Goal, targets and indicators working group

Whereas there was overall consensus around the goal, there was considerable discussion on the wording and level of ambition of the targets and concerns with regard to several of the proposed indicators. Participants stressed the need to focus on targets and indicators that inform the local response to CRVS challenges.

The discussion on targets drew attention to the need to set ambitious targets that motivate people to deliver results while also retaining flexibility with regard to feasibility in different country settings. Although a 100% target for birth registration by 2030 may not be achievable in all settings, from a human rights perspective the concept of universality is paramount. With regard to birth registration targets, participants suggested that as well as the long-term target for 2030, there should be a mid-term target for 2020. For example by 2020 achieving 90% coverage with a further 10 years for reaching the last 210%. A target should also address the timeliness of registration; ideally infants should be registered as soon as possible after birth and targets could be set for the proportion of infants registered within one year, within 30 days of birth or within 7 days.

With regard to death registration targets, participants suggested that the targets were very ambitious and proposed some modifications. Participants also proposed making a clearer distinction between what can be achieved at the level of hospitals compared with lower level health care facilities and the community level.

Initial targets proposed were:

1. By 2020, 60% of all deaths in a given year are reported, registered and certified with key characteristics; by 2030, 80%.
2. By 2020, 80% of maternal and newborn deaths have been investigated; and 100% by 2030
3. By 2020, 60% of deaths in children under 5 (with age and sex determination) have been investigated, and 80% by 2030
4. By 2020, at least 80% of all deaths in hospital have cause of death reliably determined and officially certified using ICD-10; by 2030, 100%
5. By 2020, at least 80% of all deaths occurring in other health facilities have mechanisms for determining cause of deaths; by 2030, 100%
6. By 2020, at least 50% of deaths outside the health system have probable cause of death determined through verbal autopsies (international standards); 80% by 2030[‡].

The results chain for the indicators – inputs, outputs and outcomes – was considered appropriate but reservations were expressed with regard to several of the proposed indicators. For example, the indicator on ‘number of staff doing registration duties’ would be difficult to measure accurately because most registration staff perform a range of duties not limited to birth and death registration. Furthermore, the indicator was not meaningful and should be replaced with more direct measures of access to services, such as distribution of registration facilities (including mobile outreach). Additional input indicators could cover the proportion of registration sites with computer links to regional and central levels.

Participants noted that most of the targets reflected progress in terms of changes in quantitative measures. Equally important are changes in the quality of registration and of vital statistics that may require qualitative indicators for tracking progress. There was overall agreement that the targets and indicators would be further reviewed following the meeting in order to maximize their utility in terms of the balance between ambition and feasibility.

[‡] NOTE: These have since been revised, as published in the World Bank paper. See <http://www.worldbank.org/en/topic/health/publication/global-civil-registration-vital-statistics-scaling-up-investment>

Financing and governance mechanisms working group

Working group discussions on proposed financing and governance mechanisms for the global programme on CRVS, highlighted the importance of advocacy and strategic messaging to incentivize countries/partners to invest in CRVS. Making an investment case for CRVS implies building evidence for the multiplier effect of investments that would be meaningful to policy makers, (ministers of Finance, Health, Members of Parliament, Heads of Agencies, CEOs, media and civil society) at country, regional and global levels. In so doing it is important to draw attention to both the right-based aspects of CRVS as well as the economic benefits.

Participants agreed that the various governance models have different strengths and limitations but all share the aim of building country level political commitment, enhancing leadership and an assessment of the readiness for investment. Basic principles underlying the eventual governance model should include:

- Alignment with existing mechanisms so as not to create overlap and duplication and disrupt progress;
- Cross-sectoral coordination with jointly agreed funding and financing modalities (government line ministries, Development Partners, UN agencies, private sector);
- A light and lean global framework in respect of country-led governance, budgeting and financing mechanism, modalities and activities that need funding;
- Building on the best practices of global vertical programmes with no new institution, by mapping the roles and responsibilities of existing partnerships and institutions;

The governance model should support one integrated and costed country CRVS plan based on a clear institutional framework and coordination mechanisms. The plan should include elements on procurement, technical assistance, capacity development and human resources and links CRVS to other topics and sectors, including social services, economic development, and planning instruments. The governance mechanism should be inclusive towards other CRVS initiatives, including regional CRVS toolkits and global and regional conferences to increase momentum and expand. Bearing this in mind, participants suggested that the governance model consists of:

- A Global level Steering Committee and Secretariat;
- At regional level: technical expertise to build and guide country capacities, enhance coordination, and leverage political commitment;
- At national level: Steering Committee for political, policy commitment and with decision taking power, an institutional framework for technical coordination and linkages, and responsibilities for progress monitoring and evaluation.

This multilevel governance mechanism would enable the production of one integrated CRVS Plan in each country, with one funding stream from national and external sources. This implies the existence of a new CRVS Fund to be managed at global and country level with ability to fund regional initiatives.

Costing CRVS improvements working group

Participants welcomed the effort to develop a global costing estimate for functional CRVS systems in 75 COIA countries. However, it was acknowledged that data availability is a major challenge given lack of current costs and investments needs across countries.

Participants agreed that the priority elements that would need to be included in the costing exercise include:

- Enabling environment – policy reform, political commitment, government sustainability plan including budget commitments;
- Awareness raising (IEC), targeted awareness creation, sustained creative training, outreach to hard to marginalized and remote populations;
- Registration service delivery, including fully operational CRVS systems through training, interoperability and coordination of systems from the policy to service delivery level; strengthened business processes, including IT and financial management; and capacity development for sustainability (management leaders, policy makers, professionals, registry staff):
- Links to other service delivery points such as maternity care, immunization and education;
- Compilation, analysis, dissemination and communication of vital statistics.

A number of factors that affect costing need to be taken into account. These include absorption capacity; proportion of hard to reach populations, refugee and displaced persons; ambition levels of the targets; currency fluctuations, inflation, and population growth; levels of urbanization; and socio-cultural factors influencing registration demand or compliance.

There was discussion on the regional and global costs associated with standards-setting and technical support. Strategies and mechanisms are needed to facilitate sharing and learning across countries and to disseminate experiences with regard to innovation. Further international guidance and materials are needed, particularly with regard to cause of death ascertainment, innovation, IT and links with identity systems, and monitoring and evaluation. Participants suggested that it would be important to include the costs of CRVS monitoring and evaluation in the overall costing exercise. Furthermore, the costing should pay attention to the costs of establishing basic registration services in settings with or emerging from complex emergencies or natural catastrophes.

Costing estimates should address not only the costs of contemporaneous birth and death registration but should also price in the backlog of registrations for adults whose birth has never been registered.

Another issue with relevance for the costing estimates is the need for operations research agenda to address knowledge gaps, for example the benefits and cost-effectiveness of introducing verbal autopsy techniques into routine registration systems.

Finally, sustainability costs need to be factored into the overall estimates. The current assumption is that external funding will be required for upfront capital costs but that national authorities will take on management and operating costs and will incrementally fund capital and scale-up costs.

5. Conclusions and final thoughts

Participants welcomed the opportunity to share country experiences and to discuss strategic and governance for scaling-up CRVS. Several participants noted the value of regional support mechanism for knowledge sharing and technical support. Currently there are limited funds for technical support and small pool of people with the requisite knowledge and skills. There is an urgent need to develop strategies to address these gaps.

- In Bangladesh, next steps at international level include ongoing participation in ESCAP consultations on the Regional Action Framework and participation in the forthcoming Asia-Pacific meeting of civil registrars and the Ministerial level meeting on CRVS in the Asia-Pacific region. At national level, the national Steering Committee of Cabinet Secretaries will be formalized and work will continue to integrate databases across different ministries.
- In Mozambique, next steps will include a national meeting of partners and other ministries and stakeholders to finalize costs based on the investment plan. By October it is anticipated that the institutional framework for coordinated funding and M&E will be in place. Mozambique will be represented at the inter-ministerial meeting CRVS in Abidjan.
- In the Philippines, the next step involves a meeting of local civil registrars to harmonise action plans and define subnational CRVS plans, conduct training of trainers for cause of death reporting and finalizing the country CRVS improvement plan in collaboration with development partners. The recent organization of the new national statistical authority provides opportunities for further advocacy and political mobilization for CRVS.
- In Ethiopia, next steps involve the finalization of the investment plan with support from technical experts and development partners.

A number of forthcoming events offer major opportunities for CRVS strengthening, including:

- Ministerial meeting Saving every women, every child, within arm's reach, sponsored by the Government of Canada, Ontario, Canada, May 28-30 2014.
- Regional CRVS Meeting sponsored by WHO Southeast Asia Regional Office, June 16-17, Delhi, India.
- Technical meeting on causes of death and ICD, sponsored by WHO, Geneva, Switzerland, August 25-27 2014
- Ministerial conference on CRVS in Abidjan, Cote d'Ivoire, sponsored by African Development Bank, African Union and ECA, 13-17 October 2014.
- Ministerial conference on CRVS, sponsored by ESCAP, 24-28 November 2014 Asia-Pacific meeting of civil registrars, sponsored by UNICEF, Pattaya, Thailand, June 2014.
- International Identity Management Conference sponsored by the Government of Korea, Seoul, Korea, September 23–25, 2014.
- Global conference on measurement, results and accountability for health now and post-2015, sponsored by USAID, Washington DC, USA, February 2015.

In closing the meeting, the representative of DFATD, Canada, stressed the need for high-level commitment to acceleration action on CRVS and noted that the Summit meeting in Canada in May 2014 provided an important opportunity to place CRVS more prominently on the global development agenda. The challenge remains how to convince political leaders to commit to substantial and sustained action for CRVS. This would require making a strong case for the transformative power of CRVS for individuals and for State authorities and the links to rights and accountability. Tracking progress in women's and children's health and survival offers a critical entry point upon which to build an enabling environment for CRVS, high-level political commitment, and policies and programmes that are strategic, forward looking and responsive.

Annex 1: Agenda

CRVS Investment Planning – Technical Consultation Meeting

Addis Ababa, 28-29 April 2014

Conference Room 5, 1st Floor, United Nations Conference Center (UNCC) Building, ECA Compound

The UN Economic Commission for Africa (UNECA), in collaboration with WHO and the World Bank, is holding a global meeting on civil registration and vital statistics (CRVS) in Addis Ababa 28-29 April 2014.

The purpose of the meeting is to discuss investment and acceleration of CRVS strengthening, building on the current regional and global momentum. More specifically, the meeting's objectives are as follows:

1. To share and discuss four country case studies on CRVS, including an investment plan.
2. To discuss and agree upon a broad global investment framework for CRVS strengthening in countries.
3. To discuss ways in which all partners can work together to accelerate country CRVS strengthening.

Agenda

Day 1 – Monday, 28 April 2014

Topic	Presenter	
Introductions	Canada, World Bank, WHO, UNECA	9.00am
SESSION: Country situation and investment plans: What is the situation in countries? What are the opportunities and challenges?		
• Ethiopia	• Country representatives presentation	09.30am
• Bangladesh	• Country representatives presentation	10.00am
BREAK		10.30am
• Philippines	• Country representatives presentation	11:00 am
• Mozambique	• Country representatives presentation	11.30 am
• Country Working Groups: Country Representatives with Partners	• How can international partners support country investment strategies? • What are the immediate priorities actions (1-2 years) for CRVS investments?	12.00 pm
LUNCH		1.00pm

Day 1 Continued

Topic	Presenter	
Country Working Groups - Reporting and General discussion		2.00pm
<ul style="list-style-type: none"> How can international partners support country investment strategies? What are the immediate priorities actions (1-2 years) for CRVS investments? 		
SESSION: Global Investment Framework Consultation		World Bank
Global CRVS Scaling-up Investment Plan	<ul style="list-style-type: none"> World Bank – Introduction 	3.00pm
BREAK		3.30pm
Global CRVS Scaling Up Investment Plan ... continued	<ul style="list-style-type: none"> World Bank – presentation on concepts and discussion Establish Global Investment Working Groups 	4.00 – 5.30
Reception at UNECA Conference Centre Venue		18.30pm

Day 2 – Tuesday, 29 April

Topic	Presenter	
Global CRVS Scaling-up Investment Plan– Work Groups	Working Groups: <ul style="list-style-type: none"> Approaches to improve CRVS coverage Rollout of the implementation plan Costing for CRVS investment Financing mechanism and governance structure 	8.30 – 10:30
BREAK		10:30
Working Group Presentations	Group rapporteurs Brief discussion	11.00 – 12.30
LUNCH 12.30 – 14.00		
<ul style="list-style-type: none"> Asia-Pacific side meeting: Introducing the Regional Action Framework for CRVS in Asia and the Pacific (ESCAP) 		
Way forward	Tour de table: <ul style="list-style-type: none"> What are the main events coming up? What can countries, regional and global partners do? 	14:00 – 15:30
Next Steps & Closing session	Canada, World Bank, WHO, UNECA	15:30
Closing FINISH 4pm		
Following Side Meetings		
<ul style="list-style-type: none"> UN Partners Meeting: 4.00 - 6.30pm Canada – Donor and Development Bank Meeting 4pm TBA Country Representatives – Network Opportunity 4pm TBA 		

Annex 2: List of participants

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