CRVS systems: a cornerstone of sustainable development

Reliable, timely, and comprehensive global and national health statistics not only reveal the status of a population's health but also of the health system they are under, showing governments where they need to focus and making them accountable for the wellbeing of their citizens. Data from WHO have long been a source of this information. On May 13, WHO released its *World Health Statistics 2015*, its annual compilation containing data for its 194 member states, which also includes a summary of the national and regional advances made towards achieving the health-related Millennium Development Goals (MDGs). It notes that substantial advances have been made in the proportion of the target achieved in reducing child undernutrition (four fifths), child mortality (two thirds), and maternal mortality (three fifths), and in increasing access to sanitation (three fifths). However, progress is uneven between countries and regions. The report, produced using WHO publications and databases, includes data on life expectancy and mortality, cause-specific mortality and morbidity, and risk factors. It is an important resource for governments, health professionals, and funders for decision making and priority setting. But it is not the only resource.

The Global Burden of Disease (GBD) study, a large collaboration of researchers coordinated by the Institute of Health Metrics and Evaluation (IHME) in Seattle, USA, uses different methods to WHO to calculate morbidity and mortality estimates, which can result in variations, sometimes large, between the two groups' numbers. Results from its latest iteration, GBD 2013, were published in *The Lancet* last year. GBD 2013 estimates yearly deaths for 188 countries between 1990 and 2013. GBD 2013 improves on GBD 2010 with new data, including from vital registration systems, verbal autopsy studies, and maternal mortality surveillance. It is a comprehensive and up-to-date assessment of causes of death. Among its findings are improved life expectancy, greater numbers of deaths due to population expansion, a progressive shift towards a larger proportion of deaths being attributable to non-communicable diseases and injuries, and significant increases in the age-standardised death rate for several diseases, including HIV/AIDS, liver cancer caused by hepatitis C, pancreatic cancer, and diabetes.

GBD creates much debate. Some criticise it for lack of transparent methods and, therefore, reproducibility,

whereas others argue that having different disease estimates from WHO and GBD confuses policy makers. But, as Igor Rudan and Kit Yee Chan have pointed out, the existing competition in global health metrics, as with other big data projects, is much needed. It has improved standards, transparency, and methods in WHO and GBD calculations, which is leading to a convergence of disease estimates from these groups. Collaboration is also important for improving the science. A new Memorandum of Understanding signed by the IHME and WHO last week is therefore a welcome step. It defines areas in which the organisations will work together to improve the quality and use of global health estimates, including increasing transparency regarding data sources and methods, which will be especially useful when gaps or no data exist and statistical models are used.

WHO's health statistics or GBD's estimates would undoubtedly be improved (and rely less on statistical modelling) if civil registration and vital statistics (CRVS) systems were strengthened worldwide. Presently, around 60% of deaths and causes of deaths and 35% of births are not registered, according to a new four-paper *Lancet* Series on Counting Births and Deaths, published online on May 11. Better health intelligence is not the only benefit of investing in CRVS systems. The Series finds that improved CRVS performance is significantly associated with better health outcomes, irrespective of a population's wealth, level of urbanisation, health system coverage, or contraceptive prevalence. The authors argue that building robust CRVS systems should therefore be viewed as an essential driver of sustainable human development and not just an outcome of it.

Funding for CRVS has been neglected for decades, partly because it is a long-term investment that has not satisfied the short-term information needs of governments and donors who have preferred methods such as household surveys. As we enter the new era of sustainable development, investment could come from a new, and much-needed, multi-billion dollar International Health System Fund for health system strengthening proposed by Lawrence Gostin and Eric Friedman. It would require national contributions as well as global donor assistance. But such investment would show that countries are serious about achieving sustainable development, the foundation of which is strong CRVS systems. ■ *The Lancet*

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