

**Civil Registration and Vital Statistics System in Egypt
"Challenges and Opportunities"**

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Abstract

CRVS is consistent and coherent system used to record vital events such as births and deaths, marriage and divorce.

CRVS system follows the international standards and recommendations of the World Health Organization.

CRVS provides demographic indicators, fertility and mortality statistics which are not complete or nonexistent at a continuous basis at many developing countries.

this paper will discuss the current situation of CRVS system in Egypt and the implemented activities including the evaluating of CRVS system in Egypt, the workshops and meetings.

Also focus on the challenges that Egypt meets to have a satisfactory CRVS system and the opportunities to overlap it including the point of strength and the point of weakness according to the comprehensive evaluating tool provided by WHO.

At last the paper will suggest some recommendations which may help to improve the current situation of CRVS system in Egypt and which can be applied in many of the developing countries.

Key Words: CRVS , Vital statistics ,Challenges, Recommendations

Introduction:

Civil registration and vital statistics system is the used technique for registering vital events like birth , death and cause of death, also marriage and divorce are parts of vital events, but the Priorities being given to birth and death which reflect the health systems performance in the country, CRVS systems are created by governments, The records derived from civil registration systems have two main uses:

- Source for legal documents and proof of facts like inheritance rights, rights based on age like enrollment in schools or driving privilege, also provides proof for marriage and divorce and the right to marry or an evidence of death.
- The derived data from the vital events records considered as the basis of the country vital statistics systems.

The vital statistics is the core of the country health information system which helps to understand prevalence and distribution of mortality due to diseases and injury, identification of health inequalities and priorities, monitoring of trends and evaluation of the impact and effectiveness of health programmes , also it's used to go towards achieving the MDG's.

Civil registration records are the best source of vital statistics because they generate data on a continuous basis and for the whole country, at both national and local levels. However, such systems are often weak or incomplete in developing countries. In countries where the civil registration system lacks complete coverage, or has major deficiencies due to issues of quality and timeliness, it may be necessary, on an interim basis, to use alternative sources to generate vital statistics. Sources for such interim data include “population censuses”, “household sample surveys”, “Demographic health survey”

CRVS systems in Egypt
Implemented activities to improve civil registration and vital statistics system in Egypt

Assessment of the civil registration system and vital statistics in Egypt

First: rapid assessment

- In collaboration with Health Metrics Network and WHO, a workshop was held on 10–12 May 2011 in Cairo to develop a strategy to improve the registration systems of vital statistics data. In the workshop, analysis of the situation and building a national consensus on the paramount importance of accurate registration of vital statistics data according to the international codes for classification of diseases (ICD-10) were done.
- WHO and Health Metrics Network in collaboration with the Ministry of Health and Population conducted a rapid assessment of the civil registration and vital statistics system in Cairo on 20–22 November 2011. The total grades of Egypt was 75% that's mean Effective with some limitations, Specific weaknesses should be identified.
- In January 2012 a conference was held in Cape Town, South Africa, to exchange experiences with some African countries in the field of civil registration of vital statistics data.
- In April 2012 a workshop was held in Pretoria, South Africa, where Health Metrics Network cooperated with WHO and UNEC (ACS) to prepare cadres to carry out a rapid and comprehensive assessment.
- In May 2012 an agreement was signed for a project to improve causes of death registration in Alexandria governorate.

Second: comprehensive assessment

Comprehensive assessment of civil registration and vital statistics in Egypt (15–19 July 2012):

The World Health Organization (WHO) jointly with the Health Metrics Network and the University of Queensland, Australia, has prepared a comprehensive guidance tool for countries to guide the standard revision of the practices of countries in the field of civil registration and vital statistics. The audit and the pilot study were conducted in countries such as Sri Lanka. The tool assesses the basic features of civil registration and vital statistics systems.

The tool includes five basic components, from A to E, and 16 subcomponents:

- A. legal framework for civil registration
- B. registration practices, coverage and completeness
- C. death certification and cause of death
- D. mortality coding practices according to ICD-10
- E. data access, use and quality check.

Because civil registration in Egypt includes marriage and divorce data, it was necessary to add a questionnaire to assess the registration of such data. It was prepared and tested for the first time in Cairo in this workshop

This workshop is complements previous steps taken to assess the registration system of vital statistics in order to develop a strategic plan to improve the system's data and integration and coordination between all stakeholders to work as an integrated system for registration and collection of data which these parties need to produce all the statistics that support the decision-making process in each entity, as well as on the national level.

Strengths

- 1- Existence of a law which oblige reporting and registration of births and deaths.
- 2- Presence of a system based on registration of births and deaths in paper forms and electronically in line with the international recommendations and criteria where the death notifications data are 95% completed according to United Nations recommendations with presence of a system for monitoring and continuous follow up on how to complete death notifications.
- 3- Availability of a database for national ID which can be built upon in the electronic binding process where it is used in the registration by linking with Civil Status Authority in some provinces.
- 4- Regular use of mechanization in the collection and transfer of data and its validation as well as in storage at the level of health department to the central level in the health information system in the Ministry of Health covers all the provinces.
- 5- Provision of training opportunities for health inspectors and Preventive Medicine at the level of the Ministry and the directorate in addition of TOT program for training the trainers locally.
- 6- Civil registration data are used to make comparisons at the level of (province-district) and the data are used for statistical analysis purposes and issuing of bulletins, indicators and annual report at the national and provincial levels

Weakness and Challenges

- 1- There was a lack in some aspects of the current law and in the activation of others in connection with the registration of deaths and their causes.
- 2- Lack of coordination among stakeholders, beneficiaries, and partners in issuing statistics, also there is no full use of the advantage of electronic databases available at the ministries concerned.
- 3- Lack of a comprehensive electronic system and rely heavily on paper, especially in the early stages of the registration in addition to the presence of some databases do not commit to the instructions of the World Health Organization.
- 4- There are no specific criteria for the qualifications of the personnel appropriate for the nature of their work and the weakness of the human skills needed to do the work in the different stages of the system.
- 5- Lack of awareness of the importance of the statement of the staff concerned registration statement and the lack of continuous training and sufficient for health inspector and managers .
- 6- The short duration of assigning doctors at the Health offices as there is no sufficient opportunity to apply the training they had.
- 7- There is no use of the verbal autopsy routinely for determining the cause of death in cases: accidents or houses mortality, so International questionnaire which requires providing high material resources for its availability and training on how to be completed in the Health offices.
- 8- Non-completion of full death notifications accurately, no commitment to the coding and selection rules for the original cause of death.
- 9- Using different templates for data collection by the three parties (Ministry of Health – Ministry of Interior - CAPMAS) which leads to suspension of work.

Recommendations:

1-Suggestions regarding using the verbal autopsy for determining the death cause:

- 1- Generalizing a short and briefed template to train health inspectors on how to complete it.
- 2- Training the final year students at the medicine college on ICD10 and completing the death certificates.
- 3- Training all the categories concerned with death causes continuously.
- 4- Designing a program to measure the quality of death data.

2. Suggestions regarding deaths resulted from ill defined disease.

- 5- Activate the legislation commits the person reporting the death case to bring the national identification number of the dead so that officer can prove data.
- 6- It is necessary for the record person to prove timing of death in detail, the date, the day and hour of death, if possible, to facilitate knowledge of the dead person in the case of multiple deaths in an accident so that inheritance problems do not occur.

General Recommendation

- Preparing a national strategy to develop vital statistics registration system.
- Issuing new legislations to face the current shortage such as: the legislation for the verbal autopsy for determining death causes.
- Activating laws related to the right for statistical office to get detailed data as the responsible for data dissemination at the national level.
- Applying national and international methodologies, definitions, standards and recommendations in this concern.
- Increasing cooperation among stakeholders supporting the full use of the electronic databases available at the ministries.
- Providing sufficient support to training centers at the governorates, and continuous training at the governorate and the main center to guaranty follow up, periodical assessment on using ICD10.
- Mobilizing the community and increasing the awareness about the importance of comprehensive and accurate registration for all stakeholders through (media - NGOs - professors and university students ...) along with clarifying the advantages of this data (provide information on chronic diseases and how to prevent them).
- Using ACME for recording death certificate in health offices to ensure the quality of registering death causes according the international rules for the selection of death causes.
- Conducting a regular statistical analysis in addition to set of up to date indices appropriate for the data size available for use in formulating policies and preparing development plans , and urge researchers of the research centers and universities to conduct researches in this field.

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