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## **Improving the Civil Registration System and Vital Statistics in SEAR, a Case Study of Timor-Leste**

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**Ladies and Gentlemen,**

As we all know Civil Registration Systems are used to record vital events – including births, deaths and marriages – and they have the potential to serve as the main source of national vital statistics. However, in many developing countries, civil registration and vital statistics systems are weak or non-existent. As a result, key demographic, fertility and mortality statistics are not available on a continuous basis and in many cases the Civil Registration System do not cover large segments of the population. It is important to underscore that Vital Statistics when complete is the cornerstone of a country’s health information system.

If continuous and complete information on the number of births and deaths, and on sex, age and “cause of death”, is not available, achieving real progress towards the fundamental goal of health systems of keeping people alive and healthy for longer is out of reach.

In Timor-Leste, the Government has initiated efforts to strengthen the Civil Registration System and produce Vital Statistics; we reviewed the system and identified issues which are relevant to the objectives of this session. Issues identified in our process to strengthen Civil Registration and Vital Statistics may be grouped into 4 areas, 1) Need for an assessment to know the status and then plan appropriately, 2) Coordination of the various registration agencies and development partners so as not to concentrate on one vital event at the expense of the other events, 3) Capacity to analyze, publish and utilize vital statistics, 4) Develop and use the International Classification of Diseases – it is very complicated especially when coding causes of death, and lastly (5) the need for Study Tours among the countries in Southeast Asian Region (SEAR) so that each country can learn from each other.

Let me take few minutes to expand on each issue:

- 1. A first step in addressing Civil Registration System and Vital Statistics is to undertake a review of current status with a view to identifying areas requiring improvement and prioritizing actions.**

For example, In Timor-Leste, in response to growing recognition of important role of high quality birth, deaths and causes of death statistics in public health decision-making, the Ministry of Health of Timor-Leste felt the necessity to carry out an assessment of the existing Vital Registration System (VRS) in 2010. The Government therefore worked with World Health Organization (WHO), the Regional Office in New Delhi provided technical assistance for the assessment of the Vital Registration and vital statistics systems. The assessment revealed low coverage of deaths compared to births in the country; it also showed that departments and development partners in are pulling in different directions. This pointed on the need to develop Strategic Plan for the Civil Registration and Vitals Statistics in the country.



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**2. Better Coordination of stakeholders in Civil Registration and Vital Statistics: (births, deaths and marriages vs. generation of data)**

In 2008, the MOH along with the support of the WHO established a pilot project in Manatuto (one of the 13 districts) to record births and deaths, after initial success of a few months, it became clear that if Timor-Leste was going to have a robust vital registration system, it would have to be the result of a coordinated effort and that the onus of this could not be placed on any single stakeholder.

Currently vital registration comes under the jurisdiction of the National Directorate of Civil Registration and Notary, under the Ministry of Justice. At present there are 13 civil registration offices, one in every district. However, the focus thus far has remained on birth registrations, but going forward an equal effort needs to be made to register deaths and capturing cause of death data.

The Ministry of Justice wants to eventually expand offices to sub-districts, so that people in remote areas have better access however, mobile registration currently serves to fill the gap in the interim.

A Memorandum of Agreement to boost birth registration between 5 institutions has been signed and is an indicator of strong political will at the top level, every effort needs to be made to ensure this percolates down to the grassroots level.

Under the Indonesian rule, formal birth registration had negative consequences because of its association with the ruling authority, thus registration through baptism was more widely practiced. Baseline figures from January to May 2003 showed that only 1,540 people were officially registered and just two of them were infants. Since then, with the efforts of the MOJ, and strong support from UNICEF, advocacy and birth registration campaigns have made significant progress, registering 60,000 children in the February 2011 campaign alone.

Though the signs look promising all the stakeholders involved need to continue to make a concerted effort to work in collaboration to achieve complete birth and death registration. Death registration and cause-of-death certification are identified as key areas requiring immediate attention. Some simple strategies like conducting death registration alongside birth registration during mobile registration campaigns, or the use of SISCa (Community Health Provision Strategy) workers as notifiers of deaths can help bolster the number of deaths registered.

Further, establishing an inter –agency committee with members from the MOJ, MOH, Ministry of State Administration, NSD, the Church and NGO's is in the process of being established to formulate priorities and monitor progress of CRVS on an ongoing basis.



### 3. Processing of Vital Statistics

Vital Statistics is another priority area, that has remained untapped thus far, and with the involvement of the National Statics Directorate the benefits of reliable vital statistics from continuous civil registration data for public health policy planning and resource allocation can be accrued. Vital statistics are a valuable by product of an already established civil registration system infrastructure. With a marginal additional investment vital statistics can pave the way for evidence-based policies making and more accurate monitoring of demographic trends cross-sectorally. At present the processing and utilization of vital statistics in Timor is low and most of information are based on Census, household based surveys and Health Management Information System.

### 4. Developing capacity on International Classification of Diseases (ICD) coding in country

There must be a strong emphasis to be laid on developing ICD coding capacity in Timor-Leste, the MOH, has initiated some steps in this direction in the past, but going ahead a more full-fledged mechanism based on ICD coding standards and procedures needs to be strengthened.

### 5. Study Tour or exchange of ideas between countries

We need to encourage study tours between Southeast Asian Region (SEAR) countries; undertaken by members from all relevant agencies. This will allow for first hand witnessing of the functioning of all aspects of a well-established system. Lessons learnt can be shared and innovative solutions developed by other SEAR countries can be replicated to suit the sources country.

### In conclusion

The importance of both the registration and vital statistics are so key to the development of our country. We must therefore discuss ways of ensuring complete coverage and timely generation of vital statistics for effective decision making.

Thank You.

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