



**Fifth Conference of African Ministers Responsible
for Civil Registration**
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Issues paper

Topic: Integrating mortality surveillance to strengthen civil registration and vital statistics systems

Conference theme

*Innovative Civil Registration and Vital Statistics systems:
Foundation for Legal Identity Management*



APAI-CRVS
Everyone visible in Africa



**Decade for Repositioning
of Civil Registration and
Vital Statistics in Africa
2017-2026**

1. More than 35 million lives are lost each year without us knowing how or why. Many of these deaths are avoidable but countries across Africa lack the basic systems to capture and use data to improve health outcomes. We know that better data has huge implications for the effective use of domestic budgets, aid effectiveness and the fabric of local communities. The goal of the mortality surveillance programme of the Africa Centres for Disease Control and Prevention (Africa CDC) is to improve mortality data completeness and accuracy by helping States to develop their technical capacity for surveillance and resource mobilization and by promoting intersectoral collaborations and the integration of national mortality data, regardless of how derived, in order to support regional efforts for the complete registration of vital events.
2. According to the global health metrics assessment 2010-2016 on accuracy and completeness of mortality data, 69 per cent of African countries had a mortality data score of zero, indicating a complete absence of quality data on numbers or causes of death. Accurate, timely and consistent data on the number of births, deaths and causes of death help agencies to manage health systems, allocate resources and track progress at local, national, regional and global levels. However, many countries in Africa lack the basic infrastructure to collect, analyse and use mortality and cause-of-death data at the national and subnational levels.
3. Civil registration and vital statistics (CRVS) systems are generally recognized by health leaders as the ideal source of these data, but most African countries lack functional CRVS systems for several reasons, including inadequate investment and technical capacity. Most countries in Africa rely instead on sporadic surveys, such as demographic and health surveys and multiple indicator cluster surveys. While surveys provide vital information about births and deaths, they have several critical limitations. Countries conduct surveys too infrequently (on average, every five years) to make timely policy decisions with their data, and surveys often include only fact of death, not the cause of death. Health and demographic surveillance systems do provide continuous cause-of-death data using verbal autopsy, but do not usually produce valid national and subnational estimates. Sample vital registration with verbal autopsy systems generate a statistically valid estimate of national and subnational mortality, but are often not linked to the national statistics office and thus not used for policy and planning.¹ In a continent where many preventable deaths occur due to the triple burden of communicable disease, non-communicable disease and injury, it is crucial that countries invest in integrating existing efforts and embrace scalable innovations, such as health and demographic surveillance systems and sample vital registration with verbal autopsy systems, to address the current data and knowledge gaps, and integrate with the CRVS systems still being built.²
4. To address these limitations, the African Programme for Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS), within the framework of the Economic Commission for Africa, spearheads and coordinates the efforts of African countries and the Regional CRVS Core Group to improve CRVS systems on the continent. The 2017 APAI-CRVS report on the status of CRVS in Africa indicates low coverage (less than 40 per cent) of death registration and certification, despite improvements in birth registration.³ When deaths are not counted and the causes not documented, Governments cannot design effective public health policies or measure their impact. Thus the findings of the APAI CRVS status report echo the call to action by policymakers and regional and global partners to improve mortality statistics across the continent, as reflected in the Ministerial Statement of the Third Conference of African Ministers for Civil Registration.⁴ The report also highlights the need for a unified

¹ See <https://crvsgateway.info/file/6124/2104>.

² See www.who.int/healthinfo/civil_registration/CRVS_MortalityStats_Guidance_Nov2014.pdf.

³ See <https://repository.uneca.org/handle/10855/24047>.

⁴ See https://unstats.un.org/unsd/demographic/crvs/Global_CRVS_Docs/news/ThirdConf_resolutions.pdf.

and standardized approach to mortality surveillance to achieve Africa's development aspirations.⁵

5. In response to the critical need for improved quality and utilization of mortality data on the continent, and with a view to strengthening CRVS systems, the Africa CDC launched a new programme aimed at improving mortality surveillance across the continent. Article 3 (f) of the Statute of Africa CDC defines one of the objectives and functions of that organization as "harmonizing disease control and prevention policies and the surveillance systems in Member States". In line with the APAI-CRVS framework, the mortality surveillance programme seeks to drive innovation in public health by initiating, enhancing and promoting surveillance systems that provide data for countries to measure the impact of programmes and target new programmes toward the leading causes of death. The programme is built upon the sample vital registration with verbal autopsy model and is intended for integration with existing CRVS systems.

6. To promote national strategies for effective mortality surveillance and align with various country needs, Africa CDC conducted a series of consultative meetings with representatives of Africa Union member States from health, statistics and civil registration sectors, and technical experts researchers and representatives of agencies and development partners at the regional and continental levels (in February 2019 in Addis Ababa, Ethiopia; in May 2019 in Accra, Ghana; in and August 2019 in Johannesburg, South Africa). These meetings had high levels of participation, with over 70 per cent of member States represented. This demonstrated the high level of interest and demand for support, underlining the need for a coordinated approach to mortality surveillance. Participants shared experiences, best practices and innovations while also noting the challenges affecting mortality surveillance and slowing down CRVS systems development in different countries. Participants recognized that CRVS systems are complex, usually embedded within several other systems, and resource intensive. Full functionality is therefore not easily achieved in a short time. The key challenges highlighted included a lack of awareness among decision makers, varied levels of coordination, a lack of infrastructure for CRVS systems, low technical capacity and inadequate budgets.

7. To address these limitations, some countries such as Malawi, Mozambique, the United Republic of Tanzania and Zambia, have implemented sample mortality surveillance systems that are aligned with country-specific CRVS systems' strengthening plans and priorities. These country-led efforts are tailored to fit existing capacity and infrastructure, improve CRVS systems and provide a platform for other types of public health surveillance. Sample mortality surveillance systems are increasingly being used to obtain nationally representative statistics and improve local capacity to code cause of death and certify deaths using the World Health Organization standard international death certificate and verbal autopsy tools. When linked with existing CRVS systems, these can help to increase completeness of birth and death registrations. Additionally, these systems help to document community deaths, which are often excluded in countries that rely on medically attended deaths. Mozambique, for example, has adapted robust and complimentary sample mortality surveillance systems called countrywide mortality surveillance for action (COMSA) and child health and mortality prevention surveillance. COMSA and child health and mortality prevention surveillance are examples of sample vital registration with verbal autopsy systems that capture high quality and continuous births, mortality and cause of death data from a representative sample of communities at

⁵ See <https://au.int/en/agenda2063/goals> and www.undp.org/content/dam/undp/library/corporate/brochure/SDGs_Booklet_Web_En.pdf.

provincial and national levels.⁶ COMSA has been scaled up to cover all provinces in the country, thus providing a well-established and sustainable platform for strengthening CRVS and disease surveillance. In Ethiopia, Kenya, Nigeria, South Africa and several other countries, health and demographic surveillance systems have been used to monitor vital events in the population under surveillance, thus providing a reliable source of mortality statistics. The challenge for most countries, however, is the poor linkage between sample vital registration with verbal autopsy systems and health and demographic surveillance systems, on the one hand, and the national statistics offices or civil registration agencies, on the other, where national data is aggregated and disseminated.

8. While there is consensus that CRVS is the ideal system for generating mortality and cause of death data, there are instances where lower cost intermediary approaches, such as sample mortality surveillance systems, enable States take steps toward CRVS. To achieve standardized, harmonized and comprehensive mortality surveillance on the continent, participants of the aforementioned consultative meetings recommended designing a continental framework document to guide countries in planning and implementation, in the spirit of operationalizing the Technical Strategy for Improving Mortality Statistics in Africa 2015-2020. Countries will need to incorporate mortality surveillance into their national plans to ensure the successful implementation and sustainability of programmes. More importantly, countries will need to strategically invest in technical capacity-building for improved mortality and cause-of-death statistics, resource mobilization, awareness-raising and advocacy in order to increase buy-in among policymakers and ensure the integration of existing and new vital information systems.

9. In the light of the above information on low coverage of mortality data and the recommendations from the consultative meetings, the following questions should be used to guide the discussions:

1. How can countries design functional linkages to harness sample mortality surveillance systems as routine technical partners for the strengthening of national CRVS?
2. How can standardization of sample mortality surveillance data sources be developed to enhance integration within CRVS?
3. What challenges do countries face when developing linkages between multiple mortality data sources and how can the Africa CDC programme help to them overcome them?
4. In what ways States maximize synergies across sample mortality surveillance systems to make sure they do not function entirely separately from civil registration systems?
5. Are there specific countries where the Africa CDC programme can accelerate CRVS efforts?
6. Which countries are best placed to receive the programme's technical support?

⁶ See <https://comsamozambique.org/>.