



**Pacific CRVS**  
supported by Brisbane Accord Group



**Pacific  
Community**  
Communauté  
du Pacifique



# Civil registration and vital statistics systems in the Pacific

Overview of the organisation, status of systems,  
and levels of completeness of birth and death  
registration by country



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Overview of the organisation, status of systems, and levels of completeness of birth and death registration by country



Pacific  
Community  
Communauté  
du Pacifique

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# ACRONYMS

ABS	Australian Bureau of Statistics
ADB	Asian Development Bank
BAG	Brisbane Accord Group
BDM	Births, Deaths and Marriages
BNH	Belau National Hospital
CNMI	Commonwealth of the Northern Mariana Islands
CRVS	Civil registration and vital statistics
DFAT	Australian Department of Foreign Affairs and Trade
DHIS	Discharge Health Information System
DHS	Demographic and Health Surveys
DPLGA	Department of Provincial and Local Level Government Affairs
eNHIS	electronic National Health Information System
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNICEF	United Nations Children’s Fund
HIS	Health Information System
ICD	International Classification of Diseases
LLG	Local Level Government
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MOU	memorandum of understanding
MHMS	Ministry of Health and Medical services
MoHMS	Ministry of Health and Medical Services
MoJ	Ministry of Justice
NDOH	National Department of Health
NSO	National Statistics Office
PNG	Papua New Guinea
PNGCIR	Papua New Guinea Civil Identity and Registry Office
RMI	Republic of Marshall Islands
RPHSDP	Rural Primary Health Services Delivery Project
SPC	Pacific Community (formerly Secretariat of the Pacific Community)
WHO	World Health Organization

# INTRODUCTION

Civil registration as the “universal, continuous, permanent and compulsory recording of vital events provided through decree or regulation in accordance with the legal requirements of each country” (UN Department of Economic and Social Affairs Statistics Division, 2014). Vital events include, amongst others, live births, deaths and foetal deaths. Civil registration delivers documents for under the law and is the ‘gold standard’ by which legal identity is established and maintained. A well-functioning civil registration system provides the most reliable source of population data on vital events (vital statistics) and has considerable uses for planning, evaluation, distribution of resources and policy development in the public and private sectors.

The importance of civil registration in human development is well recognised. Birth registration, which is recognised by the United Nations a human right in itself, establishes the foundation for individuals to claim rights and privileges they are entitled to on the basis of their civil status. Civil registration is a target under the 2030 global sustainable development agenda with Target 16.9 committing states to establish “legal identity for all, including birth registration, by 2030.” Further, under goal 17 civil registration is recognised for its importance in providing data to enable measurement of development, including progress in implementation of the sustainable development agenda. In this regard, indicator 17.19.2 measures the proportion of countries that have achieved 100% birth registration and 80% death registration”.

In addition to the commitments made under the above defined global development framework, Pacific countries and development partners have within the Ten Year Pacific Statistics Strategy (TYPSS) the Action Plan for Civil Registration and Vital Statistics (APPCRVS) and the healthy islands development framework committed towards the development of Civil Registration and Vital Statistics (CRVS) systems. These commitments were re-echoed in 2014 at a Ministerial Conference on CRVS in which the Asian and Pacific CRVS Decade (2015–2024) was proclaimed, and the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific endorsed.

This collection consolidates knowledge shared by countries on the status of their CRVS systems in the recent past (including through government websites, media releases and presentations made during various workshops and meetings hosted by the Brisbane Accord Group (BAG). The objective is to provide a living resource and quick reference point on the status and developments of the systems especially in light of the commitments outlined above. It provides an overview of the legislative, organisation and management framework of CRVS systems, registration processes, levels of completeness of birth and death registration by country and the most recent developments towards improving the systems. Country-specific data is presented on the PICTs that are members of the Pacific Community (SPC). events, this report focuses on the registration of births and deaths, and collation of cause of death information.

# METHODS

A literature search was conducted for a number of databases, using search terms such as civil registration, vital statistics, vital registration, birth registration, death registration, birth certificate, completeness, cause of death, medical certificate of death, CRVS system, Pacific, and individual country names, using Boolean operators, truncation and phrase searching. Government websites of PICTs, including those of statistical offices, were searched as well as non-government websites, such as the World Health Organization (WHO), United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), United Nations Children’s Fund (UNICEF) and SPC. In addition to publicly available information, documents held by SPC from meetings, workshops and work conducted with PICTs were accessed.





## OVERVIEW

This is a collection of country profiles providing an overview of civil registration and vital statistics (CRVS) in the Pacific. The CRVS profiles consolidate knowledge shared by countries on the status of their CRVS systems in the recent past, including through government websites, published reports, media releases and presentations, and direct engagement between the authors of these profiles and in-country civil registration offices and health information offices. The objective of these CRVS country profiles is to provide a living resource (updated every 2–3 years) and quick reference point on the status and developments in CRVS systems in the Pacific Island region. The profiles provide an overview of the legislative, organisational and management frameworks of CRVS systems, registration processes, levels of completeness of birth and death registration, and the most recent developments towards improving CRVS systems. Whilst civil registration covers many vital events, these profiles focus on the registration of births and deaths, and collation of cause of death information. It is envisaged that these country profiles will serve as a fundamental tool in advocating for further investment in strengthening the coverage and completeness of CRVS systems across the Pacific Island region.

## SOURCE OF BIRTH AND DEATH DATA

The source of figures in Table 1 (births) and Table 2 (deaths) is outlined below each table, with the full citation given in the Reference section at the end of the profile. All figures were obtained from published sources or through direct contact with in-country civil registration offices and health information offices. The date figures were obtained through direct in-country contact is stated below the tables, and indicates when those figures were extracted from in-country databases.

## SUGGESTED CITATION

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## FURTHER INFORMATION

For further information please contact the Statistics for Development Division (SDD) – SPC at: [sdd-info@spc.int](mailto:sdd-info@spc.int); <https://sdd.spc.int/>

# CIVIL REGISTRATION AND VITAL STATISTICS IN AMERICAN SAMOA

American Samoa comprises five main islands and two coral atolls situated on the eastern border of the international date line. It lies southeast of Samoa (Western), west of Cook Islands, north of Tonga and south of Tokelau. American Samoa is the southernmost territory of the United States of America (USA), and one of two US territories south of the Equator, along with the uninhabited Jarvis Island.



Land area  
(km<sup>2</sup>)  
**199**

2020 mid-year  
population estimate  
**56,800**

Population growth  
rate (%)  
**0.3**

## CRVS LEGISLATION, ORGANIZATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in American Samoa is governed by the American Samoa Code, Title 13, Chapter 5 Vital Statistics (1962) (amended 1968, 1979, 1990); and the American Samoa Statistical Act (2003).

### *Agencies responsible for birth and death recording and registration*

The Department of Medical Services is responsible for the recording of births and deaths in health facilities and the community. Collation of these records at the national level is undertaken by the Health Information Management Department, located at the only hospital in American Samoa, the Lyndon B. Johnson (LBJ) Tropical Medical Center on the main island of Tutuila. The Department of Homeland Security is responsible for overseeing the civil registration of births and deaths. The civil registration office is referred to as the Vital Statistics Office, and the civil registrar is referred to as the Registrar of Vital Statistics. The Vital Statistics Office facilitates registrations of births and deaths, and is also responsible for the issuance of national ID cards.

### *National CRVS committee and CRVS action plan*

American Samoa has a functional CRVS committee, created after the 2014 Ministerial Conference on CRVS in Asia and the Pacific. Members of the committee are: the Department of Medical Services; the Department of Homeland Security, the Vital Statistics Office; the LBJ Medical Center; the Department of Commerce, Statistics ; and the Office of the Attorney General.

### *National ID systems*

American Samoa has a national ID system.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

The Department of Medical Services is required to complete birth notification forms (referred to as birth certificates under the law) for all births that occur in health facilities in American Samoa, and to forward these to the Registrar of Vital Statistics. For births that occur outside a health facility, the law requires that the birth of every child be reported promptly to the *pulenu'u* (mayor) of the village where the child was born, together with any particulars the *pulenu'u* may request. The *pulenu'u* is tasked, under the law, to report all such births (which are rare) to the Department of Medical Services. Application for a birth certificate can be made through the Vital Statistics Office, or through an electronic online system called VitalChek (<http://www.vitalchek.com>). The online system is mostly utilised by American Samoans living off-island who are seeking a copy of their birth certificate.

### *Timeframes and costs*

The law states that the Department of Medical Services (LBJ Medical Center) should forward birth notification forms to the Registrar of Vital Statistics as soon as possible, but in no event more than six months after the birth. For births that occur in the community, which are very few, the *pulenu'u* of the village where the child was born should report the birth to the Department of Medical Services within 10 days of the event.

Standard, on-time birth registration	no charge
Birth certificate printed	5.00 (USD)
Birth certificate ordered online	22.75 (USD)*
Amendments	7.00 (USD)

\*Covers the Agency Certificate Fee and the Vital Chek Processing Fee. The cost of shipping the record is not included.

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A birth certificate is required for filing tax returns, for accessing social services and social security benefits, and for enrolment in school.

### *Registration process for births occurring overseas*

Mothers are rarely referred off-island to give birth, unless warranted by health complications or issues. In such cases, babies born by off-island referrals are not automatically captured or recorded in the local civil registry (ASG and SPC 2015).

## **REPORTING AND REGISTRATION OF DEATHS**

### *Recording deaths at health facilities and registering deaths at the civil registry*

The Department of Medical Services is required to complete death notification forms (referred to as death certificates under the law) for all births that occur in health facilities in American Samoa, and to forward these to the Registrar of Vital Statistics. For deaths that occur outside a health facility, the law requires that the death be reported promptly to the *pulenu'u* (mayor) of the village where the death occurred, together with any particulars the *pulenu'u* may request. The *pulenu'u* is tasked, under the law, to report all deaths to the Department of Medical Services.

Application for a death certificate cannot be made through the electronic online VitalChek system.

### *Timeframes and costs*

The law states that the Department of Medical Services (LBJ Medical Center) should forward death notification forms to the Registrar of Vital Statistics as soon as possible, but in no event more than six months after the death.

Standard, on-time death registration	no charge
Death certificate printed	5.00 (USD)
Amendments	7.00 (USD)

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

A death certificate is required for inheritance of land, property, and estates of deceased persons.

### *Registration process for deaths occurring overseas*

American Samoa has a medical referral program whereby critically ill patients can be sent to the United States, commonly Hawaii, and sometimes to New Zealand and other countries for medical treatment. Deaths that occur in these countries following medical referral are often brought back to American Samoa for burial. Overseas deaths are not, however, automatically captured or recorded in the local civil registry.

## **COLLATION AND CLASSIFICATION OF CAUSE OF DEATH**

### *Process and timeframes for coding of death certificates*

The coding of deaths is currently conducted using the ICD-9 format but there are plans under way to update to ICD-10. The American Samoa Vital Statistics Report 2010–2012 found that 7% of the deaths analysed in the report were classified as ill-defined, or had not been assigned an underlying cause of death (ASG and SPC 2015).

## **COMPLETENESS OF CIVIL REGISTRATION DATA**

The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In some countries in the Pacific region, the births and deaths of citizens overseas can be registered in the civil registry. When estimating completeness, it is best that these overseas births and deaths are not included in the civil registry figures, since the other sources they are compared to, such as health records, do not include overseas events. In American Samoa, overseas births and deaths are not automatically captured or recorded in the local civil registry, and have not been included in the figures in Tables 1 and 2.

Table 1 shows that, between 2010 and 2018, birth registration completeness, when compared to health records, remained above 90%, except in 2012 and 2014, when it was estimated to be around 88% and 75%, respectively. From 2015 to 2018, the estimated completeness exceeded 100%. Comparison with the 2010 census is not possible, as the census did not ask questions on annual births; whilst comparison with the SPC projection showed an estimated completeness of around 75%. The reason for the greater than 100% completeness of the civil registry since 2015 compared to health records requires further investigation, as does the difference in the completeness estimate for 2018 for health (104%) and the SPC projection (75%).

**Table 1: Completeness of birth registration data**

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	946	912	1,256	-	104%	75%	-
2017	1,040	1,001	-	-	104%	-	-
2016	1,096	1,013	-	-	108%	-	-
2015	1,150	1,096	-	-	105%	-	-
2014	811	1,084	-	-	75%	-	-
2013	1,061	1,161	-	-	91%	-	-
2012	1,034	1,175	-	-	88%	-	-
2011	1,178	1,287	-	-	92%	-	-
2010	1,164	1,279	-	-	91%	-	-

Sources: <sup>a</sup>2010–2016 Homeland Security, Office of Vital Registration (HSOVR 2017), 2017–2018 obtained directly from the Vital Statistics Office on 04.02.2021. <sup>b</sup>2010–2017 Health Information Management Department, LBJ Tropical Medical Center (DoCSD 2018), 2018 obtained directly from the Vital Statistics Office on 04.02.2021. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent census in 2010 did not ask questions on annual births, and therefore could not be used to estimate the completeness of birth registration. Completeness was calculated by dividing «Civil Registry» by «Health», and «Civil Registry» by «SPC projection».

Table 2 shows that, between 2010 and 2018, the estimated completeness of death registration when compared to health records exceeded 100% for most years. Comparison with the 2016 census was not possible, as the census did not ask questions on annual all-age mortality. Comparison with the SPC projection showed an estimated completeness of around 98%. The reason for greater than 100% completeness of the civil registry when compared to health records requires further investigation.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	315	298	322	-	106%	98%	-
2017	317	310	-	-	102%	-	-
2016	289	280	-	-	103%	-	-
2015	308	314	-	-	98%	-	-
2014	270	259	-	-	104%	-	-
2013	279	270	-	-	103%	-	-
2012	286	282	-	-	101%	-	-
2011	284	283	-	-	100%	-	-
2010	222	247	-	-	90%	-	-

Sources: <sup>a</sup>2010–2016 Homeland Security, Office of Vital Registration (HSOVR 2017), 2017–2018 obtained directly from the Vital Statistics Office on 04.02.2021. <sup>b</sup>2010–2017 Health Information Management Department, LBJ Tropical Medical Center (DoCSD 2018), 2018 obtained directly from the Vital Statistics Office on 04.02.2021. <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent census in 2010 did not ask questions on annual all age mortality, and therefore could not be used to estimate the completeness of death registration. Completeness was calculated by dividing «Civil Registry» by «Health», and «Civil Registry» by «SPC projection».

## PUBLICATION OF CRVS DATA AND REPORTS

The Statistics Division of the Department of Commerce of American Samoa collaborates with the LBJ Medical Center and the Department of Homeland Security Office of Vital Statistics to consolidate and publish data on Births, Deaths and Marriages in the American Samoa Statistical Yearbook. The yearbook series contains vital events, usually published for the last ten years. The latest yearbook was published in 2018 and includes data for the years 2007–2017. In 2015, American Samoa also produced a comprehensive vital statistics report covering births, deaths and causes of death for 2010 to 2012.

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. The CRVS Committee is working with the Attorney General's Office to recommend and implement changes to the vital statistics law. The current law does not make provisions to support data-sharing or the use of IT for civil registration purposes.
2. The CRVS Committee plans to develop a CRVS comprehensive multi-sectoral strategy document, as well as a CRVS monitoring and implementation plan.
3. The CRVS Committee is working with the Governor's Office in officiating and adopting a CRVS executive order that will call for the establishment of a CRVS task force to oversee the implementation of the central registry system that aims to provide legal identity for all. It will also provide detailed demographic data to support targeted planning and policy interventions to reduce inequalities within the population.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN COOK ISLANDS

Cook Islands comprises 15 islands and is surrounded by American Samoa and Niue to the west, Kiribati to the north and French Polynesia to the east.



Land area  
(km<sup>2</sup>)  
**237**

2020 mid-year  
population estimate  
**15,300**

Population growth  
rate (%)  
**0.4**

## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in Cook Islands is governed by the Births and Deaths Registration Act of 1973; the Births and Deaths Registrations (Fees) regulations of 1998; the Births and Deaths (Amendment) Act (2007) (repealing provision regarding registration of children born outside of Cook Islands); and the Births and Deaths Registrations (Fees) Regulations (2015).

### *Agencies responsible for birth and death recording and registration*

The Ministry of Health (MoH) is responsible for the recording of births and deaths in health facilities and the community, with collation of these records at the national level undertaken by the Health Information Section. The Ministry of Justice (MoJ) administers the Births and Deaths Registration Act 1973. The Registry Services division of the MoJ functions as a civil registration office and oversees the civil registration of births and deaths, and maintains the registries for births and deaths.

### *National CRVS committee and CRVS action plan*

Cook Islands has an informal CRVS committee, comprising the National Statistics Office, the MoH and the MoJ. While Cook Islands has no specific CRVS plan, CRVS collaboration across government agencies is embedded in the National Cook Islands Strategy for the Development of Statistics 2015–2025 (Stats Office 2015) and the Health Information Plan 2015–2019 (MoH 2015).

### *National ID systems*

Cook Islands is currently developing a national identification policy that will implement a national ID system, led by the MoJ and the Office of the Prime Minister.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

More than 80% of births in Cook Islands occur in the hospital on the main island of Rarotonga. When a birth takes place there, it is recorded in the Health Information System, and a copy of the record is forwarded directly to the Registry Services division. When births occur outside the hospital, the mother and child are brought to the hospital soon after the birth for a medical check, and the event is recorded. Parents must complete the registration process by visiting the Registry Services division, where they validate the facts of the birth, after which the event is registered and a birth certificate is issued. If parents do not attend within the required timeframe, staff from the Registry Services division contact them via telephone. On the main island, the birth registration process is electronic, with events recorded in a Microsoft Access database, whilst on the outer islands the process is paper-based. Each island has a deputy registrar, or a representative of the MoJ, which receives notifications directly from the local health clinics. Hard copies of these records are provided to the Registry Services division in Rarotonga on a quarterly basis, where they are entered into the electronic database.

### *Timeframes and costs*

According to the law, registration of all births that occur in the country is compulsory and must be conducted within fourteen days of a birth.

Standard, on-time birth registration	no charge
Late registration (> 14 days)	20.00 (NZD)
Birth certificate printed	15.00 (NZD)
Change of name persons aged under 21	40.00 (NZD)
Change of name persons aged 21 or older	75.00 (NZD)



### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A birth certificate is required to obtain a passport, open of bank account, enrol in school, and access free healthcare. A baby bonus of NZD 1,000 is available to new parents who register the birth of their child. This incentive is considered to have contributed substantively to the completeness in birth registration in the country. The payment of the incentive is administered by the Ministry of Internal Affairs.

### *Registration process for births occurring overseas*

It is common for births of Cook Islanders to occur overseas, mostly in New Zealand. These overseas births are not registered in the Cook Islands civil registry, even if the baby and parents return to Cook Islands soon after the birth.

## **REPORTING AND REGISTRATION OF DEATHS**

### *Recording deaths at health facilities and registering deaths at the civil registry*

The majority of deaths occur in the hospital on the main island of Rarotonga. If a death occurs outside the hospital, the body is brought to the hospital or to a health centre. A medical officer certifies all medical certificates of cause of death (MCCD). In the outer islands that do not have a resident medical officer, a nurse practitioner completes the MCCD. A copy of the MCCD is sent directly to the Registry Services division, and the details captured in a logbook. Family members are required to attend the Registry Services division to complete the registration process. If families do not attend within a certain period, staff from the Registry Services division contact them via telephone. A funeral director can also facilitate the registration and processing of death certificates on behalf of the family. Deaths in the outer islands are reported to the Deputy Registrar or a representative of the MoJ, who follows the same procedure as in Rarotonga. Copies of the registration sheets are sent to the Registry Services division in Rarotonga where they are filed, but not collated with the Rarotonga data. Information about deaths on the outer islands is often slow to come in; it may be received at the Registry Services division only when registration books are full. Each registrar is required to keep a copy of the register, and another copy of each book is sent to the Registry Services division in Rarotonga. Deaths that occur overseas are not registered in the Cook Island civil registry.

### *Timeframes and costs*

By law, death registration must be conducted within three days of burial, or after receipt of a coroner's report for unnatural deaths.

Standard, on-time death registration	no charge
Late registration (more than 3 days)	not applied*
Death certificate printed	55.00 (NZD)

\*No fee is applied for registration of a death three days after burial.

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

A death certificate is required for inheritance of land, property and estates of deceased persons.

### *Registration process for deaths occurring overseas*

It is common for deaths of Cook Islanders to occur off-island, mainly in New Zealand. These overseas deaths are not registered in the Cook Islands civil registry, even if the body is returned to the Cook Islands for burial.

## **COLLATION AND CLASSIFICATION OF CAUSE OF DEATH**

### *Process for coding death certificates*

Cook Islands uses the 2016 format of the WHO international death certificate. The completed medical certificate of cause of death (MCCD) is provided to the Health Information Section where it is coded according to the

International Classification of Diseases, 10<sup>th</sup> edition. The country has one trained medical coder who is responsible for both morbidity and mortality coding. The Cook Islands Vital Statistics Report 1999–2013 analysed the MCCDs for the 502 deaths that occurred during the five-year period between 2009 and 2013 and found that 5% of deaths were classified as ill-defined, or had not been assigned an underlying cause of death (Stats Office, MoH and SPC 2015); which is a low figure for unknown causes of death compared to other PICTs, and demonstrates the strength of the Cook Islands system.

### *Training and resources for cause of death certification and coding*

In 2017, medical doctors from Cook Islands attended a three-day training workshop in Fiji on medical certification of cause of death. The workshop was coordinated by SPC and supported by the Brisbane Accord Group (BAG) partners. In December 2018, two medical doctors from Cook Islands travelled to Tonga to participate in a similar three-day regional training workshop, also coordinated by SPC and supported by BAG partners.

## COMPLETENESS OF CIVIL REGISTRATION DATA

Cook Islands is known to have a well-functioning civil registration system. The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In some countries in the Pacific region, the births and deaths of citizens overseas can be registered in the civil registry. When estimating completeness, it is best that these overseas births and deaths are not included in the civil registry figures, since the other sources they are compared to, such as health records, do not include overseas events. In Cook Islands, overseas births and deaths are not registered in the civil registry, and therefore are not included in Tables 1 and 2 below. Please see the sections above on registration of births and deaths occurring overseas for more information about these processes in Cook Islands.

Table 1 shows that, between 2013 and 2018, the completeness of birth registration when compared to health records remained above 100%, except in 2013 when it was estimated to be 88%. Comparison with the 2016 census was not possible, as the census did not ask questions on annual births. Comparison with the SPC projection for 2018 indicates a completeness of around 95%. Further investigation is required to understand why the completeness of the civil registration system exceeds 100% when compared to health records.

*Table 1: Completeness of birth registration data*

Year	Source of births				Completeness of birth registration compared:		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	with health	with SPC	with census
2018	240	228	252	-	105%	95%	-
2017	230	231	-	-	100%	-	-
2016	253	243	-	-	104%	-	-
2015	233	218	-	-	107%	-	-
2014	225	223	-	-	101%	-	-
2013	230	261	-	-	88%	-	-
2012	-	292	-	-	-	-	-
2011	-	284	-	-	-	-	-
2010	-	289	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from the MoJ as part of the UNESCAP Midterm Questionnaire on the implementation of the Regional Action Framework on CRVS in Asia and the Pacific. <sup>b</sup>Obtained directly from the MoH, Health Information System on 06.12.2020, and published figures (MoH 2017). <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2016 Census did not ask questions on annual births, and therefore could not be used to estimate the completeness of birth registration. Completeness was calculated by dividing «Civil Registry» by «Health» and «Civil Registry» by «SPC projection».

Table 2 shows that, between 2013 and 2018, death registration completeness when compared to health records remained above 100%. Comparison with the 2016 census was not possible, as the census did not ask questions on annual all-age mortality. Comparison with the SPC projection for 2018 indicates a completeness of around 126%. Further investigation is required to understand why the completeness of the civil registration system exceeds 100% when compared to health records and the SPC projection.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	147	127	117	-	116%	126%	-
2017	107	92	-	-	116%	-	-
2016	110	101	-	-	109%	-	-
2015	120	118	-	-	102%	-	-
2014	176	131	-	-	134%	-	-
2013	123	112	-	-	110%	-	-
2012	-	113	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from the MoJ as part of the UNESCAP Midterm Questionnaire on the implementation of the Regional Action Framework on CRVS in Asia and the Pacific. <sup>b</sup>Obtained directly from the MoH, Health Information System on 06.12.2020, and published figures (MoH 2017). <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2016 Census did not ask questions on all-age mortality, and therefore could not be used to estimate the completeness of death registration. Completeness was calculated by dividing «Civil Registry» by «Health» and «Civil Registry» by «SPC projection».

## PUBLICATION OF CRVS DATA AND REPORTS

Birth, death, and cause of death data are sent by the Registry Services division to the National Statistics Office periodically upon request. The data are then uploaded onto the statistics database. Each quarter, the Ministry of Finance and Economic Management publishes a Statistical Bulletin that contains information on births and deaths; the most recent bulletin includes data for 2020 (MoFEM 2020). Information on annual births and deaths is also periodically published by the MoH in a National Health Information Bulletin; the most recent includes data for 2016 (MoH 2017). In 2015, Cook Islands produced a comprehensive vital statistics report covering 1999–2013 (Stats Office, MoH and SPC 2015). The report provides key fertility and mortality indicators and is based on a merged dataset that included both civil registration and health data. The country is currently in the process of developing the second analytical report, covering the years 2013 to 2017.

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. In order to ensure completeness in vital statistics reporting and to securely manage and close identities, Cook Islands, in collaboration with the government of New Zealand, recently established an information sharing arrangement (through a memorandum of understanding), in which both governments will share information about deaths and name changes occurring in each country.
2. Cook Islands is considering implementation of a new cloud-based system for civil registration, with the aim of improving efficiency in civil registration services and functions, including sharing of information across departments.
3. Cook Islands is in the process of developing the second analytical vital statistics report, covering the years 2013–2017.
4. In December 2018, two medical doctors from Cook Islands travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death, coordinated by SPC and supported by the BAG partners.

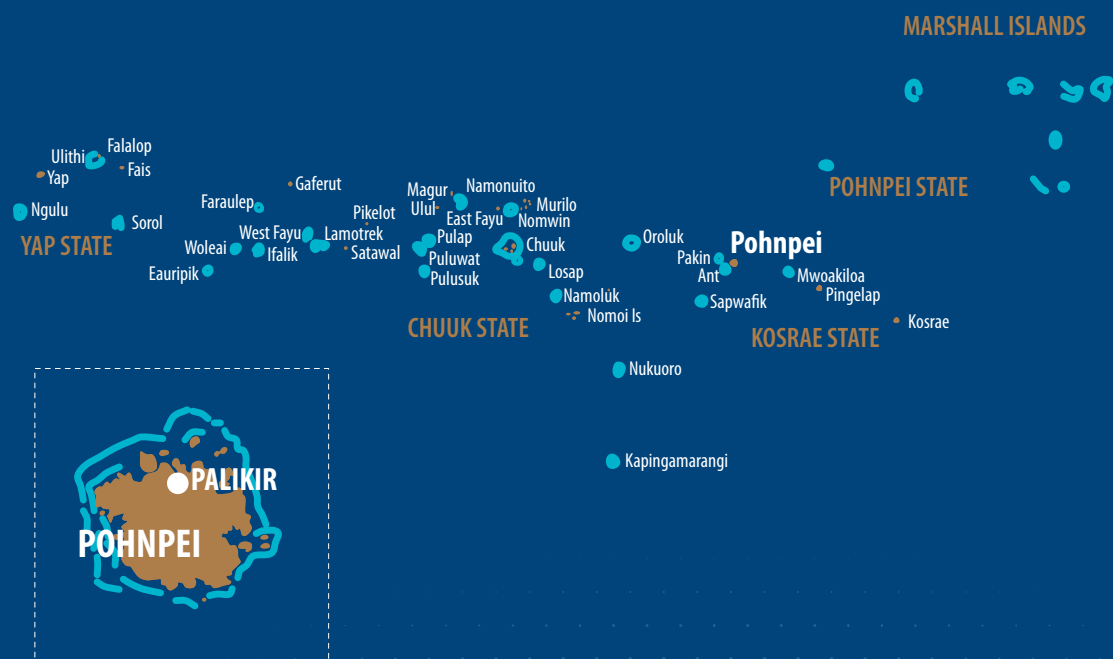
5. In May 2018, two participants from Cook Islands travelled to Fiji to participate in a two-week regional training workshop on CRVS data analysis and report writing. The workshop was coordinated by SPC and supported by BAG partners.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN FEDERATED STATES OF MICRONESIA

The Federated States of Micronesia (FSM) comprises around 607 islands in four states: Chuuk, Kosrae, Pohnpei, and Yap. It lies to the east of Palau, south of Guam and the Commonwealth of the Northern Mariana Islands, west of Marshall Islands and north of Papua New Guinea.



Land area  
(km<sup>2</sup>)  
**701**

2020 mid-year  
population estimate  
**105,500**

Population growth  
rate (%)  
**0.3**

## CRVS LEGISLATION, ORGANIZATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in the Federated States of Micronesia (FSM) is governed by the Code of FSM (Title 41, Chapter 1 – Health services administration) (1982).

### *Agencies responsible for birth and death recording and registration*

Health services operate at a state level, under the oversight of the National Department of Health and Social Affairs, which is responsible for a range of public health functions, including collection of birth and death information. The department works closely with the health facilities and health services in each state, providing statistical support, including the coding of medical certificates of death, through their Health Information Office. The responsibility for civil registration, including recording and indexing of each birth and death certificate, is held by the state courts.

### *National CRVS committee and CRVS action plan*

A rapid assessment of the CRVS system was conducted in 2011 with support from SPC and the Brisbane Accord Group (BAG) partners. A series of technical assistance visits from SPC and BAG partners were carried out in 2012 and 2013 to address some of the key issues identified through the rapid assessment, and to strengthen stakeholder engagement. A national meeting of key stakeholders was held in 2015 with the support of SPC and UNESCAP to set targets for CRVS strengthening activities [UNESCAP 2016].

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

In general, across the four states of FSM, in order to register a birth in the civil registry it is necessary for the birth to be recorded in the health system and a certificate of live birth issued from a health facility. Once this is issued, a copy needs to be transferred to the court for civil registration. Although the law sets out a common approach to the registration of births across the states, civil registration procedures differ in the four jurisdictions and are influenced by the differences in topography between the states and the related differences in their administrative procedures. For example, Kosrae is a single island with direct links between the Department of Health and Social Affairs and the court, with records manually shared on at least a weekly basis. The other states, however, have one central island and several outer islands, many of which are relatively inaccessible. Registration in these states necessitates a greater level of coordination among state actors, and most especially within the Department of Health and Social Affairs, to ensure that all births, especially those in the most remote areas, are recorded and issued a certificate of live birth. In Chuuk, the family is required to transfer the certificate of live birth to the state court. In Pohnpei and Kosrae, the transfer is undertaken by the Department of Health and Social Affairs. And in Yap, either the family or the Department of Health and Social Affairs can undertake the transfer. While most of the population of Chuuk lives on the main island Weno or on nearby islands within the Truk lagoon, there are also outer islands with substantial populations. Transport is limited, and communication between health centers and dispensaries is primarily through sporadic transfer of paper records, or more frequently by radio. These are some of the challenges for the recording and registration of births in FSM.

### *Timeframes and costs*

Stipulated timeframes and costs for birth registration were unable to be identified in some states. The Yap State Code outlines that the mother of every newborn child shall report the birth to the magistrate of her municipality within 30 days after the child is delivered. The Yap State Crimes and Punishment Code states that any person who refuses to comply shall upon conviction thereof be imprisoned for a period of not more than ten days, or fined not more than \$25.00, or both.

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A birth certificate is required for school enrolment and to obtain a passport.

## **REPORTING AND REGISTRATION OF DEATHS**

### *Recording deaths at health facilities and registering deaths at the civil registry*

In general, across the four states of FSM it is necessary for a death to be recorded in the health system and a medical certificate of cause of death (MCCD) issued in order to register the death in the civil registry. Once an MCCD is issued by a health facility, a copy needs to be transferred to the court for civil registration. Although the law sets out a common approach to the registration of deaths across the states, civil registration procedures differ in the four jurisdictions, and are influenced by the differences in topography between the states and the related differences in their administrative procedures. The processes and challenges outlined above for birth registration in each State also apply for death registration. Burials in Chuuk and Pohnpei generally take place on community or family land, and there are no permits required prior to burial.

### *Timeframes and costs*

Stipulated timeframes and costs for death registration were unable to be identified in some states. The Yap State Code outlines that it is the responsibility of the next of kin or successor of a deceased person to report the death within 30 days after the death. The Yap State Crimes and Punishment Code states that any person who refuses to comply shall upon conviction thereof be imprisoned for a period of not more than ten days, or fined not more than \$25.00, or both.

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

A death certificate is required for inheritance of land, property and estates of deceased persons.

## **COLLATION AND CLASSIFICATION OF CAUSE OF DEATH**

### *Process for coding death certificates*

The Department of Health and Social Affairs is responsible for a range of policy and public health functions and works closely with state health services to provide statistical support to the states through their Health Information Office, including the coding of medical certificates of death. All states use a medical certificate of death that is consistent with the International Classification of Diseases (ICD), with data coded in accordance with ICD-10 at a national level. Coded data are not reintegrated with the state records. The quality and completeness of cause of death data varies significantly between the states.

## **COMPLETENESS OF CIVIL REGISTRATION DATA**

Completeness of birth and death registration varies significantly between states. Kosrae is a single island and has essentially complete registration coverage, in large part due to the intensive follow-up of all events by medical records staff, and the direct links between the Department of Health and Social Affairs and the court, with records manually shared on at least a weekly basis. The other states each have one central island and several outer islands, many of which are relatively inaccessible. At the current time we have been unable to obtain annual figures for births and deaths in FSM. However, work is currently being undertaken to make these figures available in the near future.

Table 1: Completeness of birth registration data

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	-	-	2,477	-	-	-	-
2017	-	-	-	-	-	-	-
2016	-	-	-	-	-	-	-
2015	-	-	-	-	-	-	-
2014	-	-	-	-	-	-	-
2013	-	-	-	-	-	-	-
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	2,281	-	-	-

Sources: <sup>a</sup>Not available; <sup>b</sup>Not available. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent census in 2010 recorded the number of births that happened during the 12 months preceding the census (between 5 April 2009 and 4 April 2010) (SBOC and UNFPA 2012). Completeness could not be calculated without figures from the civil registry.

Table 2: Completeness of death registration data

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	-	-	556	-	-	-	-
2017	-	-	-	-	-	-	-
2016	-	-	-	-	-	-	-
2015	-	-	-	-	-	-	-
2014	-	-	-	-	-	-	-
2013	-	-	-	-	-	-	-
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Not available; <sup>b</sup>Not available. <sup>c</sup>calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent census in 2010 did not ask questions on all-age mortality, and therefore could not be used to estimate the completeness of death registration. Completeness could not be calculated without figures from the civil registry.

## PUBLICATION OF CRVS DATA AND REPORTS

FSM has previously published a statistical yearbook that contained figures for registered live births and deaths annually. The most recent publication was the 2007 Statistical Yearbook, which contained figures of registered births (1997–2003) and deaths (1993–2003) (DoEPS and DoEA 2007).

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. There is a focus on digitizing new and also historical birth and death records in order to ensure that natural or manmade disasters are not able to destroy files, which can happen to exclusively paper-based records (PCRN 2017a; 2017b).



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# CIVIL REGISTRATION AND VITAL STATISTICS IN FIJI

Fiji comprises more than 330 islands and is surrounded by Vanuatu to the west, Tuvalu to the north, Wallis and Futuna to the northeast, Tonga to the southeast and New Zealand to the south.



Land area  
(km<sup>2</sup>)  
**18,333**

2020 mid-year  
population estimate  
**895,000**

Population growth  
rate (%)  
**0.4**

## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in Fiji is governed by the Births, Deaths and Marriages (BDM) Registration Act of 1975.

### *Agencies responsible for birth and death recording and registration*

The Ministry of Health and Medical Services (MHMS) is responsible for the recording of births and deaths in health facilities and the community, with collation of these records at the national level undertaken by the Research, Innovation and Digital Analysis Management (RIDAM) Unit located in Suva. The Ministry of Justice is responsible for, inter alia, overseeing the civil registration of births and deaths, with the national Fiji BDM Office located in Suva, and a further 20 BDM offices across Fiji.

### *National CRVS committee and CRVS action plan*

Fiji has a CRVS Committee, comprised of the Ministry of Justice BDM Office; the MHMS; the Fiji Bureau of Statistics; the Ministry of Women, Children and Poverty Alleviation; the Ministry of Education; iTaukei Affairs; the Ministry of Communications; and the Fiji Police Force. A CRVS assessment was conducted and a CRVS action plan formulated by the Committee in 2019–2020, with the assistance of SPC and the Brisbane Accord Group (BAG) partners. Since 2014, the Fijian government, through the MHMS, has led regional advocacy initiatives for CRVS in the Asia-Pacific region while serving as chair of the Regional Steering Group for CRVS.

### *National ID systems*

Fiji currently does not have a national ID system.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

When a live birth occurs in a health facility a Notification of Birth (NOB) form is issued, outlining the birth information and details of the child and mother. The NOB may be an A4 printed form generated after information is entered into the Patient Information System (PATIS Plus) at eight divisional and sub-divisional hospitals that are currently online (where  $\geq 90\%$  of births occur); or a handwritten A5 NOB form completed by the hospital, health centre or nursing station. The handwritten A5 NOB has four copies, one of which is sent directly to the RIDAM Unit. Every delivery goes into a hard copy ledger book in the birthing unit so they can be reconciled to ensure that all births have been counted and reported to the RIDAM Unit through consolidated monthly reporting information system (CMRIS) reports. The hard copy ledger book also allows for completion of reporting if the PATIS Plus electronic system is not functioning. The RIDAM Unit conducts quarterly visits to do quality checks of the data reported via CMRIS, including reconciling the number of births reported via CMRIS against the hard copy registers from the birthing units. For births that occur in the community, the practice is for the baby and mother to be taken to the nearest health facility to be assessed by a medical team. A NOB is issued by the health facility.

The Colonial War Memorial Hospital (CWM) in Suva was the pilot site for electronic sharing of birth data with the civil registry (BDM) in 1996. The CWM hospital NOB information is directly entered into the BDM with the assistance of the parents/guardians. The system for the other seven hospitals connected to PATIS Plus is different; NOB information is automatically transferred to the BDM Office when it is entered. For births that occur in the eight hospitals that are electronically linked with the BDM Office, the informant registers the birth by presenting to the BDM Office with an A4 printout of the NOB. The BDM customer service officer can retrieve the electronic record and needs to complete only a small number of fields. For births that occur in areas not electronically connected to the BDM, the informant presents with the A5 paper NOB and this is used to register the birth.

In April 2019, the government launched a birth registration mobile application called e-Services, under the “digitalFIJI” application, which enables the public to register births online. This process involves downloading the birth registration application, following instructions on the screen, and submission of the registration electronically. Parents or informants still need to present themselves physically to the BDM Office to collect the birth certificate. The normal fee for a copy of the first birth certificate is waived for any birth registration initiated electronically through this application process for a period of two years, with effect from 12 April 2019.

### *Timeframes and costs*

Current legislation stipulates that births should be registered within two months, but a late fee is charged only for birth registration one year or more after the birth. Registrations completed more than one year after the birth have more stringent documentation requirements if there is no notification of birth.

Standard, on-time birth registration	no charge
Late registration (> 1 year)	21.80 (FJD)
Birth certificate printed	10.90 (FJD)*
Change of name	27.25 (FJD)**
Addition of father's particulars	10.90 (FJD)

\*The fee for a printed birth certificate is waived for birth registration initiated electronically through the application for a period of two years with effect from 12 April 2019. \*\*FJD16.35 application fee + FJD10.90 for re-print of amended birth certificate.

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A birth certificate is required for school enrolment. To obtain a passport the Department of Immigration requires a birth certificate, issued by the BDM Office in the last six months, due to the frequency of name changes and updates to the birth register in Fiji. On 1 August 2018, the government introduced a Parental Assistance Payment Program (PAPP) to assist low-income earners with costs associated with young children born on or after this date. The payment was administered in such a way as to encourage birth registration. PAPP was only payable if a child was registered at the civil registry within 12 months of birth and if the combined annual parental income was less than FJD 30,000. PAPP has been suspended since 1 August 2020.

### *Registration process for births occurring overseas*

The Fiji BDM Office, where all births that occur in Fiji are registered, is not involved in the process of overseas births. The Fiji civil registry does not, therefore, contain any births which occurred overseas. The children of Fijian citizens born overseas can apply for a Fijian passport and Fijian citizenship through the Department of Immigration. The original birth certificate needs to be presented to the Department of Immigration, along with other documents.

## **REPORTING AND REGISTRATION OF DEATHS**

### *Recording deaths at health facilities and registering deaths at the civil registry*

When a death occurs at a health facility, a Medical Certificate of Cause of Death (MCCD) is issued by a registered medical practitioner. A copy is provided to the family of the deceased, and the health facility sends another copy straight to the BDM Office. A recent requirement at some hospitals is for the family member of the deceased to provide proof of identification of the deceased, such as their birth certificate. There is currently no electronic system that automatically shares death records with the BDM Office (as there is for births). To register a death, an informant must present at a BDM Office with the MCCD, and information on the place of burial/cremation and other burial details. BDM officers manually enter information from the MCCD, and additional information provided by the informant (with supporting documents), into a death registration system.

### *Timeframes and costs*

Current legislation stipulates that deaths should be registered within seven days, but there is no charge for deaths registered after this period.

Standard, on-time death registration	no charge
Late registration (not applicable)	no charge
Death certificate printed	10.90 (FJD)

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

A death certificate is required for inheritance of land, property and estates of deceased persons. There are also payments provided by Fiji National Provident Fund (FNPF) to assist with the funeral expenses of its deceased members. These payments include up to FJD 2,000 for the special death benefit assistance scheme, which requires the deceased member to nominate the recipient before their death; or up to FJD 1,500 for the funeral assistance payment, which the deceased's spouse, parents, siblings or children can apply for after the death. The payments are issued only after presentation of an original or certified copy of the Medical Certificate of Cause of Death (MCCD), stamped and signed by an authorised medical official, or a death certificate from the civil registry (FNPF 2020). The presentation of a death certificate from the civil registry is not a mandatory requirement to receive these funeral assistance payments, as they can be issued after presentation of only an MCCD.

### *Registration process for deaths occurring overseas*

The Fiji BDM Office, where deaths that occur in Fiji are registered, is not involved in processing deaths occurring overseas. The Fiji civil registry does not, therefore, contain any deaths that occurred overseas, but it can update its birth records when the family informs the BDM Office of a death occurring overseas. When inheritance of land, property, and estates of the deceased person need to be managed, the original death certificate needs to be presented to the Department of Immigration, along with several other documents.

## **COLLATION AND CLASSIFICATION OF CAUSE OF DEATH**

### *Process for coding death certificates*

Fiji is the only Pacific Island country that has implemented IRIS, an automatic system for coding multiple causes of death and for selection of the underlying cause of death. IRIS is an automated coding software that allows death certificates to be coded according to ICD-10 (International Classification of Disease 10<sup>th</sup> revision) rules and standards. Manual coding by trained coders is still required for deaths that cannot be processed automatically through IRIS.

### *Training and resources for cause of death certification and coding*

In December 2018, a medical doctor from Fiji travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death, coordinated by SPC and supported by the Brisbane Accord Group (BAG) partners. In 2017, medical doctors and Health Information Planning personnel from Fiji attended a similar training workshop on medical certification of cause of death in Nadi, coordinated by SPC and supported by BAG partners. Also in 2017, a mortality coding workshop designed for staff from the MHMS was held in Suva, coordinated by the WHO Division of Pacific Technical Support. The workshop introduced participants to ICD-10 and the mortality coding rules; manual coding of hard copies of death certificates; and automated coding using IRIS and strategies for managing rejects from the system. Over the past several years, Queensland University of Technology and the Australian Bureau of Statistics (both BAG partners) have provided ad hoc mortality coding assistance to Fiji, both in-country and remotely, when requested.

## **COMPLETENESS OF CIVIL REGISTRATION DATA**

The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. When estimating completeness, it is best that overseas births and deaths are not included in the civil registry figures, since the other sources they are compared to, such as health records, do not include overseas events. In Fiji, overseas births and deaths are

not registered in the civil registry, and therefore are not included in the figures in Tables 1 and 2. Please see the sections above on registration of births and deaths occurring overseas for more information about the processes in Fiji.

Table 1 shows that, between 2012 and 2017, the completeness of birth registration when compared to health records remained around 90% or higher until 2015, after which it declined to 81% in 2016 and 71% in 2017. A probable explanation for this decline is late birth registrations, which will likely increase as children near school age and are required to present their birth certificate for enrolment. Comparison with the 2017 Fiji census is not possible, as the census did not ask questions on the annual number of births, and civil registry figures for 2018 were not available to make a comparison with the SPC projection.

**Table 1: Completeness of birth registration data**

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	-	-	16,328	-	-	-	-
2017	14,023	19,646	-	-	71%	-	-
2016	15,620	19,180	-	-	81%	-	-
2015	17,882	20,510	-	-	87%	-	-
2014	18,232	20,249	-	-	90%	-	-
2013	20,682	20,970	-	-	99%	-	-
2012	20,447	20,178	-	-	101%	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>BDM Registry (FBoS, CRO, MHMS 2019). <sup>b</sup>Health Information Unit (FBoS, CRO, MHMS 2019). <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2017 census did not ask questions on annual births, and therefore could not be used to estimate the completeness of birth registration. Completeness was calculated by dividing «Civil Registry» by «Health».

Table 2 shows that the completeness of death registration when compared to health records was around 67% in 2015 and rose to around 85% in 2016–2017. Comparison with the 2017 census is not possible, as the census did not ask questions on annual all-age mortality, and civil registry figures for 2018 were not available to make a comparison with the SPC projection.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	-	-	7,227	-	-	-	-
2017	5,638	6,992	-	-	81%	-	-
2016	6,550	7,476	-	-	88%	-	-
2015	4,739	7,038	-	-	67%	-	-
2014	5,100	-	-	-	-	-	-
2013	6,033	-	-	-	-	-	-
2012	4,931	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>BDM Registry (FBoS, CRO, MHMS 2019). <sup>b</sup>Health Information Unit (FBoS, CRO, MHMS 2019). <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2017 census did not ask questions on all-age mortality, and therefore could not be used to estimate the completeness of death registration. Completeness was calculated by dividing «Civil Registry» by «Health» and «Civil Registry» by «SPC projection».

## PUBLICATION OF CRVS DATA AND REPORTS

The Fiji Bureau of Statistics routinely uses civil registration data to complement its other data sources for its vital statistics releases. In 2019, the Fiji Bureau of Statistics, in collaboration with the Civil Registration Office (CRO) and the MHMS, produced a comprehensive vital statistics report covering 2012 to 2017. The report provides birth and death completeness estimates and key fertility and mortality indicators, and is based on civil registration data for births and health data for deaths (FBoS, CRO, MHMS 2019).

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. In April 2019, the government launched a birth registration mobile application called e-Services under the digitalFiji application. It enables the public to register births online.
2. On 1 August 2018, the Fiji government introduced a Parental Assistance Payment Program (PAPP) to assist low-income earners with costs associated with young children born on or after this date. The payment was administered in such a way as to encourage birth registration. PAPP was only payable if a child was registered at the civil registry within 12 months of birth, and if the combined annual parental income was less than FJD 30,000. PAPP has been suspended since 1 August 2020.
3. In an effort to improve access to registration services, the government has opened several new BDM offices, especially in remote areas.
4. In December 2018, a medical doctor from Fiji travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death. The workshop was coordinated by SPC and supported by BAG partners.
5. In May 2018, Fiji hosted and participated in a two-week regional training workshop on CRVS data analysis and report writing. The workshop was coordinated by SPC and supported by BAG partners.

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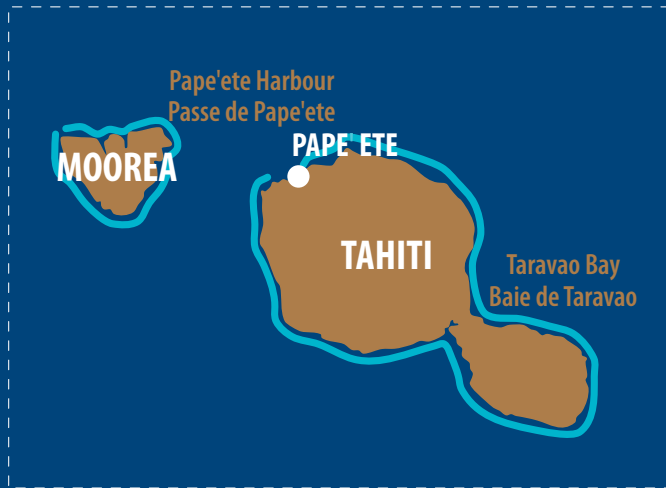
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# CIVIL REGISTRATION AND VITAL STATISTICS IN FRENCH POLYNESIA

French Polynesia is an overseas collectivity of the French Republic and the only overseas country of France. It is composed of 118 geographically dispersed islands and atolls stretching over an expanse of more than 2,000 kilometres (1,200 mi) in the South Pacific Ocean.



Land area  
(km<sup>2</sup>)  
**3,521**

2020 mid-year  
population estimate  
**278,900**

Population growth  
rate (%)  
**0.4**





### Tasks that require a death certificate and incentives (financial or other) for completing the death registration process

A death certificate is required for burial of the deceased, and for inheritance of land, property and estates of deceased persons.

### Registration process for deaths occurring overseas

In the event of the death of a French citizen abroad, it is possible to declare the death to the French consulate so that it can be registered with the Central Civil Status Service of the Ministry of Foreign Affairs.

## BIRTH AND DEATH REGISTRATION COMPLETENESS

Civil registration of births is considered to be near 100% complete in French Polynesia (Sorhik et al. 2019).

The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In some countries and territories in the Pacific Island region, the births and deaths of citizens overseas can be registered in the civil registry. For the purpose of estimating completeness, it is best these overseas births and deaths are not included in the civil registry figures since the other sources which it is compared to, e.g. health records, do not include overseas events. In French Polynesia, we were unable to determine if overseas births and deaths can be registered in the civil registry, or if they have been included in Table 1 and 2 below. If overseas events have been included, the estimates of completeness for the civil registry will be higher than if overseas events were excluded.

Table 1: Completeness of birth registration data

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	3,776	-	4,237	-	-	89%	-
2017	-	-	-	4,100 <sup>^</sup>	-	-	<sup>^</sup>
2016	-	-	-	-	-	-	-
2015	3,888	-	-	-	-	-	-
2014	4,161	-	-	-	-	-	-
2013	4,203	-	-	-	-	-	-
2012	4,296	-	-	-	-	-	-
2011	4,374	-	-	-	-	-	-
2010	4,580	-	-	-	-	-	-

Sources: <sup>a</sup>Civil registry (ISPF 2019; 2016). <sup>b</sup>Not available. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2017 census reported the average annual number of births between 2012 and 2017. <sup>^</sup>Because the figure is an average, it has been excluded from use in assessing the completeness of the civil registry, and is presented as a guide only (INSEE 2018). Completeness was calculated by dividing 'Civil Registry' by 'SPC projection'.

Table 2: Completeness of death registration data

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	1,633	-	1,551	-	-	105%	-
2017	-	-	-	1,500 <sup>^</sup>	-	-	<sup>^</sup>
2016	-	-	-	-	-	-	-
2015	1,394	-	-	-	-	-	-

2014	1,427	-	-	-	-	-	-
2013	1,441	-	-	-	-	-	-
2012	1,360	-	-	-	-	-	-
2011	1,242	-	-	-	-	-	-
2010	1,261	-	-	-	-	-	-

Sources: <sup>a</sup>Civil registry (ISPF, 2019; 2016). <sup>b</sup>Not available. <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2017 census reported the average annual number of deaths between 2012 and 2017. <sup>e</sup>Because the figure is an average, it has been excluded from use in assessing the completeness of the civil registry, and is presented as a guide only (INSEE 2018). Completeness was calculated by dividing 'Civil Registry' by 'SPC projection'.

## PUBLICATION OF CRVS DATA AND REPORTS

The *Institut de la Statistique de la Polynésie Française* (ISPF) regularly publishes a demographic review that includes figures of births and deaths registered in the civil register. The most recent publication was in 2020 and includes births and deaths for 2019 (ISPF 2020).

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

In order to guarantee the quality of the civil registry data, some of the municipalities of French Polynesia have dematerialised the acts (secure sending and no data entry multiplying the risk of errors).

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# CIVIL REGISTRATION AND VITAL STATISTICS IN GUAM

Guam is the largest island in Micronesia. It lies south of Northern Mariana Islands, east of Philippines, north of Federated States of Micronesia and west of Marshall Islands.



Land area  
(km<sup>2</sup>)  
**541**

2020 mid-year  
population estimate  
**176,700**

Population growth  
rate (%)  
**0.9**

## CRVS LEGISLATION, ORGANIZATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths is governed by the Guam Administrative Rules and Regulations (GAR), Title 26. Public Health and Social Services, Division 1, Chapter 2: Vital Statistics (1972); and Chapter 2: Vital Statistics (1992).

### *Agencies responsible for birth and death recording and registration*

Civil registration functions are the responsibility of the Office of Vital Statistics, which is under the Department of Public Health and Social Services. Medical birth and death forms are scanned and electronically sent to the National Center for Health Statistics, CDC, in USA for medical coding (birth and death coding). Medical coding results are electronically returned to Guam for analysis and reporting to the Guam government and other stakeholders.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

Almost all births in Guam occur in a health facility. When a birth occurs, the mother completes an interview sheet, which collates demographic information about the child and its parents. This information is entered into STEVE-er (electronic database) at the health facility. A hard copy of the birth notification form (referred to under the law as a birth certificate) is printed and delivered to the Office of Vital Statistics. Parents are required to present at the Office of Vital Statistics to validate the information on the certificate and to sign it, after which the registration process is considered complete. A scanned copy of the birth certificate is sent to the National Center for Health Statistics in mainland USA, and the original copy is stored at the Office of Vital Statistics.

### *Timeframes and costs*

The law requires that the birth of every child in Guam is registered within ten days of the birth.

Standard, on-time birth registration	no charge
Birth certificate printed	5.00 (USD)

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A birth certificate is required for issuance of a passport, enrolment in school, and to apply for a Medicaid card, which each child born in Guam is entitled to.

### *Registration process for births occurring overseas*

It is uncommon for pregnant women who reside in Guam to travel overseas for the purpose of delivering their baby. Overseas births registered in Guam are usually because of adoption. In these instances, the registrar is required to prepare and register a 'Certificate of Foreign Birth' for a person born in a foreign country who is not a citizen of the United States.

## REPORTING AND REGISTRATION OF DEATHS

### *Recording deaths at health facilities and registering deaths at the civil registry*

When a death occurs in a health facility, the attending medical physician or the chief medical examiner is required by law to complete the death certificate, which is signed off by the chief medical examiner. The mortician the family hires collects the death certificate from the chief medical examiner and delivers it the Vital Statistics Office. The family is required to present at the office to validate the information on the death certificate and to sign it, after which the registration process is considered complete. A scanned copy of the death certificate is sent to the National Center for Health Statistics in mainland USA, and the original copy is stored at the Office of Vital Statistics. The law requires that the mayor of the area reports deaths that occur outside a health facility to the Office of Vital Statistics on a prescribed form.

### Timeframes and costs

The law requires that deaths in Guam are registered within ten days of the event.

Standard, on-time death registration	no charge
Death certificate printed	5.00 (USD)

### Tasks that require a death certificate and incentives (financial or other) for completing the death registration process

A death certificate is required for inheritance of land, property and estates of deceased persons.

### Registration process for deaths occurring overseas

The Office of Vital Statistics is not required to register deaths that occur outside of Guam’s jurisdiction, but death certificates of Guam residents who died in any of the US states and territories are reported to the Office of Vital Statistics by the state and/or territorial registrar for record keeping. Guam residents who died in any foreign country are reported to the Office of Vital Statistics through the Department of State.

## COLLATION AND CLASSIFICATION OF CAUSE OF DEATH

### Process for coding death certificates

The law requires that the medical certification of cause of death is completed and signed within twenty-four hours after the death by the medical physician in charge of the patient’s care, except when the patient has received no medical attention within seventy-two hours prior to death, or when inquiry is required in accordance with the Post-Mortem Examination Act (Chapter 81, Title 10, Guam Code Annotated). Certification and coding of causes of death is undertaken in accordance with the International Classification of Diseases (10<sup>th</sup> edition). The ‘U.S. Standard Certificate of Death’ is used for recording the details of a death and its causes (<https://www.cdc.gov/nchs/data/dvs/DEATH11-03final-acc.pdf>).

### Training and resources for cause of death certification and coding

Guam utilises training materials provided by the National Center for Health Statistics for physicians and Vital Statistics staff to improve data quality and reporting timeliness. All medical death certificates are scanned and electronically sent to the National Center for Health Statistics, CDC, in USA to be coded, and then the coded data are sent back to Guam. As mortality coding of death certificates is done remotely in USA, there is no training on ICD mortality coding in Guam.

## COMPLETENESS OF CIVIL REGISTRATION DATA

The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In Guam, records of births and deaths in the health system are the responsibility of the Office of Vital Statistics, which is also responsible for birth and death registration and the issuance of birth and death certificates. Because the same agency is responsible for both functions, the number of births and deaths recorded in health records is the same as those registered through civil registration. For this reason, an estimate of completeness by comparison of the civil registry with health records cannot be undertaken. The registration of births and deaths in Guam is considered to be complete.

Table 1: Completeness of birth registration data

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	3,175	na	3,172	-	na	100%	-
2017	3,292	na	-	-	na	-	-

2016	3,433	na	-	-	na	-	-
2015	3,374	na	-	-	na	-	-
2014	3,396	na	-	-	na	-	-
2013	3,329	na	-	-	na	-	-
2012	3,604	na	-	-	na	-	-
2011	3,298	na	-	-	na	-	-
2010	3,419	na	-	-	na	-	-

Sources: <sup>a</sup>Office of Vital Statistics, Department of Public Health and Social Services, Government of Guam (BoSP 2019). <sup>b</sup>Civil Registry' and 'Health' are the same dataset in Guam. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent census in 2010 did not ask questions on the annual number of births, and therefore could not be used to estimate the completeness of death registration. na = not applicable. Completeness was calculated by dividing 'Civil Registry' by 'SPC projection'.

Table 2: Completeness of death registration data

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	1,056	na	971	-	na	109%	-
2017	1,007	na	-	-	na	-	-
2016	1,022	na	-	-	na	-	-
2015	1,009	na	-	-	na	-	-
2014	956	na	-	-	na	-	-
2013	902	na	-	-	na	-	-
2012	894	na	-	-	na	-	-
2011	842	na	-	-	na	-	-
2010	872	na	-	-	na	-	-

Sources: <sup>a</sup>Office of Vital Statistics, Department of Public Health and Social Services, Government of Guam (BoSP 2019). <sup>b</sup>Civil Registry' and 'Health' are the same dataset in Guam. <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent census in 2010 did not ask questions on all-age mortality, and therefore could not be used to estimate the completeness of death registration. na = not applicable. Completeness was calculated by dividing 'Civil Registry' by 'SPC projection'.

## PUBLICATION OF CRVS DATA AND REPORTS

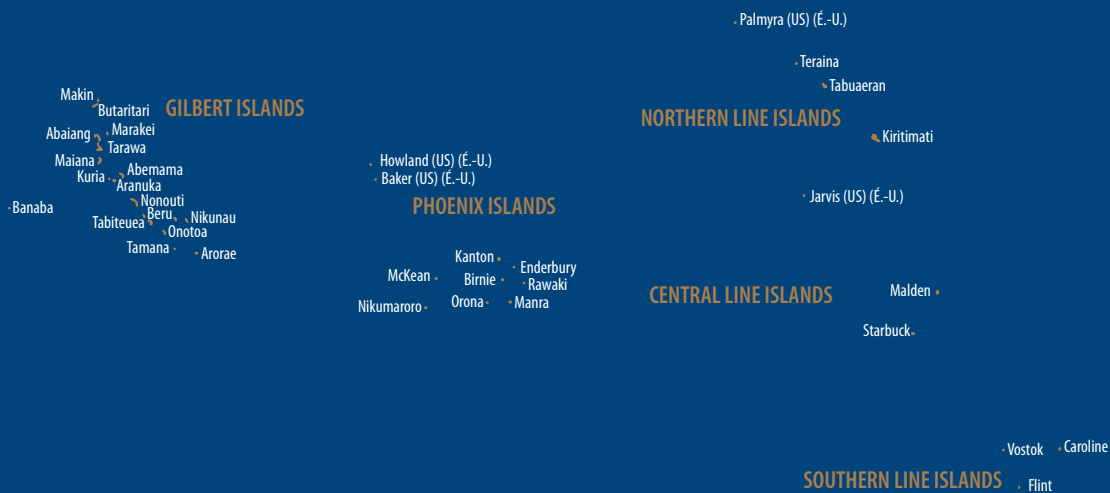
The Guam Bureau of Statistics and Plans routinely publishes a statistical yearbook, which includes statistics on live births and deaths, among other demographic indicators, based on civil registration data (data provided by the Vital Statistics Office). The most recent publication available is the 2018 Guam Statistical Yearbook, published in 2019.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN KIRIBATI

Kiribati (Republic of) comprises 32 atolls and reef islands, and one raised coral island, dispersed over 3.5 million square kilometres of ocean. It lies north of Tuvalu, Tokelau, Cook Islands and French Polynesia; east of Nauru; south of Hawaii; and west of South America.



Land area  
(km<sup>2</sup>)

**811**

2020 mid-year  
population estimate

**118,700**

Population growth  
rate (%)

**1.7**



## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in Kiribati is governed by the Births, Deaths and Marriages (BDM) Registration Ordinance (1968); the BDM Registration (Amendment) Act (1997) (allowing registration of children born outside Kiribati); and the BDM Registration (Amendment) Act (2007).

### *Agencies responsible for birth and death recording and registration*

The Ministry of Health and Medical Services is responsible for the recording of births and deaths in health facilities and the community, with collation of these records at the national level undertaken by the Health Information Unit located on the main island of Tarawa. Responsibility for the civil registration of births and deaths is held by the Ministry of Justice, Civil Registry Office. The national Civil Registry Office is situated in South Tarawa, the capital of Kiribati, and is the responsibility of the Registrar General. In the outer islands (districts), including Tabuaeran and Teraina, registration of births and deaths is done by administrative social welfare officers; except in Line and Phoenix Islands (Kiritimati Island) where registration is done by two permanent civil registration officers. The national office and all district offices are responsible for printing and issuing birth and death certificates when required by customers.

### *National CRVS committee and CRVS action plan*

Kiribati has a CRVS Committee comprised of the Civil Registry Office, the Health Information Unit, and the National Statistics Office. The CRVS committee is chaired by the Ministry of Justice. A CRVS Rapid Assessment was conducted by the committee in February 2013, and a CRVS Comprehensive Assessment was undertaken in 2013–2014 (both using the University of Queensland/WHO tools). An initial broad stakeholder meeting was held with Brisbane Accord Group support in Tarawa in September 2013 to review the concepts and aspects included in the comprehensive assessment. The Kiribati CRVS Committee, with the assistance of in-country partners and a series of technical assistance visits from SPC and BAG partners, subsequently worked through the questions of the comprehensive assessment. These workshops and technical assistance visits resulted in the publication of the Kiribati National CRVS Improvement Plan 2016–2020 (UNESCAP 2017).

### *National ID systems*

In 2018 the National Identity Act (2018) was approved, and in 2019 Kiribati implemented a national ID system that is linked to the civil registration birth database. All persons require a birth certificate to be registered in the national ID system but there is currently no link with death registration. It is anticipated that the national ID system will have a positive impact on strengthening the civil registration system, including attracting resources to procure a more robust IT system for civil registration.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

Informants of a birth (i.e. usually the mother, father or a relative) are required to register the birth in the district where the birth occurred. A birth notification form issued at the health facility where the birth occurred is the main document required to initiate the registration process. The district registration office databases are not electronically linked to the national database. The district offices send the birth notification form and the details of the birth registration to the national Civil Registration Office for filing and inputting into the national system. The Civil Registration Office opened a registration desk in the maternity ward of the national hospital in Tarawa (Nawerewere Hospital) in 2014, and in Betio in 2017. Births are recorded by a registration clerk into an electronic Microsoft Access database at the hospital, and a birth certificate is issued immediately to the family. The electronic databases at the hospital are not linked to the national Civil Registration Office, but a copy of the databases is sent at regular intervals to the national Civil Registration Office for collation and validation. For births on the outer islands, a nurse on each island assists in filling out the birth notification and the parents

(or another informant) then present the birth notification to the district registration office. For births outside hospitals or without a nurse in attendance, the district nurse or a nearby hospital/clinic should be notified of the birth and assist in registering the child. A Microsoft Access database is used at the national level in the Civil Registration Office, and in the district registration offices.

### *Timeframes and costs*

The law requires that every child born in Kiribati be registered within 10 days of delivery (Ministry of Justice, 1977). Birth registration and a printed birth certificate are free of charge before the child is 12 months old, after which a late registration fee of KID 6.00 must be paid to register the birth. A fee of KID 3.00 is charged for a printed birth certificate.

Standard, on-time birth registration	no charge
Late registration (> 12 months)	6.00 (KID)*
Birth certificate printed ( $\leq$ 12 months)	no charge
Birth certificate printed (> 12 months)	3.00 (KID)

\*The applicant is required to bring evidence, such as a baptismal certificate, a birth notification or a vaccination card, to support the applicant's identity. The court charges KID 2.00 and the Civil Registry Office charges KID 4.00.

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A birth certificate is required for enrolment in school, to vote, to apply for a scholarship to study abroad, to apply for some jobs within Kiribati and abroad, to open a bank account and access a loan, to place a claim for birth-rights property, to apply for a passport and a government-issued ID card, and to obtain a marriage licence (Ministry of Justice 2018a).

### *Registration process for births occurring overseas*

Any child with either one or both parents who are I-Kiribati, born outside Kiribati, may be registered in the Kiribati civil registry upon presentation of the original copy of the birth certificate obtained abroad, or a certified copy. There are provisions in the legislation to allow registration of a child for which the foreign birth certificate cannot be located or does not exist in order to minimise the number of stateless children.

## **REPORTING AND REGISTRATION OF DEATHS**

### *Recording deaths at health facilities and registering deaths at the civil registry*

Death registration should be conducted in the district where the death occurred. If the death occurred within a health facility, a Medical Certificate of Cause of Death (MCCD) must be provided by the informant to facilitate the registration process. Civil registration services for deaths are provided at the national hospital in Tarawa (Nawerewere Hospital), and in Betio. In order to complete the registration for deaths that occur outside health facilities without an MCCD, the informant is required to provide the district registration office with a copy of the death advertisement with the Broadcasting and Publications Authority, or the burial certificate completed by a pastor or a priest.

### *Timeframes and costs*

The law requires that every death in Kiribati be registered within five days (Ministry of Justice 1977). Death registration and a printed death certificate are free of charge within 12 months of the death. After 12 months, the death cannot be registered without the written authority of the registrar general and in such a manner and subject to such conditions as may be prescribed. A KID 15.25 late registration fee must be paid, and a printed death certificate incurs a KID 3.00 charge 12 or more months after the death.

Standard, on-time death registration	no charge
Late registration (> 1 year)	15.25 (KID)*
Death certificate printed ( $\leq$ 12 months)	no charge

Death certificate printed (> 12 months) 3.00 (KID)

\*The court charges KID 11.25 and the Civil Registry Office charges KID 4.00.

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

A death certificate is required for inheritance of land, property and estates of deceased persons; compensation; and to apply for re-marriage (Ministry of Justice 2018b).

### *Registration process for deaths occurring overseas*

Where a person of I-Kiribati descent has died outside Kiribati, the registrar general may, on application by a family member of the deceased and payment of a prescribed fee, register the death in the Kiribati civil registry upon presentation of the original death certificate, or a certified copy.

## **COLLATION AND CLASSIFICATION OF CAUSE OF DEATH**

### *Process for coding death certificates*

Coding of cause of death is done according to ICD-10 at the national level. Coded data are not reintegrated with the district records. The quality and completeness of cause of death data vary significantly across districts.

### *Training and resources for cause of death certification and coding*

In December 2018, one medical doctor from Kiribati travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death. The workshop was coordinated by SPC and supported by BAG partners. In August 2017 and October 2016, WHO supported the training and capacity-building of doctors on medical certification of cause of death, training of clinical coders on medical terminology, and improving the quality of data and health information reporting systems in Kiribati.

## **COMPLETENESS OF CIVIL REGISTRATION DATA**

The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In some countries in the Pacific region, the births and deaths of citizens overseas can be registered in the civil registry. For the purpose of estimating completeness, it is best that these overseas births and deaths are not included in the civil registry figures, since the other sources to which they are compared, such as health records, do not include overseas events. In Kiribati, overseas births and deaths can be registered in the civil registry (see sections above on registration processes for births and deaths occurring overseas), and we have not been able to determine if these overseas events have been included in the figures from the civil registry displayed in the table below. If overseas events have been included, the estimates of completeness for the civil registry will be higher than if overseas events were excluded.

Table 1 shows that between 2012 and 2018, the estimated completeness of birth registration when compared to health records has varied from around 70% in 2012–2013, up to 86% in 2015, and around 75% during 2016–2018. Comparison with the 2014 census shows an estimated completeness of around 76%, and comparison with the SPC projection for 2018 indicates a completeness of around 78%.

The completeness of birth registration in Kiribati has also been estimated by periodic population sample surveys. During the past decade there has been a social development indicator survey (SDIS) and a demographic and health survey (DHS) conducted in Kiribati. These surveys ask the mother or caregiver of children aged under five years whether their child's birth has been registered with a civil authority, and the DHS also asks if their child possesses a birth certificate. The 2018–2019 Kiribati SDIS found that, of the 2,179 children aged under five years included in the survey, 91.6% were reported to have had their births registered with a civil authority (Kiribati NSO 2019). And the 2009 Kiribati DHS found that of the 1,143 children aged under five years included in the

survey, 93.5% were reported to have had their births registered, and 36.5% were reported to possess a birth certificate (KNSO and SPC 2010).

**Table 1: Completeness of birth registration data**

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	2,529	3,398	3,261	-	74%	78%	-
2017	2,333	3,069	-	-	76%	-	-
2016	2,169	2,788	-	-	78%	-	-
2015	2,117	2,456	-	-	86%	-	-
2014	2,114	2,628	-	2,779	80%	-	76%
2013	1,684	2,518	-	-	67%	-	-
2012	1,855	2,692	-	-	69%	-	-
2011	2,364	-	-	-	-	-	-
2010	2,131	-	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from Kiribati Civil Registration Office 09.04.2021. <sup>b</sup>Obtained directly from the Health Information Unit on 23.09.2020. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2015 census was conducted partway through the year, so the most recent year for which births were enumerated in full was 2014 (Ministry of Finance 2016). Completeness was calculated by dividing 'Civil Registry' by 'Health', dividing 'Civil Registry' by 'SPC projection', and dividing 'Civil Registry' by 'Census'.

For deaths in Kiribati, an assessment of completeness cannot be done at the present time because deaths in the civil registry are tabulated by year of registration, rather than by year of occurrence (e.g. date of death). To be able to estimate completeness, the figures for deaths need to be available by year of occurrence to be comparable to health, census and SPC projections. For this reason, Table 2 does not contain figures for deaths from the civil registry. In addition, the source of the figures for health suggests that deaths outside health facilities are sometimes not captured by the health system, especially on South Tarawa and Betio (UNESCAP 2020). The figures for health are therefore likely to be an underestimate of the true mortality level.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	-	636 <sup>^</sup>	792	-	-	-	-
2017	-	726 <sup>^</sup>	-	-	-	-	-
2016	-	636 <sup>^</sup>	-	-	-	-	-
2015	-	612 <sup>^</sup>	-	-	-	-	-
2014	-	650 <sup>^</sup>	-	-	-	-	-
2013	-	-	-	-	-	-	-
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Figures obtained directly from the Kiribati Civil Registration Office on 19.11.2020 are tabulated by year of registration, and are not suitable for presentation in the table. <sup>b</sup>Health Information Unit, obtained directly from the Kiribati Civil Registration Office as part of the UNESCAP Midterm Questionnaire. <sup>^</sup>The source of these figures suggests that deaths outside health facilities are sometimes not captured by the health system, especially on South Tarawa and Betio, and therefore these figures for health are likely to be an underestimate of the true mortality level (UNESCAP 2020). <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2015 census did not ask questions on all-age mortality, and therefore could not be used to estimate the completeness of death registration. Completeness could not be calculated without figures from the civil registry.

## PUBLICATION OF CRVS DATA AND REPORTS

The national Civil Registration Office routinely compiles tabulations of registered births and deaths by year of registration. Whilst there is no established practice of regularly sharing these data with the National Statistics Office (NSO), in 2018 the Civil Registration Office, in collaboration with the NSO and the Health Information Unit, produced a national CRVS report covering birth and death registration data for 2012–2014 (Govt Kiribati 2018).

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. During 2020, mobile birth registration campaigns continued in Kiribati, targeting children who had never been registered. There were no costs for late birth registration or for obtaining a printed birth certificate during these campaigns.
2. During 2020, refresher training was provided to nurses who are responsible for filling out birth notification forms, in order to help ensure that these forms are filled out correctly, and to familiarise nurses with CRVS legislation regarding birth registration.
3. In July 2020, an IT officer was recruited to work in the national Civil Registry Office in South Tarawa to scan every register book into the system, and to provide other technical assistance such as repairing computers and reviewing IT security. Funding for this position has been provided by UNICEF.
4. Upgrading of the current Microsoft Access civil registry database to an SQL database is ongoing, as is also linking individual records within the database (e.g. linking births with deaths and marriages). Following completion of the upgrade, all certificates will be printed with security features such as a watermark and a QR code (quick response code) which can be scanned from a phone. It is expected that this upgrade will be completed and ready to use by civil registry staff by the end of 2020. UNICEF has provided support for this work through the Child Protection Programme.
5. The civil registry is planning to establish linked electronic registration systems to the outer islands to facilitate better communication between the national and district offices, and to improve record management.
6. In 2019, the government of Kiribati implemented a national ID system which is linked to the civil registration birth database. All persons require a birth certificate to be registered in the national ID system. There is, however, currently no linkage with death registration. It is anticipated that the national ID system will have a positive impact on strengthening the civil registration system.
7. In December 2019, the Kiribati Civil Registry Office (KCRO) entered into a “twinning” program with the New South Wales Registry of BDM. The objectives of the twinning program include: (i) assisting the KCRO to develop and implement its National CRVS Strategy; (ii) improving the rate of birth and death registration; (iii) establishing a mentoring program for key staff in the NSW Registry and Kiribati Civil Registry; (iv) strengthening overall registry practices of the Kiribati Civil Registry; and (v) developing a program to promote awareness among government and the community on the importance of CRVS to support security and planning more broadly (Australian High Commission 2019).
8. In December 2018, one medical doctor from Kiribati travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death. The workshop was coordinated by SPC and supported by BAG partners.
9. In 2017, the Civil Registration Office opened a birth and death registration service desk at the national hospital in Betio. This has been useful in improving registration completeness.
10. In 2017, Kiribati revised its death certificate to align to the WHO recommended standards.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN MARSHALL ISLANDS (REPUBLIC OF THE)

The Republic of the Marshall Islands (RMI) comprises 29 coral atolls and is situated slightly west of the International Date Line. It lies east of the Federated States of Micronesia, northeast of Kiribati, north of Nauru and south of Wake Island.



Land area  
(km<sup>2</sup>)  
**181**

2020 mid-year  
population estimate  
**54,600**

Population growth  
rate (%)  
**-0.1**

## CRVS LEGISLATION, ORGANIZATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in the Republic of the Marshall Islands (RMI) is governed by the Births, Deaths and Marriages (BDM) Registration Act of 1988; the BDM (and missing persons amendment) Act of 2007; the BDM Registration Act of 2012; and the BDM Registration (amendment) Act of 2016.

### *Agencies responsible for birth and death recording and registration*

The recording of births and deaths in health facilities and the community is the responsibility of the Ministry of Health and Human Services, with collation of these records at the national level undertaken by the Vital Statistics Office. Registration of births and deaths is undertaken by the national Civil Registry Office, which sits under the Ministry of Culture and Internal Affairs. The system requires families to come to the office, either in Majuro or on Ebeye, to complete the registration process.

### *National CRVS committee and CRVS action plan*

In 2011, a CRVS Committee was formed, comprised of the Ministry of Health and Human Services, the Ministry of Cultural and Internal Affairs, the Economic Policy Planning and Statistics Office, the Public-School Systems and the Social Security Administration. The committee has not met recently, but there are plans to restore a regular meeting schedule. In 2011 a rapid assessment of the CRVS system was undertaken with assistance from SPC and the Brisbane Accord Group partners. A National CRVS Improvement Plan 2016–2020 was drafted, but it did not progress to national endorsement and publication.

### *National ID systems*

The Republic of the Marshall Islands has no current plans to implement a national ID system.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

The law places the primary responsibility for reporting births on the parents of the child and persons present during the birth, including the medical practitioner who oversees the delivery. To register a birth, the family must present to a registration office in Majuro or Ebeye. For families living in the outer islands the geographical and financial constraints are a barrier to completing the registration process

### *Timeframes and costs*

Registration of births should be conducted within three months of the birth. The law provides for late registration of births, i.e. registration within three months and 12 months of the birth, after which the informant is required to acquire a court affidavit to facilitate the registration.

Standard, on-time birth registration	no charge
Late registration (> 3 months)	5.00 (USD)*
Birth certificate printed	1.00 (USD)
Change of name	5.00 (USD)*

\*The cost for the court order

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A birth certificate is required to access childhood immunisations, for school enrolment, and to obtain a passport, voter's ID, driver's license, and social security user application.

### *Registration process for births occurring overseas*

Both the Ministry of Health and Human Services and the Ministry of Culture and Internal Affairs will accept and



manually file a paper copy of an overseas birth certificate, but these overseas births are not added to electronic birth databases or certified locally.

## REPORTING AND REGISTRATION OF DEATHS

### *Recording deaths at health facilities and registering deaths at the civil registry*

The law places the primary responsibility of reporting the occurrence of a death on the family of the deceased, or persons taking charge of the disposal of the body of the deceased. To register a death, the family must present to a registration office in Majuro or Ebeye. For families living in the outer islands the geographical and financial constraints are a barrier to completing the registration process.

### *Timeframes and costs*

Registration of deaths should be conducted within twelve months of the death.

Standard, on-time death registration	no charge
Late registration (> 12 months)	5.00 (USD)*
Death certificate printed	1.00 (USD)

\*The cost for the court order

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

A death certificate is required for inheritance of land, property and estates of deceased persons. It is also a requirement to process Marshall Islands Social Security Administration benefits for family members.

### *Registration process for deaths occurring overseas*

Both the Ministry of Health and Human Services and the Ministry of Culture and Internal Affairs will accept and manually file a paper copy of an overseas death certificate, but these overseas deaths are not added to electronic death databases or certified locally.

## COLLATION AND CLASSIFICATION OF CAUSE OF DEATH

### *Process for coding death certificates*

RMI uses the standard WHO International Form of Medical Certificate of Cause of Death for recording causes of death. Allocation of mortality codes to death certificates is done manually at the national level by trained coders using ICD-10.

### *Training and resources for cause of death certification and coding*

Previous assessments of the CRVS system in RMI have identified that ICD coding requires strengthening, despite extensive training conducted in this area. Problems are noted in relation to certification quality, medical terminology requirements, and the relatively low volume of deaths per year that make retaining a robust coding process difficult. Options such as regional support and automated coding systems have been proposed as an alternative to establishing a system locally. Through WHO funding, ICD-10 training was conducted on 14–25 October 2019 for medical physicians, nurse practitioners and/or health information staff in Majuro. The WHO Collaborating Centre, Ministry of Health, Sri Lanka was contracted to conduct the training.

## COMPLETENESS OF CIVIL REGISTRATION DATA

The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. For RMI, an assessment of completeness cannot be done by this method at the present time because we are unable to confirm if annual births and deaths in the civil registry are tabulated by year of registration, or year of occurrence (e.g. date of birth, date of

death). To be able to estimate completeness, the figures for births and deaths need to be available by year of occurrence in order to be comparable to health, census and SPC projections. Therefore, Tables 1 and 2 below do not contain figures for births or deaths from the civil registry. It has, however, been noted that duplicate records are an issue in the civil registry, as searching for previously issued certificates is difficult and it is not uncommon for people to simply ask for a new registration when a formal certificate is needed (UNESCAP 2019).

The completeness of birth registration in RMI has been estimated by periodic population sample surveys, including an Integrated child health and nutrition survey (ICHNS) in 2017 and a demographic and health survey (DHS) in 2007. These surveys ask the mother or caregiver of children aged under five years whether their child's birth has been registered with a civil authority, and the DHS also asks if their child possesses a birth certificate. The 2017 ICHNS undertaken by UNICEF found that, of the 698 children aged under five years included in the survey, 83.8% were reported to have had their births registered (MoHHS, PPSO and UNICEF 2017). Whilst the most recent DHS undertaken in RMI was over a decade ago in 2007, it provides some context to the history of birth registration completeness. Based on the 1,277 children aged under five years included in that survey, 95.9% were reported to have had their births registered, and 93.8% were reported to possess a birth certificate (EPPSO, SPC and Macro International 2008).

**Table 1: Completeness of birth registration data**

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	-	1040	1,372	-	-	-	-
2017	-	998	-	-	-	-	-
2016	-	1,121	-	-	-	-	-
2015	-	1,146	-	-	-	-	-
2014	-	1,174	-	-	-	-	-
2013	-	1,344	-	-	-	-	-
2012	-	1,307	-	-	-	-	-
2011	-	1,394	-	1,705	-	-	-
2010	-	1,414	-	-	-	-	-

Sources: <sup>a</sup>Not available. <sup>b</sup>Obtained directly from the Ministry of Health and Human Services 08.04.2021. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent census in 2011 asked women aged 15–49 years to report births in the 12 months prior to the census (EPPSO and SPC 2012). Completeness could not be calculated without figures from civil registry.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	-	300	208	-	-	-	-
2017	-	356	-	-	-	-	-
2016	-	348	-	-	-	-	-
2015	-	331	-	-	-	-	-
2014	-	289	-	-	-	-	-
2013	-	341	-	-	-	-	-
2012	-	338	-	-	-	-	-
2011	-	344	-	-	-	-	-
2010	-	322	-	-	-	-	-

Sources: <sup>a</sup>Not available. <sup>b</sup>Obtained directly from the Ministry of Health and Human Services 08.04.2021. <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent census in 2011 did not ask questions on all-age mortality, and therefore could not be used to estimate the completeness of death registration. Completeness could not be calculated without figures from civil registry.

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. A group chaired by Micronesian Legal Services Corporation (MLSC) on improving birth registration was established in 2019. Members are MOHandHS, MOCIA, MOJ-ID Department, Social Security, the Public School System and the Attorney General's Office.
2. RMI is being supported by BAG to review the quality of medical certification and coding of causes of death for the period 2010–2020.
3. RMI is being supported by SPC to analyse mortality and cause of death records for the period 2010–2020.

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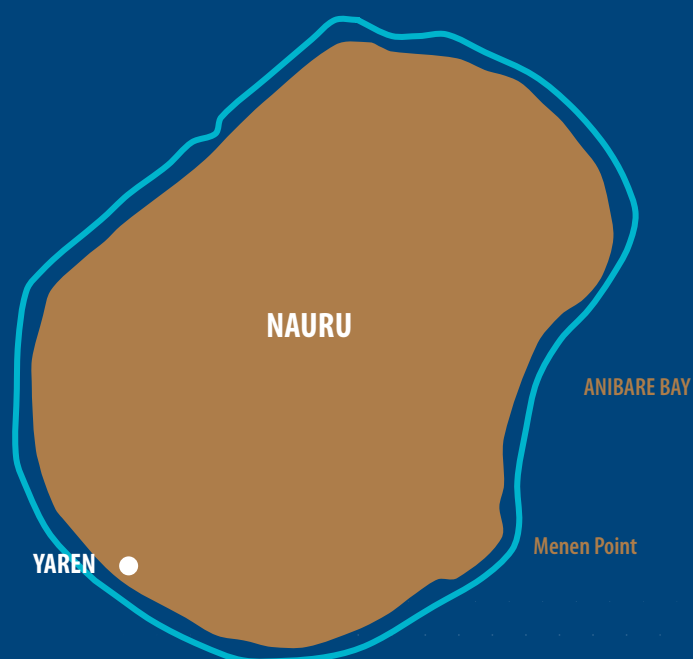
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# CIVIL REGISTRATION AND VITAL STATISTICS IN NAURU

Formerly known as Pleasant Island, the Republic of Nauru is an island country in Micronesia, a sub-region of Oceania, in the Central Pacific. With only a 21 km<sup>2</sup> area, it is the smallest state in the South Pacific Ocean.



Land area  
(km<sup>2</sup>)  
**21**

2020 mid-year  
population estimate  
**11,700**

Population growth  
rate (%)  
**1.6**

## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in Nauru is governed by the Nauruan Births, Deaths and Marriages Registration Act of 2017, which was implemented on 1 February 2018.

### *Agencies responsible for birth and death recording and registration*

Nauru has one main hospital where most births and deaths in the country occur. Civil registration is managed by the Civil Registration Office (CRO), which is a section under the Chief Secretary Department.

### *National CRVS committee and CRVS action plan*

Nauru has a CRVS Committee which was formed in August 2020, and is comprised of the CRO, the Ministry of Health, and the Bureau of Statistics. Nauru has not undertaken a comprehensive assessment based on existing CRVS assessment frameworks, but several non-standardised reviews have been undertaken by SPC in the past. They provide information on Nauru's civil registration system and could be used as key inputs for a comprehensive assessment.

### *National ID systems*

In 2017 Nauru passed legislation for implementation of national ID codes. However, plans for rolling out an ID system/codes are yet to be established.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

Nearly all births in Nauru occur in the main hospital. When a birth occurs outside the hospital, the mother and her baby are brought to the hospital soon after birth. Nursing staff record the birth in the ward logbook and the bed census form. A registration number is created for each event, and a letter is issued to the parent. The letter is to be used for claiming the birth payment (see details below). Details of births are shared by the hospital to the CRO on a monthly basis. Parents complete the registration process by taking the letter to the CRO where the information is verified against the records provided by the hospital. A hard copy form is completed at the CRO, a registration number is issued for each event, and a file is created. The data are also entered into a Microsoft Excel spreadsheet. There are two separate birth registration databases maintained, one for Nauruans and one for non-Nauruans. There have been two attempts to digitise registration processes through the adoption of customised civil registration software, but these have not been successful.

### *Timeframes and costs*

Civil registration of births is compulsory and must be completed within 21 days of a birth. Whilst there is a provision in the current legislation for a fee for late registration, it has not yet been regulated or enforced.

Standard, on-time birth registration	no charge
Late registration (> 21 days)	not applicable*
Birth certificate printed	10.00 (AUD)

\*There is a stipulated fee, but it has not yet been regulated.

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A woman giving birth to a child is entitled to a one-off payment of AUD 100 from the government treasury. The money provides support to purchase a start-up kit for the newborn. This initiative was introduced in 2005 by the new and incoming reform government. The mother can collect the funds only after presentation of the baby's birth certificate, and it is reported that this has led to increased birth registration (ADB 2012). Birth registration

is required for enrolment in school, and the CRO provides the Education Department with the national birth registration list for children turning five years old each year (UNESCAP 2020).

### *Registration process for births occurring overseas*

Many births occur overseas due to medical referral or by choice of the parents. The birth can be recorded by the CRO upon presentation of the overseas birth certificate. There are two separate birth registration databases maintained by the civil registry, one for Nauruan citizens and one for non-Nauruans.

## **REPORTING AND REGISTRATION OF DEATHS**

### *Recording deaths at health facilities and registering deaths at the civil registry*

Nearly all deaths are reported through the hospital. When a death occurs in the hospital, nursing staff record it in the ward logbook and the bed census form. A registration number is created for each event. A medical practitioner is required to complete the medical certificate of cause of death (MCCD). Two copies of the MCCD are created; one is filed at the hospital, while the other is delivered or emailed to the CRO. Parents or immediate family must attend the CRO to complete the death registration process. At the CRO, details of the death are entered into the logbook as soon as a notification is received. The logbook is also used to assign an index, or registration number. When the family comes to register the death, they are asked to complete a registration form, the details are checked against the information provided by the hospital in the logbook (which is then marked as registered), and the medical certificate is filed (separately for Nauruan and non-Nauruan deaths). A death certificate is then manually generated in Microsoft Word. The information is entered into a spreadsheet, and details are retyped from the index logbook (which is the most up-to date source) for inclusion in the government gazette on a monthly basis.

### *Timeframes and costs*

Registration of deaths is compulsory but no fee is enforced for late registration.

Standard, on-time death registration	no charge
Late registration	not applicable
Death certificate printed	10.00 (AUD)

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

The spouse or family member of a deceased person can file a claim for AUD 2,000.00 from the government treasury. The money helps the family to purchase a coffin, clothes and other necessities for funeral arrangements. This assistance was introduced in 2005 by the new and incoming reform government. In 2010–2011, a claim for AUD 500.00 for stillborn babies was introduced (ADB 2012). The system for issuance of these payments has been tightened over the past several years to ensure that a death certificate or stillbirth certificate has been obtained prior to the payment being issued. There are anecdotal reports that, prior to the introduction of the stillbirth payment in 2010–2011, pressure was placed on doctors to issue a death certificate for stillbirths to allow families to access the funeral payment, as well as to formally recognise the event. This may result in inaccurately low reporting of stillbirths and inflated reporting of neonatal deaths.

### *Registration process for deaths occurring overseas*

Deaths that occur overseas, which is common due to medical referral or by choice of the individual if they can afford to, can be recorded by the CRO upon presentation of the overseas death certificate by a family member. There are two separate death registration databases maintained by the civil registry, one for Nauruan citizens and one for non-Nauruans.

## COLLATION AND CLASSIFICATION OF CAUSE OF DEATH

### *Process for coding death certificates*

All deaths have to be medically certified by a medical practitioner. The medical certificate of cause of death (MCCD) used in Nauru largely aligns with the WHO international format. However, it contains an extra line above the causal sequence lines that can create challenges with ICD-10 coding and determining the underlying cause of death. The MCCD also does not enable collection of other key variables recommended by the WHO to add further clarity to the circumstances surrounding a death (considered as Frame B of the death certificate or notification form). Nauru has a high turnover of doctors on relatively short-term contracts. The medical certificate is completed by whichever doctor last saw the patient. This may not be the doctor who treated the patient. This affects the quality of the cause of death information captured, with close to one third of deaths classified as ill-defined in nature between 2015 and 2019 (NBoS and SPC 2019). Mortality coding from the medical certificates is currently not taking place in Nauru. In May 2018, the Australian Bureau of Statistics (ABS) supported the country in coding data for the years 2014 to 2017. There are also plans by the government to seek routine off-island coding support from ABS. Modalities for establishing this form of support are under way, including the drafting of a memorandum of understanding between the two parties.

### *Training and resources for cause of death certification and coding*

In 2019, medical coders from Nauru participated in a two-week attachment programme in the ABS, supported by SPC. There are plans by the government to seek routine off-island coding support from ABS.

## COMPLETENESS OF CIVIL REGISTRATION DATA

Birth and death registration completeness is high in Nauru. This is due to the majority of births and deaths occurring in the hospital on the main island, good data-sharing between the hospital and the CRO, and strong financial incentives – a birth payment and a funeral assistance payment – tied to birth and death registration. The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In some countries in the Pacific region, the births and deaths of citizens overseas can be registered in the civil registry. When estimating completeness, it is best that these overseas births and deaths are not included in the civil registry figures, since the other sources to which they are compared, such as health records, do not include overseas events. In Nauru however, an understanding of how many births and deaths among the resident population have occurred overseas is important, given the high number of events that occur overseas, mostly in Australia and Fiji. Because of this high number, Tables 1 and 2 include the total number of events registered in the civil registry (in-country and overseas events), but the number of the events that occurred overseas is shown in brackets. These overseas events have not been included in the calculation of the completeness between the civil registry and health, census and SPC projections. For example, in 2015 there were 402 births registered in the civil registry, of which 34 occurred overseas. When the 34 overseas births are excluded and the remaining births in the civil registry are compared with the figures from health for the same year, the estimated completeness of the civil registry is 98%.

Table 1 shows that, between 2010 and 2018, birth registration completeness when compared to health records has remained  $\geq 90\%$  in recent years and for 2010–2014 it exceeds 100%. The civil registry also has higher than 100% completeness when compared to the census estimate for births in 2011. Comparison with the SPC projection for 2018 indicates a completeness of around 87%. The number of births registered in the civil registry in the most recent years (2017–2018) is lower than earlier years, and suggests that there are late birth registrations that have not yet been registered in the civil registry for these years. The reason for  $\geq 100\%$  completeness of the civil registry in comparison to health records and the census in 2010–2013 requires further investigation.

**Table 1: Completeness of birth registration data**

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	300 (25)	-	316	-	-	87% <sup>^</sup>	-
2017	334 (31)	336	-	-	90% <sup>^</sup>	-	-
2016	393 (34)	391	-	-	92% <sup>^</sup>	-	-
2015	402 (34)	374	-	-	98% <sup>^</sup>	-	-
2014	353 (37)	-	-	-	-	-	-
2013	361 (31)	320	-	-	103% <sup>^</sup>	-	-
2012	397 (28)	366	-	-	101% <sup>^</sup>	-	-
2011	455 (44)	370	-	366	111% <sup>^</sup>	-	112% <sup>^</sup>
2010	385 (42)	333	-	-	103% <sup>^</sup>	-	-

Because of the high number of overseas births and deaths in Nauru, the total number of events registered in the civil registry (in-country and overseas events) has been displayed in the table above, but the number of those events which occurred overseas is shown in brackets. The overseas events have not been included in the calculation of the completeness between the civil registry and health, census and SPC projections.

Sources: <sup>a</sup>Obtained directly from the Nauru Civil Registration Office on 14.12.2020. <sup>b</sup>Ministry of Health (NBoS, DoH and SPC 2019; NBoS, DoH and SPC 2015). <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>Calculated from the crude birth rate published in the most recent census in 2011 (Government of Nauru 2012). <sup>e</sup>Completeness calculated by dividing 'Civil Registry' by 'Health', dividing 'Civil Registry' by 'SPC projection', and dividing 'Civil Registry' by 'Census', after births which occurred overseas (in brackets) were removed from the figures for the civil registry.

Table 2 shows that between 2010 and 2018, death registration completeness when compared to health records has remained  $\geq 100\%$ , even after the exclusion of overseas deaths. The civil registry also has higher than 100% completeness when compared to the census estimate for deaths in 2011. Comparison with the SPC projection for 2018 indicates a completeness of around 95%. The reason for  $\geq 100\%$  completeness of the civil registry in comparison to health records and the census requires further investigation.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	88 (6)	-	86	-	-	95% <sup>^</sup>	-
2017	103 (7)	89	-	-	108% <sup>^</sup>	-	-
2016	103 (3)	77	-	-	130% <sup>^</sup>	-	-
2015	95 (13)	76	-	-	108% <sup>^</sup>	-	-
2014	103 (11)	-	-	-	-	-	-
2013	103 (3)	95	-	-	105% <sup>^</sup>	-	-
2012	81 (4)	71	-	-	108% <sup>^</sup>	-	-
2011	78 (0)	68	-	65	115% <sup>^</sup>	-	120% <sup>^</sup>
2010	71 (2)	69	-	-	100% <sup>^</sup>	-	-

Because of the high number of overseas births and deaths in Nauru, the total number of events registered in the civil registry (in-country and overseas events) has been displayed in the table above, but the number of the events that occurred overseas is shown in brackets. The overseas events have not been included in the calculation of the completeness between the civil registry and health, census and SPC projections.

Sources: <sup>a</sup>Obtained directly from the Nauru Civil Registration Office on 14.12.2020. <sup>b</sup>Ministry of Health (NBoS, DoH and SPC 2019; NBoS, DoH and SPC 2015). <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The number of deaths reported in the 12 months preceding the most recent census in 2011 (Government of Nauru 2012). <sup>e</sup>Completeness was calculated by dividing 'Civil Registry' by 'Health', dividing 'Civil Registry' by 'SPC projection', and dividing 'Civil Registry' by 'Census', after births that occurred overseas (in brackets) were removed from the figures for the civil registry.



## PUBLICATION OF CRVS DATA AND REPORTS

The Nauru Bureau of Statistics routinely uses civil registration data to complement its other data sources for its vital statistics releases. Data-sharing between the CRO and the National Statistics Office (NSO) occurs sporadically, upon request by the NSO. While there is no established schedule to analyse and publish vital statistics data, the Nauru government published a vital statistics report in 2015, based on civil registration and health data for the period 2008–2013, and a second report was published in 2019, based on civil registration and health data for the period 2015–2017. The reports provide birth and death completeness estimates and key fertility and mortality indicators.

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. The Australian Government, Department of Foreign Affairs and Trade (DFAT) is planning to expand the twinning program that is running in other areas of the Pacific to include Nauru. The objectives of the twinning program include strengthening the rate of birth and death registrations, establishing a mentoring program with key staff in an Australian civil registry, strengthening overall registry practices, and promoting awareness among government and the community on the importance of CRVS to identify security and government planning more broadly.
2. The Ministry of Health is currently being supported by SPC and BAG to undertake an audit of the quality of medical certification and coding of causes of death for deaths that occurred in 2018 and 2019.
3. In 2019, Nauru published its second national vital statistics report on births, deaths and causes of death for the period 2015–2017.
4. In 2019, medical coders from Nauru participated in a two-week attachment programme in the Australian Bureau of Statistics, supported by SPC.
5. Nauru recently revised its civil registration legislation.
6. The government recently signed a memorandum of understanding with Australia focussed on security partnership. This partnership is envisaged to support improvements in the operations of the civil registration office, including the security of records and documents.
7. Nauru is looking towards acquiring a civil registration IT system platform that would support electronic recording at the civil registration office and improve the storage and archival of registration records.
8. Conservation of existing old paper records is a key priority for the civil registration office of Nauru, noting that most of these records are routinely referenced but are at risk of loss and damage due to age.
9. There are plans to adopt the new WHO format of the medical certificate of cause of death.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN NEW CALEDONIA

New Caledonia is located in the southwest Pacific Ocean. The archipelago, part of the Melanesia sub-region, includes the main island of Grande Terre, the Loyalty Islands, the Belep Archipelago, the Isle of Pines and a few remote islands. Locals refer to Grande Terre as Le Caillou (the pebble).



Land area  
(km<sup>2</sup>)  
**18,576**

2020 mid-year  
population estimate  
**273,000**

Population growth  
rate (%)  
**0.3**



## COLLATION AND CLASSIFICATION OF CAUSE OF DEATH

### Process for coding death certificates

Since 2012, medical causes of death have been coded according to ICD10. The Directorate of Health and Social Affairs (*Direction des affaires sanitaires et sociales*) is the agency responsible for medical death certification and coding of causes of death. Mortality certification and coding practices are strong in New Caledonia. The proportion of deaths classified as cause of death unknown (symptoms, signs and abnormal laboratory and clinical findings, not elsewhere classified) has remained between 9% and 13% over the most recent decade for which data have been published (2009–2018) (ISEE 2020). Deaths coded as cause of death unknown are likely related to the proportion of deaths in New Caledonia that do not occur in a health facility, and therefore a trained medical physician is not present at the time of the person's death in order to complete the medical death certificate. In 2017, around 65% of deaths in New Caledonia occurred in a hospital, health facility, or retirement home, whilst the remainder occurred at home or other places (ISEE 2020).

## BIRTH AND DEATH REGISTRATION COMPLETENESS

New Caledonia has a well-functioning CRVS system, with birth and death registration assessed to be complete (approx. 100%). Each birth and death registration is assigned a unique number, and when all records are collated monthly at the national level by ISEE the sequence of numbers from each municipality is checked. In the event of errors, either in the continuity of record number sequence, or in the completeness or accuracy of information on the registration, the ISEE investigates the town hall in the municipality concerned.

Table 1: Completeness of birth registration data

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	-	-	4,511	-	-	-	-
2017	4,059	4,059	-	-	100%	-	-
2016	4,271	4,271	-	-	100%	-	-
2015	4,191	4,191	-	-	100%	-	-
2014	4,370	4,370	-	-	100%	-	-
2013	4,373	4,373	-	-	100%	-	-
2012	4,389	4,389	-	-	100%	-	-
2011	4,119	4,119	-	-	100%	-	-
2010	4,178	4,178	-	-	100%	-	-

Sources: <sup>a</sup>Civil registry (ISEE 2019a). <sup>b</sup>Direction des affaires sanitaires et sociales (DASS 2019). <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2014 and 2019 censuses did not ask questions on annual births and therefore could not be used to estimate the completeness of birth registration. Completeness was calculated by dividing 'Civil Registry' by 'Health'.

Table 2: Completeness of death registration data

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	-	1,535	1,549	-	-	-	-
2017	1,529	1,529	-	-	100%	-	-
2016	1,569	1,569	-	-	100%	-	-
2015	1,465	1,465	-	-	100%	-	-
2014	1,406	1,406	-	-	100%	-	-

2013	1,374	1,374	-	-	100%	-	-
2012	1,322	1,322	-	-	100%	-	-
2011	1,320	1,320	-	-	100%	-	-
2010	1,191	1,191	-	-	100%	-	-

Sources: <sup>a</sup>Civil registry (ISEE 2019b). <sup>b</sup>Direction des Affaires Sanitaires et Sociales (ISEE, 2020). <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2014 and 2019 censuses did not ask questions on all-age mortality, and therefore could not be used to estimate the completeness of death registration. Completeness was calculated by dividing 'Civil Registry' by 'Health'.

## PUBLICATION OF CRVS DATA AND REPORTS

The *Institut de la statistique et des études économiques* (ISEE) Nouvelle-Calédonie regularly publishes comprehensive vital statistics information on births and deaths in New Caledonia, which date back to the 1980s. Published and publicly available information on births includes annual figures of live births by province and municipality of birth registration, nationality of parents, marital status of parents, type of birth (single or multiple birth), place of birth (home, hospital, etc.), assistance received by the mother (doctor, midwife, none, etc.), professional occupation of parents, and several other variables (ISEE 2019a). Published and publicly available information on deaths includes annual figures of deaths by sex and age group, province and municipality of residence, province and municipality of death registration, location of death, professional occupation of the deceased, and several other variables (ISEE 2019b).

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# CIVIL REGISTRATION AND VITAL STATISTICS IN NIUE

Niue is an island country in the South Pacific Ocean. The island is commonly referred to as The Rock, which comes from the traditional name Rock of Polynesia. Niue is one of the world's largest coral islands.



Land area  
(km<sup>2</sup>)  
**259**

2020 mid-year  
population estimate  
**1,600**

Population growth  
rate (%)  
**-1.2**

## CRVS LEGISLATION, ORGANIZATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in Niue is governed by the Births and Deaths Registration regulations of 1984, which require compulsory registration of all births and deaths occurring on the island and provide for non-compulsory registration of off-island events.

### *Agencies responsible for birth and death recording and registration*

The Ministry of Health is responsible for the recording of births and deaths in health facilities and the community. The Civil Registry Office (CRO), which is part of the Department of Justice, Lands and Community Services, is responsible for overseeing the civil registration of births and deaths.

### *National CRVS committee and CRVS action plan*

Niue has a national CRVS Committee comprised of the Ministry of Health, the CRO, and the Statistics Niue Office in the Ministry of Finance and Planning. The committee meets bi-annually.

### *National ID systems*

Niue has no current plans to implement a national ID system.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

For births, a Notification of Birth form is completed at the hospital and taken by health staff to the CRO. The information on the notification includes the sex of the child and the parents' names. This information is also entered on a hard copy register at the hospital. The parents are then required to complete the registration process at the CRO. Essentially, all births in Niue occur in the hospital, although there have been a few births outside the hospital, mainly at home and on the way to the hospital. In 2012, an obstetrician was appointed in Niue, which significantly reduced the number of women travelling to New Zealand to give birth. Prior to this, there were very few births on-island, with most women either referred through the health service or self-referring to New Zealand. The sharing of information/data across the Department of Health and the Department of Justice is done electronically.

### *Timeframes and costs*

The legally stipulated period for birth registration is within 14 days of the birth.

Standard, on-time birth registration	no charge
Late registration (> 14 days)	50.00 (NZD)
Birth certificate printed	28.00 (NZD)

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

In October 2016, Niue introduced a Baby Incentive Grant whose implementation is linked to birth registration. The grant is for NZD 2,000.00 paid in four fortnightly instalments to Niuean parents, or parents with permanent residence. This grant has been particularly useful in enabling the government to maintain a complete record of births occurring overseas, as new mothers need to register their baby in the Niue Civil Registry in order to receive the grant (Stats Niue 2018c). A birth certificate is also required for accessing free health services and for enrolment in school.

### *Registration process for births occurring overseas*

As New Zealand citizens, indigenous Niueans have access to specialised healthcare in New Zealand during pregnancy, with the option to deliver their babies in a New Zealand hospital. Niuean residents may also be



referred to New Zealand for specialised care under the medical referral scheme if warranted (Stats Niue 2018c). These overseas births are non-compulsorily registered in the Niuean CRO on return to the country. If registered, they are clearly identified as a birth which occurred overseas in published vital statistics (Stats Niue 2020). In recent years, around half of Niuean mothers have gone to New Zealand to give birth.

## REPORTING AND REGISTRATION OF DEATHS

### *Recording deaths at health facilities and registering deaths at the civil registry*

Most deaths in Niue occur at the hospital or are reported to the hospital soon after occurrence. According to the regulations, the medical practitioner issuing a death certificate must provide the registrar with the particulars of death (including a medical certificate of the cause of death) within 24 hours of occurrence of the event, after which the death is registered. The registrar then issues authority for burial of the deceased, without which burial is in contravention and punishable by law. The birth and death regulations further require that every minister of religion or person who performs any religious or funeral service for or at the burial forwards a written notice of the burial to the registrar within seven days.

### *Timeframes and costs*

Current legislation states that persons responsible for reporting deaths should furnish particulars of the death to the registrar withing 24 hours of the event.

Standard, on-time death registration	no charge
Late registration	not applied
Death certificate printed	28.00 (NZD)

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

A death certificate is required for inheritance of land, property and estates of deceased persons.

### *Registration process for deaths occurring overseas*

Deaths that occur overseas are registered in the Niue Civil Registry if the body is returned to the country for burial and if the deceased had been residing in Niue within 12 months prior to their death. In such cases, the family is required to provide the registrar with a death certificate issued in the country where death occurred. If a death occurs overseas to a person of Niuean descent who was not residing in Niue for the past 12 months or more, and the body is flown back to Niue for burial, it will be recorded in the Civil Registry as an overseas death. If a death occurs overseas to a resident of Niue and the body is not flown back for burial, the death will not be recorded in the Niue Civil Registry, even if the deceased only recently left Niue as a medical referral. Suggestions have been made to request data from New Zealand, but Statistics New Zealand has noted that the place of residence is often not recorded well in their collection. For example, the place of residence may be recorded as 'a relative's place' rather than their permanent home in Niue. For this reason, it is not possible to use the New Zealand data to accurately monitor deaths of Niue residents in New Zealand (Stats Niue 2018c).

## COLLATION AND CLASSIFICATION OF CAUSE OF DEATH

### *Process for coding death certificates*

All deaths in Niue are certified by a medical doctor according to the international format for classification of diseases specified by WHO. In cases where a death was not attended by a medical practitioner, the director of health, or his/her deputy, or an authorised medical practitioner is required to deliver to the registrar a certificate stating, to the best of his/her knowledge, the cause of death (underlying and contributory causes) of the deceased. A senior nurse officer does the coding of all causes of death in Niue. Over the past few years, Niue has been using the ICD-10 short mortality list for coding causes of death. More recently, however, the government is looking to adopt the full ICD-10 coding format for coding, and to continue reporting from the ICD-10 General Mortality list.

## COMPLETENESS OF CIVIL REGISTRATION DATA

The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In some countries in the Pacific region, including Niue, the births and deaths of citizens overseas can be registered in the civil registry. When estimating completeness, it is best that these overseas births and deaths are not included in the civil registry figures since the other sources to which they are compared, such as health records, do not include overseas events. In Niue however, an understanding of how many births and deaths among the resident population have occurred overseas is particularly important, given the high number of events that occur overseas, mostly in New Zealand. In some years, more Niuean mothers travel to New Zealand to give birth than those who remain in Niue to deliver. The medical referral programme also sends a lot of Niueans overseas for medical treatment, where they may die. Because of the high number of overseas births and deaths in Niue, Tables 1 and 2 below include the total number of events registered in the civil registry (in-country and overseas events) but, where possible, the number of events that happened overseas is shown in brackets. In addition, these overseas events have not been included in the calculation of the completeness between the civil registry and health, census and SPC projections. For example, in 2016, 27 births were registered in the civil registry, of which eight occurred in New Zealand. When the remaining 19 births occurring in Niue are compared with the figures from health records for the same year, the estimated completeness of the civil registry is 95%.

Table 1: Completeness of birth registration data

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	25 (15)	13	19 <sup>&gt;</sup>	-	77% <sup>^</sup>	>	-
2017	22 (5)	18	-	-	94% <sup>^</sup>	-	-
2016	27 (8)	20	-	-	95% <sup>^</sup>	-	-
2015	26 (5)	21	-	-	100% <sup>^</sup>	-	-
2014	20 (5)	15	-	-	100% <sup>^</sup>	-	-
2013	25 (6)	19	-	-	100% <sup>^</sup>	-	-
2012	33 (6)	27	-	-	100% <sup>^</sup>	-	-
2011	22 (8)	15	-	-	93% <sup>^</sup>	-	-
2010	25 (14)	11	-	-	100% <sup>^</sup>	-	-

<sup>~</sup>Because of the high number of overseas births and deaths in Niue, the total number of births registered in the civil registry (in-country and overseas births) has been displayed in the table above, but the number of births that occurred overseas is shown in brackets. These overseas births have not been included in the calculation of the completeness between the civil registry and health.

Sources: <sup>a</sup>Civil Registration Office (Stats Niue 2019a; 2018a; 2018b; 2018c; 2012a). <sup>b</sup>Obtained directly from Niue Ministry of Health on 20.12.2020. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2011 and 2017 censuses provide an annual average of births during the intercensal period based on civil registration data, not the census questionnaire (Stats Niue 2012b; Stats Niue 2019b). <sup>^</sup>Completeness was calculated by dividing 'Civil Registry' by 'Health', after births that occurred overseas (in brackets) were removed from the figure for the civil registry; <sup>></sup>The SPC projection has not been used to estimate the completeness of the civil registry because of the situation in Niue, where a large proportion of births occur overseas, and it is unclear if this has been taken into account in the calculation of the SPC projection.

Table 2 shows that, like births, comparison of the civil registry with health records indicates that the civil registry has 100% completeness in capturing deaths that occur in Niue. Comparison with the 2017 census is not possible, as the census did not ask questions on annual all-age mortality.

Table 2: Completeness of death registration data

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	19 (6)	16	17 <sup>&gt;</sup>	-	-	>	-
2017	14 (3)	-	-	-	-	-	-
2016	6 (1)	5	-	-	100% <sup>^</sup>	-	-
2015	16 (2)	14	-	-	100% <sup>^</sup>	-	-
2014	5 (0)	5	-	-	100% <sup>^</sup>	-	-
2013	13 (0)	13	-	-	100% <sup>^</sup>	-	-
2012	8 (0)	8	-	-	100% <sup>^</sup>	-	-
2011	9 (1)	-	-	-	-	-	-
2010	15 (1)	-	-	-	-	-	-

Because of the high number of overseas deaths in Niue, the total number of deaths registered in the civil registry (in-country and overseas deaths) has been displayed in the table above, but the number of deaths that occurred overseas is shown in brackets. These overseas deaths have not been included in the calculation of the completeness between the civil registry and health.

Sources: <sup>a</sup>Civil Registration Office (Stats Niue 2019a; 2018a; 2018b; 2018c; 2012a). <sup>b</sup>Obtained directly from Niue Ministry of Health on 20.12.2020. <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The only question related to mortality in the 2011 and 2017 census was the number of children ever born and still alive. The census states that the inputs used to calculate life expectancy are based on mortality data from the civil registry (Stats Niue 2012b; Stats Niue 2019b). <sup>^</sup>Completeness was calculated by dividing 'Civil Registry' by 'Health' after deaths that occurred overseas (in brackets) were removed from the figure for the Civil Registry; <sup>></sup>The SPC projection has not been used to estimate the completeness of the civil registry because of the unique situation in Niue, where a large proportion of deaths occur overseas, and it is unclear if this has been taken into account in the calculation of the SPC projection.

## PUBLICATION OF CRVS DATA AND REPORTS

Every six months, data on births and deaths is collated by the CRO and sent to the Niue Statistics Office for analytical purposes. The Niue Statistics Office publishes a bi-annual release of vital statistics, which includes births and deaths. Niue has also published two comprehensive vital statistics reports from civil registration data, covering events that occurred between 1996 and 2011 (Stats Niue 2012a) and between 2012 and 2016 (Stats Niue 2018c).

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. In order to ensure completeness in vital statistics reporting and to securely manage and close identities (once deceased), Niue is working with the government of New Zealand to establish an information-sharing arrangement (through a memorandum of understanding), in which both governments will share information about deaths and name changes occurring overseas.
2. In 2016, Niue introduced a Baby Incentive Grant, whose implementation is linked to birth registration. This grant has been useful in enabling the government to maintain a complete record of births occurring overseas; new mothers are encouraged to report these events upon their return to Niue.
3. The government is exploring the use of immunisation records to identify off-island births to resident mothers who have chosen not to register the birth in Niue (as this is optional) in order to ensure that all births to the resident population are captured (Stats Niue 2018c).

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# CIVIL REGISTRATION AND VITAL STATISTICS IN NORTHERN MARIANA ISLANDS (COMMONWEALTH OF THE)

The Northern Mariana Islands (CNMI), officially the Commonwealth of the Northern Mariana Islands (CNMI), is an insular area and a commonwealth of the United States of America (USA). It consists of 14 islands in the north-western Pacific Ocean. CNMI and Guam are the westernmost points and territories of USA (in terms of jurisdiction).

● Farallon de Pajaros

● Maug

● Asuncion

● Agrihan

● Pagan

● Alamagan

● Guguan

● Sarigan

● Anatahan

● Farallon de Medinilla

**SAIPAN**

● Aguijan

● Tinian

● Rota



Land area  
(km<sup>2</sup>)  
**457**

2020 mid-year  
population estimate  
**56,600**

Population growth  
rate (%)  
**0.4**

## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in the CNMI is governed by the Vital Statistics Act of 2006, enacted in 2007.

### *Agencies responsible for birth and death recording and registration*

The Commonwealth Healthcare Corporation (CHCC) oversees CNMI's single healthcare facility, the Commonwealth Health Center, as well as two satellite health centers for the islands of Tinian and Rota. The healthcare system utilizes an electronic health record to report and certify vital events occurring in CNMI (on Saipan, Tinian and Rota islands). Medical birth and death forms are scanned and electronically sent to the National Center for Health Statistics in USA for medical coding (birth and death coding). Medical coding results are electronically returned to CNMI for analysis and reporting to the CNMI government and other stakeholders. Recording of vital events is the responsibility of the Health and Vital Statistics Office (HVSVO), which is also under the CHCC. The HVSVO is responsible for the issuance of birth and death certificates, but also the administration of the system of vital statistics throughout CNMI. The HVSVO is located at the national hospital, the Commonwealth Health Center, in Saipan.

### *National CRVS committee and CRVS action plan*

CNMI does not have a CRVS committee.

### *National ID systems*

The Bureau of Motor Vehicles, Department of Public Safety is responsible for implementing Real ID in CNMI.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

Most births occur at CNMI's single healthcare facility in Saipan, the Commonwealth Health Center, or at the two satellite health centers on the islands of Tinian and Rota. In cases where the birth did not take place in a health facility, the law requires the physician in attendance, or the mother or father of the child to report the birth to the nearest health facility. In CNMI, births that are recorded in the health system are managed by the CHCC, which is also responsible for birth registration and the issuance of birth certificates. Because the same agency is responsible for both functions, all births that are recorded in the health system are automatically registered in the civil registry. CNMI has a unique situation, where up to 50% of births that occur in the country are to women who are not citizens. 38% of all births in CNMI between 2013 and 2018 were to mothers who entered the country on a tourist visa, primarily from China (CSD 2016; UNESCAP 2019).

### *Timeframes and costs*

Registration of births is compulsory by law in CNMI and should be conducted within five days of the event. However, there is no penalty for late registration.

Standard, on-time birth registration	no charge
Late registration	not applicable
Birth certificate printed	25.00 (USD)

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A birth certificate is required for issuance of a passport, enrolment in school, and to apply for a Medicaid card, which each child born in CNMI is entitled to.

### *Registration process for births occurring overseas or births to foreigners*

CNMI has a very high proportion of 'tourist births', whereby a pregnant woman enters the country on a tourist visa in order to deliver her child in CNMI. The number of tourist births has been steadily increasing since 2010

(Table 1), with tourist births constituting 40% of all births between 2014 and 2018. Pregnant women come to CNMI to give birth because children born in CNMI are automatically given US citizenship, regardless of the nationality of their parents. And when the child reaches 21 years of age, they are able to receive a visa for their parents to emigrate to USA. It is uncommon for pregnant women who reside in CNMI to travel outside CNMI for the purpose of delivering their babies. Overseas births registered in CNMI are usually because of adoption. In these instances, the Registrar is required to prepare and register a Certificate of Foreign Birth for a person born in a foreign country who is not a USA citizen and who was adopted through the CNMI Superior Court.

## REPORTING AND REGISTRATION OF DEATHS

### *Recording deaths at health facilities and registering deaths at the civil registry*

Most deaths occur at CNMI's single healthcare facility in Saipan, the Commonwealth Health Center, or at the two satellite health centers on the islands of Tinian and Rota. A medical practitioner completes a medical certificate of cause of death (MCCD). When a death occurs in the community, the body is usually transported to the morgue at the Commonwealth Health Center or the satellite health centers, and an MCCD is completed. In CNMI, deaths that occur in the health system are managed by the CHCC, which is also responsible for death registration and the issuance of death certificates. Because the same agency is responsible for both functions, all deaths that are recorded in the health system are automatically registered in the civil registry.

### *Timeframes and costs*

Registration of deaths is compulsory by law in CNMI, and must be conducted within five days of occurrence of the death and prior to the disposal of the remains. There is no penalty for late registration.

Standard, on-time death registration	no charge
Late registration	not applicable
Death certificate printed	20.00 (USD)

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

A death certificate is required for inheritance of land, property and estates of deceased persons.

### *Registration process for deaths occurring overseas*

The Health and Vital Statistics Office (HSVO) is not required to register deaths that occurred outside CNMI's jurisdiction but death certificates of CNMI residents who died in any of the US States and Territories are reported to HSVO by the state and/or territorial registrar for record keeping. CNMI residents who die in any foreign country are reported to HSVO through the USA Department of State.

## COLLATION AND CLASSIFICATION OF CAUSE OF DEATH

### *Process for coding death certificates*

Certification and coding of cause of death is undertaken in accordance with the International Classification of Diseases (10<sup>th</sup> edition). Only clinicians can certify deaths, and all deaths must be certified within 48 hours of occurrence. CNMI uses the USA Standard Certificate of Death for recording the details of a death and its causes (<https://www.cdc.gov/nchs/data/dvs/DEATH11-03final-acc.pdf>).

### *Training and resources for cause of death certification and coding*

CNMI developed standard operating procedures (SOP 3165 and 3166) and incorporated training materials provided by the National Centers for Health Statistics for physicians and HSVO staff in order to improve data quality and reporting timeliness. All medical death certificates are scanned and electronically sent to the National Centres for Health Statistics in USA to be coded and the coded data are then sent back to CNMI. As mortality coding of death certificates is done remotely in USA, there is no training on International Classification of Disease mortality coding in CNMI.

## COMPLETENESS OF CIVIL REGISTRATION DATA

The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In CNMI, records of births and deaths in the health system are managed by the CHCC, which is also responsible for birth and death registration and the issuance of birth and death certificates. Because the same agency is responsible for both functions, the number of births and deaths recorded in health records is the same as the number registered through civil registration. Therefore, an estimate of completeness by comparison of the civil registry with health records cannot be undertaken. The registration of births and deaths in CNMI is considered to be complete.

In Table 1, the column for births in the civil registry is inclusive of tourist births but the number of tourist births is given in brackets next to the total figure. For example, in 2018 there were 1,262 births registered in the civil registry, of which 581 were to mothers who were in CNMI on a tourist visa for a short period of time to deliver their baby before leaving the country. Over the past ten years, the number of tourist births has continuously risen – from 70 in 2010 up to 581 in 2018. See the section above on births to foreigners for more details.

Table 1: Completeness of birth registration data

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	1,262 (581)	na	736	-	na	93%*	-
2017	1,209 (562)	na	-	-	na	-	-
2016	1,217 (482)	na	-	-	na	-	-
2015	1,107 (379)	na	-	-	na	-	-
2014	1,057 (314)	na	-	-	na	-	-
2013	1,057 (287)	na	-	-	na	-	-
2012	1,129 (319)	na	-	-	na	-	-
2011	1,033 (221)	na	-	-	na	-	-
2010	1,075 (70)	na	-	-	na	-	-

Sources: <sup>a</sup>Obtained directly from the Health and Vital Statistics Office, Commonwealth Healthcare Corporation 18/11/2020. The figures in brackets are the number of tourist births included in the civil registry figures. <sup>b</sup>Civil Registry' and 'Health' are the same dataset in CNMI. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent census in 2010 did not ask questions on the annual number of births, and therefore could not be used to estimate the completeness of death registration. \*Completeness was calculated by dividing 'Civil Registry' by 'SPC projection' after tourist births were removed from the civil registry figure.

Table 2: Completeness of death registration data

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	221	na	264	-	na	84%	-
2017	235	na	-	-	na	-	-
2016	222	na	-	-	na	-	-
2015	225	na	-	-	na	-	-
2014	209	na	-	-	na	-	-
2013	200	na	-	-	na	-	-
2012	175	na	-	-	na	-	-
2011	161	na	-	-	na	-	-
2010	172	na	-	-	na	-	-

Sources: <sup>a</sup>Obtained directly from the Health and Vital Statistics Office, Commonwealth Healthcare Corporation 18/11/2020. <sup>b</sup>Civil Registry' and 'Health' are the same dataset in CNMI. <sup>c</sup>calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent census in 2010 did not ask questions on all-age annual mortality, and therefore could not be used to estimate the completeness of death registration. Completeness was calculated by dividing 'Civil Registry' by 'SPC projection'.



## PUBLICATION OF CRVS DATA AND REPORTS

CNMI has periodically published a statistical yearbook which contains data on births and deaths. The most recent publication was the 2015 CNMI Statistical Yearbook (CSD 2016).

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. In line with the CHCC efforts and commitments to modernize health information technologies, CNMI began the process of implementing a new Electronic Vital Registration System (EVRS) acquired through Axiell ALM, Inc., a software vendor and consultant that specializes in software for registries and vital records. The project is supported by Center for Disease Control and its implementation is near completion. This project started in 2019 and is expected to be completed by the end of 2020 (CHCC 2019).
2. In July 2020, the CHCC management approved another proposal from General Electric Healthcare to begin work with Axiell and the CHCC health information technology team on an integration solution that will enable systems to seamlessly do periodic transfers of data from the hospital's labour and delivery clinic to the EVRS system. The project started in October 2020 and is tentatively scheduled to go live in the first quarter of 2021.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN PALAU

Palau is an island country located in the western Pacific Ocean. The country contains approximately 340 islands, forming the western chain of the Caroline Islands in Micronesia, and has an area of 466 km<sup>2</sup> (180 mi<sup>2</sup>).



Land area  
(km<sup>2</sup>)  
**444**

2020 mid-year  
population estimate  
**17,900**

Population growth  
rate (%)  
**0.2**

## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in Palau is governed by the Palau National Code (PNC), Title 34 (Public Health, Safety and Welfare), Division 5 (Vital Statistics – Population and Residence Reports), Chapters 40–41 (1966, amended 1979); and the Court Order – In the Matter of Birth Certificates (22 Sept 2011).

### *Agencies responsible for birth and death recording and registration*

The Medical Records Department, under the Ministry of Health's Bureau of Health Administration and Support Services (BHASS), is responsible for overseeing the issuance and collation of birth and death records. The Medical Records Office is located at the Belau National Hospital (BNH) in Koror. The Office of the Clerk of Courts, also located in Koror, is responsible for birth and death registration. It has a satellite office in Melekeok State, which can issue birth and death certificates, but registration is done only in its main office in Koror.

### *National CRVS committee and CRVS action plan*

Palau has a CRVS Committee but it has not been active since 2016. The committee is comprised of representatives from the Medical Records Department and Bureau of Public Health at the Ministry of Health, the Office of the Clerk of Courts, and the Office of Planning and Statistics at the Ministry of Finance, among others. Palau does not have a CRVS action plan.

### *National ID systems*

Palau has no current plans to implement a national ID system.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

Birth registration in Palau benefits from a close collaborative arrangement between the Ministry of Health and the Office of the Clerk of Courts. Nearly all births in Palau occur at the BNH. If a birth occurs outside the hospital, the mother and child are transported to BNH for a routine check-up soon after the birth. The Medical Records Department initiates the birth registration process by facilitating the completion of the Birth Certificate Application Form. Either the birth parent or a nominated representative must fill out and submit the form. The information on it is entered by the Medical Records Office staff into a database and a Certificate of Live Birth is produced. The certificate is reviewed and signed by one or both birth parents, the attending physician or midwife, and the Director of the Bureau of Hospital and Clinical Services (BHCS) at the Ministry of Health. The certificate is then transferred to the Office of the Clerk of Courts by the Medical Records Office (which keeps a copy), where it is entered into a web-based database system (the Judiciary Information System), assigned a unique number and registered. A paper-based system is also used as a back-up tracking system in case of technical issues with the electronic system. The parents then present to the Civil Registry to request and collect a certified copy of the official birth certificate.

### *Timeframes and costs*

The law requires that every birth in Palau be registered within 10 days of delivery (PACLII, Nd).

Standard, on-time birth registration	no charge
Late registration (> 10 working days)	25.00 (USD)*
Birth certificate printed	2.00 (USD)
Birth certificate printed (off-island)	15.00 (USD)
Change of name	50.00 (USD)
Addition of father's particulars (≤ 3 months)	4.00 (USD)**

Addition of father's particulars (> 3 months) 50.00 (USD)\*\*\*

\*The late fee was introduced on 1 December 2016. The fee is payable to the Ministry of Health.

\*\*Within three months of birth, submission of affidavit acknowledging paternity USD 1.00 and notarisaton USD 3.00.

\*\*\*After three months from birth, filing of paternity petition in court USD 50.00.

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A birth certificate is required for enrolment of a child in primary school, issuance of a passport, a driver's license and police clearance. Birth registration is particularly important in Palau, given that it can be used as proof of citizenship, which is essential for accessing many rights under Palauan law. Due to restrictions on persons of non-Palauan descent and/or citizenship to nationality, land ownership and other rights, parental information is of great importance. The information recorded on a person's birth certificate is the most common means for establishing a person's rights as a citizen and as a member of their clan(s) (UNICEF and Republic of Palau 2012). In recent years, birth registration has become a requirement for access to national health insurance coverage, which entitles a person to access health and hospital services free of charge or at a subsidised cost. Before the birth registration requirement for health insurance coverage, the birth of many children was registered late, only upon enrolling in school. However, with the health insurance incentive, most parents now register their children at birth.

### *Registration process for births occurring overseas*

The children of Palauan citizens who are born in a foreign country can have their birth registered in the Palau civil registry by sending the Office of the Clerk of Courts a certified copy of their birth certificate obtained abroad. The birth certificate is scanned and uploaded into the birth registration database, and the birth is registered in the civil registry. Because of restrictions on persons of non-Palauan descent and/or citizenship to nationality, land ownership and other rights, parental information is of great importance, and many Palauan citizens who have moved to a foreign country will register their child's birth in the Palau civil registry. Of the births registered in the civil registry for 2015, 33 births were in USA, 14 in Guam, three in Philippines and Japan, and one in Marshall Islands. Whilst some of these children who were born overseas return to Palau soon after their birth, many continue to live in the foreign country where they were born for a substantial proportion, or all, of their life. These overseas births are not included in Table 1 below.

## **REPORTING AND REGISTRATION OF DEATHS**

### *Recording deaths at health facilities and registering deaths at the civil registry*

Most deaths occur at the main hospital, BNH. When a death occurs in the community on Koror or Babeldaob, the body is transported to the morgue at BNH, where the medical certificate of cause of death (MCCD) is completed. If a death occurs in one of the more remote states, the death must be certified by two legally authorized persons and reported to BNH. In cases of missing bodies, the court must declare the person dead before the death is certified. The Medical Records Department at the Ministry of Health initiates the death registration process by creation of an MCCD. An informant, typically a close relative of the deceased, the attending physician, and the Director of the Bureau of Hospital and Clinical Services must sign the certificate, confirming the details of death, including the sequence of the cause of death. The original copy of the MCCD is transferred to the Office of the Clerk of Courts by the Medical Records Office, where each death is entered into a database, assigned a unique number and registered. Family members may then present to the Office of the Clerk of Courts to collect a certified copy of the death certificate.

### *Timeframes and costs*

The law requires that every death in Palau be registered within 10 days (PACLII, Nd). There is no fee for late registration of deaths.

Standard, on-time death registration	no charge
Death certificate printed	2.00 (USD)

Death certificate printed (off-island)	15.00 (USD)
Late registration (> 10 days)	no charge

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

A death certificate is required for probating a person's estate (including social security benefits, land ownership issues, settling of bank accounts), life insurance claims, and claims for custody of children where death is alleged. There are no incentives, such as funeral assistance payments.

### *Registration process for deaths occurring overseas*

The Medical Referral Program sends Palauans to hospitals in other countries (e.g. Guam, Hawaii, Taiwan, Philippines) for treatment. When a death occurs overseas following medical referral, the body is almost always returned to Palau for burial, and registered with the Office of the Clerk of Courts using the death certificate from the country where the death occurred. Deaths of Palauan citizens who have been living abroad for some, or most, of their lives can also be registered in the civil registry if a family member sends the Office of the Clerk of Courts a certified copy of their death certificate obtained abroad. Each year there are around five to ten deaths of Palauan citizens overseas that are registered in the Palau civil registry. These overseas deaths are not included in Table 2 below.

## **COLLATION AND CLASSIFICATION OF CAUSE OF DEATH**

### *Process for coding death certificates*

Allocation of mortality codes to death certificates is done manually at the national level by trained coders with some external support. ICD-10 is used.

### *Training and resources for cause of death certification and coding*

A short course (two-weeks) on medical terminology and morbidity and mortality coding was held in 2019 with technical and funding support from the Western Pacific Regional Office (WPRO) of the World Health Organization. The training course was condensed to accommodate scheduling and to maximize the opportunity to train the majority of medical records technicians and billing/finance specialists. There are plans to conduct the training on a yearly basis and to send select staff off-island for formal training, especially for mortality coding.

## **COMPLETENESS OF CIVIL REGISTRATION DATA**

Registration practices in Palau are strong, with ongoing quality review and follow-up with families where required. There is generally a high level of awareness among the public of the importance of civil registration, and a strong demand for birth and death certificates (UNICEF and Republic of Palau 2012; UN 2017). The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In some countries in the Pacific region, the births and deaths of citizens overseas can be registered in the civil registry. When estimating completeness, it is best that these are not included in the civil registry figures since the other sources to which they are compared, such as health records, do not include overseas events. In Palau, overseas births and deaths can be registered in the civil registry (see sections above on registration processes for births and deaths occurring overseas). However, in order to estimate completeness in Tables 1 and 2 below, these overseas events have been excluded from the figures for the civil registry.

Table 1 shows that, between 2012 and 2018, birth registration completeness when compared to health records has remained  $\geq 95\%$ . Comparison with figures of annual births for 2014 estimated by the 2015 Palau census indicates a completeness of around 93%; and comparison with the SPC projection of births for 2018 indicates a completeness of around 99%. The completeness of birth registration in Palau has also been estimated by periodic population sample surveys. The Child Protection Baseline Survey conducted by UNICEF noted that

close to 100% of births occur at the BNH, and compliance with birth registration is close to 100% (UNICEF and Republic of Palau 2012; UN 2017).

**Table 1: Completeness of birth registration data**

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	242	256	245	-	95%	99%	-
2017	211	221	-	-	95%	-	-
2016	204	212	-	-	96%	-	-
2015	235	242	-	-	97%	-	-
2014	238	241	-	256	99%	-	93%
2013	223	229	-	-	97%	-	-
2012	265	268	-	-	99%	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from the Office of the Clerk of Courts on 09.10.2020. Births of Palauan citizens that occurred overseas have been excluded from the figures above. <sup>b</sup>2018 Statistical Yearbook (Ministry of Finance 2019). <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2015 Census (Ministry of Finance 2016) asked all females aged ≥12 years the date of birth of their last child. Because the census was undertaken during 2015, the most recent complete year births were enumerated was 2014. Completeness was calculated by dividing 'Civil Registry' by 'Health', 'Civil Registry' by 'SPC projection', and 'Civil Registry' by 'Census'.

Table 2 shows that between 2012 and 2018, death registration completeness when compared to health records remained around 80–90%. Comparison with the 2015 census was not possible, as the census did not ask questions on annual all-age mortality (only child mortality). Comparison with the SPC projection of deaths for 2018 indicates a completeness of around 76%.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	119	143	157	-	83%	76%	-
2017	155	183	-	-	85%	-	-
2016	143	175	-	-	82%	-	-
2015	120	136	-	-	88%	-	-
2014	148	167	-	-	89%	-	-
2013	173	192	-	-	90%	-	-
2012	151	164	-	-	92%	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from the Office of the Clerk of Courts on 09.10.2020. Deaths of Palauan citizens that occurred overseas have been excluded from the figures above. <sup>b</sup>2018 Statistical Yearbook (Ministry of Finance 2019). <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2015 Census did not ask questions on all-age mortality, only child mortality (Ministry of Finance 2016). Therefore, the 2015 Census could not be used to estimate the completeness of death registration. Completeness was calculated by dividing 'Civil Registry' by 'Health' and 'Civil Registry' by 'SPC projection'.

## PUBLICATION OF CRVS DATA AND REPORTS

Each year the Palau Judiciary publishes a summary of the number of birth and death certificates by the month and year in which they were issued (Palau Judiciary 2018). Because these tabulations are organized by the month the event was registered, and not by the month the event occurred (e.g. the date of birth/death), their

use in evaluation of CVRS completeness is limited in this context. The most recent Ministry of Health Annual Report was published in 2014 but an annual statistical yearbook containing tabulations of live births and deaths from the Ministry of Health is published by the Ministry of Finance (Ministry of Finance 2019).

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. There are preliminary plans to establish an online birth reporting and registration system in Palau to enable real-time data entry and information-sharing between the Ministry of Health and the Office of the Clerk of Courts.
2. The annual reports published by the Palau Judiciary currently tabulate birth and death registrations by month of issue rather than month of occurrence (date of birth/death), which limits their use in evaluating CVRS completeness in this context. Discussions are being undertaken to also include tabulations by month of occurrence in future reports.
3. The Ministry of Health is in the process of reviewing and revising the outdated MCCD certificate currently in use, and implementing improvements to the death certification process to ensure timely and proper registration of all deaths.
4. Palau's CRVS Committee should be revived to re-engage stakeholders and finalize the national action plan to improve CRVS in Palau.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN PAPUA NEW GUINEA

Papua New Guinea (PNG) is a Pacific country in Melanesia that occupies the eastern half of the island of New Guinea in the southwestern Pacific Ocean, north of Australia. Its capital, located along its south-eastern coast, is Port Moresby.



Land area  
(km<sup>2</sup>)  
**462,840**

2020 mid-year  
population estimate  
**8,934,500**

Population growth  
rate (%)  
**2.1**



## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The Civil registration in PNG is regulated by the 1963 Civil Registrations Act and the 1967 Civil Registrations Regulations. The Civil Registration (Amendment) Act 2014 established a national register and PNG's national ID system. It also established the Office of the Registrar General and provided the registrar general with the power to facilitate the establishment of an Office of the Registrar General in each province, headed by a provincial registrar. The Civil Registration (Amendment) Act 2016 repealed the power of the registrar general to prescribe fees in relation to civil registration. The Civil and Identity Registration Bill 2018 will soon go before Parliament. This repeals the 1963 and 2014 Acts and generally strengthens the civil registration systems, in line with international best practice. There may need to be consequential changes to other legislation to strengthen other parts of the CRVS system.

### *Agencies responsible for birth and death recording and registration*

PNG's CRVS system is composed of three main agencies: the PNG Civil Identity and Registry Office (PNGCIR) headed by the registrar general; the National Statistical Office (NSO) headed by the national statistician; and the National Department of Health (NDOH) headed by the secretary of health. Each agency has its own data collection system. The PNGCIR is responsible for the registration of vital events pursuant to the Civil Registration Act, and for the issuance of identity documents. NDOH is mandated to establish and maintain a National Health Information System and Discharge Health Information System (DHIS) that contain mortality and morbidity data collected from health facilities. The NSO, as the central statistical authority, is empowered by the 1980 Statistical Services Act to access the records of, or enter into an agreement with, PNGCIR and NDOH in order to produce vital statistics.

Prior to 2017, the Department of Community Development and Religion oversaw the administration of the PNGCIR. In 2017, this power was transferred by ministerial decree to the Department of National Planning and Monitoring, which also oversees the NSO. Under the Local Level Governments (LLGs) Administration Act 1997, LLGs are tasked to maintain in each ward a village book that contains information about the people within the ward. A ward recorder is nominated by members of a ward and is tasked to record vital events in the village ward book. The ward recorder system was established to aid in civil registration. It is also used to assist the NSO in conducting the census and the NDOH in immunisation drives.

The ward recorders transmit the village ward record books to their LLG. Ideally, the LLG should then transmit the village book to the district administration, which then transmits it to the provincial administration, until it reaches the NSO and Department of Provincial and Local Level Government Affairs (DPLGA). Little support has been given to this process, and it is dysfunctional in several areas.

Recently, through the support of Bloomberg Data for Health, in close collaboration with DPLGA, the ward recorder system has been strengthened in Alotau (in Milne Bay) and Talasea (in West New Britain) by the distribution of 394 ward record books. DPLGA plans a national roll-out and has so far done Wewak District in East Sepik Province, Milne Bay Province, Manus Province and West New Britain Province. Currently DPLGA is transferring raw data for Wewak District from the ward record books into their computer database. After the LLG elections, a monitoring visit will be carried out to ascertain the progress.

### *National CRVS committee and CRVS action plan*

PNG has a national CRVS Committee that is mandated to meet quarterly, although it has only recently met regularly. The committee is chaired by the registrar general, with the NDOH as co-chair. Members also include NSO and the Department of National Planning and Monitoring (DNPM) with the Department of Provincial and Local Level Government Affairs (DPLGA) and the Department of Community Development and Religion also attending. Donor and partner agencies, including UNICEF, WHO, UNFPA, DFAT and Bloomberg Data for Health, also attend.

### *National ID systems*

A legislative amendment in 2014 established the national register and linked it to the national ID system. This required retrospective birth registration for adults, and dual use of the birth registration number for national ID purposes for newborns. The focus of the ID programme is to have all adults registered by December 2021, in time for the April 2022 elections. This link between birth registration and the national ID system has resulted in 1.05 million retrospective birth registrations. It is estimated that 80% of these are for adults, whilst registration of newborns remains very low. Around half of all adult ID registrations so far have been in the southern province, but mobile kits and the establishment of provincial and district registration offices will increase registration in more remote areas. There is no link between death registration (which is very low) and the national ID system (SPC 2020).

## **REPORTING AND REGISTRATION OF BIRTHS**

### *Recording births at health facilities and registering births at the civil registry*

Birth registration is not compulsory for all. The 1963 Act only requires registration of births that occur in a compulsory registration area or on prescribed premises. The prime minister, through a notice in the National Gazette, may establish compulsory registration areas (but has never done so) and prescribed premises. For births that occur outside of a compulsory registration area or a prescribed premise, the registrar general may exercise discretion and register the birth.

It is estimated that 37% of births in 2017 occurred within a health facility. Parents must report a birth within three months. For births reported more than a year after the date of birth, the registrar general has discretion to require the consent of a district court magistrate before the birth is registered. The procedure for registering a birth reported after three months but within one year from birth of the child is not provided for in the law. While the law allows the registrar general to determine the maximum period for informants other than family members to report a birth, no regulations have been issued to set them. Informants may be the parents of the child, any person present during the birth, an occupier of the premises where the child was born, or any person who found the child or is in charge of the child.

### *Timeframes and costs*

The current legislation states that births must be registered within three months of the date of birth. Birth registration and birth certificates have been free of charge since the Civil Registration (Amendment) Act 2016 repealed the power of the registrar general to prescribe fees to be collected in relation to civil registration.

Standard, on-time birth registration	no charge
Birth certificate printed	no charge

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A birth certificate is required for issuance of a passport, enrolment in school (in some provinces), to establish a bank account or seek some types of employment, and for those over the age of 18 to receive the new national ID card.

## **REPORTING AND REGISTRATION OF DEATHS**

### *Recording deaths at health facilities and registering deaths at the civil registry*

The majority of the population in PNG live in rural areas, and most deaths occur outside a health facility and are not reported or captured in health facility databases. This increases the difficulty of registering the death, because registration of a death requires the family to present evidence of the death to a registration office, so very few deaths are registered. Informants of a death can include any relative of the deceased having immediate knowledge of the death, a person present at the death, an occupier of prescribed premises in which the death occurred, the medical practitioner who certifies the cause of death, the coroner who gives notice of the death or a certificate in relation to the death, the person in charge of the burial, or any person finding or taking

charge of the body. Only relatives who have immediate knowledge of the death are required to register the death within fourteen days of the date of the death. Any other person registering a death must do so within such time as the registrar, in writing, requires. Death registration is not required prior to burial but a provincial administrator or authorised officer should not give consent for burial unless there is a certificate from a medical practitioner showing that the death was due to natural causes, or an order for burial is signed by a coroner.

### *Timeframes and costs*

The current legislation states that deaths must be registered within fourteen days of the date of death. Registration of death and death certificates are free of charge since the Civil Registration (Amendment) Act 2016 repealed the power of the registrar general to prescribe fees to be collected in relation to civil registration.

Standard, on-time death registration	no charge
Death certificate printed	no charge

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

There is no compelling reason for the vast majority of families to register a death.

## **COLLATION AND CLASSIFICATION OF CAUSE OF DEATH**

### *Process for coding death certificates*

Approximately 4,000 to 6,000 deaths a year have a Medical Certificate of Cause of Death (about 12% of all deaths in the country), as these are reported at Port Moresby or provincial health facilities and transmitted to NDOH for coding. The Discharges Health Information System (DHIS) aims to collect death and discharge data from all health facilities in PNG. Hospitals enter deaths and discharges onto their own databases, print this out and transfer it to the NDOH, where it is re-entered. Data are ICD morbidity-coded but not ICD-mortality coded by two coders based at NDOH. An abbreviated version of ICD-10 is used for coding. Data entry has been very slow, resulting in a two- to three-year delay. Several hospitals, including the Port Moresby General Hospital, have decided not to report through DHIS.

The NHIS is the vehicle for the monitoring and evaluation of the National Health Plan. It collects information from all rural health centres, urban clinics, and hospitals monthly. The NHIS mainly collects information on service delivery but also provides mortality data by sex for 26 causes (cause groups) selected on the basis that they are of immediate programmatic interest and/or require medical supplies. Previously, NHIS paper-based reports and individual discharge records were coded and entered into a FoxPro database in the Performance Monitoring Research Branch (PMRB) of the NDOH. With the electronic National Health Information System (eNHIS), data will be entered and coded for all discharges using tablets at the health facility level, and then transmitted electronically. Historical discharge data were loaded from the PMRB FoxPro database into the eNHIS in September 2018.

### *Training and resources for cause of death certification and coding*

While the Bloomberg Data for Health initiative trained 445 doctors and health extension officers in medical certificate cause of death reporting in 2017–2018, the collection of cause of death data remains very limited. Deaths that occur outside the health system are even less likely to be certified. Verbal autopsy is currently being trialled in five areas of PNG, with Bloomberg Data for Health having trained 129 health workers in the verbal autopsy process. It has been agreed to include a verbal autopsy reporting component in the next stage of eNHIS, to commence in 2020.

## **COMPLETENESS OF CIVIL REGISTRATION DATA**

Registration levels in PNG are extremely low. Between 2015 and 2019 a total of only 176,524 births and 612 deaths were recorded in the civil registry, which is less than 15% of the total number of estimated births, and less than 2% of the total number of estimated deaths during that period (SPC 2020). A 2014 rapid assessment

of the CRVS system reported that coverage of the registration of both births and deaths was less than 5%. The overall system was rated as being dysfunctional with an overall score of 17% across eleven key areas, and with substantial improvement required in all areas. It has been estimated that 38% of births are captured within the health system but few of these are registered. Approximately 10% of all deaths are captured within the health system but most are not registered, and only 7% of these deaths were medically certified (0.7% of all deaths) (Source: Bloomberg Philanthropies Data for Health Initiative work plan).

According to the 2016–2018 PNG Demographic and Health Survey (DHS), the birth registration system in PNG needs to be improved in terms of coverage and quality control. Based on the 10,975 children aged under five years included in the survey, only 13.4% had their births registered and 7.1% possessed a birth certificate (NSO and ICF 2019). The survey found that birth registration increased substantially with the wealth quintile, and the proportion of children whose births were registered was much higher in urban than rural areas (NSO and ICF 2019).

**Table 1: Completeness of birth registration data**

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	-	-	279,870	-	-	-	-
2017	-	-	-	-	-	-	-
2016	-	-	-	-	-	-	-
2015	-	-	-	-	-	-	-
2014	-	-	-	-	-	-	-
2013	-	-	-	-	-	-	-
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Not available. <sup>b</sup>Not available. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>Not available. Completeness could not be calculated without figures from the civil registry.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	-	-	90,722	-	-	-	-
2017	-	-	-	-	-	-	-
2016	-	-	-	-	-	-	-
2015	-	-	-	-	-	-	-
2014	-	-	-	-	-	-	-
2013	-	-	-	-	-	-	-
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Not available. <sup>b</sup>Not available. <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>Not available. Completeness could not be calculated without figures from civil registry.

## PUBLICATION OF CRVS DATA AND REPORTS

There is little or no interoperability between PNGCIR, the NSO or the NDOH, leading to a fragmented system that ultimately is unable to generate vital statistics. All three agencies maintain separate databases, which are

not consolidated. Vital statistics are not primarily derived from civil registration, due to an absence of both coordination and data-sharing between the CIR and the NSO, and are instead generated through demographic and health surveys and the ten-yearly census.

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

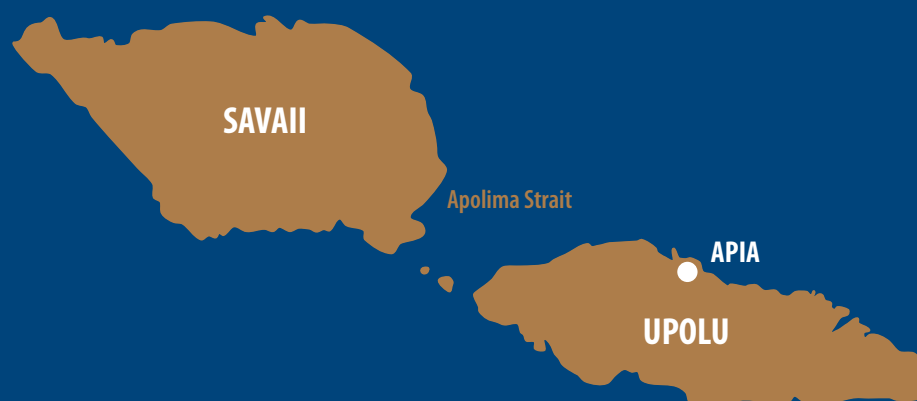
1. A comprehensive assessment of the CRVS system, supported by SPC, was undertaken in 2019. Following the assessment, a national action plan was developed which was endorsed by key government stakeholders.
2. The PNG Strategy for the Development of Statistics Policy has an action plan to “improve administrative data sources”, including the delivery of a population information system in collaboration with the PNGCIR from 2017. The cost projection is 19 million kina (USD 6.3 million) over ten years.
3. The PNG Constitutional and Law Reform Commission and PNGCIR have drafted a new Civil and Identity Registration Bill to modernise civil registration, with assistance from Bloomberg Data for Health, Imagine Law, and Global Health Advocacy Incubator. The bill will go before Parliament before being enacted, subject to the formation of regulations. The bill will make registration compulsory, with the health system being the lead notifier to the registration system.
4. The Rural Primary Health Services Delivery Project is an eight-year, joint initiative of the Government of PNG, the Asian Development Bank, the Australian Department of Foreign Affairs and Trade, WHO, UNICEF and the Japanese International Cooperation Agency (JICA), which is strengthening the NHIS. This is being piloted in eight provinces before expanding to a national roll out. The provision of mobile-enabled devices may increase the level of registration from rural and remote areas, especially if links to verbal autopsy roll-out can be established.
5. The Bloomberg Data for Health Initiative is currently trialling notification strategies and the use of verbal autopsy in five areas: Alotau District, Milne Bay Province; Talasea District, West New Britain; Tambul-Nebilyer District, Western Highlands; Kompiam district, Enga; and the Maprik district, East Sepik province. A total of 129 health workers have been trained in verbal autopsy processes.
6. The Bloomberg Data for Health Initiative is also planning to extend the verbal autopsy trial to three further districts, which are currently being selected. They are working closely with the Rural Primary Health Services Delivery Project to organise birth and death notifications and verbal autopsy interviews to be entered and managed through the eNHIS.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN SAMOA

Samoa is a country consisting of two main islands, Savai'i and Upolu, and four smaller islands. The entire island group was called «Navigator Islands» by European explorers before the 20th century because of the Samoans' seafaring skills.



Land area  
(km<sup>2</sup>)  
**2,934**

2020 mid-year  
population estimate  
**198,600**

Population growth  
rate (%)  
**0.6**

## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in Samoa is governed by the Samoan Births, Deaths, and Marriages Registration Act of 2002, which mandates the Registrar General (who is also the Government Statistician) to establish and maintain a register of all births, deaths, marriages, changes of name, and adoptions; and secondly, to issue certificates in respect of information recorded in the register.

### *Agencies responsible for birth and death recording and registration*

Registration functions are overseen by the Samoa Births, Deaths and Marriages (BDM) division located within the Samoan Bureau of Statistics. The civil registration system is run both manually and electronically. Paper records are used to capture primary information provided by the informants. This information is transferred into an electronic database where every event registered is captured. The subnational offices in Upolu and Savai'i follow a similar registration process to the national process. However, since the databases in both offices are detached from the national database, records collated in these offices are routinely sent to the main office for centralised electronic storage. At present, there are plans to update the national civil registration database, particularly to improve its functionality in support of civil identification functions, which the government is embarking on.

### *National CRVS committee and CRVS action plan*

Samoa has a CRVS Committee which is comprised of the Ministry of Health; Ministry of Women, Community and Social Development; Ministry of Justice and Courts Administration; Ministry of Education; Ministry of Police; and Samoa Bureau of Statistics. The committee was established in 2013, however it has not been active in recent years.

### *National ID systems*

The government is in the process of planning for the establishment of a national ID system, including establishing legislation that will support implementation of the national ID system. It is envisaged that the system will potentially yield improvements in civil registration as entry into the system will require a Birth Certificate.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

For births that occur in the hospital, or are brought to the hospital within twenty-four hours of birth, the law requires that the Director General, Chief Executive Office or the doctor of a privately owned health facility notify the Registrar of the occurrence of each birth. For events that occur outside a health facility, the law places responsibility on the attendant at birth, the President of the Women's Committee of a village, the Minister of Religion, or the parents of the child to notify the BDM department. To register a birth the informant, most commonly a parent, is required to provide a vaccination certificate, or other evidence of birth. If the baby was born in the hospital, confirmation of the birth from the National Health Service is required. If the baby was born at home, a Birth Advice Form from the Village representative is required. A church Baptismal Certificate may be accepted if either of the documents from the hospital or village representative are not available.

### *Timeframes and Costs*

The legally stipulated timeframe for birth registration is within three months of the birth.

Standard, on-time birth registration	no charge
Late registration (> 3 months)	20.00 (WST)
Birth certificate printed	15.00 (WST)

### *Tasks which require a 'Birth Certificate' and incentives (financial or other) for completing the birth registration process*

A birth certificate is required for school enrolment and to obtain a passport.

### *Registration process for births occurring overseas*

Only births which occur in Samoa can be registered in the civil registry. Samoans born overseas are entitled to Samoan citizenship if one or both of their parents were born in Samoa. This process is not handled by the civil registry.

## **REPORTING AND REGISTRATION OF DEATHS**

### *Process for recording deaths at health facilities and registering deaths at the civil registry*

The law requires that any Minister of religion that conducts a funeral service, any person that organises for the disposal of the remains of the deceased, any person present at death, the President of the Women's Committee of a village where the death occurs, or the Pulenuu of a village (government representative in the village) in which a death occurs must notify the registrar of the event within fourteen days of the funeral service or the disposal of the human remains. Notification of the event is undertaken through completion of a death registration form, which should be sent to the BDM office. In Samoa, every Minister of religion is supplied by the BDM office with a death register book (comprising death registration forms) in which he/she is required to maintain a record of deaths. The law further provides for the privacy and security of the records maintained by the Minister, and criminalises any fraudulent alterations to the death register. The death registration process is only completed when the family presents at the registration office to complete the process. This process is often delayed as it is largely dependent on whether or not there is a need for a death certificate by the family.

### *Timeframes and Costs*

The legally stipulated timeframe for death registration is within fourteen days of the death.

Standard, on-time death registration	no charge
Late registration (>3 months)	20.00 (WST)
Death certificate printed	15.00 (WST)

### *Tasks which require a 'Death Certificate' and incentives (financial or other) for completing the death registration process*

A Death Certificate is required for inheritance of land, properties and estates of deceased persons.

### *Registration process for deaths occurring overseas*

Only deaths which occur in Samoa can be registered in the Civil Registry.

## **COLLATION AND CLASSIFICATION OF CAUSE OF DEATH**

### *Process for coding death certificates*

The law requires that all deaths are certified by a medical doctor and the registrar is provided with a medical certificate certifying the cause of death within twenty days from the date of death if known, or within twenty-eight days from the date of discovery of the death. Cause of death certification is in alignment to the WHO International cause of death certificate.

### *Training and resources for cause of death certification and coding*

In 2019 mortality coders from the Samoa Ministry of Health participated in a two-week attachment programme with the Ministry of Health in New Zealand. In December 2018 two medical doctors from Samoa travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death, coordinated by SPC and supported by BAG partners. In 2017 and 2018 the government, with the support of the BAG, provided training to medical doctors in Samoa on medical certification of causes of death. These trainings



were delivered as training of trainers, with a number of doctors from Samoa identified to join and support BAG's regional training team.

## COMPLETENESS OF CIVIL REGISTRATION DATA

The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In some countries in the Pacific Island region, the births and deaths of citizens overseas can be registered in the civil registry. When estimating completeness, it is best these overseas births and deaths are not included in the civil registry figures since the other sources which it is compared to, for example health records, do not include overseas events. In Samoa, only births and deaths which occur in the country can be registered in the civil registry, so no overseas births or deaths are included in Table 1 and 2 below. Table 1 shows that between 2010 and 2018, the estimated completeness of birth registration when compared to health records has remained above 100%, and is as high as 180%. Comparison with the 2016 census indicates a completeness of around 115%, and with the 2011 census indicates around 113% completeness. Whilst comparison with the SPC projection of births for 2018 indicates a completeness of around 83%. The reason for the greater than 100% completeness of the civil registry when compared to health and the census requires further investigation. One possible explanation is that all sources have underenumerated the true number of births that have occurred in Samoa over recent years. Results from periodic population sample surveys, outlined below, indicate this may be the case.

The completeness of birth registration in Samoa has also been estimated by periodic population sample surveys. During the past decade there has been two Demographic and Health Surveys (DHS), and one Demographic and Health Survey-Multiple Indicator Cluster Survey (DHS-MICS) conducted in Samoa. These surveys ask the mother or caregiver of children aged under five years whether their child's birth has been registered with a civil authority, and if their child possesses a birth certificate. These surveys indicate that between 2009 to 2019–2020, birth registration has steadily increased in Samoa. The 2019–2020 Samoa DHS-MICS found that of the 2,687 children aged under five years included in the survey, 66.9% were reported to have had their births registered with a civil authority (SBoS, 2020). The 2014 Samoa DHS found that of the 3,581 children aged under five years included in the survey, 58.6% were reported to have had their births registered, and 45.6% reported to possess a birth certificate (SboS and MoH, 2015). And the 2009 Samoa DHS found that of the 1,907 children aged under five years included in the survey, 47.7% were reported to have had their births registered, and 44.2% reported to possess a birth certificate (MoH, SboS and ICF Macro 2010).

Table 1: Completeness of birth registration data

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	4,423	4,206	5,302	-	105%	83%	-
2017	4,876	4,176	-	-	117%	-	-
2016	5,574	3,890	-	4,835	143%	-	115%
2015	5,860	3,237	-	-	181%	-	-
2014	6,248	3,762	-	-	166%	-	-
2013	6,138	3,920	-	-	157%	-	-
2012	6,453	4,058	-	-	159%	-	-
2011	6,441	3,960	-	5,703	163%	-	113%
2010	5,324	3,715	-	-	143%	-	-

Sources: <sup>a</sup>Obtained directly from the Samoa BDM division on 07.04.2021. <sup>b</sup>Obtained directly from the Samoa MoH on 19.04.2021. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2011 census (SBoS 2013) and the 2016 Census (SBoS 2018) asked a question about the number of births in the household in the twelve months preceding the census. Completeness was calculated by dividing 'Civil Registry' by 'Health'; dividing 'Civil Registry' by 'SPC projection'; and dividing 'Civil Registry' by 'Census'.

Table 2 shows that between 2010 and 2018, the estimated completeness of death registration when compared to health records has remained above 100%, and is as high as 160%. Comparison with the 2016 census indicates a completeness of around 152%, and with the 2011 census indicates around 94% completeness. Whilst comparison with the SPC projection of deaths for 2018 indicates a completeness of around 130%. The reason for the greater than 100% completeness of the civil registry when compared to health, the SPC projection and the 2016 census requires further investigation. Similar to births, it is possible that all sources have underenumerated the true number of deaths that have occurred in Samoa over recent years.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	1222	756	943	-	162%	130%	-
2017	1111	755	-	-	147%	-	-
2016	1294	854	-	853	152%	-	152%
2015	1094	718	-	-	152%	-	-
2014	953	743	-	-	128%	-	-
2013	830	647	-	-	128%	-	-
2012	731	658	-	-	111%	-	-
2011	782	639	-	828	122%	-	94%
2010	616	594	-	-	104%	-	-

Sources: <sup>a</sup>Obtained directly from the Samoa BDM division on 07.04.2021. <sup>b</sup>Obtained directly from the Samoa MoH on 19.04.2021. <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2011 census (SBoS 2013) and the 2016 Census (SBoS 2018) asked a question about the number of deaths in the household in the twelve months preceding the census. Completeness was calculated by dividing 'Civil Registry' by 'Health'; dividing 'Civil Registry' by 'SPC projection'; and dividing 'Civil Registry' by 'Census'.

## PUBLICATION OF CRVS DATA AND REPORTS

Civil registration records maintained by the Samoa BDM division are recognised for their potential value as a source of demographic information, and information about health, mortality, and other matters important for government. However, due to limitations in the completeness of the registration system, vital statistics are not routinely derived from civil registration records but only from periodic collections such as the census. It is envisaged that with improvements in registration completeness, the government will initiate release of vital statistics from civil registration records, as prioritised under the commitments made towards the Asia and Pacific Decade for CRVS.

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. With support from UNICEF, the BDM office of Samoa undertook a Mass Registration Campaign for births (in February to June 2018) aimed at raising awareness among the public on the importance and procedures for birth registration; assisting the BDM office to identify the key impediments in registration; and eliminating the birth registration backlog at the time.
2. In 2017 and 2018 the government, with the support of the BAG, provided training to medical doctors in Samoa on medical certification of causes of death. These trainings were delivered as training of trainers, with several doctors from Samoa identified to join and support BAG's regional training team.
3. In December 2018 two medical doctors from Samoa travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death, coordinated by SPC and supported by BAG partners.

3. The government is in the process of planning for the establishment of a national identification system, including establishing legislation that will support implementation of the national identification system. It is envisaged that the system will potentially yield improvements in civil registration as entry into the system will require a Birth Certificate.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN SOLOMON ISLANDS

Solomon Islands is a sovereign state in Oceania consisting of six major islands and over 900 smaller islands. It lies to the east of Papua New Guinea and northwest of Vanuatu. The country's capital, Honiara, is located on the island of Guadalcanal.



Land area  
(km<sup>2</sup>)  
**28,230**

2020 mid-year  
population estimate  
**712,100**

Population growth  
rate (%)  
**2.2**

## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in Solomon Islands is governed by the Births and Deaths (Registration) Act. The national CRVS Committee of Solomon Islands, with support from the Bloomberg Philanthropies Data for Health Initiative and UNICEF, is in the process of reviewing the current legislation, given that it has not been updated or revised since its initial introduction over 30 years ago.

### *Agencies responsible for birth and death recording and registration*

The Ministry of Health and Medical Services (MoHMS) is responsible for the recording of births and deaths in health facilities and the community, with collation of these records at the national level undertaken by the Health Information System (HIS) Office located in Honiara. Civil registration functions in Solomon Islands fall under two ministries. The Ministry of Home Affairs (MoHA) has the primary responsibility for registration of births and deaths among Solomon Island nationals, while Births, Deaths and Marriages of foreigners are registered by the Ministry of Foreign Affairs and External Trade (MFAET) in a separate registration database, which also collects details of marriages between foreigners and Solomon Islanders. The MFAET registry deals with only a very small number of events, usually less than 50 per year.

### *National CRVS committee and CRVS action plan*

Solomon Islands has a national CRVS strategy and plan, whose implementation is led by the MoHA, and supported by a multisectoral national CRVS Committee. This is comprised of the MoHMS; the National Statistics Office under the Ministry of Finance; the Ministry of Lands, Housing and Survey; and the Prime Minister's Office.

### *National ID systems*

Solomon Islands has no current plans to implement a national ID system.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

For births that occur in a health facility or are attended by health staff (e.g. doctor or nurse), a Notification of Birth form is completed, and a copy provided to the parents. Through an agreement with the MoHA, MoHMS staff at the national referral hospital in Honiara are required to enter these notifications directly into the civil registration electronic database for review and authorisation by the MoHA. Once authorised, the registration is completed, and certificates are sent by the MoHA to the hospital for collection. Birth notifications from other health facilities are forwarded to the national HIS Office, attached to the monthly health reports, and entered into the MoHMS electronic system. The Notification of Birth forms are transferred from the HIS Office to the MoHA for registration. Once registration is complete, birth certificates are sent by the MoHA to the national HIS office, and are thereafter transferred to the health facilities for collection. There is no defined timeline for the movement of the forms or certificates, as this process is dependent on the availability and travel schedule of health workers. Because there are no formal channels for moving the forms, it often takes 9 to 12 months for the forms to reach Honiara, and many people travel to Honiara to register births in order to expedite the process. Births that occur in the community are usually recorded by community health staff within the first few weeks after the birth, during community health and immunisation programs. In these cases, where a child's birth has not previously been recorded, a Notification of Birth form is completed and forwarded to the national HIS office, with a copy also provided to the parents. Birth registration is both electronic (records are entered into a commercial electronic database referred to as Promadis) and paper based.

### *Timeframes and costs*

The law states that registration of births is to be completed 'when practicable', with no specific timeframe given. Birth registration and issuance of a birth certificate are free within five years of the birth, after which an SBD 10.00 fee is charged for both registration and issuance of a certificate.

Standard, on-time birth registration	no charge
Late registration (> 5 years)	10.00 (SBD)
Birth certificate printed, on-time	no charge
Birth certificate printed (> 5 years)	10.00 (SBD)

## REPORTING AND REGISTRATION OF DEATHS

### *Recording deaths at health facilities and registering deaths at the civil registry*

To register a death, the family must provide a medical certificate of cause of death and/or a statutory declaration by a magistrate to the Civil Registration Office. The data are collated in a registry book and, since 2017, have been entered into an electronic death registration database. It is currently very difficult to register deaths in the provinces due to the inaccessibility of registration service points. The MoHA has, however, established a memorandum of understanding (MOU) with the MoHMS, which enables the MoHMS to electronically share records of deaths captured within the HIS with the Civil Registration Office. Under the Bloomberg Philanthropies Data for Health Initiative, a deaths Tracker database has been established on the District Health Information System (DHIS)-2 electronic platform, which records all medically certified or nurse-notified deaths, including deaths in health facilities and community deaths. This database incorporates cause of death information where known. Death notification forms are physically sent to the central HIS office in Honiara for digitisation on this database. These data can now be manually shared with the Civil Registration Office, and electronic transfer mechanisms are being developed. The inter-ministerial MOU also facilitates the transfer of death certificates from the national Civil Registration Office back to health facilities. In order to register events that occur outside health facilities, the MoHA and MoHMS are exploring relationships with faith-based organisations and cemeteries (Kamoriki et al. 2020). Death registration is both electronic (records are entered into a commercial electronic database referred to as Promadis) and paper-based.

### *Timeframes and costs*

The law states that registration of deaths is required in principle, but there are no timeframes established by law. Death registration and issuance of a death certificate are free within five years of the death, after which SBD 10.00 is charged for both registration and issuance of a certificate.

Standard, on-time death registration	no charge
Late registration (> 5 years)	10.00 (SBD)
Death certificate printed, on-time	no charge
Death certificate printed (> 5 years)	10.00 (SBD)

## COLLATION AND CLASSIFICATION OF CAUSE OF DEATH

### *Process for coding death certificates*

Solomon Islands has made significant improvements in the quality of certification of cause of death data. Two health information officers are primarily responsible for the coding of all causes of death; these officers are responsible for both morbidity and mortality coding. Coding is done at the National Referral Hospital and national HIS Office, according to ICD-10. Coded deaths are entered into the national deaths Tracker database on DHIS-2.

With the support of the Bloomberg Philanthropies Data for Health Initiative, the country has also rolled out an automated, digital tablet-based verbal autopsy programme through MoHMS, for the collection of both fact of death and cause of death for those who die at home or in the community, away from health facilities, as well as for deaths on/by arrival at health facilities. Verbal autopsies are a formal interview following a death with the family or others who may have known the deceased person. Trained nurse interviewers conduct verbal autopsies in each health zone. Verbal autopsy data are uploaded to a national server for cause of death analysis. This has recently begun to be used for national health planning (Hart et al. 2021).

### Training and resources for cause of death certification and coding

With the support of the Bloomberg Philanthropies Data for Health Initiative, medical doctors have recently been routinely trained at both national and provincial hospitals, and master trainers at the National Referral Hospital are now equipped to provide regular training for interns, residents and registrars. In December 2018, four medical doctors from Solomon Islands travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death. The workshop was coordinated by SPC and supported by Brisbane Accord Group (BAG) partners. The Bloomberg Philanthropies Data for Health Initiative has trained six coders in ICD-10 coding, with two of these coders conducting the bulk of the coding work, and the others providing support, supervision or backup services.

## COMPLETENESS OF CIVIL REGISTRATION DATA

Further investigation is needed to understand and more accurately estimate the completeness of the civil registry in Solomon Islands, due to large variability in the figures for births and deaths for some years. Table 1 indicates that 86 births that occurred in 2010 were registered, whilst for 2014 almost 15,000 births were registered. Figures from the Ministry of Health and Medical Services show that, between 2012 and 2018, the number of births recorded in the health system remained steady, around 15,000 to 17,000 each year. The SPC projection estimated that just over 20,000 births would have occurred in Solomon Islands in 2018. Because of the large variability in the figures for births registered in the civil registry, the estimated completeness, when compared to health, ranges from the lowest level of 3% in 2012, up to the highest level of 88% in 2014, and then around 70% from 2016 to 2018. Comparison with the SPC projection of births for 2018 shows an estimated completeness of around 55%.

The completeness of birth registration in Solomon Islands has also been estimated by periodic population sample surveys which ask the mother or caregiver of children aged under five years whether their child's birth has been registered with a civil authority, and may also ask if their child possesses a birth certificate. The 2015 Solomon Islands Demographic and Health Survey (DHS) reported that the birth registration system in Solomon Islands requires considerable quality control checks to improve proper recording and maintenance. The DHS outlined that whilst coverage is good in some provinces, in others more efforts are needed to improve birth registration (NSO, MOHMS and SPC 2017). Based on the 4,132 children aged under five years included in the 2015 Solomon Islands DHS, 88% were reported to have had their births registered, and 26.2% were reported to possess a birth certificate (NSO, MOHMS and SPC 2017). This is an improvement from the 2006/2007 Solomon Islands DHS, when 79.8% of the 2,677 children aged below 5 years included in the survey were reported to have their births registered (NSO, SPC and Macro Inc 2009).

Table 1: Completeness of birth registration data

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	11,445	16,815	20,640	-	68%	55%	-
2017	11,848	16,440	-	-	72%	-	-
2016	11,535	17,770	-	-	65%	-	-
2015	5,290	17,656	-	-	30%	-	-
2014	14,823	16,920	-	-	88%	-	-
2013	847	15,842	-	-	5%	-	-
2012	504	14,931	-	-	3%	-	-
2011	599	-	-	-	-	-	-
2010	86	-	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from the Ministry of Home Affairs on 7.06.2021. <sup>b</sup>Obtained directly from the Ministry of Health and Medical Services on 12.11.2020. Figures represent the total number of births reported in the DHIS2 system each year. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent published census was the 2009 census; in November 2020 provisional population figures only were published from the 2019 census (NSO 2020). Completeness was calculated by dividing 'Civil Registry' by 'Health', and 'Civil Registry' by 'SPC projection'.

In general, deaths in Solomon Islands have historically not been recorded well. There is very low demand for death certificates. Since places of burial are not regulated, most deaths, especially in the provinces, go unregistered. Table 2 shows that, during 2010–2015, less than 100 of the deaths that occurred each year were registered. This has steadily increased in recent years, with 705 deaths registered in 2016, 1,348 in 2017 and 1,833 in 2018. Figures from the MoHMS show that, between 2012 and 2018, the number of deaths recorded in the health system varied between 1,000 and 2,000 each year. The SPC projection estimated that around 3,500 deaths would have occurred in Solomon Islands in 2018. The estimated completeness of the civil registry, when compared to health, should be interpreted with caution, as it is likely that both sources under-enumerate the actual number of deaths that occur in Solomon Islands each year.

Table 2 also shows that the completeness was less than 5% between 2012 and 2015 and then steadily rose until 2018, when it was 93%, although this figure is probably an overestimation. Comparison with the SPC projection for 2018 shows an estimated completeness of around 55%.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	1,883	2,033	3,542	-	93%	53%	-
2017	1,348	2,062	-	-	65%	-	-
2016	705	1,701	-	-	41%	-	-
2015	74	1,770	-	-	4%	-	-
2014	33	1,703	-	-	2%	-	-
2013	21	1,410	-	-	1%	-	-
2012	21	1,293	-	-	2%	-	-
2011	7	-	-	-	-	-	-
2010	15	-	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from the Ministry of Home Affairs on 7.06.2021. <sup>b</sup>Obtained directly from the Ministry of Health on 12.11.2020. Figures represent the total number of deaths reported in the DHIS2 system each year. <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent published census was the 2009 census; in November 2020 provisional population figures only were published from the 2019 census (NSO 2020). Completeness was calculated by dividing ‘Civil Registry’ by ‘Health’, and ‘Civil Registry’ by ‘SPC projection’.

## PUBLICATION OF CRVS DATA AND REPORTS

The Solomon Islands Bureau of Statistics has an important role in producing vital statistics to inform policy development and to ensure that the data needs under the Solomon Islands National Strategy for the Development of Statistics and the National Development Plan more broadly, are met. This role will become increasingly important as the completeness of birth and death data improves, making it possible to generate nationally representative data from these collections.

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. A key challenge to civil registration in Solomon Islands is the topography (the population is sparsely spread over multiple islands) and the lack of adequate infrastructure to reach the very rural and remote population. The government is working on addressing this challenge through establishing and strengthening the data-sharing relationship between MoHA and the MoHMS (whose infrastructure has a wider coverage) and with faith-based organisations, which have timely information on the occurrence of events at the community level. In Honiara, where burials are regulated, a cemetery-based notification system has been established to identify community deaths.
2. The revision of civil registration legislation, which is currently ongoing, is envisaged to bring about significant improvements in the performance of registration systems. This includes: (i) streamlining registration



processes; (ii) formalising a data sharing arrangement between MoHA and the MoHMS; (iii) aligning various components of the legislation to international human rights provisions; (iv) improving the demand for civil registration documents (birth and death certificates) by regulating the use of statutory declarations, which have, over time, replaced the need for civil registration documents; (v) establishing provisions for data protection; and (vi) facilitating better resourcing for the civil registration system.

3. In December 2018, four medical doctors from Solomon Islands travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death. The workshop was coordinated by SPC and supported by BAG partners.
4. Establishment of a DHIS-2 deaths database for consolidation of deaths reported through the HIS.
5. Establishment of an automated verbal autopsy system – the world’s first nationwide deployment of such a system.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN TOKELAU

Tokelau is a dependent territory of New Zealand in the southern Pacific Ocean. It consists of three tropical coral atolls (Atafu, Nukunonu and Fakaofu), with a combined land area of 10 km<sup>2</sup> (4 mi<sup>2</sup>).



Land area  
(km<sup>2</sup>)  
**12**

2020 mid-year  
population estimate  
**1,500**

Population growth  
rate (%)  
**0.0**

## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in Tokelau is governed by the Tokelau Islands Births and Deaths Registration Regulations of 1969.

### *Agencies responsible for birth and death recording and registration*

The Department of Health is responsible for the recording of births and deaths in health facilities and the community. Civil registration functions are undertaken by the Department of Transport and Support Services. In addition to civil registration duties, the civil registrar is also the director of Transport and Support Services, and oversees the transport of goods and services to and from the atolls (Nukunonu, Fakaofu and Atafu). There are four civil registration service points in Tokelau, one on each of the three atolls and one at the national office in Apia, Western Samoa. There is one hospital on each of the three atolls.

### *National CRVS committee and CRVS action plan*

Although there is no formal CRVS coordination committee, the department responsible for civil registration has established close working relationships with the Department of Health, the National Statistics Office, and the legal and IT departments, in order to support civil registration functions.

### *National ID systems*

Tokelau has no current plans to implement a national ID system.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

Births should be registered at the office of the deputy registrar nearest to the place where the birth occurred. The deputy registrar receives confirmation of a birth from the hospital on the atoll and from the child's parents, and this information is entered into the Registration of Birth register. All events registered on the atolls must also be registered at the national office in Apia, Western Samoa. Copies of the birth registrations undertaken in the atolls are either transferred by boat to the registrar in Apia, or scanned and sent via email, within ten days of occurrence. At the national office, the paper copies are registered and then allocated a folio number and filed. An electronic copy is also created for backup on a Microsoft Access database. A birth certificate is only issued upon request, and certificates can be issued only by the office in Apia. When requested, these are printed, sealed, and transported back to the deputy registrars for issuance. Although the number of births is small, not all events are captured by the civil registration office on the atolls because in some cases parents do not complete the process. This gap is being addressed through a collaborative arrangement between the Department of Transport and the Department of Health; since 2016, the Department of Transport has been receiving monthly email updates on the births and deaths that occur in health facilities. These have been useful in enabling the Department of Transport to identify and follow up the unregistered events.

### *Timeframes and costs*

According to the law, registration of births should be done within a month of occurrence. However, the Tokelau Births, Deaths and Marriages (BDM) Office does not regulate or enforce any fee for late registration.

Standard, on-time birth registration	no charge
Late registration (> 2 months)	not applicable*
Birth certificate printed	6.00 (NZD)

\*A fee is not charged for birth registrations after two months of the birth.

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

There are limited incentives for birth registration in Tokelau. Unlike other larger Pacific Island countries, a birth certificate is not required to access education, hospital care, or other government functions. Instituting such a requirement does not necessarily make sense in a village environment, where everyone knows everyone else. In the 2011 Tokelau Census, more than 80% of usual residents indicated that they had spent more than six months overseas. Overseas travel is the first tangible incentive for formal birth certification, as it is required for issuance of a passport (TNSO 2013), or when a child enrolls at a university.

### *Registration process for births occurring overseas*

Due to limited medical care available at the hospitals on the atolls, many births to Tokelau residents occur overseas, mostly in New Zealand, through the Tokelau Patient Referral Scheme. There is no provision in the Tokelau BDM legislation to register a birth that occurs overseas, including births that occur through the Tokelau Patient Referral Scheme. Therefore, no overseas events are included in the figures for the civil registry in Table 1.

## **REPORTING AND REGISTRATION OF DEATHS**

### *Recording deaths at health facilities and registering deaths at the civil registry*

All deaths at home must be notified to the hospital. The attending physician is tasked to inform the deputy registrar of the occurrence and provide particulars of the event through completion and submission of a death registration form, including a medically certified cause of death certificate. The record is entered into the registration of death register, and the attending medical physician is required to sign against the record in the village registration book. All deaths on the atolls must also be registered with the registrar in Apia. Copies of registration forms are transferred to the national office by boat for filing and registration, or they are scanned and sent via email. The national office issues a death certificate to the family, if requested. Families can request a death certificate either at the deputy registrar's office or at the registry office at the Department of Support Services in Apia.

### *Timeframes and costs*

It is a requirement under the law that all deaths occurring within Tokelau are registered within twenty-four hours of death. However, the Tokelau BDM Office does not regulate or enforce any fee for late registration.

Standard, on-time death registration	no charge
Late registration (> 24 hours)	not applicable*
Death certificate printed	6.00 (NZD)

\*A fee is not charged for death registrations after twenty-four hours of the death.

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

There are limited incentives for death registration in Tokelau. There are no finance systems requiring proof of death, no land titles to transfer, and at present no electoral roll to be removed from (TNSO 2013).

### *Registration process for deaths occurring overseas*

Many deaths of Tokelau residents occur overseas through the Tokelau Patient Referral Scheme, due to only limited medical care available at the hospitals on the atolls. There is no provision in the Tokelau BDM legislation to register a death that occurs overseas, including deaths that occur through the Tokelau Patient Referral Scheme. Therefore, no overseas events are included in the figures for the civil registry in Table 2.

## COLLATION AND CLASSIFICATION OF CAUSE OF DEATH

### Process for coding death certificates

The law requires that all death registrations include a medically certified cause of death certificate, completed by the senior clinician who attended the death, or attended the deceased after death. In actual practice, at times there is no senior clinician on the atoll, and there have been considerations of having doctors on-call to assist remotely with certification. Cause of death certification is completed in alignment with the WHO international cause of death certificate. Tokelau adopted the recommended WHO medical certificate of cause of death format in 2014.

## COMPLETENESS OF CIVIL REGISTRATION DATA

More investigation is needed to understand and accurately estimate the completeness of the civil registry in Tokelau, due to an indication that both the civil registry and health records have under-enumerated births and deaths in Tokelau when compared with figures from censuses or SPC projections. It has previously been noted that an estimated 50-65% of births of children under age five were not registered in 2012, and death registration was likely to be even less complete. The small population and limited resources were noted as the main barriers to registration. With strong government support and inter-departmental collaboration, Tokelau is now building up its civil registration system (SPC 2015).

Table 1 shows the figures for birth registrations and births recorded in the health system between 2011 and 2018. The estimated completeness between these two sources has not been displayed to avoid presenting a misleading impression of the completeness of the civil registry, due to an indication that both the civil registry and the health system have under-enumerated births in Tokelau when compared with the census and the SPC projection. When compared to the 2016 census, the completeness of the civil registry was estimated to be around 54%, whilst comparison with the 2011 census was around 79%. However, there are indications that births were under-enumerated in the 2011 census and therefore the estimated completeness of 79% should be interpreted with caution. Comparison with the SPC projection for 2018 indicates a completeness of around 61%.

Table 1: Completeness of birth registration data

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	19	18	31	-	^	61%	-
2017	9	9	-	-	^	-	-
2016	15	16	-	28	^	-	54%
2015	19	22	-	-	^	-	-
2014	13	14	-	-	^	-	-
2013	13	17	-	-	^	-	-
2012	15	18	-	-	^	-	-
2011	15	12	-	19	^	-	79%*
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from the BDM Office on 16.12.2020. <sup>b</sup>Obtained directly from the Ministry of Health on 23.03.2021. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2011 and 2016 censuses reported the number of mothers who had given birth to their youngest child during the 12 months preceding census night (Stats NZ 2012; TNSO and Stats NZ 2017). \*There are indications that births were under-enumerated in the 2011 census and therefore the estimated completeness of 79% should be interpreted with caution. Completeness was calculated by dividing, 'Civil Registry' by 'SPC projection', and 'Civil Registry' by 'Census'. ^These estimates of completeness have not been displayed to avoid presenting a misleading impression of the completeness of the civil registry, due to an indication that both the civil registry and the health system have under-enumerated births in Tokelau when compared with the census and the SPC projection.

Table 2 shows the figures for death registrations and deaths recorded in the health system between 2011 and 2018. The estimated completeness between these two sources has not been displayed to avoid presenting a misleading impression of the completeness of the civil registry, due to an indication that both the civil registry and the health system have under-enumerated deaths in Tokelau when compared with the SPC projection. Comparison of the civil registry with the SPC projection for 2018 showed an estimated completion of 36%. Comparison with the 2012 and 2016 censuses was not possible, as they did not ask questions on all-age mortality.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	5	5	14	-	^	36%	-
2017	3	3	-	-	^	-	-
2016	5	5	-	-	^	-	-
2015	5	5	-	-	^	-	-
2014	0	0	-	-	^	-	-
2013	6	8	-	-	^	-	-
2012	4	4	-	-	^	-	-
2011	1	1	-	-	^	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from the BDM Office on 16.12.2020. <sup>b</sup>Obtained directly from the Ministry of Health on 23.03.2021. <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2012 and 2016 censuses did not ask questions on all-age mortality, and therefore could not be used to estimate the completeness of death registration. Completeness was calculated by dividing and 'Civil Registry' by 'SPC projection'. These estimates of completeness have not been displayed to avoid presenting a misleading impression of the completeness of the civil registry, due to an indication that both the civil registry and the health system have under-enumerated deaths in Tokelau when compared with the SPC projection.

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. Tokelau recently revised civil registration forms to ensure that they enable collection of vital demographic variables in accordance with international recommendations.
2. The civil registry has established a data-sharing arrangement with the department of health (via email) whereby the national office is informed of all events within the hospital and can therefore follow up cases that are not registered.
3. The civil registry national office in Apia established birth and death registration databases (Microsoft Access) which enables electronic capture of records. This has greatly improved the security of records.
4. The civil registry national office in Apia now has a scanner, which is used to support electronic storage of all registration documents received from the atolls and hence improve document security.
5. In 2017, the registrar of Tokelau participated in a one-week attachment programme in Niue which was aimed at facilitating knowledge and experience-sharing on registration processes and CRVS in general.

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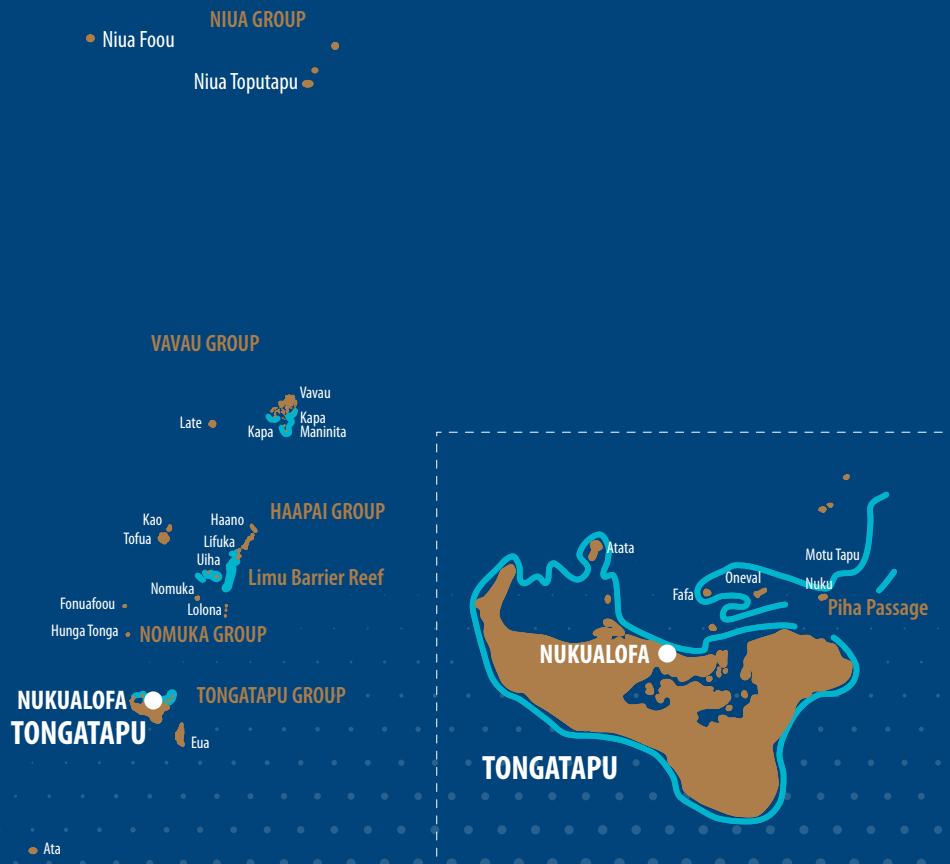
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# CIVIL REGISTRATION AND VITAL STATISTICS IN TONGA

Tonga is comprised of 169 islands spread out across approximately 800 kilometres from north to south. It is surrounded by Fiji and Wallis and Futuna to the northwest, Samoa to the northeast, Niue to the east and New Caledonia and Vanuatu further to the west.



Land area  
(km<sup>2</sup>)  
**749**

2020 mid-year  
population estimate  
**99,800**

Population growth  
rate (%)  
**-0.3**



## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in Tonga is governed by the Tonga Births, Deaths and Marriages Registration Act (1988) 2016 Revised Edition (MoJ 2016); the Maintenance of the Illegitimate Children Act (1926) 2016 Revised Edition, and the Guardianship Act (2004) 2016 Revised Edition.

### *Agencies responsible for birth and death recording and registration*

The Ministry of Health is responsible for the recording of births and deaths in health facilities and the community, with collation of these records at the national level undertaken by the Health Planning and Information Division located at Vaiola Hospital in Nuku'alofa. The Vital Statistics Unit within the Office of the Registrar General of the Ministry of Justice is responsible for overseeing the civil registration of births and deaths, with the national office located in Nuku'alofa. The town and district offices in the Ministry of Internal Affairs are also responsible as informants for the registration of births and deaths.

### *National CRVS committee and CRVS action plan*

The Ministry of Justice serves as the Secretariat for the Tonga CRVS Committee. The Committee is comprised of the Office of the Registrar General and the Judiciary (Ministry of Justice), the Ministry of Finance, the Ministry of Police, the Ministry of Health, the Ministry of Education and Training, the Tonga Electoral Commission, the Tonga Statistics Department, the Ministry of Internal Affairs, the Information Department (Ministry of Meteorology, Energy, Information, Disaster Management, Environment, Climate Change and Communications), the Immigration Department (Ministry of Foreign Affairs) and the National ID Office. Tonga does not currently have a CRVS action plan.

### *National ID systems*

Tonga has a national ID system, with the distribution of national ID cards first carried out in 2010 during registration for the 2010 general election (MIC 2010). The National ID cards are not currently linked to birth or death registration, but the presentation of a birth certificate is mandatory for the issuance of a national ID card. The Government of Tonga is in the process of introducing the Tonga Digital Government Project, supported by funding from the World Bank. The objective is to improve the capacity for digital public service delivery, with the third component of the project including an upgrade of the civil registration system and development of civil registration national ID linkage (World Bank 2020).

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

The Ministry of Health is responsible for recording births that occur in health facilities and the community. For births that occur in the community, the practice is for the baby and mother to be taken to the nearest health facility to be assessed by a nurse or a doctor soon after the birth. Nurses in the community issue a notification of birth, and health facilities issue a certificate of live birth. These birth records are sent to the national office in Nuku'alofa and entered into a Microsoft Access database, with a paper copy of the certificate also filed. The child's parents, or the town and district officers who are government officials under the Ministry of Internal Affairs, are designated by law as informants of birth, and must present to the civil registry with a copy of the certificate issued by the health facility in order to register the birth. At the national Civil Registry Office in Nuku'alofa, a registry system database is used for electronic capture and storage of birth registrations, whilst paper records are maintained as backup. Births in the outer Islands of 'Eua, Ha'apai, Vava'u and the Niuaus can be registered in sub-registries.

### *Timeframes and costs*

The current act for birth registration in Tonga states that every birth must be registered within three weeks of delivery (MoJ 2016). There is, however, a grace period of three months for birth registration within Tongatapu and a grace period of one year for birth registration in the outer islands. This takes into account the difficulty of traveling to sub-registries in remote villages and scattered islands within the legally stipulated birth registration timeframe. A late registration fee is applied only to births not registered within the above-mentioned grace periods.

Standard, on-time birth registration	no charge
Late registration (> 3 months)	36.00 (TOP)*
Birth certificate printed	10.00 (TOP)
Change of name	101.00 (TOP)
Registration of alias name	51.00 (TOP)
Addition of father's particulars	36.00 (TOP)
Legitimisation of birth	36.00 (TOP)

\*This cost is TOP 16.00 for the late registration application; TOP 10.00 search fee; TOP 10.00 for the affidavit. Late registration requires: (i) certificate of live birth; (ii) marriage certificate of the parents; (iii) letter of late registration application; and (iv) affidavit of reason for late registration.

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A birth certificate is required for enrolment of a child in pre-school, primary school, secondary and tertiary school; issuance of a passport; registration of hereditary estates; land registration; issuance of a driver's license; opening a bank account; taking part in the inter-collegiate sports and joining national sport federations; receiving money via Western Union; issuance of a marriage licence; issuance of a national ID card; joining the Recognised Seasonal Employment (RSE) Scheme overseas; issuance of a business license; registration of eligible voters in the electoral roll; scholarship applications; membership of National Retirement Fund Board; public service appointment and the issuance of a police record report from the Ministry of Police. With the support of UNICEF, throughout two periods in 2019 (Phase 1 April; and Phase 2 November) Tonga completed a Birth Registration Amnesty Programme, which was designed to capture births that had been missed during routine registrations, especially for the outer islands, by offering an amnesty period from late registration penalties. Figures from the civil registry show that around 885 additional birth registrations were completed during Phase 1 of the amnesty period, and an additional 221 were completed during Phase 2. A special request was made to Cabinet by the Ministry of Education and Training for the Ministry of Justice to conduct a special amnesty program specifically for students to facilitate the registration of births of school children who currently do not have a birth certificate. This request was granted, and the Special Amnesty Program Phase 3 was conducted in August 2020. The figures of birth registrations during this phase have not yet been finalised.

### *Registration process for births occurring overseas*

Tongan children who are born abroad can apply for a Tongan birth certificate, providing that one of the parents maintained their Tongan citizenship at the time the child was born. Required documents include a letter of application by either parent (where the parents are not in Tonga they may authorise in writing someone in Tonga to act on their behalf); an affidavit of the applicant; the original Tongan passport of the mother or father; the original foreign birth certificate of the child; and the original marriage certificate of the parents where the child was born legitimate. Births occurring overseas are excluded from Table 1.

## **REPORTING AND REGISTRATION OF DEATHS**

### *Recording deaths at health facilities and registering deaths at the civil registry*

All deaths are required to have a Medical Certificate of Cause of Death issued and certified by a medical practitioner. A copy of the certificate is issued to the family of the deceased by the health facility, and this document is presented by the family to the civil registration office. It is the key document that initiates the death registration process. There is no requirement for registration of a death before burial.

### Timeframes and costs

The current act for death registration in Tonga does not explicitly stipulate the timeframe within which a family member or next of kin must register the death (MoJ 2016) but a late registration fee is applied if the death is not registered within one year of the death.

Standard, on-time death registration	no charge
Late registration (> 1 year)	36.00 (TOP)*
Death certificate printed	10.00 (TOP)

\*This cost is TOP 16.00 for the late registration application; TOP 10.00 search fee; TOP 10.00 for the affidavit. Late registration requires: (i) a medical certificate of cause of death; (ii) a letter of late registration application; and (iii) an affidavit of reason for late registration.

### Tasks that require a death certificate and incentives (financial or other) for completing the death registration process

A death certificate is required for inheritance of land, property, and estates of deceased persons; claiming of insurance; and the issuance of a marriage license for widows/widowers. There is a plan in place to initiate an amnesty program to commence in early 2021 for late registration of unregistered deaths that have occurred in Tonga, in order to decrease the number of unregistered deaths in previous years.

### Registration process for deaths occurring overseas

The next of kin or family members of Tongan citizens who die abroad may apply for a Tongan death certificate, providing that the applicant can show evidence that the deceased maintained their Tongan citizenship until the time of their death. Required documents include the original foreign death certificate; the original Tongan passport of the deceased (or a verification letter from immigration); and an affidavit by the applicant. Deaths occurring overseas are excluded from Table 2.

## COLLATION AND CLASSIFICATION OF CAUSE OF DEATH

### Process for coding death certificates

Coding of cause of death is done according to ICD-10 at the national level. Allocation of ICD-10 codes to death certificates is done manually by trained coders. One of the key challenges in mortality coding is the quality of the cause of death information on the death certificate, particularly for deaths that occur outside health facilities and where there is no doctor available. In such cases, the public health nurse at the community level issues a notification of death, which is signed by the town officer at the district where the death occurred. This record is forwarded to the medical records office and a doctor or health officer is required to sign the death certificate. This process limits the quality of cause of death data, noting that the doctor during such instances is likely to have limited information on the causal sequence of events that led directly to the death.

### Training and resources for cause of death certification and coding

Tonga has been working towards improving the quality of cause of death certification through training of medical physicians. In December 2018, Tonga hosted and participated in a three-day regional training workshop for medical doctors on medical certification of cause of death, coordinated by SPC and supported by Brisbane Accord Group (BAG) partners. Eight Tongan medical doctors and two senior health information staff attended the training. In 2017, medical doctors from Tonga attended a similar three-day training workshop held in Fiji, coordinated by SPC and supported by BAG partners.

## COMPLETENESS OF CIVIL REGISTRATION DATA

The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In some countries in the Pacific region, the births and deaths of citizens overseas can be registered in the civil registry. When estimating completeness, it is best that these overseas births and deaths are not included in the civil registry figures, since the other sources to

which they are compared, such as health records, do not include overseas events. In Tonga, overseas births and deaths can be registered in the civil registry (see sections above on registration processes for births and deaths occurring overseas). In order to estimate completeness in Table 1 and 2 below, these overseas events have been excluded from the figures for the civil registry.

Table 1 shows that, between 2013 and 2018, birth registration completeness when compared to health records has remained  $\geq 97\%$ . The reason for greater than 100% completeness in 2013 needs further investigation, but could be related to some community births not being captured in health records. Comparison with the estimated number of births in the twelve months preceding the 2016 Tonga census (1 December 2015 and 30 November 2016) indicates the completeness of the civil registry is approximately 100%. Comparison with the SPC projection of births for 2018 indicates a completeness of around 84%.

The completeness of birth registration in Tonga has also been estimated through questionnaire surveys, including the 2016 national census and periodic population sample surveys. These questionnaires ask the mother or caregiver of children aged under one year, or under five years, whether their child's birth has been registered with a civil authority, and if their child possesses a birth certificate. The 2016 census found that, of the children born during the 12 months prior to the 2016 census, 96% were reported to have had their births registered and 90% were reported to be in possession of a birth certificate (TSD 2019). The census also asked this question for children aged less than five years at the time of the census, and found that 97% were reported to have had their births registered and 94% were reported to be in possession of a birth certificate (TSD 2019). The 2019 Tonga Multiple Indicator Cluster Survey (MICS) found that, of the 1,347 children aged under five years included in the survey, 97.7% were reported to have had their births registered, and 89.3% were reported to be in possession of a birth certificate. (Tonga DoS 2020). The 2012 Tonga demographic and health survey found that, of the 1,749 children aged under five years included in the survey, 93.4% were reported to have had their births registered and 90.5% were reported to be in possession of a birth certificate (Tonga DoS 2013).

**Table 1: Completeness of birth registration data**

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	1,999	2,046	2,380	-	98%	84%	-
2017	2,305	2,310	-	-	100%	-	-
2016	2,463	2,533	-	2,445	97%	-	101%
2015	2,620	2,666	-	-	98%	-	-
2014	2,650	2,644	-	-	100%	-	-
2013	2,676	2,636	-	-	102%	-	-
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Civil Registry (TDS, MoJ and MoH 2021). <sup>b</sup>Health Planning and Information Division (TDS, MoJ and MoH 2021). <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2016 census estimated the number of children born between 1 December 2015 and 30 November 2016 by multiplying the indirectly calculated age-specific fertility rates obtained using the Arriaga method, by the enumerated total number of women in each childbearing age group in the census. The census also asked women aged fifteen years or older the date of birth of their last-born child, and from the responses 2,086 births had occurred in the one-year period prior to November 2016, indicating underreporting of births through the latter method. This may be partially due to the 'last child born' question not capturing multiple births (such as twins or triplets), women being out of the country on census date, or inaccurate reporting of their child's date of birth (TSD 2019). Completeness was calculated by dividing 'Civil Registry' by 'Health', 'Civil Registry' by 'SPC projection', and 'Civil Registry' by 'Census'.

Table 2 shows that, between 2013 and 2018, death registration completeness when compared to health records slowly rose from around 60% to around 70%. Whilst the 2016 census did ask a question on deaths in the household in the previous twelve months, the result (382 deaths between 1 December 2015 and 30 November 2016) is highlighted by the census report to be a significant undercount of the true level of mortality (TSD 2019),

and therefore has not been used to estimate completeness in Table 2. Comparison with the SPC projection of deaths for 2018 indicates a completeness of around 80%.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	562	806	703	-	70%	80%	-
2017	576	794	-	-	73%	-	-
2016	546	815	-	382 <sup>e</sup>	67%	-	^
2015	531	786	-	-	68%	-	-
2014	596	917	-	-	65%	-	-
2013	463	751	-	-	62%	-	-
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Civil Registry (TDS, MoJ and MoH 2021). <sup>b</sup>Health Planning and Information Division (TDS, MoJ and MoH 2021). <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2016 census asked a question on deaths in the household in the previous twelve months, but the result (382 deaths between 1 December 2015 and 30 November 2016) is known to be a significant undercount of the true level of mortality (TSD 2019) and therefore has not been used to estimate completeness. Completeness was calculated by dividing 'Civil Registry' by 'Health' and 'Civil Registry' by 'SPC projection'.

## PUBLICATION OF CRVS DATA AND REPORTS

In April 2021, Tonga produced a comprehensive vital statistics report covering 2013–2018 (Stats Office, MoH and SPC 2015). The report provides key fertility, mortality and cause of death indicators, based on reconciled data from the Ministry of Health and the Ministry of Justice (civil registry) (TDS, MoJ and MoH 2021).

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. Tonga completed two Birth Registration Amnesty Program periods in 2019 (Phase 1 April and Phase 2 November) and another special amnesty program for school children in August 2020, where late registration penalties were waived for birth registration.
2. In December 2018, Tonga hosted and participated in a three-day regional training workshop for medical doctors on medical certification of cause of death, coordinated by SPC and supported by BAG partners. Eight Tongan medical doctors and two senior health information staff attended the training.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN TUVALU

Tuvalu is a Polynesian island country located in the Pacific Ocean. It comprises three reef islands and six true atolls spread out between latitude 5° and 10° south and longitude 176° and 180° west of the International Date Line.



Nukulaelae

Niulakita

Land area  
(km<sup>2</sup>)  
**26**

2020 mid-year  
population estimate  
**10,600**

Population growth  
rate (%)  
**0.8**

## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

The recording and registration of births and deaths in Tuvalu is governed by the Births, Deaths and Marriages (BDM) Registration Act of 2008 and the Falekaupule Act of 1997. This legislation is currently under review due to some outdated sections (e.g. the legal age of marriage).

### *Agencies responsible for birth and death recording and registration*

The Office of the Attorney General is tasked with responsibility for the registration of all vital events; issuance of certificates of BDM; and custody of the national civil register. In accordance with the Falekaupule Act (1997), the local island councils are required to record vital events occurring in the eight outer islands and send this information to the BDM Department in Funafuti, where the certification and issuance of birth and death certificates is undertaken. The certificates are then sent to the outer islands.

### *National CRVS committee and CRVS action plan*

There is no CRVS committee or CRVS action plan in Tuvalu. However, plans are under way to seek parliament's endorsement for a national CRVS committee.

### *National ID systems*

There is no national ID system in Tuvalu. Plans are under way to establish a national ID system under the citizenship department.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

For births that occur in the national hospital in Funafuti, a birth notification form is created and the details from the form are recorded in the hospital's electronic database. The hospital keeps one copy of the paper birth notification form, one copy is given to the parents, and the hospital is required to transfer a copy to the BDM Department. The latter process, however, has not been occurring in the past, despite the proximity of the hospital to the BDM Department (the two are approximately 1.5 kilometres apart). More recently (beginning of 2019) the transfer of these forms has been re-established, and this is recognised to be a key step in improving the completeness of the civil registration records. On the main island of Funafuti, parents are required to present at the BDM Department to complete the birth registration process and collect the birth certificate. In the outer islands, births in the community and in health facilities are recorded by health staff and then transferred to the Kaupule Office. Every quarter, the Kaupule Office sends its birth records to the BDM Department in Funafuti, where they are entered into the civil registry and a birth certificate is printed on request. The certificates are then sent by boat to the outer islands, where the family collects them from the Kaupule Office. There are several challenges in the registration of births occurring in the outer islands, including: availability of staff in the Kaupule Office to record the births; difficulties in communication between the outer islands and the BDM Department in Funafuti; and irregularity of transportation (boats) between the islands to transport the records and birth certificates.

### *Timeframes and costs*

On-time birth registration in Tuvalu is within three months of the birth. However, given the challenges for on-time birth registration in the outer islands, the BDM Department accepts birth registrations up to twelve months after the event without penalty. The civil registrar eradicated the costs for a printed birth certificate for events registered within the first 30 days of occurrence. The common practice is that most people only seek a printed birth certificate from the civil registry when there is a need to use it, such as during registration of national examinations and when required for a passport application.

Standard, on-time birth registration      no charge



Late registration (> 1 year)	4.00 (AUD)
Birth certificate printed (within 30 days)	no charge
Birth certificate printed (after 30 days)	10.00 (AUD)
Change of name	10.00 (AUD)

All payments in Funafuti are done at the treasury office (in the same building as the BDM Department in Funafuti) and the family takes the receipt from the government cashier to the BDM Department. In the outer islands, all payments are made at the Kaupule Office, which then transfers them to the budget allocation (vote) of the Office of the Attorney General, under which the BDM Department is housed.

### *Tasks that require a birth certificate and incentives (financial or other) for completing the birth registration process*

A birth certificate is required to obtain a passport, for school enrolment, for registration of national examinations, and for application for social welfare programmes and benefits. Tuvalu is currently exploring ways in which incentives for families to complete the birth registration process could be expanded.

### *Registration process for births occurring overseas*

Children born overseas to parents who are citizens of Tuvalu can apply for citizenship by presenting the birth certificate from the country of birth to the citizenship office. These children are not registered in the Tuvalu civil registry, and are not included in national vital statistics of births. I-Kiribati and Nauruans born before 1978 automatically become Tuvalu citizens and do not need to apply for citizenship. These births are also not included in the Tuvalu civil registry.

## REPORTING AND REGISTRATION OF DEATHS

### *Recording deaths at health facilities and registering deaths at the civil registry*

The family is required to register the death at the BDM Department in Funafuti or the Kaupule Office in the outer islands. If a medical certificate of cause of death was issued, this should be provided to the registrar, but deaths may be registered with no such record. It is estimated that approximately half the deaths in Tuvalu occur in the outer islands, and often may not be medically certified or recorded in the health data. When a death occurs in the outer islands, health staff report the death to the Kaupule Office if the death occurred in a health facility and was issued a medical certificate of cause of death. The family can also report the death to the Kaupule Office without a death certificate. Every quarter, the Kaupule Office sends its death records to the BDM Department in Funafuti, where they are entered into the civil registry and a death certificate is printed upon request. The certificates are then sent by boat to the Kaupule Office on the outer islands from where the families collect them. There are several challenges in the registration of deaths occurring in the outer islands, similar to the challenges with birth registration. It should be noted that there is very little incentive for a family to register a death unless there is inheritance to be distributed.

### *Timeframes and costs*

There is no late registration time period for deaths. Deaths can be registered at any time without incurring a cost.

Standard, on-time death registration	no charge
Late registration	not applicable
Death certificate printed	10.00 (AUD)

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

A death certificate is required if the deceased made a will and there is inheritance to be distributed. Where there is no inheritance, it is unlikely the death will be registered. Community awareness of the importance of death registration is low, particularly in the outer islands. There are no funeral assistance payments or financial incentives (apart from inheritance) for death registration in Tuvalu.

### *Registration process for deaths occurring overseas*

A substantial proportion of deaths occur overseas following a medical referral, mainly in Fiji and India, and less commonly in Australia and New Zealand (due to higher financial cost). Deaths in the resident population who die overseas (such as patients who are referred for medical treatment and subsequently die) are not captured in the civil registry of the national statistics. These deaths are inherently difficult to track, and this is an issue for many countries in the Pacific region. In nearly all cases, if the person was travelling under the government medical referral programme, the body would be returned to Tuvalu for burial. In these cases, the health inspector at the airport collects the death certificate and gives it to the health information officer. These records are currently not recorded in the civil registry data. For some overseas deaths, the family will advise the civil registry of the event as they want the death on record in Tuvalu, but there is no formalised process in place to record these events.

## **COLLATION AND CLASSIFICATION OF CAUSE OF DEATH**

### *Process for coding death certificates*

Deaths within the hospital are certified by a medical practitioner, and a copy is provided to the family. Only cases that were attended by a medical practitioner in their last illness are required to be certified. The medical certificate is attached by the doctor to the discharge form and, if not completed, a blank form will be attached to the medical record and returned to the doctor for completion by the health information office. Details from the death certificate are entered into the health database, with cause of death entered as text only. If a death occurs outside the hospital in Funafuti, a doctor will go to the house to attend the death and complete the cause of death form. There is no legal requirement for a certificate unless the person sought medical care before death. In the outer islands this function is completed by a nurse. The form is attached to the monthly report sent to the Health Information Office. These deaths are also entered into the health database. Until 2019, coding of individual causes of death was not undertaken in Tuvalu. Causes of death were reported using the World Health Organization's Mortality Tabulation List 1 (commonly called the 103 list), which is published as part of the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10). It was assumed that the 103 categories were assigned, based on the underlying cause of death determined using the reported causes of death.

### *Training and resources for cause of death certification and coding*

In December 2018, two medical doctors from Tuvalu travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death, coordinated by SPC and supported by the Brisbane Accord Group (BAG) partners. In 2017, medical doctors from Tuvalu attended a similar three-day training workshop held in Fiji, coordinated by SPC and supported by BAG partners.

## **COMPLETENESS OF CIVIL REGISTRATION DATA**

The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In some countries in the Pacific region, the births and deaths of citizens overseas can be registered in the civil registry. When estimating completeness, it is best that these overseas births and deaths are not included in the civil registry figures since the other sources to which they are compared, such as health records, do not include overseas events. In Tuvalu, overseas births and deaths are not registered in the civil registry, and therefore are not included in Tables 1 and 2. Please see the sections above on registration of births and deaths occurring overseas for more information about these processes in Tuvalu.

Table 1 is unable to provide an indication of the completeness of birth registration compared to health records, due to an inability to obtain birth records from health. Comparison with the census estimate for births in 2012 indicates the completeness of the civil registry was around 88%, whilst comparison with the SPC projection of

births for 2018 indicates a completeness of around 130%. The completeness of birth registration in Tuvalu has also been estimated by periodic population sample surveys. The most recent demographic and health survey undertaken in Tuvalu was over a decade ago, in 2007, but it provides some context to the history of birth registration completeness. Based on the 492 children aged under five years included in the 2007 survey, 49.9% were reported to have had their births registered, and 4.7% were reported to possess a birth certificate (TCSO, SPC and Macro International 2009).

The Tuvalu 2012–2016 CRVS report combined the birth and death datasets from the Health Information System (HIS) and the civil registry, and found that the combined dataset was 83.3% complete for births and 61.5% complete for deaths when compared to the 2012 Tuvalu Census (CSD 2016). The HIS was found to have recorded a higher number of births and deaths for all years, compared to the civil registration system (CSD 2016).

**Table 1: Completeness of birth registration data**

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	336	-	258	-	-	130%	-
2017	285	-	-	-	-	-	-
2016	-	-	-	-	-	-	-
2015	285	-	-	-	-	-	-
2014	294	-	-	-	-	-	-
2013	270	-	-	-	-	-	-
2012	230	-	-	262	-	-	88%
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from the Office of the Attorney General on 21.09.2020. <sup>b</sup>Not available. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2012 census (CSD 2016); the 2017 mini-census did not collect data on annual births. Completeness was calculated by dividing 'Civil Registry' by 'SPC projection' and 'Civil Registry' by 'Census'.

Table 2 does not provide an indication of the completeness of death registration compared to health records due to an inability to obtain death records from health. Comparison with the census estimate for deaths in 2012 indicates the completeness of the civil registry was around 21%, whilst comparison with the SPC projection of deaths for 2018 indicates a completeness of around 32%.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	25	-	95	-	-	32%	-
2017	30	-	-	-	-	-	-
2016	31	-	-	-	-	-	-
2015	16	-	-	-	-	-	-
2014	18	-	-	-	-	-	-
2013	20	-	-	-	-	-	-
2012	22	-	-	106	-	-	21%
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from the Office of the Attorney General on 21.09.2020. <sup>b</sup>Not available. <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>Calculated from the crude death rate at the 2012 census (CSD 2016); the 2017 mini-census did not collect data on annual deaths. Completeness was calculated by dividing 'Civil Registry' by 'SPC projection' and 'Civil Registry' by 'Census'.

## PUBLICATION OF CRVS DATA AND REPORTS

Data are periodically requested by and provided to the NSO as a Microsoft Excel spreadsheet. In 2016, the National Statistics Office of Tuvalu (Central Statistics Division), in collaboration with the Attorney General's office and the Ministry of Health, produced a comprehensive vital statistics report covering birth, death and cause of death data collected by the civil registration office and the Ministry of Health in 2012–2016. While the initial intention was to analyse data from the civil registration database, the analysis combined both civil registration and health data, recognising that the civil registration data were incomplete at the time of the analysis. The report provides important fertility and mortality indicators for the country and has played a fundamental role in demonstrating the value of administrative records in deriving vital statistics.

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. The current legal framework governing birth and death registration in Tuvalu is being reviewed due to some outdated sections in the legislation (e.g. the legal age of marriage).
2. In 2018, Tuvalu acquired custom-made civil registration software (for use at the national office), that facilitates the electronic capture of birth and death records. This platform is envisaged to significantly improve civil registration functions, including the quality of records maintained by the office.
3. With the support of the Australian Department of Foreign Affairs and Trade, the Civil Registration Office (CRO) of Tuvalu is engaged in a "twinning" programme with the Northern Territory of Australia's Births, Deaths and Marriages Office. The objectives include: (i) assisting the CRO of Tuvalu to improve the rate of birth and death registrations; (ii) establishing a mentoring programme between key staff in the Northern Territory Registry and the Tuvalu civil registry; (iii) strengthening overall registry practices in Tuvalu; and (iv) developing a programme to promote awareness among government and the community on the importance of CRVS to support security and planning more broadly.
4. In 2018, the Ministry of Health of Tuvalu, supported by the Brisbane Accord Group (BAG), concluded a study to review the quality of certification and coding of causes of death in the country. This study is envisaged to be of critical importance to the identification of key interventions that should be taken to improve the quality of certification and coding, including streamlining potential support from partners to the country.
5. In December 2018, two medical doctors from Tuvalu travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death. The workshop was coordinated by SPC and supported by BAG partners.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN VANUATU

The Republic of Vanuatu is a Pacific Island country located in the South Pacific Ocean. The archipelago is of volcanic origin and lies 1,750 km (1,090 mi) east of northern Australia and 540 km (340 mi) northeast of New Caledonia.



Land area  
(km<sup>2</sup>)  
**12,281**

2020 mid-year  
population estimate  
**294,700**

Population growth  
rate (%)  
**2.2**

## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Current legal framework governing birth and death registration*

Civil registration in Vanuatu records the vital events (births, marriages and deaths) of its citizens and residents. The resulting database serves as a basis to create a data source for the compilation of legal vital statistics, which are essential for state planning purposes. It also supports the establishment of a 'legal identity', providing legal documentation to individuals and families for legal and administrative purposes, and can be used to establish and protect the rights of individuals. The recording and registration of births and deaths in Vanuatu is governed by the Civil Status Act of Registration (2006), which is currently under revision; the Civil Status (Registration) (Amendment) Act 2009 (regarding appointment of a registrar general and staff); and the Civil Status (Registration) (Amendment) Act 2018 (regarding name amendments on birth certificates).

With the advent of enhanced information technology, civil registration has been moving from a paper-based system to a more automated electronic system. These technical innovations have so far not been reflected in the corresponding legal framework. While a lot of changes are happening in terms of civil registration, relevant provisions in the legislation are still lacking, both in terms of the Civil Status (Registration) Act, as well as the new National ID Bill. Policies have been developed in an effort to fill some of the gaps, but a comprehensive revision and rewrite of the legislation is required, in particular to provide a proper legal foundation for the national ID card. As the scope widens in the use of civil registration information, the security and confidentiality of information becomes paramount. In the interim, a data access agreement must be signed by all users in order to protect the data and personal information recorded in the database, while consultations are under way to put in place proper legislation that safeguards the civil registration data currently being collected.

### *Agencies responsible for birth and death recording and registration*

The Vanuatu Ministry of Health is responsible for the recording of births and deaths in health facilities and the community, with collation of these records at the national level being undertaken by the Health Information Office located in Port-Vila. Responsibility for the civil registration of births and deaths in Vanuatu is held by the Department of Civil Registration and Vital Statistics, which is under the Ministry of Internal Affairs. The Ministry of Internal Affairs of Vanuatu also oversees the Department of Immigration and Passports. The civil registration system allows delegation of registration to registrars in subnational offices, i.e., registrars at the sub-national level have authority to issue the birth and death certificates. The Department of Civil Registration and Vital Statistics has also established a partnership with the Ministry of Education through a memorandum of understanding (MOU), with the goal of increasing birth registration through schools. The same partnership was established with the Ministry of Health for introducing on-site birth registration in the main hospitals prior to the discharge of the mother.

Civil registration faces several challenges in Vanuatu. Around 70% of the population live in rural areas and some follow a traditional life style with little interaction with government or health facilities. In addition, data sharing arrangements between government departments are weak, which results in a reliance on families to provide the appropriate information to each individual department. Consequently, several distinct state population databases co-exist. Another barrier to civil registration is the cost incurred by families to travel to a provincial office with a civil status or electoral officer available to support registration. There is a need to share or link the information kept by the different government agencies with the information kept by the civil registry department, in order to save costs and avoid duplication of data.

Since 2008, with government support, the completeness of civil registration in Vanuatu has been increasing. There have, however, been many challenges in recent years, including in 2015 when the country was catastrophically hit by tropical cyclone Pam, and subsequently by other devastating cyclones, including most recently in 2020 by the category 5 tropical cyclone Harold. Whilst the death tolls have been limited, owing to the lessons learned from past experiences, over half of the country's population were affected, with approximately one third displaced. Recognising the significant impact that cyclone Pam had on the ability of the population

to complete civil registration activities, the Civil Registration and Vital Statistics Department took action, in collaboration with other national stakeholders, including UNICEF and UNDP. The capacity to process civil registration activities was increased and awareness campaigns and mobile registration operations were rolled out throughout the country. This resulted in more than 250,000 children and adults being issued with a birth certificate, including around 80,000 for the first time. As a result, a mini census conducted in 2016 showed that 85% of the population had a birth certificate.

The large scale response post cyclone Pam built on previous efforts to increase birth registration completeness in the country. Outreach programmes have been organised to increase awareness of the importance of civil registration. The cost of travel being a major obstacle for many families, registration points have been opened in remote islands and 'catch up days' organised in areas that do not have regular contact with government services. Coordination between government agencies has been formalised through MOUs between the Civil Registration and Vital Statistics Department and the Ministries of Health and Education, extending the job of registration to midwives and teachers. Further partnerships are still being developed, with the rollout of national ID in 2019 and linking it to voter registration. In recent years, a central civil registration database has been built, with the support of UNICEF and the Australian government. Being locally developed, it has several advantages, such as relying on a system owned by the Government of Vanuatu and better adapted to the specific needs of the country. The database was of great benefit in the post-cyclone disaster registration campaigns, as it ensured accuracy and avoided duplicate registrations.

Updates and improvements to the database to meet growing demand, as well as correcting registration information related to demographic details and photos, are ongoing. Field data validation and verification include use of android applications and mobile devices. The decentralisation of registration services and the issuance of national IDs have been priorities for the government in recent years in order to provide better and the more accessible civil registration services, in line with the overarching aim of the government to bring services closer to the people.

Vanuatu has a custom-built electronic civil registration database (Register-Viz') which is linked to the immigration and passports department database and the electoral roll. The database is available online in each provincial registration office and at the major hospitals. It operates across two main windows, one for data capture and the other for viewing of data. Authorised civil registration officers with access to the system are assigned administrative rights to access all records through the view mode, but cannot make changes to existing records. The National Statistics Office and other government departments have access to the database through the 'view' access only. The database has both on-site and off-site back-up, which is a critical requirement for record security purposes, particularly in situations of national disasters where records and civil registration infrastructure are at a critical risk of loss and damage.

### *National CRVS committee and CRVS action plan*

In 2015 Vanuatu established a CRVS committee which is comprised of the Ministry of Internal Affairs, the Ministry of Health, the National Statistics Office, the Ministry of Education, the Malvatumauri Council of Chiefs, the Vanuatu Christian Council, and the Department of Strategic Policy, Planning and Aid Coordination. The committee has not met regularly, but there are plans for quarterly meetings commencing in 2021, with a revised terms of reference for the committee. A CRVS comprehensive assessment was undertaken in 2013, with support from SPC, UNFPA and UNICEF, resulting in the development of a CRVS policy. Since 2014, Vanuatu (represented by the Registrar General) has been a member of the Asia-Pacific Regional Steering Group for CRVS.

### *National ID systems*

In 2017, Vanuatu launched the national ID card, with a unique number assigned for each of the registrants. Simultaneously, the government decided to link the civil registration database with that of the voter registration database collected and maintained by the Vanuatu Electoral Office (VEO), which subsequently resulted in the launching of a nationwide national ID card registration effort, jointly coordinated by the Department of Civil

Status and the VEO. The objective was to ensure that every citizen of Vanuatu is registered and issued with a unique national ID card, and that all cards correspond accurately with the civil and voter registration systems and are in sync with the voter registration database.

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

In an effort to improve accessibility to civil registration services, since 2014 the Department of Civil Status has established a birth registration service desk in the maternity ward at the main hospital in Port-Vila, and also delegated birth registration authority to health information system officers working in various health facilities across the country. Through these arrangements, new mothers who deliver in health facilities can complete the registration process and have birth certificates issued onsite. This has greatly strengthened the timeliness of birth registration. Further, the department has also established a working arrangement with the Ministry of Education, in which approved head teachers and principals can sign completed birth registration forms and correspond with the Department of Civil Status to complete the registration process, including issuance of birth certificates. In order to access government school grants, the Ministry of Education is required to provide school enrolment lists that are linked to the birth registration. Births that are not captured through these two channels can also be captured during birth registration campaigns that are routinely carried out by the department. Accessibility of registration services within the first year of birth remains a key concern for the country.

### *Timeframes and costs*

Birth registration is free within the first 21 days of a child's life. Whilst there is a provision to enforce a fee for late registration, it is not imposed as it is viewed as a barrier to birth registration.

Standard, on-time birth registration	no charge
Late registration (> 21 days)	not imposed
Birth certificate printed	no charge*
Copy of a birth certificate printed	100.00 (VUV)

\* A fee is charged for additional copies.

### *Tasks that require a 'Birth Certificate' and incentives (financial or other) for completing the birth registration process*

A birth certificate is required for enrolment in school and issuance of a passport.

## REPORTING AND REGISTRATION OF DEATHS

### *Recording deaths at health facilities and registering deaths at the civil registry*

Deaths that occur in the hospital are certified by a medical doctor who issues a medical certificate of cause of death (MCCD), and authorises the removal of the body for burial. In Port-Vila, to be allowed to bury a body it is a mandatory requirement that families present an MCCD to the municipal office in order to obtain a burial certificate. An MCCD is also required at the civil registration office to enable registration of the death. For natural deaths (non-suspicious) that occur at home, the family reports the event to the chief or the pastor, who issues a letter to confirm the occurrence of the death. This letter is presented to the hospital by the family, and the hospital then issues the family with an MCCD. The MCCD is then presented to the Department of Civil Status to facilitate death registration. In the rural areas, it is common for burial to be arranged without formal reporting of the death or obtaining a death certificate. This is generally due to problems of accessibility to civil registration services and other government services such as health centres. The Vanuatu civil registration system is person-based; the civil registry system works on linked births and deaths. For this reason, deaths cannot be registered until the person is registered in the system (registered as a person, not as a birth).



### *Timeframes and costs*

The legally stipulated timeframe for death registration is within seven days of the death. As with births, whilst there is a provision for a fee for late registration, it is not imposed.

Standard, on-time death registration	no charge
Late registration (> 7 days)	not imposed
Death certificate printed	no charge*
Copy of a death certificate printed	820.00 (VUV)

\* A fee is charged for additional copies.

### *Tasks that require a death certificate and incentives (financial or other) for completing the death registration process*

There is no funeral assistance programme in place in Vanuatu, however, the Vanuatu National Provident Fund is considering the introduction of this type of benefit. A death certificate is required for the transfer of property and other inheritance of a deceased person.

## **COLLATION AND CLASSIFICATION OF CAUSE OF DEATH**

### *Process for coding death certificates*

Deaths that occur in the hospital in Vanuatu are certified by a medical physician. The MCCD used in Vanuatu is not in alignment with WHO standards, as only three lines are included in Part A of the cause of death section of the certificate, rather than four lines. Weaknesses exist in the quality of death certification, which the government is working to improve through providing training opportunities for clinicians as often as possible. There is also a need to streamline the process for certification of deaths that occur outside health facilities (deaths for which there is no medical history maintained) which are a significant number. There are two health information officers who are responsible for coding all causes of death in Vanuatu; these officers are responsible for both morbidity and mortality coding. Causes of death are coded according to the International Classification of Diseases 10th edition. The government is currently looking into separating morbidity and mortality coding functions and centralising coding functions, which are presently conducted at the hospital level.

The Vanuatu Vital Statistics Report 2012–2014 analysed all available cause of death certificates during that three-year period, which were estimated to represent only 52% of the actual number of deaths that would have occurred in Vanuatu during that period. Of the available death certificates analysed in the report, 18% were classified as ill-defined, or had not been assigned an underlying cause of death [DoH and DoS 2016].

### *Training and resources for cause of death certification and coding*

In December 2018, three medical doctors from Vanuatu travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death, coordinated by SPC and supported by BAG partners. In 2017, medical doctors from Vanuatu attended a similar three-day training workshop held in Fiji, coordinated by SPC and supported by BAG partners. Verbal autopsy has been considered in Vanuatu, but little progress has been made towards its implementation.

## **COMPLETENESS OF CIVIL REGISTRATION DATA**

Inaccessibility of civil registration services and low levels of awareness of the importance of registration among the public remains a fundamental concern for the performance of the civil registration system in Vanuatu. The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In some countries in the Pacific Island region, the births and deaths of citizens overseas can be registered in the civil registry. When estimating completeness, it is best that these overseas births and deaths are not included in the civil registry figures since the other sources

they are compared to, such as health records, do not include overseas events. In Vanuatu, we have been unable to determine if overseas births and deaths can be registered in the civil registry, and subsequently we have not been able to determine if overseas events have been included in Table 1 and 2 below. If overseas events have been included, the estimates of completeness for the civil registry will be higher than if overseas events were excluded.

Table 1 is unable to provide an indication of the completeness of birth registration in Vanuatu when compared to health records, due to the inability to obtain figures of annual births from health records. It is widely documented that the health system in Vanuatu only captures births that occur in health facilities, not births in the community (DoH and DoS 2016). And if health figures were available, it would be important to take this into account. Comparison of the civil registry with the SPC projection of annual births indicates a completeness of around 59% in 2018. The 2016 mini-census did not ask questions about the annual number of births in Vanuatu, but it did ask respondents if they possessed a birth certificate. Based on this question, it was estimated that 69.4% of children aged below one year, and 77.1% of children aged below five years, possessed a birth certificate (VNSO 2017).

The completeness of birth registration in Vanuatu has also been estimated by periodic population sample surveys. A multiple indicator cluster survey (MICS) was conducted in 2007, and a demographic and health survey (DHS) was conducted in 2013. These surveys asked the mother or caregiver of children aged under five years whether their child's birth had been registered with a civil authority, and the DHS also asked if their child possessed a birth certificate. The 2013 Vanuatu DHS found that, of the 1,583 children aged under five years included in the survey, 75.5% were reported to have had their births registered, and 43.4% were reported to possess a birth certificate (VNSO and SPC 2014). This was an improvement on the 2007 Vanuatu MICS, where, of the 1,634 children aged under five years included in the survey, 25.6% were reported to have had their births registered (MoH and Govt Vanuatu 2008).

**Table 1: Completeness of birth registration data**

Year	Source of births				Completeness of birth registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	4,858	-	8,168	-	-	59%	-
2017	4,364	-	-	-	-	-	-
2016	4,291	-	-	-	-	-	-
2015	4,149	-	-	-	-	-	-
2014	4,348	-	-	-	-	-	-
2013	1,876	-	-	-	-	-	-
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from the Department of Civil Status as part of the UNESCAP Midterm Questionnaire on the implementation of the Regional Action Framework on CRVS in Asia and the Pacific. <sup>b</sup>Not available. <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent full census was conducted in 2009, the 2016 mini-census did not ask questions on births in the household. Completeness was calculated by dividing 'Civil Registry' by 'SPC projection'.

In general, incentives to register deaths remain very low in Vanuatu. Some of the key barriers to death registration include lack of knowledge and awareness of the importance of registration, the lack of immediate need for death certificates, and limited accessibility to civil registration services. As registration offices are mainly located in urban areas, persons residing in the rural areas (70% of the population) have limited access to registration services. Table 2 is unable to provide an indication of the completeness of death registration in Vanuatu when compared to health records, due to an inability to obtain figures of annual deaths from health records. Comparison of the civil registry with the SPC projection of deaths indicates a completeness of around 18%

in 2018. To assist in addressing the low registration coverage in Vanuatu, the government is seeking external support and funding. Integration of the CRVS data that are currently stored across multiple databases is also a priority, in order to validate and improve the completeness of CRVS in Vanuatu.

**Table 2: Completeness of death registration data**

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2018	200	-	1,099	-	-	18%	-
2017	153	-	-	-	-	-	-
2016	205	-	-	-	-	-	-
2015	266	-	-	-	-	-	-
2014	267	-	-	-	-	-	-
2013	219	-	-	-	-	-	-
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Obtained directly from the Department of Civil Status as part of the UNESCAP Midterm Questionnaire on the implementation of the Regional Action Framework on CRVS in Asia and the Pacific. <sup>b</sup>Not available. <sup>c</sup>Calculated from the crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The most recent full census was conducted in 2009, the 2016 mini-census did not ask questions on deaths in the household. Completeness was calculated by dividing 'Civil Registry' by 'SPC projection'.

## PUBLICATION OF CRVS DATA AND REPORTS

The Vanuatu National Sustainable Development Plan 2016–2030 outlined a goal (SOC 9.6) to strengthen research, data and statistics for accountability and decision-making (Govt Vanuatu, 2017). Challenges in achieving this goal include data availability and the compatibility of different data collection systems used in Vanuatu. In 2017 the Department of Civil Status, in collaboration with the Ministry of Health, published the country's first ever vital statistics report that was based on civil registration and health records. The production of this report is a milestone for Vanuatu as it provides key stakeholders with evidence to understand the performance of the system and demonstrates the importance of the registration of records in providing a source of vital statistics. The report acknowledges that there are several limitations in the data, including incompleteness in registration.

## RECENT INITIATIVES AND PLANS TO STRENGTHEN CRVS

1. The Vanuatu National CRVS Strategic Plan 2017–2030 capitalises on other government initiatives such as the National Decentralisation Policy which aims at bringing the government and its services closer to the people. Under the strategy, there are plans to further devolve civil registration services to the provincial level, such as in Tafea Province. The National ICT Policy, which aims at universal access to ICT in all schools and underserved areas, is envisaged to support and enable remote registration of vital events in the rural areas. Further, the Vanuatu National Bio-Metric Electoral System and ID Card Policy, which requires that all residents are registered for a National ID card, is anticipated to improve civil registration completeness, noting that birth certificates will be a requirement for registration in the ID system.
2. In December 2018, three medical doctors from Vanuatu travelled to Tonga to participate in a three-day regional training workshop on medical certification of cause of death, coordinated by SPC and supported by BAG partners.
3. In 2014, with the support of UNICEF, the Department of Civil Status established a birth registration service desk at the maternity ward of the main hospital in Port-Vila and delegated birth registration responsibilities to health information system officers working in various health facilities across the country. Through these initiatives, it became possible for new mothers who deliver in health facilities to complete the registration

process and have birth certificates issued onsite and free of charge.

4. In 2014, the Department of Civil Status also established a working arrangement with the Ministry of Education in which approved head teachers and principals are allowed to sign completed birth registration forms and to collaborate with the Department of Civil Status for completion of the registration process, including issuance of birth certificates.

5. Vanuatu has embarked on a number of birth registration catch-up campaigns in the recent past, including one that was carried out after Cyclone Pam, where deliberate efforts were made to reissue lost or damaged birth certificates and to facilitate birth registration among adults who had never had their birth registered. During these campaigns, the birth registration database (which is operable in offline mode) is downloaded onto laptops that are transported to the remote islands and used for registration. The records are later re-synced with the national database. During the campaigns, the Civil Status Office enrolls support from volunteers, such as teachers, who are trained on how to collate information from individuals and to complete registration forms. In addition to supporting registration of vital events, the campaigns are also used for advocacy on the importance of civil registration.

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# CIVIL REGISTRATION AND VITAL STATISTICS IN WALLIS AND FUTUNA

Wallis and Futuna is a French island collectivity in the South Pacific. Mata-Utu is the capital and biggest city. The territory is made up of 3 main volcanic tropical islands along with a number of tiny islands.



Land area  
(km<sup>2</sup>)

**142**

2020 mid-year  
population estimate

**11,400**

Population growth  
rate (%)

**-0.5**

## CRVS LEGISLATION, ORGANISATION AND MANAGEMENT

### *Agencies responsible for birth and death recording and registration*

Civil status data which includes births, deaths and marriages are collected on a weekly basis by the official of the service concerned with this task from the civil status office in both Wallis and Futuna. Any event relating to civil status must be the subject of an act drawn up by the registrar and signed by the Head of the district. The registrar is responsible for recording all the events that take place in the district (births, deaths, marriages, etc.). In 2018 there were 7,940 civil status certificates (in particular birth, death and marriage certificates) issued by the civil registry; compared with 5,546 the previous year. The increased demand for civil status documents in recent years has been attributed in part to an increased need for identity documents, and an increasing requirement for birth certificates to be presented to schools in order for children to be enrolled (Govt Wallis & Futuna, 2019).

## REPORTING AND REGISTRATION OF BIRTHS

### *Recording births at health facilities and registering births at the civil registry*

Due to the absence of a maternity hospital on the island of Futuna, pregnant women leave Futuna from their seventh month of pregnancy and travel to Wallis to give birth. In 2019, 18 babies were born on Wallis Island to Futunian parents. It is for this reason that no births are recorded on Futuna, and no health records of births need to be transported to Wallis for birth registration (Govt Wallis & Futuna, 2020).

### *Tasks which require a 'Birth Certificate' and incentives (financial or other) for completing the birth registration process*

A birth certificate is required to obtain a passport, and has been increasingly required for enrolment of a child in school.

## REPORTING AND REGISTRATION OF DEATHS

### *Registration process for deaths occurring overseas*

During 2018 there were 764 medical evacuations from Wallis and Futuna, mainly to New Caledonia. If a death occurs overseas following medical evacuation, the family may receive support from the Government to repatriate the body (Govt Wallis & Futuna, 2019).

## COMPLETENESS OF CIVIL REGISTRATION DATA

The completeness of birth and death registration can be estimated by comparing the number of births and deaths in the civil registry with the number of births and deaths recorded by the health system, enumerated during national censuses, and estimated by international agencies. In some countries and territories in the Pacific Island region, the births and deaths of citizens overseas can be registered in the civil registry. For the purpose of estimating completeness, it is best these overseas births and deaths are not included in the civil registry figures since the other sources which it is compared to, e.g. health records, do not include overseas events. In Wallis and Futuna, we were unable to determine if overseas births and deaths can be registered in the civil registry, or if they have been included in Table 1 and 2 hereafter. If overseas events have been included, the estimates of completeness for the civil registry will be higher than if overseas events were excluded.

Table 1: Completeness of birth registration data

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2019	171	-	-	-	-	-	-
2018	129	126	154	150 <sup>^</sup>	102%	84%	<sup>^</sup>
2017	145	157	-	-	92%	-	-
2016	-	156	-	-	-	-	-
2015	-	157	-	-	-	-	-
2014	-	142	-	-	-	-	-
2013	-	-	-	173 <sup>^</sup>	-	-	<sup>^</sup>
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Civil registry (Government of Wallis and Futuna, 2020; 2019; 2018). <sup>b</sup>The Health Agency (Government of Wallis and Futuna, 2019); <sup>c</sup>Calculated from 2018 crude birth rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2013 and 2018 censuses asked information on births in the five years preceding the censuses (2008–2013; 2013–2018) and the figures in the table represent the average annual number of births during these five year periods, calculated from the published crude birth rate of 14.2 for 2008–2013 (INSEE, 2014) and from the published figure of 750 births occurring between 2013–2018 (INSEE 2019). <sup>^</sup>Because they are annual averages over a five-year period, the census figures have not been used in the estimation of the completeness of the civil registry. Completeness calculated by: dividing 'Civil Registry' by 'Health'; and dividing 'Civil Registry' by 'SPC projection'.

Table 2: Completeness of death registration data

Year	Source of deaths				Completeness of death registration		
	Civil Registry <sup>a</sup>	Health <sup>b</sup>	SPC projection <sup>c</sup>	Census <sup>d</sup>	Compared with health	Compared with SPC	Compared with census
2019	56	-	-	-	-	-	-
2018	79	-	83	70 <sup>^</sup>	-	95%	<sup>^</sup>
2017	50	-	-	-	-	-	-
2016	-	-	-	-	-	-	-
2015	-	-	-	-	-	-	-
2014	-	-	-	-	-	-	-
2013	-	-	-	70 <sup>^</sup>	-	-	<sup>^</sup>
2012	-	-	-	-	-	-	-
2011	-	-	-	-	-	-	-
2010	-	-	-	-	-	-	-

Sources: <sup>a</sup>Civil registry (Government of Wallis and Futuna, 2020; 2019; 2018). <sup>b</sup>Not available. <sup>c</sup>Calculated from 2018 crude death rate (SPC 2018a) and 2018 population projection (SPC 2018b). <sup>d</sup>The 2013 and 2018 censuses asked information on deaths in the five years preceding the censuses (2008–2013; 2013–2018) and the figures in the table represent the average annual number of deaths during these five year periods, calculated from the published crude death rate of 5.7 for 2008–2013 (INSEE 2014) and from the published figure of 350 deaths occurring between 2013–2018 (INSEE 2019). <sup>^</sup>Because they are annual averages over a five-year period, the census figures have not been used in the estimation of the completeness of the civil registry. Completeness calculated by dividing 'Civil Registry' by 'SPC projection'.

## PUBLICATION OF CRVS DATA AND REPORTS

The Government of Wallis and Futuna publishes an annual Wallis and Futuna Activity Report, which contains figures for births and deaths registered in the civil registry, and sometimes also includes figures for births recorded in the health system. The reports include a summary of the activities of the civil registry office, including how many requests for civil status documents have been processed each year (2017–19) (Govt Wallis & Futuna, 2020; 2019; 2018). The *Service Territorial de la Statistique et des Etudes Economiques (STSEE) du Territoire des îles Wallis et Futuna* (the Territorial Service for Statistics and Economic Studies of the Territory of the Wallis and Futuna Island)

publishes intermittent updates on births and deaths in Wallis and Futuna, however at the time of publication of this report the information was not available (STSEE, 2019)

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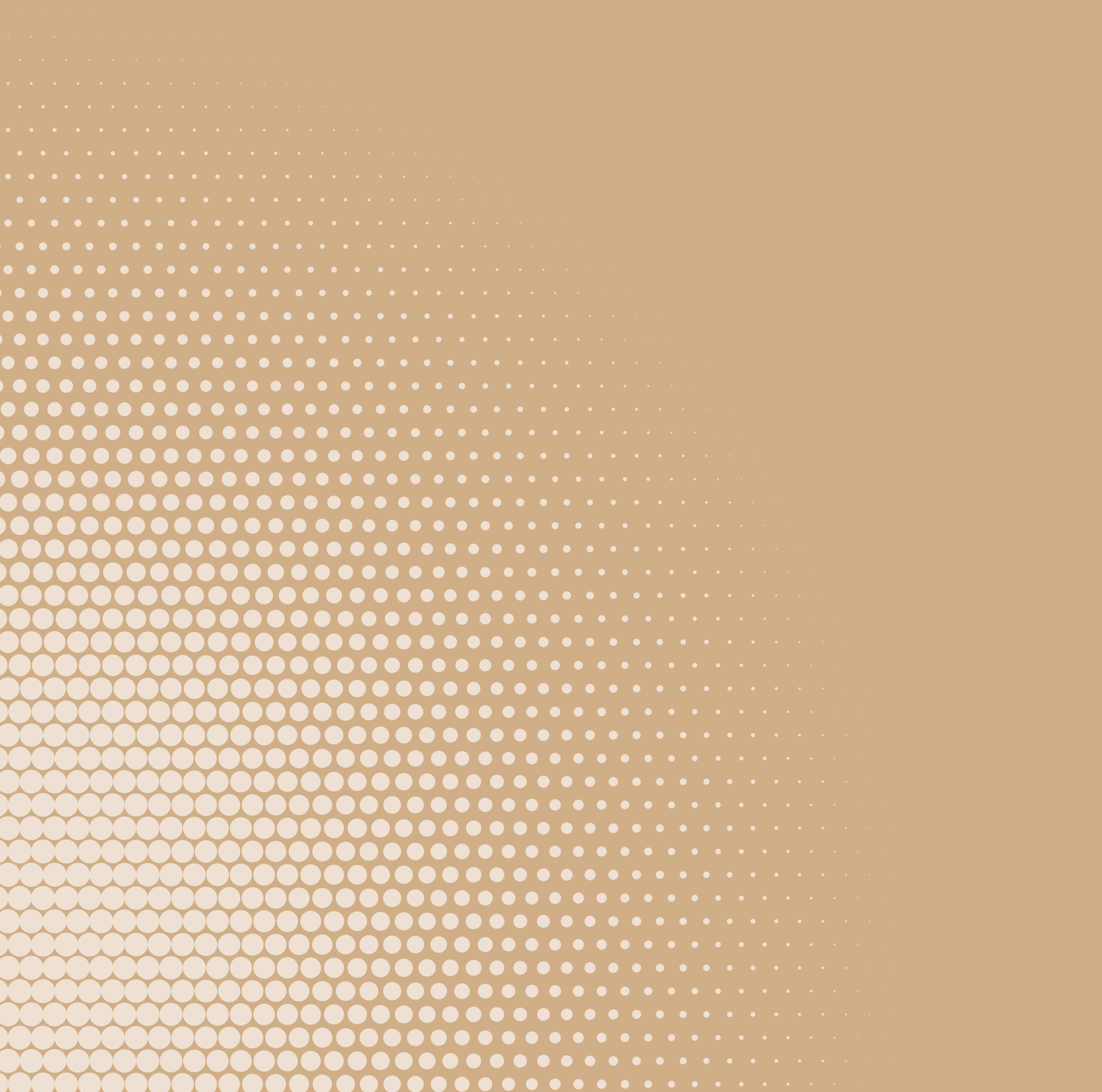
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