

# The BRISBANE ACCORD GROUP and the PACIFIC VITAL STATISTICS ACTION PLAN (2011-2014)

## Outline Document

### BACKGROUND

The Pacific region comprises 15 independent diverse sovereign countries and seven territories all of which rely on national, provincial or territorial statistical services to guide evidenced based policy development and planning, the provision of government services and infrastructure, the regular tracking of progress with development goals and policy performance, and the evaluation of development outcomes and impacts. Reporting on demographic, economic, social and development indicators requires reliable statistics to monitor trends. Vital statistics are especially important in the health and development sectors.

Birth and death registration is also important to assign legal status to an individual. Birth registration ensures access to key rights such as education, citizenship and travel documents; while death registration facilitates legal processes for families regards inheritance such as land titles and access to bank accounts. Death registration is also critical for removing peoples from official government lists such as electoral rolls and from health insurance and social payment programs. Reliable information on the cause of death is essential for guiding health and public policy.

The paucity of birth and death data across the region, as well as quality and timeliness issues have been highlighted over the past decade, in the context of regular country reporting requirements on progress in achieving their Millennium Development Goals (MDGs), as illustrated in a 2009 presentation at a regional MDG conference in Nadi: while all 15 countries were able to report against all three MDG Goal 4 Indicators, no country was able to rely on data from administrative data sources, such as Civil Registration and Health Information systems, that were less than 3 years old<sup>1</sup>. Countries able to report against all 3 indicators using “up-to-date” statistics were Marshall Islands, Nauru, Solomon Islands and Tuvalu – but only because they had conducted a Demographic Health Survey within the previous 3 years (2006-07). Repeating this same presentation today, would render these 4 sets of indicators as obsolete being by now 5 years old, with only Samoa, PNG and Kiribati in a position today to provide recent statistics, having undertaken a DHS in 2009.

This example shows quite poignantly that reliance on costly household surveys undertaken on an *ad hoc* basis (and often guided by availability of funding rather than local/national demand for such information) cannot provide more than periodic, at best five-yearly updates of essential health information – timelines not commensurate with regular policy performance, development activity monitoring and rapid policy response, with more up-to-date or real-time information only available from administrative databases, such as civil registration and health information systems across the region.

The Pacific also faces challenges in dealing with what appears to be a rapid and exaggerated health transition from communicable to non-communicable diseases. Countries are increasingly being asked to account for their progress against measures such as MDG’s on childhood and maternal mortality. Additionally, with non-communicable diseases becoming increasing important in the region<sup>2</sup>, accurate data on deaths and cause of death is the most effective way of measuring the disease burden in the population. Reliable, timely data are essential for planning, delivery and evaluation of population health strategies and intervention services. The absence of accurate data is a significant barrier to effective planning and cost effective resource allocation. By investing in improving civil registration and vital statistics systems, costs and inefficiencies can be reduced, by lessening dependence on very costly demographic health surveys population and housing censuses, and also ultimately obtaining better quality and more timely data, than via indirect estimation and with information only available every five to ten years.

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<sup>1</sup> Gerald Haberkorn, “Monitoring MDG progress in Pacific Island countries – data availability, quality and access”, *ESCAP/ADB/UNDP Pacific MDG Workshop: Taking Stock, Emerging Issues and Way Forward*, 16 – 20 March 2009, Nadi, Fiji Islands.

<sup>2</sup> Snowdon W. Challenges of noncommunicable diseases in the Pacific Islands: the need for evidence and data. *Asia Pac J Public Health*. 2011 Jan;23(1):110-1.

## **The Journey to Improving Vital Statistics**

The impetus for improving vital statistics in the Pacific has arisen in part from priorities articulated in the Pacific Plan of regional Heads of Governments, from donor initiatives to improve health systems through improving knowledge about health information systems, as well as through the needs arising from global initiatives such as the Millennium Declaration and MDGs. The Economic and Social Commission for Asia and the Pacific (ESCAP) has also recognised the urgent need to place - strengthening civil registration systems on the regional agenda rather than relying on alternate sources of vital event rates such as population censuses or household sample surveys. There is now greater awareness of the need for quality and timely data to inform decision making around development policy and the provision of technical and financial assistance especially from donor countries and development agencies.

## **The Ten Year Pacific Statistics Strategy 2011-2020 (TYPSS)**

In 2007 a *Regional Statistical Benchmarking Study* was commissioned, with the recommendations endorsed in 2009 by the Forum Economic Ministers meeting and the Secretariat of the Pacific Community (SPC) Ministers meeting. To help strengthen the implementation of the recommendations, the Asian Development Bank (ADB) provided some consultancy assistance to SPC to help develop a regional strategy and action plan. A comprehensive report entitled *A Pacific Island Regional Plan for the Implementation of Initiatives for Strengthening Statistical Services through Regional Approaches, 2010-2020* was tabled at the 3rd Regional Conference of Heads of Planning and Statistics held in Noumea, July 2010. The report led to the development by SPC of the *Ten Year Pacific Statistics Strategy 2011-2020*, which identified critical data gaps and statistical system failures, and recommended priority attention to be accorded to key sectors; and the subsequent design of a prioritized *Pacific Statistics Action Plan, Phase 1 (2011-2014)*. Apart from a strong thematic focus on economic statistics, the *Pacific Statistics Action Plan, Phase 1 (2011-2014)*, identified improvements to vital statistics and civil registration, and to health and education statistics as the four strategic priority areas, with functioning administrative databases seen as essential to supply such statistics on a regular basis. The TYPSS was subsequently also endorsed by both SPC's 40th CRGA meeting and subsequent Ministerial conference, and Pacific Islands Forum Secretariats' Finance and Economic Ministers Meeting (FEMM) in October 2010.

Coordination and oversight of the implementation of the Strategy is the responsibility of SPC and the Pacific Statistics Steering Committee comprised of six Pacific Island government statisticians and four representatives from financial and technical partners (AusAID, ADB, UNFPA and University of the South Pacific (USP)).

## **THE BRISBANE ACCORD GROUP (BAG)**

At the initiative of the Health Information Systems Knowledge Hub (HIS Hub) at the University of Queensland and the Secretariat of the Pacific Community (SPC) a meeting of Pacific Partners, including UNFPA, WHO, UNICEF, PHIN (Pacific Health Information network), ABS (Australian Bureau of Statistics), QUT (Queensland University of Technology), UNSW (University of New South Wales) and FNU (Fiji National University) was convened in December 2010 in Brisbane to collectively understand ongoing and planned vital statistics development activities in the Pacific and to discuss strategies to improve vital statistics in Pacific island countries.

As no one single agency is responsible for vital statistics and civil registration in the Pacific, the Brisbane Accord Group (BAG) was established at this meeting to coordinate, facilitate and support investments in the region through collaborative activities. At its first meeting, BAG proposed long-term goals and priority actions for a collaborative initiative to improve vital registration practices in Pacific Island Countries, provide a more coordinated response from partner agencies, and to ensure partner agencies' support to SPC, where forthcoming, is compatible with SPC implementation of the Ten Year Pacific Statistics Strategy. Partners agreed to focus on five priority areas namely<sup>3</sup>:

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<sup>3</sup> BAG Partner Agencies. Pacific Vital Statistics Action Plan (2011-2014), page 2

1. **Improving data integration and sharing**, particularly rationalizing duplication of effort and/or multiple data systems collecting the same data, improving dialogue and clarity about data ownership and advocating strongly for the benefits of data consolidation;
2. **Increasing data analytical skills** among data producers, particularly to allow them to more confidently and competently assess the quality and completeness of basic health statistics including fertility, mortality and causes of death; exploring the potential for regional approaches to HIS to address problems associated with the small number of trained staff in many countries, and to more efficiently process data;
3. **Strengthening strategies to advocate for HIS**, including the need for producers and users of health data to be more aware of their potential to inform health policy debates;
4. Improving knowledge about the potential importance of health surveys as an adjunct to the information base on vital events from Civil registration vital statistics systems, and **increasing analytical capacity to analyse them to better support policy**. “Vital statistics generated from civil registration, if they are to be fully exploited, need to be complemented by information pertaining to income, poverty, living conditions, access to safe water, access to health services and so forth and these would be available from statistical surveys conducted within the national statistical system.” (Srdjan Mrkic, Chief, Demographic Statistics of the UN Statistics Division);
5. **Making better use of institution-based data**, particularly resolving issues around cost-effective means for data transmission, and improving data collection and dissemination practices and knowledge.

The Pacific Vital Statistics Action Plan (2011-2014) was developed by the BAG partner agencies following discussions at the second BAG meeting in April 2011. BAG meetings provide an opportunity for partners to talk about strategic issues and to update the plan based on new intelligence; table technical and financial commitments to the plan; and ensure active engagement and commitment to the process.

Currently the members of the Brisbane Accord Group include the following agencies: UQ-HIS Hub, SPC, UNICEF, WHO, UNFPA, PHIN, ABS, UNSW, QUT and FNU.

### **Principles of the BAG Group**

The following principles have been established by the BAG partners in relation to the operation of the plan and BAG activities under this arrangement.

- The scope of BAG activities is limited to births, deaths and cause-of-death.
- Technical assistance by partner agencies related to improving vital statistics in the Pacific will be coordinated through BAG.
- Technical assistance to countries should be requested by the countries themselves
- A coordinated approach to Technical assistance is essential to make the most out of the available resources, and assistance provided in one area should not be to the detriment of others – a coordinated approach is essential.
- Progress with the initiative needs to be reported regularly to regional governance structures, such as the six monthly Pacific Statistics Steering Committee which oversees the implementation of the Ten Year Pacific Statistics strategy, as well as the biannual Pacific Health Ministers’ meeting.
- The mandate for working in-country comes through the partnership with agencies such as WHO, UNFPA, UNICEF and SPC which are expected to do so. More broadly, the initiative has been embedded, with partners agreement, within the Ten Year Pacific Statistics Strategy in order to ensure political support at the highest level in all Pacific countries and provide a formal governance structure.

The key strengths of the BAG approach and Pacific Vital Statistics Action Plan is the close collaborative relationship between partner agencies, close collaboration with countries in identifying priorities for improvement, and the provision of intensive and targeted technical assistance by institutions within the region..

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## THE PACIFIC VITAL STATISTICS ACTION PLAN (2011-2014)

### Aim and Objectives

The overarching aim of the plan is to assist Pacific countries to understand the critical importance of vital statistics on births, deaths and causes of deaths and to improve their availability, accuracy and use. This Action Plan also focuses specifically on helping countries to improve the completeness of registration of births and deaths and to improve the quality and reliability of data on causes of death through a range of strategies and linked activities.

The plan was endorsed by the Pacific Islands Health Ministers at their 2011 meeting, and sits under the framework of the Ten Year Pacific Statistics Strategy (TYPSS). It also forms part of the UNESCAP Regional Strategy for strengthening CRVS systems.

The action plan for strengthening vital statistics and civil registration in the Pacific will systematically address the following specific objectives:

1. Establish mechanisms for the coordination and alignment of all in-country personnel and development partners to work with countries on a comprehensive, prioritized and achievable country strategy for improving civil registration and vital statistics systems.
2. Develop country specific strategic plans that can be carried out within the framework of the Ten Year Pacific Statistics Strategy drawing on the technical and financial resources of the BAG
3. Encourage and assist all countries to undertake an assessment of their vital and civil registration systems involving key stakeholders across sectors of health planning, civil registries and statistics to identify weaknesses and priorities for strengthening the systems using the WHO/HIS Hub Assessment Framework
4. Promote both community awareness and government commitment to improve and rationalise civil registration and vital statistic systems through improved legislation, capacity building and improved resourcing
5. Enhance understanding of the importance of vital statistics among, and collaboration between all offices and agencies involved in registering vital events and producing vital statistics
6. Strengthen training of personnel involved in civil registration and production of vital statistics and improve technical capacity of countries to record, process and analyse information on vital events
7. Promote the use and dissemination of vital statistics
8. Establish mechanisms for regularly reviewing progress on the development of vital statistics and civil registration systems.

### Basic Approach

The basic premise of the plan is to work with countries to undertake an assessment of their collection and reporting systems for births, deaths and causes of death by assisting countries to work through a self assessment using the Vital Statistics Comprehensive Assessment tool developed by the University of Queensland HIS Hub and WHO in targeted workshops, followed by in-country visits. This information is then used by countries to develop a country-specific Vital Statistics Improvement Plan. Partner agencies are then able to focus their support in a coordinated manner to meet the technical assistance needs identified in the country plans. This country driven approach recognizes the importance of local context; it acknowledges that while there are similarities in the issues that face countries in strengthening their civil registration and vital statistics systems, for technical support to be appropriate and for its desired impact to have a chance to become sustainable requires a good understanding of existing processes and structures.

Given the different levels of vital statistics development and the availability of human and other resources across Pacific island countries, the plan aims to implement activities within four categories of countries for which development priorities and needs are likely to be similar. Country groups are based loosely on geography, cultural affiliations, size, and known level of system development and are as follows:

**Group 1:** Small island states in South and Central Pacific – Cook Islands, Nauru, Niue, Tokelau, Tuvalu

**Group 2:** US affiliated states in the North Pacific - Federated States of Micronesia, Marshall Islands, Palau (with CNMI and Guam)

**Group 3:** Larger countries with more developed administrations, including a long history of civil registration - Fiji, Tonga, Samoa

**Group 4:** Larger countries with less developed civil registration systems - Papua New Guinea, Solomon Islands, Vanuatu, as well as Kiribati.

Engagement with these country groups will be staged to ensure that there is sufficient capacity within the BAG partner organisations to support activities appropriately. For each category, a tailored strategy was proposed as below.

For country groups one and two, assessments and draft plans were done through inter-country workshops which brought together representatives from civil registry, statistics and health to work through the assessment and develop a draft plan for further review in country; followed by in-country visits. Workshops are structured based on the UQ HISHub/WHO tool for conducting comprehensive assessments for vital statistics systems published by WHO<sup>4</sup>. This provides countries with a set of standards against which to assess their civil registration and vital statistics systems, generates evidence for an improvement strategy and actively involves key country stakeholders in the assessment and improvement process. Engagement with both country groups under the plan began in 2011 and is ongoing.

The approach with Group 3 will be somewhat different in order to recognise the vast amount of assessment and planning work already undertaken in these countries. High-level meetings with BAG members and key representatives from each country will be scheduled in 2012. The purpose of the meetings is to facilitate the strategic specification of long-term goals of each country, in terms of improving civil registration and vital statistics, and to identify how BAG partner agencies could assist in supporting this work through the Pacific Vital Statistics Action Plan. The meeting will provide an opportunity for the national vital statistics/ health statistics working group in each country to present relevant health plans, information strategies, vital statistics plans, etc., and approach BAG for development assistance (technical assistance, human resources, funding, etc.) to meet specific needs as identified through these processes. In response, members of the BAG have agreed that in order to be able to look at responding to these requests for assistance; the working group will need to demonstrate that they are:

1. Based on national plans and/or strategies
2. Co-ordinated and prioritised
3. Based on assessment results.

In-country preparation for these meetings will be supported through the Pacific Health Information Network (PHIN).

Assessment and planning activities with group 4 countries will likely be carried out at country level due to their size and complexity of issues. Although full engagement with this group of countries is scheduled for 2013 under the Pacific Vital Statistics Plan, preliminary scoping and capacity building activities are underway, along with several projects on birth registration by UNICEF.

### **Country Engagement, governance and regional policy context**

A critical element for the success of this initiative is country engagement through the Pacific Statistics Steering Committee (PSSC). This committee oversees implementation of the Ten Year Pacific Statistics Strategy and subsequently the Pacific Vital Statistics Action Plan, providing the governance structure for the vital statistics work in the Pacific region. BAG partners have also made a commitment to report progress against the plan to the Pacific Ministers of Health at their regular meetings.

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<sup>4</sup> UQ Health Information Systems Knowledge Hub. Comprehensive assessment of national civil registration and vital statistics systems. UQ HIS Hub and WHO. Brisbane 2010

The role of the Brisbane Accord Group is to provide strategic and technical support to countries to improve their vital statistics as part of the implementation of the Ten Year Pacific Statistics Strategy (TYPSS) and regional mandates of agencies such as WHO, UN agencies. SPC will facilitate the coordination of this engagement through the Pacific Statistics Steering Committee and the Statistics for Development programme located at SPC. Country engagement will primarily be managed (and mandated) via SPC and WHO.

The BAG secretariat is coordinated jointly by HIS Hub at UQ and SPC, who will jointly steer the coordination of the implementation of the Plan. All BAG Partners are responsible for the overall direction and approach of the plan and its implementation including financial and technical support. All members have committed to fully collaborate and to contribute expertise and resources within their means.

This implementation plan is aligned with the Pacific Statistics Strategy Action Plan, Phase 1 2011- 2014. It specifically relates to Objective 2: *PICTS are producing the agreed core set of statistics across key sectors* and output 2-2.2: *TA/training to countries with weak/incomplete registration systems to produce reliable birth and death statistics*. These statistics are part of the National Minimum Development Indicator database (NMDI) developed by SPC. The plan is also closely aligned with a key strategic priority of the Health Information Systems Knowledge Hub at the University of Queensland to ensure that countries in the region benefit from the best available knowledge and technical expertise, through the Hub and its' partner networks, for strengthening their civil registration and vital statistics systems, including capacity to analyse and interpret vital statistics. It also ensures that the Hub can effectively disseminate relevant and useful knowledge resources with the aim of influencing policy dialogue at the national and regional level.

The Pacific Vital Statistics Action Plan sits parallel to the ESCAP regional plan for Civil Registration and Vital Statistics Improvement in Asia and the Pacific which is currently under development and has a similar multi-organisational governance structure, as part of an overall strategy for the ESCAP Asia Pacific Region. The BAG group has committed to keep ESCAP informed of its current activities in this sector, and to coordinate future work with ESCAP, where appropriate and existing governance arrangements allow.

## **RELATED GLOBAL FRAMEWORKS**

Initiatives such as PARIS21's National Strategies for Statistics Development (NSSD) and IMF's General Data Dissemination System (GDDS) being undertaken in selected countries will be considered in the planning for those countries concerned.

***Paris 21: National Strategies for the Development of Statistics (NSDS) and National Statistical Masterplans***  
PARIS21 focuses its efforts on encouraging and assisting all low-income and lower middle income countries to design, implement, and monitor National Strategies for the Development of Statistics (NSDS). An NSDS is expected to provide a country with a strategy for developing statistical capacity across the entire national statistical system (NSS). PNG, Fiji, Samoa, Tonga, Vanuatu, Solomon Islands and recently also the Cook Islands have all requested Paris 21 – SPC assistance in developing an NSDS. Additionally, drafts of Statistical Strategic plans focusing on national statistics agencies (not national statistical systems), including multi-year work program priorities, have been developed and are being implemented currently in Vanuatu, Marshall Islands, Cook Islands, Niue, Tokelau, Kiribati, Palau, RMI, FSM and Nauru.

## ***Commission on Information and Accountability for Women's and Children's Health***

In response to the Global Strategy for Women's and Children's Health Report in 2010, WHO has established a Commission on Information and Accountability for Women's and Children's Health to provide a framework for global reporting, oversight and accountability to ensure that promises of resources are kept and that results are measured. One of the four key objectives identified for the commission is to “Propose actions to overcome major challenges to accountability at the country level, including strengthening of country capacity and addressing major data gaps, such as the monitoring of vital events.” Papua New Guinea and the Solomon Islands have been identified by the Commission as priority countries.

### ***Health Metrics Network***

The Health Metrics Network (HMN) was established in 2005 as a global partnership dedicated to strengthen country health information systems (HIS). Since its inception, HMN has developed the HMN Framework and Standards for Country Health Information Systems which is now in widespread use. The HMN goal is to increase the availability and use of timely and accurate health information by catalysing the joint funding and development of core country HIS.

### **MONITORING AND EVALUATION**

BAG partners have recognised monitoring and evaluation as an important component of the Pacific Islands Vital Statistics Improvement Plan. Key milestones and outcome indicators have been identified, and a monitoring and evaluation framework is currently under development for review by all partners.