

TECHNICAL BRIEF

# PROMISING LEGAL PRACTICES TO STRENGTHEN THE LINK BETWEEN HEALTH AND CIVIL REGISTRATION SERVICES, AND THE PRODUCTION OF VITAL STATISTICS

*The experiences of Eight  
GFF Partner Countries*





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# 1. BACKGROUND

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It is well-documented that the health sector is integral to a well-functioning Civil Registration and Vital Statistics (CRVS) System<sup>1,2,3,4</sup>, and that it can contribute to improving health outcomes.<sup>5</sup> Historically, the main sectors responsible for CRVS typically included the health sector for the notification of vital events, civil registration authorities for the registration of vital events and issuance of certificates, and statistical authorities for the production of vital statistics from civil registration. Collaboration and coordination between these sectors have however been weak in low- and middle-income countries (LMICs). This may have not only contributed to the relatively low birth and death registration rates found in LMICs, but also resulted in few vital statistics being produced by the Civil Registration System in these countries.

According to UNICEF (2019), only 70% of children under five were registered in South Asia, 51% in West and Central Africa, and 40% in Eastern and Southern Africa.<sup>6</sup> However, in the past two decades, many LMICs have made efforts to strengthen collaboration and coordination between civil registration authorities and the health sector in light of the increased coverage of maternal and child health services for the health facility deliveries, immunization rates; the proportion of deaths occurring at health facility level; the availability of health structures at community level (e.g., community health workers) for events occurring in the community; and the technological potential for interoperability between health and civil registration information systems. The primary focus of these efforts has been to expand access to civil registration services in

health facilities to help (i) improve the quality and timeliness of data captured in the Civil Registration System, (ii) advance universal registration and (iii) produce valuable vital statistics.

Close collaboration between health and civil authorities is mutually beneficial. While civil registration authorities rely on health authorities to notify them of new births and deaths occurring in health facilities, health authorities need the complete and comprehensive data sets on births and deaths and their causes, including fetal deaths/stillbirths, generated by the Civil Registration System. This information is needed by health authorities to analyze access to medical care, disparities in health care and the overall quality of health services, as well as to support planning and monitoring of health programs at national and sub-national levels.

Data pertaining to the numbers of births and the number deaths classified by causes is critical to calculate and measure maternal and child mortality indicators, including the maternal mortality ratio, infant and child mortality rates, cause-specific mortality rates, fertility rates, perinatal mortality rates and fetal/stillbirth rates. Additionally, the total number of births provides the denominators needed to derive coverage indicators for health interventions such as immunization and pre-natal care. In parallel, health authorities are increasingly interested in using unique identifiers issued by civil registration authorities to identify and authenticate clients, create lifelong health records, and facilitate enrollment in health insurance schemes.

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1 World Health Organization & United Nations Children's Fund (UNICEF). (2021). Health sector contributions towards improving the civil registration of births and deaths in low-income countries: guidance for Health sector managers, civil registrars, and development partners. World Health Organization. <https://apps.who.int/iris/handle/10665/341911>

2 Jackson, Debra et al. "Civil registration and vital statistics in health systems." *Bulletin of the World Health Organization* vol. 96,12 (2018): 861-863. doi:10.2471/BLT.18.213090-863. Doi: <http://dx.doi.org/10.2471/BLT.18.213090>

3 Yokobori, Yuta et al. "Gaps in the civil registration and vital statistics systems of low- and middle-income countries and the health sector's role in improving the situation." *Global health & medicine* vol. 3,4 (2021): 243-245. doi:10.35772/ghm.2020.01103

4 <https://score.tools.who.int/tools/count-births-deaths-and-causes-of-death/tool/crvs-knowledge-gateway-learning-centre-93/>

5 Phillips, David et al. Are well functioning civil registration and vital statistics systems associated with better health outcomes? *COUNTING BIRTHS AND DEATHS* VOLUME 386, ISSUE 10001, P1386-1394, OCTOBER 03, 2015

6 Birth registration for every child by 2030. Are we on track? UNICEF, 2019

Properly validated patient health records can help health practitioners make better health decisions, improve quality of care, and generate statistics about health trends.

The Sustainable Development Goal 16.9, “Provide legal identity for all, including birth registration”, has brought a stronger focus on the value of CRVS systems, and multiple development partners have advanced their support to CRVS reform projects, including the Global Financing Facility (GFF). The GFF prioritizes strengthening CRVS systems as essential data sources for monitoring progress in ending preventable maternal, newborn, child, and adolescent deaths.

Various reform programs, many similar in nature, have been established to strengthen the collaboration between health, civil registration, and statistics authorities in LMICs. In some countries, civil registration offices have been established in health facilities (e.g., Botswana, Eswatini, Ghana, Liberia, Madagascar, Mozambique, Namibia, South Africa, Sierra Leone, Zambia). In other countries, health staff have been given delegated powers to act as civil registrars (e.g., Rwanda and Tanzania). It is also increasingly becoming common practice to have health staff electronically notify births or deaths to civil registration authorities (e.g., Mozambique, Namibia, and Uganda).

In some countries, the child’s health or immunization card is used as proof of birth by civil registrars (e.g., Botswana, Sierra Leone, and South Africa); although this does not provide as comprehensive a verification as electronic birth notification, it remains an important safeguard of the integrity of the Civil Registry and the quality of the data collected.

These reform initiatives often call for substantial amendments to the legal framework governing CRVS; yet the legislation in many countries is outdated and does not reflect practices and systems established on the ground. There are several publications highlighting good country practices about linking health and civil registration services. For example, a recent WHO and UNICEF publication (2021)<sup>7</sup> provides guidance to health sector managers, civil registrars, and development partners to improve birth and death registration in the health sector. However, little attention has been given to good country legislative practices that provide for more substantial collaboration and coordination between health sector, civil registration, and statistical authorities.

This technical brief seeks to analyze and document legal practices aimed at reinforcing collaboration and coordination between the health, civil registration, and vital statistics sectors to advance universal civil registration and the production of vital statistics from the Civil Registration System. The intention is to support countries that want to strengthen their legal framework in this area by outlining concrete legal provisions from countries that have recently carried out law reform interventions in this regard.

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<sup>7</sup> World Health Organization & United Nations Children’s Fund (UNICEF). (2021). Health sector contributions towards improving the civil registration of births and deaths in low-income countries: guidance for Health sector managers, civil registrars, and development partners. World Health Organization. <https://apps.who.int/iris/handle/10665/341911>.

## 2. OBJECTIVES

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This technical brief intends to:

- Analyze how countries have advanced cooperation between health, civil registration, and national statistics authorities by outlining the legal duties and functions of all parties in terms of birth and death registration, and the recording of causes of death.
- Develop an overview of good legal practices that contribute to strengthening cooperation between the health, civil registration, and statistical sectors.
- Document existing practices in the registration of fetal deaths/stillbirths.

## 3. METHODOLOGY

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All the information used in the study has been derived from a desk study and analysis of the legislation on civil registration of eight GFF partner countries.<sup>8</sup> Common to these eight countries is that they have recently enacted new legislation on civil registration or made substantial amendments to their existing laws. A list of key laws on civil registration (along with information on each country's coverage of birth and death registration) in all 36 GFF-supported countries can be found in Annexure 1. Only few countries were included in this analysis as it was not possible to access copies of some of the countries laws, while the laws of other countries (such as Niger and Guatemala) do not contain references to the health sector.

The legal data was collected and analyzed against select benchmarks relating to health services and the production of vital statistics. The analytical framework was based on guidelines in the *Legal and Regulatory Review Toolkit on Civil Registration, Vital Statistics, and Identity Management (CRVSID)*<sup>9</sup> developed by the Global Health Advocacy Incubator (GHA), published by Global Health Incubator, Vital

Strategies and other partners, and the draft *UN Guidelines for Legislative Frameworks for Civil Registration, Vital Statistics, and Identity Management*.<sup>10</sup> Since the *Review Toolkit on CRVSID* was first published in 2018, it has been used to amend legislations in several LMIC countries including Bangladesh, Brazil, Cambodia, Cameroon, Colombia, Ecuador, Ghana, Papua New Guinea, Peru, Philippines, Rwanda, Senegal, Solomon Islands, Sri Lanka, Tanzania, Thailand, Vietnam, and Zambia.<sup>11</sup> It is important to note that the *Toolkit's* primary purpose is to strengthen CRVS systems to enhance the generation of vital statistics. The *Toolkit* contains critical principles that enable the efficient and effective operation of CRVS systems as well as examples of good practices. Inspiration was also sought in the *“Best Practice Guidelines and Examples of Legislation for CRVS in the Pacific”*.<sup>12</sup> This study is limited to legal practices related to collaboration between health, civil registration, and statistics authorities, and therefore many other essential components of a good legislation framework are not discussed.

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8 Ethiopia, Ghana, Madagascar, Mozambique, Rwanda, Sierra Leone, Tanzania, and Uganda.

9 <https://advocacyincubator.org/wp-content/uploads/2022/03/CompleteToolkit.pdf>

10 <https://desapublications.un.org/publications/guidelines-legislative-framework-civil-registration-vital-statistics-and-identity>

11 Legal and Regulatory Review Toolkit for CRVSID (advocacyincubator.org)

12 [https://getinthepicture.org/sites/default/files/resources/Pacific\\_Legislation\\_Best\\_Practice\\_Guidelines.pdf](https://getinthepicture.org/sites/default/files/resources/Pacific_Legislation_Best_Practice_Guidelines.pdf)



## Selection of focus countries

A review of the laws governing civil registration in GFF partner countries revealed that, out of 36 GFF partner countries:

- Fourteen (14) countries have amended or enacted new legislation on civil registration and vital statistics in the past five years (2016–2021) (i.e., *Central African Republic, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Madagascar, Mozambique, Niger, Pakistan, Rwanda, Sierra Leone, Tajikistan, Tanzania, and Vietnam*). (C.f. Annexure 1.).
- Eleven (11) countries have amended or enacted new legislation on civil registration and vital statistics in the period 2000–2015 (i.e., *Bangladesh, Guatemala, Cambodia, Cameroon, Guatemala, Indonesia, Malawi, Mali, Somalia, Tajikistan, and Uganda*).
- Ten (10) countries are governed by relatively old laws, with no new legislation or amendments to the current legislation having been enacted for more than 20 years (i.e., *Afghanistan, Burkina Faso, Chad, Guinea, Liberia, Myanmar, Nigeria, Senegal, Zambia, and Zimbabwe*).
- Fourteen (14) countries have received financial support for CRVS strengthening from the GFF Trust Fund (TF) and/or from the World Bank in the past five years (2016–2021) (i.e., *Burkina Faso, Cameroon, Chad, Democratic Republic of Congo, Ethiopia, Guinea, Kenya, Liberia, Madagascar, Mali, Mozambique, Rwanda, Uganda, and Zambia*).
- Seven (7) countries have received technical assistance to support CRVS strengthening through the GFF Trust Fund (bank-executed) (i.e., *Chad, Guinea, Mali, Pakistan, Rwanda, Uganda, and Vietnam*).

This study focuses on the eight (8) countries listed below, all of which have updated their legislation within the past seven years (2015–2021), and all of which have strong links and references to the health sectors in their civil registration legislation.

1. Ethiopia (amendment to legislation in 2021) – *Proclamation No. 760/2012: A Proclamation on The Registration of Vital Events and National Identity Card, as amended.*
2. Tanzania (amendment to legislation in 2021) – *National Civil Registration Act, 2016, the Written Laws (Miscellaneous Amendments) (No.2) Act 2021.*
3. Rwanda (amendment to legislation in 2020) – *Law n° 001/2020 of 02/02/2020 amending law n° 32/2016 of 28/08/2016 governing persons and family.*
4. Ghana (new legislation in 2020) – *Registration of Births and Deaths Act, 2020.*
5. Madagascar (new legislation in 2018) – *Law No. 2018-027 on Civil Status.*
6. Mozambique (amendment to legislation in 2018) – *Law 12/2018: Amendment to the Civil Registration Code.*
7. Sierra Leone (new legislation in 2016) – *National Civil Registration Act, 2016.*
8. Uganda (new legislation in 2015) – *The Registration of Persons Act, 2015.*

# 4. LEGAL PROVISIONS TO STRENGTHEN THE LINK BETWEEN HEALTH, CIVIL REGISTRATION AND VITAL STATISTICS

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The collaboration between civil registration, health and statistical authorities, and their responsibilities in terms of data collection, registration, and data exchange must be clearly stipulated in the law.<sup>13</sup> The scope and approach the collaboration should be guided by the country's context and good international practices. There are few tools and standards available to support legislative amendments of CRVS systems.<sup>14,15</sup> This study aims to provide diverse country examples of how responsibilities are shared depending on the institution's structure, implementation arrangements and situation on the ground. It concludes with an overview of the legal provisions that are essential for strengthening collaboration between civil registration, health, and statistical authorities, as well as specific law provisions.

## 4.1 Preambles and Purpose of the Law

One way of emphasizing the collaborative nature of a CRVS system is to outline this in the law's preamble, which lays out the primary purpose of the law and guides interpretation of the law in practice. The laws of Ghana and Mozambique explicitly include the production of vital statistics in the preamble, alongside the registration of civil events, which is an essential element for measuring health outcomes.

The preamble of Ghana's civil registration law states that a key function of the civil registry is to enhance the vital statistics production for national development:

*AN ACT to provide for the registration of births, fetal deaths, and deaths in the country; the decentralization of the Births and Deaths Registry to improve the collection and collation of statistics for national development and for related matters.*

The preamble of Mozambique's civil registration code introduces a vital statistics system as part of making registration processes more efficient:

*Whereas there is a need to amend the Civil Registration Code to simplify and modernize registration processes through the introduction of an Electronic Civil Registration and Vital Statistics System, consistent with the introduction of the Single Citizen Identification Number, the following provisions are enacted by the National Assembly pursuant to Article 179, paragraph 1 of the Constitution of the Republic.*

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13 Legal and Regulatory Review Toolkit for CRVSID (advocacyincubator.org) Best Practice Guidelines and Examples of Legislation for CRVS in the Pacific, V.2

14 Ibid

15 Harbitz, Mia and Kendra Gregerson: Toward Universal Birth Registration: A Systematic Approach to Application of ICT [https://unstats.un.org/unsd/demographic/crvs/global\\_CRVS\\_Docs/news/IADB&Unicef\\_Toward\\_Universal\\_Birth\\_Registration.pdf](https://unstats.un.org/unsd/demographic/crvs/global_CRVS_Docs/news/IADB&Unicef_Toward_Universal_Birth_Registration.pdf)

## 4.2 Definitions

Clear definitions that also meet international standards are necessary to establish a CRVS system that ensures the universal registration of events and collects high-quality, consistent, and comparable data. It is recommended that the definitions should align with the UN's international CRVS standards,<sup>16</sup> as this will help countries track development progress and meet international reporting requirements and facilitate comparison at international level. Ghana has updated their definitions and aligned them with UN standards, but most of the countries studied have not.

Besides following the UN definitions of live birth, death and fetal death, Ghana also clearly defines the different roles and types of processes involving health staff. Clearly defining roles and processes is a characteristic of good practice. See the examples from Ghana's new legal framework below:

*Selected definitions from Ghana's Registration of Births and Deaths Act, 2020:*

- **"Health practitioner"** includes a nurse, midwife, physician assistant or any other person approved under the Health Professions Regulatory Bodies Act, 2013 (Act 857).
- **"Medical practitioner"** includes a physician, surgeon or any other person approved under the Health Professions Regulatory Bodies Act, 2013 (Act 857).
- **"Notification of birth"** means the notice of the occurrence of birth by a person in charge of a health facility, a traditional birth attendant or any other person authorized to do so under this Act.

- **"Notification of death"** means the notice of the occurrence of a death by a person in charge of a health facility or any other person authorized to do so under this Act.
- **"Traditional birth attendant"** means a certified pregnancy caregiver who assists in a birth delivery in a setting other than that of a health facility.

### UN Definitions of Live Birth, Death, and Fetal Death

**Live birth** – "The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or any definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached."

**Death** – "The permanent disappearance of all evidence of life at any time after live birth has taken place (post-natal cessation of vital functions without capability of resuscitation)."

**Fetal death** – "Death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary."

<sup>16</sup> [https://unstats.un.org/unsd/demographic/crvs/Global\\_CRVS\\_Docs/news/IADB&Unicef\\_Toward\\_Universal\\_Birth\\_Registration.pdf](https://unstats.un.org/unsd/demographic/crvs/Global_CRVS_Docs/news/IADB&Unicef_Toward_Universal_Birth_Registration.pdf)



## 4.3 Universality – Registration of all Births

Universal registration of all vital events is one of the key principles of a well-functioning CRVS system. The registration of every child is underpinned by article 7 of the Convention of the Rights of the Child (CRC), which states that *“The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents”*.<sup>17</sup> All GFF partner countries are signatories to the CRC Convention, and some have domesticated this provision either in their constitutions or in their civil registration laws. An integrated health and civil registration approach can support the documentation of a child’s right from birth if the birth occurs in a health facility.

Both *Rwanda* and *Tanzania* have domesticated the CRC in terms of registering every child immediately after birth.

Article 9 of the Rwanda Law on Governing Persons and Family<sup>18</sup> states:

*Every child is declared immediately after birth in the health facility where he/she was born upon presentation of a medical birth certificate issued by a medical professional from the health facility where the child was born.*

The Tanzanian Births and Deaths Registration Act, as amended in 2021, emphasizes that it is compulsory to register all births:

*In the case of every child born alive after the commencement of this Act, the registration of whose birth is compulsory...*

Nonetheless, in many countries, vulnerable groups, including orphaned and abandoned children, nomadic or internally displaced populations, refugees, and asylum seekers have been systematically left out or simply not considered in the legislation, adding a risk of exclusion. Besides this being a human rights

issue, it is also problematic from a planning and resource allocation perspective, as it causes vulnerable population groups to become excluded in national and subnational statistics. It is a good practice to explicitly include special procedures for civil registration of vulnerable population groups.

In *Sierra Leone*, the law explicitly states that children of some often-excluded population groups must be registered, but the law is silent on the children of illegal immigrants.

Article 28(2) states:

*The Civil Register shall record in the Integrated National Civil Registration System vital statistics –*

*(a) all citizens; and*

*(b) all residents who–*

*(i) have been granted permission to stay in Sierra Leone;*

*(ii) are without citizenship but have settled permanently and primarily in Sierra Leone; or*

*(iii) have been granted refugee or humanitarian status or asylum in Sierra Leone.*

Good practice ensures that the duty to notify a birth is not limited to the parents but is sufficiently broad to cater for abandoned and orphaned children, as well as children in alternative care. In *Uganda*, the Registration of Persons Act (2015) clearly lays out the duty to register a child if one or both parents are not present:

Article 31: Duty to register

*(1) Upon the birth of a child, it is the duty of–*

*(a) both the father and mother of the child.*

<sup>17</sup> <https://www.unicef.org/child-rights-convention/convention-text>

<sup>18</sup> Rwanda Law No. 32/2016 Governing Persons and Family



*(b) in the absence of the father or the mother or in the absence of either parent or in circumstances where the available parent lacks capacity to inform on the birth, the occupier of the house in which the child is born; or*

*(c) in the absence of any of the stipulated informants under paragraphs (a) and (b), the guardian or the person having charge of the child, shall give notice of the birth to the registration officer of the registration area in which the birth occurs within such time as may be from time to time prescribed.*

*(2) Where a birth occurs in a prison, hospital, orphanage, barracks or quarantine station, the officer in charge of the establishment in which the birth takes place shall ensure that the parents or guardian or person having charge of the child notify the registration officer of the birth.*

## 4.4 Collaboration and Coordination

Due to the multi-sectoral nature of civil registration and vital statistics systems, coordination and collaboration between involved government agencies are crucial.<sup>19</sup> The health, local government, civil registration (CR), and national statistical sectors are all important actors in the CRVS system and must work interdependently to function optimally.

1. The health sector notifies CR authorities of live births, fetal deaths/stillbirth and deaths occurring in health facilities, and the local government (including traditional authorities) of events occurring in the community outside health facilities.
2. CR authorities register events and issue certificates using the notification forms issued by health and local government authorities; and
3. The statistics sector produces vital statistics from the CR system, which are used to inform planning, monitoring, and

<sup>19</sup> Guidelines on drafting memorandums of understanding for better coordination among national stakeholders of civil registration and vital statistics systems at the country level. [https://au.int/sites/default/files/newsevents/workingdocuments/37474-wd-crvs-v-guidelines\\_for\\_drafting\\_mous\\_for\\_better\\_coordination\\_among\\_national\\_stakeholders.pdf](https://au.int/sites/default/files/newsevents/workingdocuments/37474-wd-crvs-v-guidelines_for_drafting_mous_for_better_coordination_among_national_stakeholders.pdf)

evaluation in the health sector as well as in other sectors – in addition to identifying vital events that take place outside the health system, thus providing information about the reach of the country’s health services.<sup>20</sup>

*The Handbook on Civil Registration and Vital Statistics Systems: Management, Operation and Maintenance* affirms that coordination activities between civil registration and vital statistics must be incorporated from the start – regardless of whether the civil registration system is in a separate agency from the vital statistics system or whether the two systems are under the roof of the same organization – because the civil registry is the best source of data for the production of vital statistics and key health indicators. This necessitates close cooperation among the various components of the civil registration and vital statistics system.<sup>21</sup>

Some countries have legally established coordination and oversight committees comprising key civil registration stakeholders, including the Ministry of Health and the National Statistics Office. The purpose of these committees is to oversee and monitor civil registration and vital statistics operations. This is the case in *Sierra Leone, Uganda, and Madagascar*.

In *Sierra Leone*, the Civil Registration Authority is governed by a board, with the board’s membership being outlined in the legislation. This Board includes the Statistician-General, the Chief Medical Officer and the Permanent Secretary of the Ministry of Internal Affairs, under which the National Civil Registration Authority (NCRA) reports.<sup>22</sup> The legislation also explicitly mentions the appointment of women on the board, which is commendable as a step towards gender balance in decision-making bodies.

The new *Madagascar* law of 2018 also establishes a coordination committee, stating that it shall be composed of representatives of ministerial departments and state bodies having responsibilities related to the operation of the civil registration and vital statistics system.<sup>23</sup>

*Uganda’s* civil registration law is less explicit. It requires the Civil Registration Authority “to cooperate with other governmental agencies and accord other government agencies to assist as may be necessary to ensure the proper discharge of the functions of the authority”.<sup>24</sup>

## 4.5 Duties of the health sector in Civil Registration

The location of the Civil Registration Authority within the government differs from country to country. Most commonly, the civil registration authority falls under the Ministry of Interior, Internal or Home Affairs, the Ministry of Justice, or the Ministry or Department of Health. In some countries, it is an autonomous agency.<sup>25</sup> Regardless of the location, the powers and responsibilities of the Registrar-General and other stakeholder agencies must be clearly stated in the law.

In *Tanzania* and *Rwanda*, the civil registration law delegates the power to register births to the health authorities. The delegation of power to health authorities is an attempt to ensure universal birth registration by simplifying the birth registration process that has contributed to low birth registration. Data availed by the governments shows that both countries have seen a steady increase in the number of birth registrations and in the timeliness of registration since improving collaboration between the health and civil registration

<sup>20</sup> Updates on strengthening civil registration and vital statistics (CRVS) systems, tenth investors group meeting, May 202, Global Financing Facility

<sup>21</sup> Handbook on Civil Registration and Vital Statistics Systems: Management, Operation and Maintenance, Revision 1 <https://unstats.un.org/unsd/demographic-social/Standards-and-Methods/files/Handbooks/crvs/crvs-mgt-E.pdf>

<sup>22</sup> Article 3, National Civil Registration Act, 2016

<sup>23</sup> Article 132, Law No. 2018-027 on Civil Status

<sup>24</sup> Article 6, The Registration of Persons Act, 2015

<sup>25</sup> Civil Registration, Vital Statistics, and Identity Management (CRVSID) Legal and Regulatory Review Toolkit <https://advocacyincubator.org/wp-content/uploads/2022/03/CompleteToolkit.pdf>



### Sierra Leone – National Civil Registration Act, 2016, Article 3

1. The governing body of the authority shall be a Board in which shall be vested, subject to this Act, the control and supervision of the authority
2. The Board shall consist of a Chairman and the following members –
  - The Statistician-General, Statistics Sierra Leone,
  - Permanent Secretary, Ministry of Internal Affairs
  - The National Security Coordinator, Office of National Security
  - The Financial Secretary, Ministry of Finance and Economic Development
  - The Chief Medical Officer
  - Five other members to be appointed by the President, of whom two shall be women, subject to the approval of Parliament

sectors. During the COVID-19 pandemic, this had significant advantages as it enabled the registration of vital events to continue undisturbed.<sup>26</sup>

In 2020, the *Tanzanian* government passed an amendment to its law to allow for the delegation of birth registration authority. The law does not explicitly mention health authorities having the authority to register a child, but it states that a

person is deemed to have been registered by the Registrar General in the electronic Register of births and deaths when validated registration information is extracted from public institutions mandated to identify and register persons.<sup>27</sup> The *Rwanda* amendment law specifically delegates authority to health facility officers to record births and deaths occurring in the health facility.<sup>28</sup>

More commonly, health authorities as prescribed in various laws hold the responsibility to notify births and deaths to the civil registration authorities. This is the case in *Ethiopia*, *Ghana*, and *Madagascar*.

In *Ethiopia*, the law states that when a birth occurs in a health institution, that institution shall prepare a notification paper containing relevant particulars and give the notification paper to the person assigned to register births. The lowest administration level of the health sector also has the responsibility of notifying births occurring outside of health facilities.<sup>29</sup>

The *Ghanaian* and *Madagascan* laws have similar provisions, but their laws also set a time limit for health authorities to notify civil registration authorities. In *Ghana*, the time limit is seven (7) days from the occurrence of the birth in the health facility, while *Madagascar* gives health authorities 30 days to notify a birth.

## 4.6 Death Registration

The registration of death is a key priority alongside birth registration.<sup>30</sup> Death registration is a critical data source for demographic, epidemiological, social, and health information – which are vital to program planning and monitoring. It is also a requirement for close relatives to claim inheritances, life insurance payouts and other benefits associated with orphanhood and widowhood.

26 Technical brief: Maintaining civil registration resilience amid the COVID-19 crisis: Tanzania's one-step birth and death registration processes, IDRC 2021 [https://crvssystems.ca/sites/default/files/assets/images/CRVS\\_Webinar\\_Tanzania\\_e\\_WEB.pdf](https://crvssystems.ca/sites/default/files/assets/images/CRVS_Webinar_Tanzania_e_WEB.pdf)

Technical brief: The role of systems in capturing vital data for civil registration, identification, and health surveillance amid the COVID-19 pandemic: A good practice example from Rwanda, IDRC 2021 [https://crvssystems.ca/sites/default/files/assets/images/CRVS\\_TechBrief\\_Rwanda\\_e\\_WEB.pdf](https://crvssystems.ca/sites/default/files/assets/images/CRVS_TechBrief_Rwanda_e_WEB.pdf)

27 Article 3: The Written Laws (Miscellaneous Amendments) (No.2) Act 2021 Part III Amendment of The Births and Deaths Registration Act, (Cap. 108)

28 Article 1: Law N° 001/2020 Of 02/02/2020 Amending Law N° 32/2016 Of 28/08/2016 Governing Persons and Family

29 Federal Negarit Gazette, No.1049/2017 Section 29, 1 and 2

30 UN Nations: Department of Economic and Social Affairs Statistics Division Principles and Recommendations for a Vital Statistics System, 2014

Death registration is less developed in comparison to birth registration. Yet complete and timely death registration is equally necessary to produce meaningful vital statistics.

Ideally, it should be the responsibility of health authorities to report deaths occurring in health facilities to the civil registrar.<sup>31</sup> However, where laws designate family members as the informants, they must not discriminate against women. Laws should explicitly include a deceased's wife, female children, mother (for deceased children) and other female relatives as being equal to male family members on the list of persons who can report a death with civil registration authorities. Some countries only designate men as the primary informant for death (e.g., *Djibouti* and *Tunisia*).<sup>32</sup> This can prevent a wife from reporting the death of her spouse to the civil registrar; a female child from reporting the death of a parent; or a mother from reporting the death of her child.<sup>33</sup> None of the laws studied has gender-discriminatory provisions that prevent women from registering deaths.

The law must clearly state the timeframe for institutions to notify a death. In *Rwanda*, the power to register a death has been delegated to the health sector and the law states that *"any death occurring in a health facility is immediately recorded in a register kept for that purpose"*.<sup>34</sup>

*Ghana*, *Madagascar*, and *Mozambique* have provisions that require health authorities to notify a death if it happens in a health facility. In the case of *Mozambique*, this must happen within 24 hours, while *Ghanaian* law allows the health practitioners to issue a notification within seven (7) days after the death. The *Mozambican* law also requires other institutions to notify deaths.

## 4.7 Determination of Causes of Death

Globally, there are enormous gaps in the collection of information on causes of death. Only a handful of LMIC countries produce reliable and quality cause-of-death data.<sup>35</sup>

Causes of death are *"all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries"*.<sup>36</sup> Symptoms and modes of dying, such as heart failure or respiratory failure, are not considered to be causes of death for statistical purposes.

Medical certification of the cause of death – or fetal death/stillbirth – is usually the responsibility of the attending physician if there is one. In the case of medically unattended deaths or deaths believed to have been due to violence (e.g., accident, suicide, homicide), a medical-legal officer is responsible for certifying the death under the laws of some countries. In all these cases, the cause of death should be determined by either a medically qualified individual or a medical-legal officer and, the diseases or injuries should be reported and recorded in the format and detail contained in the most current version of the International Form of Medical Certificate of Cause of Death.<sup>37</sup>

The legislation should clearly:<sup>38</sup>

1. State the requirements related to medical certificate of cause of death.
2. Specify who can medically certify deaths and fetal deaths.
3. State who can assign a cause of death.

31 Legal and Regulatory Review Toolkit, Global Health Advocacy Incubator and Vital Strategies

32 UNHCR and UNICEF: Background Note on Sex Discrimination in Birth Registration

33 Civil Registration, Vital Statistics, and Identity Management (CRVSID) Legal and Regulatory Review Toolkit <https://advocacyincubator.org/wp-content/uploads/2022/03/CompleteToolkit.pdf>

34 Article 109: Register of deaths in health facilities.

35 Prabhat, J Reliable direct measurement of causes of death in low- and middle-income countries. BMC Medicine, 2014 [https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-19](https://bmcmmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-19)

36 <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/3733>

37 Principles and Recommendations for a Vital Statistics System UN Nations: Department of Economic and Social Affairs Statistics, 2014

38 United Nations (2019). Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management (draft) <https://unstats.un.org/unsd/demographic-social/meetings/2018/crvs-egm-ny/Draft-Guidelines.pdf>



4. Require the use of the WHO International Form of Medical Certificate of Cause of Death (MCCD) for recording cause-of-death information.
5. Require the head of the health facility or the medical practitioner who certified the cause of death to submit the MCCD to the agency responsible for mortality and cause-of-death statistics; and
6. Support use of alternative methods to determine the causes of death (e.g., verbal autopsy).

Article 46 of the *Ugandan* law clearly states that a medical certificate of cause of death is necessary to register a death and specifies who can medically certify the cause of death and submit this information to the registration authority.

*1. In the case of a death occurring in Uganda of any person who has been attended during the person's last illness by a medical officer, the medical officer shall sign a certificate stating to the best of the medical officer's knowledge and belief the cause of death.*

*2. A certificate of cause of death signed in accordance with subsection (1) shall be forwarded forthwith by the medical officer to the registration officer who shall cause the particulars of such death to be entered in the register in the prescribed manner.*

Article 29 of the *Ghanaian* birth and death registration law has similar provisions:

*1. The medical practitioner who was in attendance during the illness of the deceased shall issue to the person who provides the particulars of the death, a medical certificate that states the cause of death.*

*2. Where a health practitioner was in attendance during the illness of the deceased, the health practitioner shall notify the supervising medical practitioner of the death and the supervising medical*

### Ghana – Registration of births and deaths act, 2020

1. A medical practitioner or health practitioner in charge of a health facility at which death occurs shall record the death and, within seven days of the occurrence of the death, notify the District Registrar of the death.
2. Where death occurs outside a health facility and the deceased is brought to that health facility, the medical practitioner or health practitioner in charge of that facility shall
  - a. Record the death and, where possible, the immediate and underlying cause of the death; and
  - b. Within seven days after the deceased is brought transmit the information to the District Registrar

*practitioner shall issue to the person who provides the particulars of the death, a medical certificate that states the cause of death.*

*3. The recipient of the medical certificate shall submit the certificate to the District Registrar who shall then register the particulars of the deceased in the register of deaths.*

None of the legislation examined mentions or support verbal autopsies, and none specifically require the use of the WHO International Form of Medical Certificate of Cause of Death (MCCD) for recording cause-of-death information.

## 4.8 Fetal Deaths/Stillbirths

Although the legal requirements for the registration of fetal deaths vary from country to country, the UN Principles and Recommendations for a Vital Statistics System recommends registration of dead fetuses weighing at least 500 grams at birth (or those of 22 completed weeks of gestation or crown-heel body length of at least 25 centimeters if weight is unknown).<sup>39</sup>

For purposes of international comparison, the World Health Organization (WHO) defines stillbirth as a baby born with no signs of life at or after 28 weeks of gestation.<sup>40</sup>

It is important to capture fetal deaths/stillbirths for statistical purposes. As the WHO points out, counting the number of stillbirths and other fetal deaths along with information on where and why these deaths occurred and the underlying contributing causes can help the health sector prevent future deaths and improve the quality of care provided.<sup>41</sup> According to the UN Principles and Recommendations for a Vital Statistics System, the priority for collecting information on the frequency and characteristics of fetal deaths should be almost as high as that for live births and deaths, due to a growing recognition of their importance in measuring perinatal mortality and pregnancy.<sup>42</sup>

In 2015, there were 2.6 million stillbirths globally – the majority of which occurred in developing countries. However, many LMICs have weak reporting of stillbirths, and a quick survey of the legislation of the 36 countries eligible for GFF support indicated that only ten countries have legal provisions for procedures to record fetal death or stillbirths as part of their civil registration system (i.e., Ghana, Guatemala,

Liberia, Mauritania, Mozambique, Nigeria, Sierra Leone, Tajikistan, Zambia, and Zimbabwe).

*Rwanda* recently removed the responsibility for registering stillbirth from the civil registration authorities in its latest amendment, which now states, “*The birth of a stillborn child is not declared before the civil registrar.*”<sup>43</sup> In contrast, *Ghana* has added a provision requiring district registrars to register all fetal deaths, irrespective of the duration of the pregnancy. Article 24 states, “*A District Registrar shall register every fetal death that occurs in the sub-districts within the district*”. Furthermore, Article 25 outlines that the person who is responsible for the registration of the fetal death shall provide the District Registrar with a statement or certificate issued by a registered medical practitioner or midwife who was in attendance when the fetal death occurred or a declaration to the effect that a registered medical practitioner or midwife was not present when the fetal death occurred. In *Sierra Leone*, only medical practitioners or midwives can report a stillbirth.

The best practice in terms of fetal death/stillbirth reporting is for laws to draw a clear distinction between stillbirths and earlier fetal deaths. Some of the countries studied are using the two terms interchangeably in their legislation, whereas others (e.g., *Ghana*) include all fetal deaths, regardless of the duration of pregnancy.

Civil registration law should clearly define fetal deaths/stillbirth deaths and describe the process for notifying these events and for issuing a certificate of stillbirth. The registration can be done either by health or civil registration authorities. Both methods are considered good international practices. Stillbirths should be captured in a dedicated register as they are

39 Ibid

40 WHO. Making Every Baby Count: Audit and review of stillbirths and neonatal deaths, 2016, page 18. <https://www.who.int/publications/i/item/9789241511223> However, this source also notes that “WHO’s recommended threshold of 28 completed weeks is appropriate for mortality audits in low- and middle-income settings, but it is important to note that this would miss earlier stillbirths, thus undercounting the true burden.”

41 <https://www.who.int/publications/i/item/9789241511223>

42 Principles and Recommendations for a Vital Statistics System UN Nations: Department of Economic and Social Affairs Statistics, 2014

43 Law N° 001/2020 Of 02/02/2020 Amending Law N° 32/2016 Of 28/08/2016 Governing Persons and Family registration of Births and Deaths Act, 2020 Article 11: Declaration of birth of a stillborn or that of a child who dies immediately after birth Article 104 of Law n° 32/2016 of 28/08/2016 governing persons and family is amended as follows: “The birth of a stillborn child is not declared before the civil registrar”

technically neither births nor deaths – even though they do not result in the establishment of a legal identity.<sup>44</sup>

Civil registration laws should also state what legal requirements need to be fulfilled before burial/ cremation can occur in the case of a stillbirth.<sup>45</sup> Grieving parents also sometimes want to access burial or cremation for fetal remains in respect of earlier fetal deaths, which should ideally also be provided for in the relevant laws.<sup>46</sup>

#### Data elements to be collected about fetal death for statistical purposes<sup>47</sup>

- Date of occurrence
- Date of registration
- Place of occurrence
- Place of registration
- Type of birth (single, twin, triplets.)
- Attendant
- Cause of fetal death
- Type of place (hospital, home.)
- Number of fetal death to the mother
- Number of live births to mother.

## 4.9 Production of Vital Statistics

Vital statistics constitute the collection of statistics on vital events in a person's lifetime, including information about the person or persons concerned and the relevant characteristics of the events themselves.<sup>48</sup>

The law should clearly outline the authority responsible for producing and disseminating vital statistics. Some countries designate specific government agencies or departments

to carry out vital statistics functions related to their respective work areas. For example, the health sector might collect and process data on births, deaths, fetal deaths, and causes of death, while the general statistical agency or the court system might compile marriage and divorce statistics. However, even in this case, there should be a central agency that sets uniform national standards for production and dissemination of statistics.

In *Sierra Leone* the responsibility for compilation, analysis and publication of vital statistics is clearly defined and falls under the civil registration authorities. Article 26 of Sierra Leone's national registration act states: *"The National Civil Registration Authority shall collect, compile, abstract and publish vital statistics."*

In *Mozambique*, Article 371 of the relevant law provides that the civil registration authorities are responsible for collecting vital event data and forwarding the data weekly to the statistics authorities, who are responsible for data sharing and statistical production:

*1. Data on individual citizens and fetal deaths must be available in the electronic system and shared for the purposes of statistical production and use by other interested parties, as permitted under law.*

*2. Until such time as marriage and divorce certificates can be processed through the electronic system, civil registry officials will be responsible for entering the relevant demographic information following completion of the registration process.*

*3. Once the entries referenced in paragraph 2 have been signed by the Civil Registrar and divided into categories, they will be sent each Monday to the statistical services.*

44 UN Guidelines on the legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, 2018 (DRAFT) <https://desapublications.un.org/publications/guidelines-legislative-framework-civil-registration-vital-statistics-and-identity>

45 Civil Registration, Vital Statistics, and Identity Management (CRVSID) Legal and Regulatory Review Toolkit, Global Health Advocacy Incubator and Vital Strategies

46 Although South Africa is not among the countries studied, its Constitutional Court recently considered this issue. *The Voice of the Unborn Baby NPC and Another v Minister of Home Affairs and Another* CCT 120/21, 15 June 2022. Media summary at <http://www.saflii.org/za/cases/ZACC/2022/20media.pdf>.

47 Principles and Recommendations for a Vital Statistics System UN Nations: Department of Economic and Social Affairs Statistics, 2014

48 Principles and Recommendations for a Vital Statistics System, Revision 3, United Nations Publication, United Nations, 2014

The Ethiopian law indicates that any vital event shall be registered with detailed information that can be used for legal, administrative, and statistical purposes. It also mentions that copies of registers be sent to the Central Statistics Agency.

## 4.10 Sharing of data

A civil registration law must have explicit provisions for sharing data with other government institutions and should be read in conjunction with privacy and data protection legislation. For example, the health system might need personal details to be populated directly from the civil registration and identity management system, as well as updated identity information about a child after birth registration.

This is the case in *Sierra Leone*. Article 41 of the Sierra Leonean national registration law allows for data-sharing and must be read in conjunction with Article 25 of the National Registration Act (2016) which identifies the primary source of authoritative personal data and who may share such data. :

*1. The Integrated National Civil Registration System shall be the basis information system in Sierra Leone in respect of registration of personal data of individuals.*

*2. The Authority shall, based on the Integrated Civil Registration System provide personal data to other government institutions and receive data from them.*

*3. The personal registration data provided by the Integrated National Civil Registration System shall be the primary source of authoritative information as against other information systems providing administrative services to the population.*

Many civil registration or data protection laws in countries not studied here provide more detailed information about what personal data may and may not be shared, and for what purposes – including rules regarding data-sharing with government agencies, law enforcement authorities and private individuals or the private sector.

## 4.11 Electronic Systems

Digital Civil Registration and Vital Statistics Systems provide valuable opportunities for collection, management and permanent storage of civil registration records and the production of timely vital statistics, and many countries in Africa are digitalizing their system and linking them with health information systems.

Civil registration laws must provide for the use of electronic systems, electronic registration, and processing and issuance of printed documents, including electric requests for certificates, e-transactions, and e-signatures. They should also address the security of personal data that is electronically transferred and stored. More countries are exploring online self-registration (for example Uganda), which also required a legal basis. *Ethiopia, Sierra Leone, Uganda, Mozambique, Madagascar, and Tanzania* have either installed electronic civil registration systems or are in the process of installing them. They also amended their legislation to allow for the establishment electronic data bases and transactions.

For example, *Tanzania* amended its law in 2021 to allow for electronic registration and interoperability.

Article 19A: Electronic Register and system interoperability

*1. Subject to sections 9 and 15 of this Act, the Registrar General shall, for the purpose of promoting cooperation, coordination, integration and interoperability with other identification and registration systems, keep and maintain the Electronic Register of births and deaths.*

*2. The Registrar General shall share, and exchange registration information kept in the electronic Register of births and deaths with other public institutions mandated to identify and register persons*

In *Mozambique's* 2018 amendments, Articles 1 and 2 establish the e-CRVS, stipulate its purposes and provide for electronic notifications and interoperability.

*ARTICLE 1 (Electronic Civil Registration and Vital Statistics System)*

*1.1 The Civil Registration and Vital Statistics System (e-SIRCEV) is hereby created.*

*1.2 E-CRVS is the set of processes used to record all events subject to civil registration, with the aim of establishing a citizen database that allows statistical information to be collected in an effective manner and facilitates interoperability with other systems, using information and communication technologies.*

*ARTICLE 2 (Scope and objectives)*

*1. E-CRVS is applicable to all events subject to civil registration.*

*2. The aim of e-CRVS is to:*

*a. Operationalize the Single Citizen Identification Number (NUIC).*

*b. Create and populate a citizen database.*

*a. Provide notification of births, deaths, and other vital events by electronic means.*

*b. Create mechanisms for interoperability with other sectors.*





## 5. RECOMMENDATIONS

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The strengthening of linkages between the health and civil registration sectors has proven to be essential for ensuring the notification and registration of births, fetal deaths/stillbirths, and deaths, including their causes. The review and analysis of relatively new legal frameworks from selected GFF partner countries shows that health sectors' roles and responsibilities are being more explicitly incorporated in civil registration laws. The study found 10 good legal practices, which should be considered by countries seeking to strengthen such linkages:

1. Incorporate all functions and purposes of the CRVS systems, including those of the health, civil registration and statistical sectors, in the preamble of the law, in the statement of purpose, or in the objectives. The preamble of a law is not typically binding; in most countries, it can only be used as a guide for interpretation. Some laws have sections within the law focused on its purposes or objectives.
2. Establish a coordination committee by law and include health and statistical authorities alongside civil registration authorities as key members.
3. Domesticate the Convention of the Right of the Child, stating that every child must be registered and has a right to nationality from birth.
4. Include clear definitions of vital events and other relevant terms related to health and statistical production functions – e.g., notifications for birth and death, identification of health staff, and definitions of vital events that align with the United Nations' international CRVS standards.
5. Clearly state the powers and responsibilities of the Registrar-General, health professionals and statistical authorities. Outline the authority responsible for the production and dissemination of vital statistics.
6. Outline the procedures for health notifications of vital events to the Civil Registry.
7. Require the head of the health facility or the medical practitioner who certified the cause of death to submit the MCCD to the agency responsible for compilation of mortality and cause-of-death statistics.
8. Require the use of the WHO International Form of Medical Certificate of Cause of Death (MCCD) to record cause-of-death information and state the requirements related to the medical certificate of cause of death and specify who can medically certify the cause of death.
9. Allow alternative methods of determining probable causes of death (e.g., verbal autopsy) where an MCCD is not available.
10. Make explicit provision for data-sharing between health, civil registration, and statistics sectors, ensuring the protection of the identity data of each individual.

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## 6. ANNEXURE 1

#	COUNTRY	CRVS/ID LEGISLATION	YEARS OF LAST SUBSTANTIAL AMENDMENT	YEAR OF ENACTMENT OF PRIMARY CRVS LEGISLATION AND REGULATIONS	% BIRTH REGISTRATION OF CHILDREN UNDER AGE FIVE [1]	% DEATH REGISTRATION [2]
1	Afghanistan	Afghan Civil Code 1977 Registration of Population Records Act 2014		1977	42%	10%
2	Bangladesh	Births and Deaths Registration Act		2004	37%	n/a
3	Burkina Faso	Zatu (Ordinance) AN VII-001 of 6 November 1989, establishing and implementing the Code of Persons and the Family		1989	77%	n/a
4	Cambodia	Sub-decree No. 103 on Civil Registration (2000) Law on Nationality (1996) Law on Marriage and Family (1989)		2007	90%	16.9%
5	Cameroon	Civil status Law No. 2011/011		2011	61%	n/a
6	Central African Republic	Law No. 97 013 on the Family Code (11 November 1997) Presidential Decree No. 16 370 (28 October 2016)	2016	1997	61%	n/a

7	Chad	Ordinance 10/ INT/ADG/61 of 04 September 1961	1997	1961	12%	n/a
8	Côte d'Ivoire	Law No. 2018-862		2018	72%	n/a
9	Democratic Republic of Congo	Family Code, Law no 16/008		2016	24.6%	n/a
10	Ethiopia	Registration of Vital Events and National Identity Card Proclamation No. 760/2012	2017	2012	3%	n/a
11	Ghana	Birth and Death Registration Act, 2020 Data Protection Act, 2012 (Act 843)		2020	71%	n/a
12	Guatemala	National Civil Registry Law (Decree No. 19-2005) Organic Law of the National Statistics Institute (Decree- Law 3-85).		2005	96%	92%
13	Guinea	Civil Code of 1998 The Children's Code of 2008		1998	74.6%	n/a
14	Haiti	Law Presidential Decree on Late Declaration of Birth 2014	2014	1974	85%	n/a
15	Indonesia	Law 23/ 2011 on the Management of Zakat		2011	52.1%	n/a



16	Kenya	Birth and Death Registration Act, 2012 Registration of Document Act (Huduma) Act, 2020	2012	1972	64.1%	41.9%
17	Liberia	Public Health Law of 1976 Executive Law of 1972		1972	25%	5%
18	Madagascar	Law 61.025 (9 October 1961) as amended	2018	1961		
19	Malawi	National Registration Act 2010		2010	67.2%	n/a
20	Mali	Persons and Family Code, 2011		2011		
21	Mauritania	Law 2011 – 003 of 12 January 2011		2011	66%	n/a
22	Mozambique	Civil Registration Code 12/2018		2018	48%	n/a
23	Myanmar	The Births Deaths and Marriages Registration Act, 1943 Child Rights Law, 2019		1943	81%	
24	Niger	Loi n°2019-29 du 1er juillet 2019 portant sur le régime de l'Etat civil au Niger		2019	66.5%	n/a
25	Nigeria	Registration of Births and Deaths Act No 69 of 1992		1992	30%	10%

26	Pakistan	Basic Democracies Order and the Municipal Administration Ordinance introduced in 1960  Khyber Pakhtunkhwa Local Government Amendment Act 2019	2019	1960	42%	52%
27	Rwanda	Law No. 32/2016 Governing Persons and Family  Law No. 001/2020 Governing Persons and Family (Amendment Act) Amendment law link	2020	2016	56%	31.4%
28	Senegal	Law No. 72-61 of 12 June 1972 of the Family Code		1972	77.4%	n/a
29	Sierra Leone	National Civil Registration Act, 2016		2016	90%	n/a
30	Somalia	The Child Act (2010) Civil Registry Act (2011)		2011	5.5%	n/a
31	Tajikistan	About state registration of acts of civil status	2021	2006	87%	
32	Tanzania	Births and Deaths Registration Act Cap 108 RE 2002	2021	2002	38%	26%
33	Uganda	Registration of Persons Act 2015		2015	32%	24.2%

34	Vietnam	<p>Law on Civil Status, 2014</p> <p>Decree No. 123/2015/ND-CP (detailed civil registration procedure)</p> <p>Circular No. 15/2015/TT-BTP (including regulations on the forms of civil status books and certificates for birth, marriage, death...etc.)</p> <p>Joint Circular No. 02/2016/TTLT-BNG-BTP (civil registration procedure in Representative agents)</p> <p>The decision of the Minister of MOJ on Project "National electronic civil status database" (No. 2173/QD-BTP dated 11 December 2015)</p>	2016	2014	99.4%	n/a
35	Zambia	Birth and Death Registration Act, 1973 (Cap 5)		1973	11%	20%
36	Zimbabwe	Births and Deaths Registration Act, 1986		1986	49%	n/a

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