Joint statement

A call to action to strengthen civil registration and vital statistics (CRVS) systems

by WHO, UNICEF, and UNFPA, supported by the Health Data Collaborative

Why CRVS matter, across the full life course

Civil registration systems provide documentary evidence of legal identity, family relationships, and nationality, and help prevent risks such as child marriage, trafficking, and child labor. Civil registration also enables access to health care, education, social protection, employment, electoral rights, and other essential services.

Vital statistics are the statistical product derived from these records, complemented where needed by other data sources. They generate critical data on fertility and mortality that shape population dynamics and help governments track population health, plan and budget effectively, and ensure equitable delivery of services.

Together, civil registration and vital statistics (CRVS) systems are essential for both individuals and governments, anchored respectively in national civil codes and the United Nations Principles and Recommendations for a Vital Statistics System, with the cause-of-death component of vital statistics regulated by WHO under the International Classification of Diseases.

Yet despite their critical importance, the functioning of CRVS systems remains suboptimal across several low- and middle-income countries. In the absence of domestic financing and long-term sustainability for civil registration, these systems will remain a significant challenge, limiting their ability to function at scale. While birth registration, especially for children under 5 years of age, has improved, newborn registration remains a cause for concern. Death registration in several countries lags substantially behind. The registration of mid-life transition vital events, such as marriage and divorce, continues to be neglected, affecting the lifecycle approach to legal identity from birth to death.

At the same time, data generated through civil registration systems are often insufficiently accessible or underutilized for generating core health registries, and guiding policy decisions, program design, and public action. Such gaps deepen deprivations and inequalities across the life course and undermine quality and continuity of health care delivery. Underutilization of vital statistics inhibits governments' and societies' ability to anticipate and understand rapid demographic transitions, urbanization, and climate change.

Fifteen of the 17 Sustainable Development Goals rely on indicators that require high-quality vital statistics. A fully functioning CRVS system provides essential information for planning and decision-making, enabling countries to monitor key demographic and health-related indicators, including infant, child, maternal, and adult mortality, and to target policies, services, and investment resources and interventions by geography and population group.

CRVS is a health data priority but cannot be driven by a single sector. It requires a whole-of-government approach, with active engagement of ministries of health alongside civil registration authorities, national statistics offices, and identity management agencies.

Death registration with medically certified, ICD-coded causes of death is the only population-wide source that shows what people die from, where, and at what age across the life course. It is essential for tracking mortality patterns, monitoring disease burdens, guiding health investments, detecting epidemics, and evaluating policies. Where deaths occur outside health facilities, WHO verbal autopsy tools extend this evidence to underserved populations.

Implications for policies and programmes

At a time when the world remains off-track in achieving many health-related SDGs, targeted action in the following priority areas can accelerate progress and strengthen inclusive, resilient, and sustainable CRVS and legal identity systems:

- Ensure timely registration of all births, and deaths (with medical certification of cause of death), by strengthening engagement with the health sector, including community health workers and other frontline actors, for community-based events.
- Reinforce linkages to, and governance and legal frameworks for foundational data systems including authoritative health registries as part of broader modernization and digitalization efforts, while safeguarding human rights, privacy, and legal protections.
- Enhance coordination and financing for CRVS strengthening through a whole-of-government and whole-of-society approach that aligns domestic resources, international financing, official development assistance (ODA), and technical cooperation.
- Expand the systematic use of CRVS data to inform evidence-based policy and program design, including in maternal and child health, climate adaptation, and demographic analysis.
- Prioritize demand creation and community engagement to address social and behavioral barriers, with a focus on marginalized and vulnerable populations. Strengthen partnerships with community leaders, religious authorities, and local institutions to ensure universal coverage, so that everyone is counted, and everyone counts.
- Strengthen the certification, coding, and reporting of causes of death through the implementation of the WHO's International Classification of Diseases (ICD-11), the international medical certificate of cause of death, the use of digital tools for mortality coding, and the deployment of verbal autopsy for deaths occurring outside health facilities. Sustain investment in training and supervision of certifying physicians and mortality coders to ensure accurate, comparable, and policy-relevant mortality data.

Toward an action agenda

We call on partners to:

- **Mobilize** aligned technical and financial resources to strengthen CRVS through integrated and coordinated CRVS business processes by strengthening governance and convergence across health systems and related sectors.
- **Reduce the gap** between birth registration and routine health services, including skilled birth attendance and vaccination coverage, by linking to health identity and authoritative health registries, for increasing continuity and integration of service delivery, while progressively expanding the health sector's role in providing standardized, readily available documentation for the registration of births and deaths.
- **Improve** the availability of quality, timely, person-specific data from the health sector for both institutional and community-based events.
- **Strengthen** the cause-of-death pillar of CRVS by implementing WHO standards and tools, including ICD-11, the WHO International Form of Medical Certificate of Cause of Death, and WHO verbal autopsy instruments, while embedding ICD-coded mortality data into routine health information systems.
- **Invest** in training and certification for physicians, mortality coders, and verbal autopsy interviewers, ensuring strong engagement with ministries of health, civil registrars, and national statistics offices.
- **Support** CRVS modernization through digital integration and interoperability of electronic civil registration, health identity and authoritative registries, and for the production of ICD-coded vital statistics, while reinforcing data protection, privacy, and national data sovereignty.
- **Document** best practices and strengthen global and regional knowledge-sharing and peer-learning networks to support long-term workforce development and institutional capacity for CRVS.

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