THE LANCET

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: AbouZahr C, de Savigny D, Mikkelsen L, et al. Civil registration and vital statistics: progress in the data revolution for counting and accountability. *Lancet* 2015; published online May 11. http://dx.doi.org/10.1016/S0140-6736(15)60173-8.

Box: Outline of Philippines CRVS strategic improvement plans

The Philippines conducted a comprehensive review of the civil registration and vital statistics system in 2009–10, using the framework developed by the University of Queensland and WHO. The assessment identified specific gaps and weaknesses in the systems, particularly in relation to the cause-of-death information. Following the recommendations of the stakeholder groups that carried out the assessment, the following recommendations for improvement were agreed by consensus.

National legal framework for vital statistics

- Lobby for approval of pending proposed bills on civil registration;
- Campaign for increased budget on civil registration at the local government unit (LGU) levels;
- Strengthen Administrative Order and Rules for civil registration units at the LGU level;
- Enforce compliance with the local government code of 1991 on civil registration.

Registration practices, coverage and completeness of registration

- Conduct orientation and training of medical officers, hospital administrators and other stakeholders on civil registration and vital statistics;
- Establish registration protocols, guidelines, and procedures for each sector including private and public hospitals, Municipal Health Offices and other institutions;
- Conduct an information campaign on registration focused on marginalised populations (eg
 Muslim population, Indigenous Cultural Communities, Indigenous Peoples and Children In Need of Special Protection) and poorer provinces;
- Lobby for free registration of timely registered documents;
- Carry out research on registration coverage and completeness by province and by sector (depressed areas, marginalised populations).

Forms and data quality

- Conduct an assessment of data quality using hospital records and the National Statistics Office's Decentralized Vital Statistics System database;
- Develop methodologies to check data quality and apply adjustment techniques for cause-ofdeath data;
- Conduct a study on the patterns of cause-specific mortality (diseases to be identified by a technical working group);
- Develop mechanisms to keep medically and lay reported data separated to improve the quality of data.

Data storage, tabulation, access and dissemination

- Make presentations to the mayors of LGUs to clearly define functions of a Local Civil Registrar
 Office with regards to timeliness and completeness of submission of civil registry documents;
- Support the National Statistics Office (NSO) in identifying ways to improve the timeliness of the Vital Statistics Report;
- Promote the electronic Civil Registration Information System (CRIS) to LGUs, hospitals and other related institutions;

- Tabulate statistics on specific place of occurrence of the vital event (hospitals, health institutions, home, etc) and expand the number of age groups;
- Motivate LGUs in cities to purchase computers using their own resources and develop resource mobilization schemes in order to facilitate data storage and transmission to NSO;
- Offer continuing training to LGU staff in civil registration procedures and use of electronic systems.

International Classification of Diseases (ICD-10)

- Offer training on ICD-10 and related topics (eg verbal autopsy, completion of death certificate form) for staff of the Ministry of Health, Local Civil Registration Officers, Medical Records Officers, Provincial Statistical Office staff;
- Include introduction to death verification and ICD-10 in medical and paramedical curricula;
- Conduct evaluation of the quality of ICD-10 coding;
- Develop a guidebook and quick reference guide on certification of cause of death for doctors;
- Conduct an evaluation of the quality of medical certification on death certificates;
- Organise a nationwide launch of the new death certificate form.

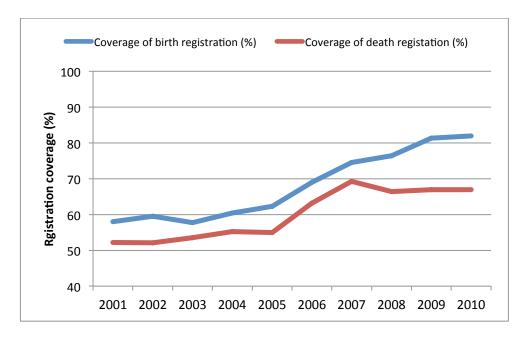


Figure 1

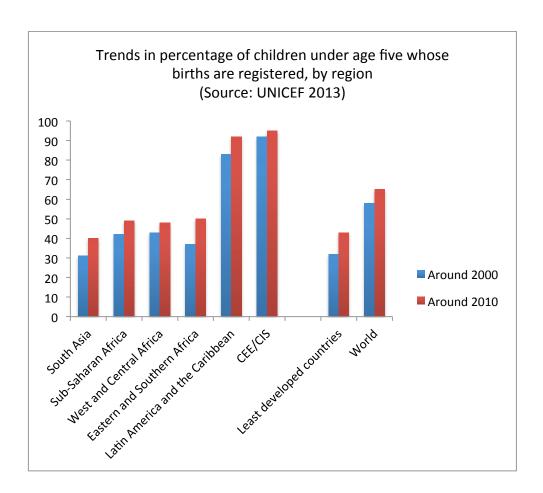


Figure 2