



## Births and deaths must be registered in Africa

Goal 3 of the Sustainable Development Goals (SDGs) aims to “ensure healthy lives and promote well-being for all at all ages” by 2030.<sup>1</sup> The goal includes targets related to reducing maternal and child mortality, ending lethal epidemics such as HIV/AIDS and malaria, reducing mortality from non-communicable diseases, and curbing the number of deaths caused by traffic accidents and environmental contamination. SDG 16, which aims to build peaceful, just, and inclusive societies, includes a target to reduce the number of deaths caused by violence.

For governments in Africa, especially sub-Saharan Africa, measuring progress towards these targets will continue to be impossible unless governments make greater efforts to collect information on the number of annual deaths that occur in their populations and the causes of those deaths. Africa lags behind the rest of the world in vital statistics, including birth and death registration and in the handling of administrative data. A survey by the Economic Commission for Africa (ECA)<sup>2</sup> found that only one in three deaths in the region is captured by official registration systems, and that only 18 of 54 countries record and report annual deaths. Only four African countries have a level of death registration coverage and cause of death information that meets international standards.

Sub-Saharan Africa is missing out on the benefits of vital statistics. As well as helping countries to measure progress towards their international commitments, the information such registration provides is crucial for effective policy development. Mortality data are needed to develop accurate population estimates and projections. The data help individuals and justice systems to resolve inheritance issues fairly and promptly, and they improve health. By helping to quantify the

burden of disease, mortality data ensure that health-care resources are allocated to the most pressing priorities. Once those resources are allocated, the data assist in tracking the effectiveness—and cost-effectiveness—of interventions. Advances in civil registration and vital statistics (CRVS) systems have been found to be associated with substantially improved health outcomes, including reduced maternal and child mortality and increased life expectancy.<sup>3</sup>

Although most African countries have laws dictating that deaths should be registered, few put these laws into use. Only eight of the 39 countries in the ECA study allot adequate financing to civil registration systems, and five have no recurrent budget for these systems. Only 11 countries have electronic recording systems at the local level, and only seven have electronic systems that enable health-care facilities to report deaths to local registration offices. Moreover, even among the few countries that systematically record deaths, many lack mechanisms to ensure that the data reaches health policymakers.

A first step to rectifying the deficit is to strengthen the political will that will be required if increased widespread death registration coverage is to be achieved. People working within health or statistics institutions should explain to African policymakers that reliable mortality data will improve their policies’ effectiveness, achieve cost efficiency, and enable policymakers to demonstrate to donors that their investments are targeted towards the areas where they will have the biggest effect. Donors themselves also need to be apprised of the benefits—investment in CRVS systems has traditionally been neglected in favour of interventions with more obvious and immediate benefits,<sup>4</sup> but those interventions will be less effective if their effect on mortality is not measured.

Policymakers will also need to be trained to use mortality data to guide their interventions. Local technical

and administrative staff will need to be hired and trained to record deaths and causes of death and to feed that information into national CRVS systems. Physicians, too, might require additional training to identify and log causes of death,<sup>5</sup> and data analysts will need to be trained to examine, report, and explain the data to policymakers.

Bringing vital and civil registration closer to the people will assist in achieving greater coverage. Several African countries charge citizens who wish to acquire death certificates, thereby reducing the likelihood of citizens acquiring beneficial documentation.<sup>2</sup> Registration of deaths and recording cause of death is less common in rural than in urban areas, and in informal settlements in towns and cities. Public education campaigns that highlight the value of registering deaths should be accompanied by measures to incentivise registration and to make registration easier, including online platforms, mobile registration services, and locating services in rural and urban settings. Verbal autopsies, whereby people close to the deceased help identify the cause of death in cases when a physician has not been available, also depend crucially on the engagement and education of citizens.

African countries have made progress in registering births in the past decade, with coverage increasing from 40% in 2012 to 57% in 2015.<sup>2</sup> Registration of deaths, however, has remained stagnant. The impressive advances in birth registration coverage show that rapid progress is possible—that coverage should now be extended to deaths.

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