

Civil Registration, Vital Statistics and Identity Management (CRVSID)

Legal and Regulatory Review Toolkit

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ABOUT THE BLOOMBERG DATA FOR HEALTH INITIATIVE

The World Health Organization estimates that 65% of all deaths worldwide — 35 million each year — go unrecorded, and millions of deaths lack a documented cause. Many records do not provide medically accurate or specific information regarding the cause of death. Without this information, government officials, public health leaders and funders cannot make informed decisions on priorities, including how and where to direct public health resources.

Funded by Bloomberg Philanthropies and the Australian Department of Foreign Affairs and Trade, the Data for Health Initiative seeks to address this issue and works to improve public health data so that governments, aid organizations, and public health leaders are equipped with the tools and systems to collect and use data to prioritize health challenges, develop policies, deploy resources, and measure success.

ABOUT THE GLOBAL HEALTH ADVOCACY INCUBATOR

The Global Health Advocacy Incubator supports civil society organizations in advocating for evidence-based policies to improve public health and decrease death and disease. This mission is accomplished by providing training and technical assistance for existing organizations working on public health policy, identifying new partners where needed, and assisting in the development and implementation of strategic advocacy campaigns to promote the adoption and implementation of public health policies.

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Vital Strategies is a global public health organization working to address the most challenging health issues to improve quality of life for people around the world. An affiliate of the International Union Against Tuberculosis and Lung Disease, Vital Strategies is an implementing partner in the Bloomberg Data for Health Initiative.

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Funded by Global Affairs Canada and the International Development Research Centre, the Centre of Excellence supports efforts to develop, strengthen, and scale-up CRVS systems. It contributes directly to the work of the Global Financing Facility. Opinions expressed herein are those of their authors, and do not necessarily represent the views of the Centre of Excellence or its partners.

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INTRODUCTION

This toolkit consists of ten (12) chapters. A legal review conducted with this toolkit can be customized by completing the chapters that are relevant and of interest to the stakeholders of a country's CRVSID systems. However, some chapters are generally applicable to all CRVSID systems and should be completed by all reviewers. Specifically:

Chapter 1 explains the purpose, scope and methodology of the legal review. All reviewers should read this chapter.

Chapter 2 addresses the enabling environment for CRVSID systems. All reviewers should complete this chapter, as it is important for any assessment of civil registration, vital statistics and/or identity management systems.

There are two versions of **Chapter 3**. One version assesses the structure of the civil registration authority alone (**Chapter 3A**). Another version assesses the structure of the civil registration and identity registration authority(s) (**Chapter 3B**). Reviewers should complete the version appropriate for their country; i.e., complete Chapter 3A if your country does not maintain a national ID system¹, or complete Chapter 3B if your country does maintain a national ID system.

Chapter 4 addresses registration of birth, death, and foetal death, **Chapter 5** addresses stillbirth reporting and registration, and **Chapter 6** addresses determining and certifying cause of death. All reviewers should complete these chapters, as they provide best practices that are fundamental to the efficient and effective operation of CRVSID systems.

Chapter 7 addresses registration of marriage and divorce and may be completed if a country is interested in assessing these areas of the legal and regulatory framework.

Chapter 8 addresses best practice that are fundamental to production of complete and comprehensive vital statistics. All reviewers should complete this Chapter.

Chapter 9, on identity management, and **Chapter 10**, on populations registers, should be completed if a country maintains a national ID system and/or a population register. If a country maintains civil registration and vital statistics systems alone, and does not maintain a national ID system and/or a population register, reviewers may skip the chapters on these topics.

Chapter 11 addresses personal privacy and data protection. All reviewers should complete this chapter, as issues of personal privacy and data protection apply to all information captured by civil registration, vital statistics, and national identity management systems.

Chapter 12 addresses medicolegal death investigations (MLDI). This chapter should be completed if a country is interested in strengthening, reforming or evaluating their MLDI system, whether that system is led by coroners, medical examiners systems, or the police.

The table below serves as a quick guide for reviewers.

| Chapter | Title | Reviewers |
|---------|--|---|
| 1 | Purpose, scope and methodology for a CRVSID Legal Framework Analysis | All |
| 2 | Enabling Environment | All |
| 3A | Structure of the Civil Registration Authority | Reviewers in countries with Civil Registration (and no National ID) |

¹ A national identification system is a foundational identification system that provides national IDs - often in the form of a card - and potentially other credentials. Foundational ID systems provide general identification and credentials to the population for public administration and a wide variety of public and private sector transactions, services, and derivative credentials. Foundational ID systems are distinct from functional ID systems, which are created for a particular service or transaction - such as voting, tax administration, social programs and transfers.

| | | |
|----|--|---|
| | | system) |
| 3B | Structure of Civil Registration and Identity Management Agencies | Reviewers in countries with Civil Registration and a National ID system |
| 4 | Registration of Birth and Death | All |
| 5 | Stillbirth Reporting and Registration | |
| 6 | Determining and Certifying Cause of Death | All |
| 7 | Registration of Marriage and Divorce | If applicable |
| 8 | Production of Vital Statistics | All |
| 9 | National ID System | If applicable |
| 10 | Population Register | If applicable |
| 11 | Personal Privacy and Data Protection | All |
| 12 | Medicolegal Death Investigations | If applicable |

Chapter

01

Purpose, Scope and Methodology for a CRVSID Legal Framework Analysis

1. Purpose of a Legal Analysis

The United Nations describes civil registration as “the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population as provided through decree or regulation in accordance with the legal requirements of a country.”² Civil registration serves three important functions: 1) a legal and administrative function, which consists of registering vital events, keeping records that constitute the source of civil status, and issuing certificates that provide proof of that civil status; 2) a statistical function, whereby registration offices collect information on vital events that is the basis of the country's vital statistics, and 3) an identity management function, whereby civil registration provides continuous and accurate input into an identity management system or population register.³

A country's civil registration system must have complete coverage, accuracy, and timeliness to generate quality vital statistics for informed public policy and planning purposes. Currently, many low- and middle-income countries (LMICs) fail to achieve adequate levels of coverage, completeness, and timeliness to generate quality vital statistics.

Identity management refers to producing legally valid proof of identity to each individual and maintaining systems for managing information and documents associated with one's identity, often including individual biometrics. Like civil registration, identity management systems must be continuous and permanent to be effective, and should be universal, in that everyone in the population of the country should have the right to register for and obtain an identity credential or some other means to prove their legal identity. However, unlike civil registration, identity registration and obtaining of an identity credential is not compulsory in all countries. Under the UN model, civil registration should form the basis for establishing and retiring a legal identity.

Civil Registration, Vital Statistics, and Identity Management (CRVSID) responsibilities can be scattered across a range of ministries and agencies that may not coordinate sufficiently or understand the role of other stakeholders in the systems. Among the potential contributing factors to this situation are sub-optimal laws, regulations, standard operating procedures, or other rules that govern the multiple practices that comprise functioning CRVSID systems.

A strong legal framework is the foundation from which well-functioning CRVSID systems are built, and is a necessary step toward achieving universal, permanent, and continuous coverage for civil and identity registration. Undertaking a CRVSID legal review to ensure compliance with international best and good practices is a means to catalyze improved efficiency, security and demand for CRVSID services. Potential benefits include strengthened governance and coordination amongst stakeholders, inclusion in government and private sector services, as well as better health outcomes and life expectancies for the population. It is critical for country stakeholders to understand the legal and regulatory environment related to CRVSID systems given: (1) the multiplicity of stakeholders involved in typical CRVSID systems, (2) the complexity of CRVSID systems and processes, (3) the legal implications of certified vital event information and identity credentials, and (4) the crucial population and health statistics derived from civil registration data.

A review of the existing legal and regulatory environment is therefore advisable before reforming CRVSID systems, or any individual component of a country's CRVSID systems, in order to:

- improve stakeholder's understanding of their CRVSID systems' design, strengths, and weaknesses;
- identify possible improvements to the CRVSID systems that can be made under existing regulatory authority; and
- reform laws and regulations to achieve best practices and align with international

² United Nations, *Principles and Recommendations for a Vital Statistics System*, Revision 3, New York, 2014. Para. 279.

³ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, United Nations, 2019, at paragraph 53-62.

standards.

This toolkit provides a guide for analyzing the existing CRVSID legal framework to identify legal obstacles and opportunities. Even though CRVSID systems across countries should serve the same principal functions, every country has developed somewhat different approaches based on its structure, history, and culture. Countries also differ in their CRVSID organization, implementation, processes, scale, partners, and capacities. This toolkit attempts to provide a standardized methodology to capture and evaluate this range of approaches and needs. While the toolkit was designed primarily for analyzing the national laws of LMICs, it can be used to analyze any country's CRVSID systems.

This toolkit allows attorneys and policymakers with differing knowledge of and experience with CRVSID systems to evaluate these complicated systems in accordance with recommended good and best practices and international standards. The toolkit was designed to balance depth, comprehensiveness, ease-of-use, and time to complete. The toolkit provides concise explanations of best practices and good practices and specific guidance on how to evaluate compliance with them. These best and good practices were distilled from publications from the United Nations, the World Health Organization, the World Bank, and other international bodies, which are cited throughout. The results of a CRVSID legal review will allow stakeholders and technical experts to identify strategies for reforming CRVSID systems, or any component of these systems, and distinguish those improvements that can be implemented under current authority from those that require adoption of new legislation.

True reform of CRVSID systems requires many phases of work that extend beyond the scope of this toolkit. With respect to the CRVSID legal framework, these additional phases include, at a minimum, drafting new laws or regulations, advocacy to enact new policies, and implementation of these new policies. Guidance on those additional phases is not included within this toolkit; however, this CRVSID legal review toolkit anticipates, and serves as a basis for, those additional phases of work. This toolkit can be used for developing or enacting national strategic CRVSID plans to pinpoint legislative gaps and opportunities for strengthening CRVSID systems.

2. Scope of the legal analysis

This CRVSID legal toolkit is intended to guide in a comprehensive evaluation of the legal framework of civil registration, vital statistics and ID management systems.⁴ Therefore, the review focuses on key issues involving registration of births, deaths (including determining and certifying causes of death), stillbirths, marriage (including domestic partnerships and civil unions), and divorce (including judicial separation, annulment and other types of dissolution of marriage). This review is also intended to guide a review of some key concepts and evolving international good practices in national identity management, including identity registration, authentication and retirement, with a particular focus on civil registration providing the basis for national identity management. In addition, the review evaluates foundational issues that are crucial to functioning CRVSID systems, including laws related to the enabling environment, the structure of the civil registrar and identity management agencies, production of vital statistics, and personal privacy and data protection and technology.

Note: while this toolkit guides a review of important concepts and evolving good practices in national identity management and personal privacy and data protection, a thorough review of all aspects of digital identity management systems and privacy protection is beyond the scope of this toolkit. Reviewers interested in highly technical evaluations of technology and security requirements and the corresponding legal issues should seek additional resources.⁵

⁴ For purposes of this toolkit, the term "legal framework" includes laws and standard operating procedures. The term "law" includes any legally binding measure, including constitutional provisions, legislation, regulations, decree, ministerial orders, official instructions to government agencies, judicial orders, international treaties, and any other document with the force of law. The term "standard operating procedures" includes employee manuals, agency instructions, and any other guidelines issued by agency heads regarding standard procedures and processes.

⁵ For a more thorough review of a country's legal and regulatory enabling environment for digital identification (ID) systems, please

3. Preliminary steps before conducting the legal analysis

For this legal review of CRVSID systems to be most effective, high-level officials from all the relevant government agencies should endorse the process. These participating agencies might include the civil registrar, national statistics agency, health agency, and identification agency. At a minimum, these agencies should commit to sharing their policies with the legal reviewers and participating in a discussion of the results of the legal analysis.

The analysis itself should be assigned to a skilled attorney or team of attorneys. These attorneys or legal experts should work closely with stakeholders and legal staff from institutions with responsibility for CRVSID systems. The work should be led by an attorney with strong knowledge of and experience in the constitutional structure, administrative system, and policy-making procedure of the country. Actual experience with the laws at issue is helpful, but not required. The material in the toolkit is designed to be self-taught and self-led, so it requires minimal oversight or previous knowledge of CRVSID systems. If necessary, the reviewers can consult with specialists in particular areas of law, such as electronic security, family law, or police and hospital procedures.

The lead attorney(s) should have access to all relevant government agencies and other stakeholders to gather formal rules and informal practices that will be relevant for the review. Agencies should also share previous legal reviews that have been conducted on the CRVS system, as well as any strategy documents, business process maps, or other non-legal materials that might aid the review process.

4. Process and methodology

This section will outline the recommended seven-step process for legal reviewers. Reviews usually take between three to six months, depending on (1) the size of the legal team, their experience, and time they can dedicate to this work, (2) the complexity of the current legal framework, and (3) the ability to find and access all relevant laws. The timeline of working days provided below is an estimate, to assist with time management.

As noted above, we strongly recommend that relevant government agencies formally endorse the review before beginning the process. We also recommend gathering relevant stakeholders together at the conclusion of the review to discuss the results and recommend improvements.

Review Process for Legal Framework Analysis*

Step 1: Read source documents and background information (2-5 working days)

Step 2: Learn glossary of key terms (1-3 working days)

Step 3: Collect all relevant laws using research log (5-20 working days)

Step 4: Upload all relevant laws to a central folder (1 working day)

Step 5: Review laws against best practices (30 -60 working days, depending on scope of review)

Step 7: Draft and revise a final report (5-15 working days, depending on scope of review)

**All time estimates are approximations.*

STEP 1: Read source documents and background information (Approx. 2-5 working days)

Reviewers should read this entire toolkit, which is based on international standards from key source

see the World Bank Identification for Development (ID4D) diagnostic tool, ID Enabling Environment Assessment (IDEAA), which can be found at: <http://id4d.worldbank.org/legal-assessment>

material, before beginning the legal analysis. Reviewers should also read these three key documents, which are the source of many of the international standards presented in this document:

- ❖ [United Nations, Principles and Recommendations for a Vital Statistics System, Series M No. 19/Rev.3. \(New York, United Nations Department of Economic and Social Affairs, 2014\)](#)
- ❖ [United Nations, Guidelines on the Legislative Framework for Civil Registration, Vital Statistics and Identity Management \(New York, United Nations, 2019\)](#)
- ❖ [World Health Organization, WHO Resource Kit: Strengthening civil registration and vital statistics for births, deaths and causes of death \(Luxembourg, World Health Organization, 2010\)](#)

For other background reading, see the Appendix, which contains a bibliography of source documents and other recommended background reading material.

STEP 2: Learn glossary of key terms (Approx. 1-3 working days)

Reviewers will require working knowledge of these key terms and their internationally standardized definitions for accurate collection and analysis of CRVSID legislation. The Appendix of the U.N. Principles and Recommendations for a Vital Statistics System contains a glossary of key terms that are relevant for a CRVSID legal review. Note that terms currently used in a country might vary greatly from the standard definitions.

STEP 3: Collect all relevant laws and standard operating procedures using a research log (Approx. 5-20 working days)

Reviewers will collect all laws and standard operating procedures that are relevant to CRVSID systems. Once the laws have been collected, review the collections for completeness. Occasionally, during the course of a legal review, a reviewer may realize that some information is missing and need to do additional research. While this may happen, reviewers should strive to have as complete a collection of laws as possible before starting the legal review. This will increase the speed and accuracy of the review, and will allow a team of reviewers to work on different parts of the review simultaneously. If new laws are added during the course of the reviewed, they should be uploaded as described above.

Note on the use of the term “law” and “standard operating procedures”: Throughout this toolkit, the term “law” includes any legally binding measure, including constitutional provisions, legislation, regulations, decree, ministerial orders, official instructions to government agencies, judicial orders, international treaties, and any other document with the force of law. When referring to only those acts approved by the legislature, the term “legislation” or “act” is used. The term “standard operating procedures” includes employee manuals, agency instructions, and any other guidelines issued by agency heads regarding standard procedures and processes.

A comprehensive understanding of the legal and constitutional foundation of a country’s CRVSID systems is essential for interpreting the roles and responsibilities of CRVSID government agencies and non-governmental stakeholders; each institution’s processes, administrative architecture, and geographic scope; and multi-sectorial coordination in the CRVSID systems.

While most rules regarding civil registration and identity management systems are often contained in a small handful of laws and regulations (often a Birth and Death Registration Act, National Identity Registration Act, Statistics Act, and their respective regulations), there are likely to be dozens of other laws that will affect the functioning of civil registration and identity management. It is critical to collect and analyze every law before analyzing the system.

The checklist below serves as a guide to help ensure all relevant laws have been included in the review.

GOVERNMENT ADMINISTRATION

Constitutional Provisions
Government Organization

Civil Procedure and Civil Code
Local Government/Autonomy
Administrative Procedures
Criminal Procedure and Penal Code

Code of Conduct of Government Officials
Judicial Enforcement
Budget
Court Administration

INITIAL INFORMATION COLLECTION

Family, Family Registration and Paternity
Identity Management
Nationality, Residence and Immigration
Burial, Cremation, and Funeral
Education or Student Registration
Police Rules for Unnatural/Accidental Deaths
Emergency/Disaster Procedures

MEDICAL PROCEDURES AND RULES

Government/Private Hospital Manuals
Medical Board Training Requirements and Procedures
Medical School Curriculum
Coroner, Autopsy, or Inquest Procedures
Hygiene and Disease Prevention
Laws on Specific Diseases, such as HIV/AIDS
National Health Care/Insurance

INFORMATION MANAGEMENT AND DATA PROCESSING

Personal Privacy and Data Protection laws
Electronic Government Rules

Telecommunications Act
Digital Signature
Notary Offices
Certificate of Seal Imprint
Civil Information Management
Public Security

USES FOR CRVS INFORMATION

Statistics or Censuses
Inheritance and Property Rights
Access to Education
National and Local Tax Collection
Military Service
Social Security and Pensions
Emigration and Immigration
Voting and Elections
Registration of Real Estate
Labor/Employment
Access to Banks/Telecom

OTHER CONSIDERATIONS

International Treaties, including Human Rights treaties
National/Regional Human Rights
Religious Freedom
Protection of Rights of Children
Protection of Rights of Women

It is recommended to use a daily research log to record search strategies throughout each legal research session. Use of this research log will ensure all relevant laws have been collected and organized to improve accuracy and speed of the later review. For reviewers working in teams, sharing this research log regularly (at least once a week) with the other reviewers will assist with the sharing progress, avoiding duplication, and highlighting innovative search terms.

The following is recommended information to include in the daily research log:

- **Resource searched:** Write the name of the resource searched, including official websites, academic libraries, government offices, secondary sources, etc. It is important to be specific and provide hyperlinks to websites.
- **Day researched:** Enter the date the reviewer checked the source to allow the team of reviewers to know the last day the source was reviewed.
- **Search terms used:** If specific search terms to look for a law are used, these should be documented, even if the search terms were unsuccessful. This will help determine which search terms are the most effective. If no search terms were used, write "N/A."
- **Law(s) found:** Write the short title of each law found through the search and include the effective date of the law, if known. This will be important for laws that have undergone multiple amendments.
- **Relevant provisions of law:** Briefly describe which section(s) of the law are relevant to this work and why. For example, "Law 123 is the primary law on birth and death records." Or "Chapter 22 references use of birth certificates for school registration." These descriptions do not need to be especially detailed, but will serve as a reference to know which laws are relevant to which sections of the review. If the laws need to be translated, this will also help determine which provisions to

translate.

- **Related best practice:** Each of the best practices in this toolkit is numbered within each chapter. When a legal provision is related to a best practice, record the chapter and number of the corresponding best practice. This will help quickly identify the relevant provisions later in the review process.

Step 4: Upload all relevant laws to a central folder (Approx. 1 working day)

It is recommended that the reviewers, especially those working in a team, save all the laws and other material in a central electronic folder to permit ease of access. Online tools like DropBox and Google Drive offer inexpensive file sharing for multiple users. A standardized labeling format for saving the laws is recommended, as this will allow easier sorting and organization of the many of laws and amendments that are typically involved in a CRVS system. Files should be saved in the following format:

Country_YYYYMMDD_Short Title of Law_DRAFT_Language_Translation.filetype

Below is a key that explains each component of this format:

1. Country: Use the short title of the country name. For example, state the country name as "China" not "The People's Republic of China". Sub-national laws should be saved in a separate folder under each country. For sub-national laws add the region following the country name; for example, "Russia_Chuvasia".
2. Date: Use the enactment date. Usually, this will be the day the law was officially published. For some laws, you may only know the year or month – please include as much information as you have. If no enacted or published date can be easily determined, please leave this section blank. Use the "YYYYMMDD" format
3. Short Title of Law: Use a short, yet understandable, title of the law. Please include the type of law (e.g. law, constitution, regulation, gazette, etc). If the legislation is numbered, please include the number as well. For example, "Law 4256 on Public Health" or "Law 102/2001 on Civil Registration".
4. Draft or Final: Usually, only finalized laws will be analyzed; however, if there are relevant laws that are not final, for whatever reason, please label them: DRAFT. Otherwise, leave this section blank.
5. Language and Translation: Designate the language using an ISO 639-1 two-letter language code. A list of codes is available at: http://www.loc.gov/standards/iso639-2/php/code_list.php. For example, EN (English), ES (Spanish), FR (French), ZH (Chinese). If the file has been translated from the original language into English, write whether it is an official or unofficial translation. Example: EN (English_unofficial)
6. File type: Designate the file suffix. For example, For Microsoft Word file (.doc or .docx), for Adobe Acrobat (.pdf)

Examples:

- Canada_Alberta_20000719_Product Info Regs_EN.pdf
- Turkey_20080516_Circular 2008/6_EN_unofficial.doc
- Russia_200106_CRVS Law_RU.pdf
- Bangladesh_2010_Road Safety Amendments_DRAFT_BN.doc

STEP 5: Review laws against good and best practices (Approx. 30-60 working days)

Once the collection of laws is complete, organized, and up-to-date, reviewers should begin evaluating the laws against good and best practices through completion of the toolkit.

Each chapter describes in detail best practices or good practices (if there is no consensus on "best" practice), with guidance for reviewers on how to evaluate current practices against these international standards. For each of the sections in each chapter that is completed, reviewers will:

- (1) describe the current processes and procedures, as addressed in the guidance;
- (2) identify any legislation or other relevant laws (including decrees, orders, standard operating procedures) on the topic, providing pincites⁶ to relevant provisions; and
- (3) evaluate whether the legislation and other laws align with good or best practices, and provide recommendations on how challenges or gaps may be addressed.

STEP 6: Draft and revise a final report (Approx. working 5-15 days)

Based on the needs of the government and stakeholders, reviewers should draft a narrative report of the findings of the review. The report should be tailored to the circumstances of each country and may not need to include every issue raised in the legal analysis framework. The report should describe the CRVSID systems and highlight major differences between the country's CRVSID legislative framework and international standards, as outlined in this toolkit. The report should explain any legal obstacles to aligning the CRVSID systems with international standards and present potential opportunities for improving the CRVSID systems. The report should clearly explain which government agency or agencies, if any, have existing authority to make the suggested improvements within the existing CRVSID legislative framework. If the improvement can only be made through legislative amendment, the report should note that as well.

⁶ A "pincite", also known as a pinpoint citation, directs readers to the specific portion (e.g., page, section, article, footnote) of a source that supports the stated proposition.

Chapter

02

Enabling Environment

Why it is important:

A country's enabling environment for its civil registration, vital statistic and identity management (CRVSID) systems — including the legal, organizational, and financial foundations — directly affects the capacity of CRVSID systems to achieve their basic functions. The key elements of a strong enabling environment described in this chapter must be in place for relevant CRVSID stakeholders to effectively perform their complementary roles. [Note: this section is relevant and should be completed even if a country does not have an ID system and is reviewing only CRVS systems.]

Introduction

A strong legal framework enables efficient and effective operation of the CRVS systems. A strong legal framework should have the following components and/or address the following issues: 1) Definitions of vital events should be unambiguous and accord with recommended United Nations definitions; 2) the roles and responsibilities of all stakeholders involved in civil registration should be clearly established; 3) key stakeholders should have rule-making authority to set standards for consistent practices across the country and to respond to changing needed of the system; 4) a coordination committee with representation of all stakeholders should be permanently established; 5) stakeholders should have a source of sustainable funding to carry out key functions; 6) the use of technology to register, store and transfer information should be permitted; and 7) the technology used by key stakeholders should be interoperable.

1. Vital Events captured and defined

Best Practice: Records of vital events are critical sources for the production of vital statistics.⁷ Vital events may include live births, deaths, foetal deaths, marriages, divorces, annulments, judicial separations, adoptions, legitimations, and/or recognitions.⁸ In considering the improvement of performance of civil registration and vital statistics systems, top priority should be given to registration of live births and deaths, including causes of death, followed closely by foetal deaths.⁹

Clear definitions are required to establish a system for collecting high-quality data. Definitions should align with international standards; this will help countries track development progress and meet international reporting requirements.

The UN definition for each vital event is provided below.

*UN Definitions:*¹⁰

Live Birth: "The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or any definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached."

Death: "The permanent disappearance of all evidence of life at any time after live birth has taken place (post-natal cessation of vital functions without capability of resuscitation)." This definition therefore excludes foetal deaths.

Foetal death: "Death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy. The death is indicated by the fact that after such separation the foetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles."

Marriage: "The act, ceremony or process by which the legal relationship of spouses is constituted." The legality of the union may be established by civil, religious or other means as recognized by the laws of each country. Countries may wish to expand this definition to cover civil unions if they are registered; in

⁷ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 27.

⁸ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 2.

⁹ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 30, 291.

¹⁰ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 2.

that case, registered partnership usually refers to a legal construct, registered with the public authorities according to the laws of each country, that leads to legal conjugal obligations between two persons.

Divorce: "The final legal dissolution of a marriage, that is, that separation of spouses which confers on the parties the right to remarriage under civil, religious and/or other provisions, according to the laws of each country." In case a country recognizes registered partnerships, a legal dissolution of a registered partnership refers to the legal final dissolution of such a partnership, according to national laws, conferring on the parties the right to reenter into another partnership or marriage.

Annulment: "The invalidation or voiding of a marriage by a competent authority, according to the laws of each country, which confers on the parties the status of never having been married to each other."

Judicial separation: "The disunion of married persons, according to the laws of each country, without conferring on the parties the right to remarry."

Adoption: "The legal and voluntary taking and treating of the child of other parents as one's own, insofar as provided by the laws of each country."

Legitimation: "The formal investing of a person with the status and rights of a person born in wedlock, according to the laws of each country."

Recognition: "The legal acknowledgement, either voluntarily or compulsorily, of the paternity of a child born out of wedlock."

Guidance: For each vital event, state whether the event is recorded by the civil registration system and if the vital event is defined in the law. If defined, indicate whether the definition aligns with the UN definition. Provide the law citation for the definition and include the language of the definition. If the vital event is defined in multiple places, cite relevant laws and indicate whether the definitions are identical. In the comments section, provide any recommended action to align the law with best practice.

a. Live Birth:

Recorded by CR System? ___Y / ___ N

Defined in Law? ___Y / ___ N

Definition aligns with UN Definition? ___Y / ___ N

Definition:

Citation:

Comment:

b. Death:

Recorded by CR System? ___Y / ___ N

Defined in Law? ___Y / ___ N

Definition aligns with UN Definition? ___Y / ___ N

Definition:

Citation:

Comment:

c. Foetal Death

Recorded by CR System? ___Y / ___ N

Defined in Law? ___Y / ___ N

Definition aligns with UN Definition? ___Y / ___ N

Definition:

Citation:

Comment:

d. Marriage

Recorded by CR System? ___Y / ___ N

Defined in Law? ___Y / ___ N

Definition aligns with UN Definition? ___Y / ___ N

Definition:

Citation:

Comment:

e. Divorce

Recorded by CR System? ___Y / ___ N

Defined in Law? ___Y / ___ N

Definition aligns with UN Definition? ___Y / ___ N

Definition:

Citation:

Comment:

f. Annulment (complete if annulment exists in laws of country)

Recorded by CR System? ___Y / ___ N

Defined in Law? ___Y / ___ N

Definition aligns with UN Definition? ___Y / ___ N

Definition:

Citation:

Comment:

g. Judicial Separation (complete if judicial separation exists in the laws of the country)

Recorded by CR System? ___Y / ___ N

Defined in Law? ___Y / ___ N

Definition aligns with UN Definition? ___Y / ___ N

Definition:

Citation:

Comment:

h. Adoption

Recorded by CR System? ___Y / ___ N

Defined in Law? ___Y / ___ N

Definition aligns with UN Definition? ___Y / ___ N

Definition:

Citation:

Comment:

i. Legitimation (complete if legitimation is a concept in laws of country)

Recorded by CR System? ___Y / ___ N

Defined in Law? ___Y / ___ N

Definition aligns with UN Definition? ___Y / ___ N

Definition:

Citation:

Comment:

j. Recognition:

Recorded by CR System? ___Y / ___ N

Defined in Law? ___Y / ___ N

Definition aligns with UN Definition? ___Y / ___ N

Definition:

Citation:

Comment:

2. Roles and responsibilities of government stakeholders

Best Practice: Functioning CRVS systems typically include at least three key stakeholders — the civil registration authority, the national statistics office, and the health sector. If a country has a national identity system, the CRVSID systems will include those three key stakeholder and the identity management authority. In some countries, some of these stakeholders may fall under the jurisdiction of one ministry or agency. For example, the civil registration authority and the identity management authority may fall under the same ministry. In some instances, these functions may even be carried out by the same agency. Other agencies or branches of government may also have a role in CRVSID. For example, the courts may have a role in issuing adoption and divorce orders, approving certain amendments to vital records, notifying the registrar of such events and amendments, and hearing appeals from civil registration and identity registration decisions. The medicolegal authorities (police, coroner, medical examiner) are responsible for reporting, investigating and/or determining cause of death for unnatural or suspicious deaths. Emergency services may report and/or determine cause of manner of death in natural disasters and emergencies.

The legal framework should assign the functions of establishing, operating, and maintaining national civil registration, vital statistics, and identity management systems to a government agency or agencies, and provide a clear designation of duties and responsibilities to the relevant agencies. For civil registration, these duties and responsibilities should include the validation and registration of vital events; storing, safe-keeping and retrieval of vital records; protection of confidentiality; certificate issuing and other customer services; recording and reporting information on vital events for statistical purposes; and reporting information on certain vital events to the identity management system. For vital statistics, these include: collecting, compiling, analyzing, evaluating, presenting, and disseminating vital statistics derived from civil registration data, and providing reliable and timely information and data to other government agencies (and research institutions). And for identity management, these include: enrolling and validating individuals in the identity management system; issuing identity credentials; establishing processes for authentication of identity; and, if authorized, maintaining a continuously updated population register.¹¹

Guidance: List the relevant government agencies that perform the functions listed below, and describe their roles and responsibilities within the civil registration, vital statistics, and identity management systems. In the comments section, note any gaps, opportunities for regulatory reform, or recommendations for clarifying roles and responsibilities.

a. Civil Registration

Name of responsible agency(s):

Roles and responsibilities:

Citation:

Comments:

b. Vital Statistics

Name of responsible agency(s):

Roles and responsibilities:

¹¹ United Nations Guidelines on the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 236

Citation:

Comments:

c. Health Sector:

Name of responsible agency(s):

Roles and responsibilities:

Citation:

Comments:

d. Identity Management (if country maintains a national identity system):

Name of responsible agency(s):

Roles and responsibilities:

Citation:

Comments:

e. Courts:

Roles and responsibilities:

Citation:

Comments:

f. Medicolegal authorities (e.g., police, coroner, medical examiner):

Name of responsible agency(s):

Roles and responsibilities:

Citation:

Comments:

g. Emergency services:

Name of responsible agency(s):

Roles and responsibilities:

Citation:

Comments:

3. Rule-making authority

Best Practice: The legal framework should empower the head of a central government agency or agencies to set standards for the implementation of various operations within the civil registration, vital statistics, and

identity management systems, including notification, registration, and certification of vital events; the subsequent collection, analysis, and production of vital statistics;¹² and registration (enrollment and validation) of identity, issuance of identity credentials, management of identity data, and identity authentication services.¹³ In general, laws should grant rulemaking authority to the head of a central agency or agencies with sufficient flexibility in rulemaking to permit the systems to respond to changing processes and needs.

Guidance: Describe any rule-making authority of the head of the central agency or agencies to oversee operation of the civil registration, vital statistics, and identity management systems, including: reorganizing civil and/or identity registration offices; preparing/approving notification and civil registration processes and documents; issuing directives/SOPs to improve operation and efficiency of local civil and identity registrars, and physicians in the coroner or medical examiner system; participating in the production of vital statistics in cooperation with the national statistics agency; determining identity registration requirements, the form and content of identity credentials and credential systems, and manner of identity authentication; and any other matters. In the comments section, describe any gaps and/or opportunity for regulatory reform.

a. Civil Registration Agency(s)

Describe rule-making authority:

Citation:

Comments:

b. Identity Management Agency(s) (if country maintains a national identity system)

Describe rule-making authority:

Citation:

Comments:

c. National Statistics Agency(s)

Describe rule-making authority:

Citation:

Comments:

d. Other Agencies:

Describe rule-making authority:

Citation:

Comments:

¹² United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 40(e).

¹³ United Nations Guidelines on the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para 177-179, 245.

4. Coordination

Best Practice: Because multiple stakeholders are involved in civil registration, vital statistics, and identity management systems, it is important to have a coordinating mechanism for their activities. Close coordination and collaboration across government agencies facilitates accurate, timely and updated information across databases; aids production of timely and accurate statistics; avoids duplication, errors, or omissions; ensures concepts, definitions, and classifications are consistent nationally, and helps align system processes.¹⁴ This could take the form of an interagency committee, comprising staff members of the agencies involved in the CRVSID systems, which meets at regularly to discuss matters affecting the agencies.¹⁵ Coordination methods may also be included in legislation (for example, empowering a single government agency to coordinate the activities of CRVSID stakeholders and obliging stakeholders to collaborate with the coordinating entity). Any coordinating mechanism should be established on a permanent basis, have clearly defined membership and terms-of-reference, and meet regularly.¹⁶

There may also be coordination on specific topics. For example, a national mortality working group can play a key role in improving the completeness and quality of mortality data, which is critical to public health decision-making (e.g., efforts to improve completeness, introduction and rollout of an international standard form of the medical certificate of cause of death, use of verbal autopsy (VA), medical certification of cause-of-death training, reduction of ill-defined or garbage codes, introduction of automated coding, etc.). Similarly, a verbal autopsy committee can play a key role in improving the completeness and quality of cause-of-death data. A working group on interoperability can help ensure that sharing of data between key stakeholders is effective and efficient by establishing standards for business processes, definitions and technology.

Guidance: Describe all CRVSID coordinating mechanisms in the country, such as a single agency leading coordination, an interagency CRVSID Committee, and/or technical working groups (e.g., mortality, verbal autopsy, interoperability, etc). Describe whether the coordinating mechanisms are permanent or expiring, and other relevant details related to coordination of CRVSID systems. If known, discuss whether the various committees are functioning and how often they meet. If a committee or working group exists, it is likely to have been formed pursuant to an internal directive or interagency agreement (such as a memorandum of understanding), rather than through legislation. In the comments section, note any gaps or opportunities for regulatory reform.

Complete the following information for each coordinating mechanism

a. Coordination Mechanism:

Description of coordination mechanism and work:

Citation:

Comments:

¹⁴ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 41, 48

¹⁵ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 52, 319-22.

¹⁶ United Nations, Handbook of Vital Statistics Systems & Methods, Volume 1: Legal, Organizational, and Technical Aspects, New York, 1991. Para. 270.

5. Resources

Best Practice: Continuous and efficient functioning of CRVSID systems require adequate financial resources and, therefore, the legal framework should include provisions to ensure sustainable funding of CRVSID systems (and its key stakeholders) through national or sub-national budgets. In addition, ideally, revenue generated from civil registration and identity management services should be retained to fund the system rather than going to the central treasury. The might also give a wide scope of power to CRVSID agencies to generate revenue from entrepreneurial or contractual services.¹⁷

Guidance: Describe the legal framework related to committed funding and other resources for CRVSID functions of the key stakeholders, including the amount, duration, etc. Pay particular attention to which agencies are responsible for funding various aspects of the work, including staffing and other expenses for local civil and identity registration offices. In the comments section, note any gaps or opportunities for regulatory reform.

a. Civil registration functions:

Funding and resources:

Citation:

Comments:

b. National statistics functions:

Funding and resources:

Citation:

Comments:

c. Health services functions (particularly in relation to notification of vital events):

Funding and resources:

Citations:

Comments:

d. Medicolegal death investigation functions (e.g., police, coroners, medical examiners):

Funding and resources:

Citations:

Comments:

e. Identity management functions (if country maintains a national identity system):

Funding and resources:

¹⁷ United Nations Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, paragraphs 210-213.

Citations:

Comments:

f. Courts:

Funding and Resources:

Citations:

Comments:

6. Use of Technology

Best Practice: The use of computers, tablets, and other electronic devices should be permitted for collection of data for births, deaths, and causes of death, and this data should be allowed to be transmitted using mobile technology and/or the internet between government agencies and other authorized entities.¹⁸ Electronic signatures (or unique identifiers in lieu of signatures) should be explicitly permitted to facilitate electronic collection of information, registration of vital events, and issuance of certificates.¹⁹ A common problem with older CRVS laws is that they contain provisions that are specific to paper processes. For example, some laws require a person to sign a registration application in person in front of the registrar. These types of provisions should be updated to allow for electronic registration and electronic signature.

Guidance: Describe any law relating to digitization of CRVS information. Describe laws related to the permitted use or prohibition of technology (e.g., computers, tablets, phones, or other devices) to collect and transmit data related to births, deaths, and/or causes of death. If there is no law specifically applicable to CRVS information, describe any laws related to the use or prohibition of technology in other settings that might be applied by analogy. In the comments section, note any gaps or opportunities for regulatory reform.

Use of technology permitted for:

a. Data collected by government?

Citation:

Comments:

b. Data shared among government agencies?

Citation:

Comments:

c. Data shared with interested persons (digital certificates)?

Citation:

¹⁸ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 378, 381-382.

¹⁹ Pacific Community, Legislation for Civil Registration and Vital Statistics in the Pacific: Best Practice Guidelines and Examples, Noumea, Secretariat of the Pacific Community, 2016. P. 46.

Comments:

d. Online registration (e-government services)?

Citation:

Comments:

e. Electronic signatures (or unique identifiers in lieu of signatures)?

Citation:

Comments:

7. Interoperability and technology neutrality

Best practice: Most CRVSID systems have numerous stakeholders, with information collected in, stored across, and transferred between, multiple registries maintained by different agencies. The efficient functioning of the CRVSID systems depends on the cooperation of these stakeholder agencies to ensure that these registries are “interoperable”, i.e., can communicate with each other and exchange information. This will facilitate the timely transfer of information and production of statistics, and help avoid duplication of records and errors and omissions. There are three aspects of interoperability: organizational interoperability, semantic interoperability, and technical interoperability.²⁰

Organizational interoperability is concerned with defining business goals, modelling business processes and bringing about the collaboration of administrations that wish to exchange information and may have different internal structures and processes. Semantic interoperability is concerned with ensuring that the precise meaning of exchanged information is understandable by any other application that was not initially developed for this purpose. In the CRVSID context, this means the definitions of vital events, data elements in forms, and the way data elements are coded must be standardized across the civil registration, vital statistics, and identity management authorities. Technical interoperability covers the technical issues of linking computer systems and services and can be achieved across agencies by using the same software platform or compatible software.

Laws should not dictate what type of technology is used, and policy makers should ensure that procurement guidelines facilitate competition and innovation and prevent possible technology and vendor “lock-in”, which can increase costs and reduce flexibility to accommodate changes over time.²¹ To this end, measures to ensure interoperability and vendor neutrality are generally addressed in operating procedures, not laws

Guidance: To the extent known, discuss whether the systems used for civil registration, vital statistics, and identity management (if your country has a national ID system) are interoperable. Address whether definitions of vital events, data elements in forms, and the way data elements are coded are standardized across the civil registration, vital statistics, and identity management authorities. Describe any barriers that may exist for interoperability or technology/vendor neutrality in laws; e.g. if laws prescribe certain types of technology. In the comments section, note any gaps or opportunities for regulatory reform.

a. Are CR, VS and ID systems interoperable? Discuss Measures to ensure interoperability among CRVSID

²⁰ United Nations Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, paragraphs 96-97.

²¹ United Nations Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Para 99-102.

systems:

Citation:

Comments:

b. Definitions, data elements and coding standardized across authorities?

Citation:

Comments:

c. Barriers to interoperability?

Citation:

Comments:

d. Are the laws neutral about the type of technology used?

Citation:

Comments:

Chapter

3A

Structure of the Civil Registration Authority

Why it is important: The organizational structure of the civil registrar's office affects how its key activities — including notification, registration, and certification of vital events — are achieved. Countries with a poorly defined structure are less likely to achieve continuous, permanent, compulsory, and universal recording of the vital events in their populations.

Introduction

There is significant diversity in how countries organize and structure their CRVSID systems. In some countries, there is one lead agency responsible for CRVSID systems. In other countries, the functions of civil registration, vital statistics and identity management are performed by multiple agencies. In addition to variation in the number of agencies responsible for carrying out CRVSID functions, countries also have differing levels of centralization or decentralization of CRVSID systems. Some of these functions, such as civil registration, might be decentralized; while other functions, such as vital statistics and ID management might be centralized. Countries can have efficient and effective CRVSID systems with a wide variety of institutional arrangements. There is no “one size fits all” or “best practice” for institutional arrangements.²² However, the legal framework should ensure that: the head of each stakeholder agency has sufficient authority to implement the system in way that is efficient and effective, including the ability to delegate authority; there are generally uniform procedures across the country; local registrars have the ability to provide efficient services to the people, including issuance of certificates; registration offices are located so that they are accessible to the entire population; the Registrar General and local registrars are adequately paid and qualified; there are clear processes for sending information from the local to the national/central level; and administrative processes for hearing grievances and appeals.

1. Roles and Responsibilities of National Civil Registrar (or head registrar in decentralized systems)

Best practice: There is tremendous diversity in how countries organize and structure their civil registrar authority. Depending on the judicial, political, and administrative structures of a country, as well as its traditions, the civil registration system may be either centralized or decentralized.²³ In a centralized system, there will be a national central agency with local offices at the level of major and/or minor political subdivisions. In a decentralized system, major political subdivisions, such as states or provinces, each have their own civil registration system created via state/provincial law. Whether the systems are centralized or decentralized, there will be a role for national agencies.

In a centralized system, the head of the central agency should be responsible and empowered to oversee operation of the civil registration system and authorized to issue directives/regulations to do so. The national registrar should be responsible for, at a minimum, participation in drafting of rules, regulations and instructions to promote uniform national practice; management and inspection of registration and certification services; assessing degree of coverage and establishing boundaries for local offices; hiring, management, and training of personnel; management of physical resources and technology; conducting ongoing quality assurance monitoring and addressing areas of concern; resolution of incidents and appeals; promoting the registration requirements to the public; receiving and compiling data; exchanging information with other agencies; and safekeeping records and archives.²⁴

Even in a decentralized system, there should be an agency at the national level to create minimum standards or to work cooperatively with decentralized offices to ensure generally uniform practices and procedures.²⁵ For example, a central agency may issue model laws and/or regulations, or guidance on operating procedures for heads of decentralized offices. However, in a decentralized system, head registrars at the major political subdivision level (e.g. state, province) have oversight responsibility for all local offices within their jurisdiction and, in relation to these offices, generally are authorized and responsible for the same types of duties undertaken by the national registrar in a centralized system (e.g.,

²² United Nations, Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Para 165-166.

²³ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 307-311.

²⁴ United Nations, Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Para 177.

²⁵ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 311.

issuing rules and regulations; management and inspection; assessing coverage and boundaries; oversight of personnel, resources, technology; quality assurance; resolution of incidents and appeal; public education; exchange of information; and safekeeping records and archives) .

Guidance:

Describe the activities assigned by the legal framework to the national civil registrar (or for decentralized systems, the head registrar at the major political sub-division level). Chapter 2, Section 2, on roles and responsibilities of government stakeholders, described the general responsibility of the civil registration agency. For this section, focus the analysis on the specific responsibilities of the national registrar (or for decentralized systems, the head registrar at the major political sub-division level). In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. For centralized systems, describe the responsibilities of National Civil Registrar (i.e., the head of the civil registration authority). For decentralized systems, describe the responsibilities of the head registrar at the major political sub-division level.

Citation:

Comments:

2. National control or uniform/model law

Best practice: Countries with a decentralized system for civil registration should adopt uniform legal provisions and procedures for civil registration. In general, countries having decentralized systems should have procedures that outline a model/uniform law and its regulations so that each major civil division may promulgate its own laws and regulations to closely conform to the recommended model.²⁶

Centralized systems will issue instructions to local offices, but may allow a degree of flexibility and discretion for local registrars.²⁷

Guidance: For decentralized systems, indicate whether a central authority has issued model/uniform laws and regulations or any other type of guidance related to adoption of uniform procedures. For centralized systems, indicate whether the national civil registrar has issued regulations, standard operating procedures, or training manuals. Similarly, for decentralized systems, indicate whether the head registrar at the major political subdivision level has issued regulations SOPs, or training manuals for offices with that jurisdiction. For either system, describe the extent of instructions to local registrars and the extent of local discretion. For either system, indicate where there is regional variance across the different jurisdictions. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. For decentralized system - Is there a model law, regulations, or other guidance for uniform procedures? Are there regional variances across jurisdictions (major subdivisions)?

²⁶ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 49, 317-318.

²⁷ Handbook of Vital Statistics Systems and Methods Volume I: Legal, Organizational, and Technical Aspects, New York, 1991. P. 19.

Citation:

Comments:

b. For decentralized system - are there regulations, SOPs, and manuals that apply to local registrars with that jurisdiction? Are there variances across local jurisdictions?

Citation:

Comments:

c. For centralized system - are there regulations, SOPs, and manuals that apply to all local registrars? Are there regional variances across jurisdictions?

Citation:

Comments:

3. Delegation of powers

Best practice: The volume of work in most countries will require the national registrar (or for decentralized systems, the head registrar at the major political sub-division level) to delegate powers to others to act on his or her behalf. A strong legal foundation, oversight, and integrity of this role are critical. Care is needed to decide what duties are delegated and ensure there is proper supervision.

Guidance: Describe the powers that can be delegated by the national registrar (or head registrar in a decentralized system), whether they have been delegated, and how the delegated functions are overseen. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Describe delegable powers of National Registrar (or for decentralized systems, head registrar at the major political subdivision level).

Citation:

Comments:

b. Have these powers been delegated and, if so, how are the delegated powers overseen?

Citation:

Comments:

4. Roles and responsibilities of local civil registrars at primary registration offices

Best practice: Whether the system is centralized or decentralized, local civil registrars act as the officials responsible for primary registration. These local registrars must be sufficiently empowered to permit universal access to services. Access to registration services is a key factor affecting completeness of civil registration, but this requires thought regarding which services to delegate, to whom, and how oversight is implemented.²⁸

The local civil registrar should be authorized by law to register vital events. Duties and responsibilities of local civil registrars should include: recording information on vital events according to procedures; ensuring compliance with registration laws; ensuring accuracy and completeness of each record; taking custody of records; issuing certified copies of vital records upon request; and educating the public about registration.²⁹

Guidance: Describe the roles and responsibilities for local civil registration offices, including localized services and which government body operates these services. Describe the registration authority of the local registrars and whether they are able to delegate that authority. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Description of local civil registration office services and government body that operates services:

Citation:

Comments:

b. Description of responsibilities of local civil registrar:

Citation:

Comments:

c. Description of delegable powers of local civil registrar:

Citation:

Comments:

5. Location of primary civil registration offices

²⁸ United Nations, Handbook of Vital Statistics Systems and Methods Volume 1: Legal, Organizational, and Technical Aspects, New York, 1991. Pp. 18-19.

²⁹ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 328-334; United Nations, Handbook, United Nations, Handbook of Vital Statistics Systems and Methods Volume I: Legal, Organizational, and Technical Aspects, New York, 1991. Para. 162.

Best Practice: Each primary civil registration area is the jurisdictional territory of one local civil registrar and should correspond with minor civil divisions of the country, adjusting boundaries if necessary based on population, resources, accessibility, literacy, and simplicity of registration. Each registration area should be managed by one local civil registrar and easily accessible to the public.³⁰ In addition, regular daily office hours should be kept.

Secondary civil registration units may be established at selected locations with high levels of vital events, such as civil registration offices located within health facilities.³¹ Where distance and terrain are factors, local civil registrars should be allowed to travel through their district regularly to capture vital events that have occurred since the last visit.³² Mobile units should also be allowed.³³

For decentralized systems, each decentralized system should correspond with major civil divisions, such as states or provinces. In the capital city or town of each major division, a central civil registration office should be established to direct and monitor the civil registration work of all offices within the major division. Local civil registration offices should correspond to minor political sub-divisions.³⁴

Guidance: Describe the geographic scope of primary civil registration areas and whether secondary and mobile civil registration units are permitted. If known, describe whether the primary civil registration areas are geographically distributed to allow all persons within the country reasonable access. Describe whether office hours permit easy access or whether hours are limited. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. For decentralized systems, do the locations of head offices correspond with locations of major civil divisions?

Citation:

Comments:

b. For all systems, do primary civil registration areas correspond to minor civil divisions?

Citation:

Comments:

c. For all systems, are secondary civil registration units established or allowed (e.g., in hospitals)?

Citation:

Comments:

d. For all systems, are mobile civil registration units currently used or allowed?

³⁰ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 340-346.

³¹ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 347.

³² United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 329.

³³ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 348.

³⁴ United Nations, Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Para 239.

Citation:

Comments:

e. For all systems, are primary civil registration offices reasonably accessible to all persons in the country? Do office hours permit easy access?

Citation:

Comments:

6. Location, roles, and responsibilities of sub-national civil registrars (other than registrars at primary registration offices)

Best Practice: In addition to primary civil registration offices at the minor civil division level, the national civil registration authority may also maintain offices that correspond to the major civil sub-divisions of the country. For example, in addition to village or district offices, the national authority may also have offices at the provincial level. These mid-level offices generally have supervisory authority over the lower level offices in their jurisdiction and answer to the national authority. They may also be empowered to register vital events and issue certified copies of vital records, just like primary registration offices.³⁵

Similarly, in a decentralized system, there may be civil registration offices at a political sub-division level higher than the primary registration office but lower than the major political sub-division level (e.g., province or state), which answer to the civil registrar at the province or state level and oversee the work of lower level offices.³⁶

Guidance: Describe the legal framework for any mid-level civil registration offices, including all levels that may exist between national level (or provincial/state level in a decentralized system) and primary level offices. Describe any supervisory responsibilities of mid-level civil registrars over lower level civil registration offices and any authority to act as a primary registration site (e.g., to directly register vital events and issue certificates). Describe whether these mid-level registrars are able to delegate any powers and functions. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Location of mid-level civil registration offices:

Citation:

Comments:

³⁵ United Nations, Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Para. 239.

³⁶ United Nations, Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Para. 239.

b. Responsibilities of mid-level civil registrars:

Citation:

Comments:

c. Delegable powers of mid-level civil registrars:

Citation:

Comments:

7. Fitness of civil registrars

Best Practice: Clear requirements governing civil registrars' fitness must be outlined because civil registrars hold significant power in assigning legal identity at birth and closing legal identity upon death. Civil registrars may also collect fees directly, which make them vulnerable to corruption claims. As such, it is important that there is a strong legal framework that governs the requirements and qualifications for a civil registrar, the proper conduct of a civil registrar, and how they are appointed. Civil registrars should be full-time officials, enjoy civil-service status, and be adequately paid.³⁷

Guidance: Describe the legal framework related to matters of civil registrars' qualifications, fitness, and civil-service status. These requirements are often contained in civil servant laws, regulations or policies. **In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.**

a. Qualifications for National Civil Registrar (or head registrar in a decentralized system):

Citation:

Comments:

b. Qualification for local civil registrars:

Citation:

Comments:

c. Rules governing proper conduct of National Civil Registrar (or head registrar in a decentralized system):

Citation:

³⁷ United Nations, Guidelines on Legislative Framework for Civil Registration, Vital Statistics, and Identity Managements Systems, New York, 2019, Para 242.

Comments:

d. Rules governing proper conduct of local civil registrars:

Citation:

Comments:

e. Are registrars full-time, adequately paid and have civil servant status?

Citation:

Comments:

8. Process for sharing information between local and national civil registrar offices (or head offices in a decentralized system)

Best practice: There must be clear procedures for transfer of information from local civil registers to the central civil register (for centralized systems - the national register, for decentralized systems - the central register at the major political division level). The legal framework should be clear regarding the definitive source of information regarding a vital event, (i.e., the centralized civil register). The legal framework should be worded broadly enough to permit the use of electronic registers as well as paper registers. This is particularly important for countries that are digitizing their systems, as both electronic and paper registers may be in use in different parts of the country concurrently for some time.

In countries with sufficient technology, entry of data at the local level may be immediately uploaded to the central level. However, for countries without that technology, the framework should permit the use of local civil registers. In all instances, the legal framework should specify the information to be transferred and set timeframes for the transfer of information from the local to the central register. The framework should cover transmission of information contained in civil registers and/or compilation of reports derived from the civil register of all vital events occurring in the territory of the reporting official during the reporting period.³⁸

Steps should be taken to speed up processing and information sharing by facilitating direct and official communication between the local and central registries. This will enable local civil registrars to issue registration certificates, as information necessary for certification might be contained in that local civil register, another local civil register, or in the central civil register.³⁹

Guidance: Describe the legal framework related to central and local civil registers, and the transfer of information between them. Indicate any provisions of the framework that might preclude use of electronic registers. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

³⁸ United Nations, Guidelines on the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Paras 242-243.

³⁹ United Nations, Guidelines on the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para 288.

a. Process for transfer of information from local civil registers to central civil register, including timelines:

Citation:

Comments:

b. Local offices able to provide certified copies of information from the central register?

Citation:

Comments:

9. Process for hearing appeals

Best Practice: Decisions made by civil registrars can have legal consequences that may fundamentally impact a person's life. Reasonable minds may disagree about how to resolve certain difficult situations and therefore decisions made by civil registrars should be subject to administrative and judicial review. In many jurisdictions, before appealing to the courts, an individual must appeal a local civil registrar's decision to a higher administrative level, on up to the central level. This is referred to as "exhaustion of remedies" and serves two purposes. First, it allows the registration authorities the opportunity to correct the mistake without burdening the courts. Second, it creates a record of the administrative decision for the court to review. **After appealing through administrative channels, up to the central registrar level**, an individual should be able to appeal to the courts if they feel they have not been able to obtain a satisfactory resolution of their issue. The legal framework should provide the right to appeal a registrar's decision, a clear process by which to appeal, and time frames in which to appeal.⁴⁰

Guidance: Describe any right to appeal the decision of a civil registrar, including the process by which and the authority to which a person may appeal, and the timeframe for appeal. **In the comments section**, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Is there a right to appeal the decision of a civil registrar? ☐ Yes ☐ No

Citation:

Comments:

b. Must administrative remedies be exhausted before an appeal is filed in court?

☐ Yes ☐ No

Citation:

Comments:

c. Describe the appeal process and time frames:

⁴⁰ United Nations, Guidelines on the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 528-530.

Citation:

Comments:

10. Accountability and Transparency

Best Practice: A performance-monitoring program is an integral part of civil registration systems. Routine monitoring and inspection of civil registrars' work is required in order to continue to improve the efficiency, effectiveness and quality of the system.⁴¹ There should be a requirement that primary-level civil registration offices be routinely monitored and inspected, either by the central level authority or a mid-level office with supervisory power. If non-conformance to procedures is found, there should be procedure to improve performance, including additional training, warnings, and penalties for deliberate failure to carry out duties, as well as incentives to encourage local civil registrars to fulfill their duties.⁴² There should be clear procedures and penalties for instances of deliberate misconduct by civil registrars, including fraudulent registrations or inappropriate disclosures.⁴³

Guidance: Describe procedures to monitor and inspect civil registration offices; procedures for correcting poor performance and/or penalizing misconduct by civil registrars, as well as any incentives to improve the performance of registrars. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Describe any routine monitoring and inspection procedures for civil registration offices:

Citation:

Comments:

b. Describe any procedures for correcting poor performance and/or penalizing misconduct by civil registrars

Citation:

Comments:

c. Describe any other incentives to improve performance for civil registrars:

⁴¹ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 335; United Nations Guidelines for the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Paras 524-525.

⁴² United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 338-339; United Nations Guidelines for the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Paras 524-525.

⁴³ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 326; United Nations Guidelines for the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Paras 531.

Citation:

Comments:



Chapter

3B

Structure of the Civil Registration and Identity Management Authorities

Why it is important: The organizational structure of the civil registration and identity management authorities affects how key activities — including notification, registration, and certification of vital events, and registration of identity — are achieved. Countries with a poorly defined structure are less likely to achieve continuous, permanent, compulsory, and universal recording of the vital events and ID for all in their populations.



Introduction

There is significant diversity in how countries organize and structure their CRVSID systems. In some countries, there is one lead agency responsible for CRVSID systems. In other countries, the functions of civil registration, vital statistics and identity management are performed by multiple agencies. In addition to variation in the number of agencies responsible for carrying out CRVSID functions, countries also have differing levels of centralization or decentralization of CRVSID systems. Some of these functions, such as civil registration, might be decentralized; while other functions, such as vital statistics and ID management might be centralized. Countries can have efficient and effective CRVSID systems with a wide variety of institutional arrangements. There is no “one size fits all” or “best practice” for institutional arrangements.⁴⁴ However, the legal framework should ensure that: the head of each stakeholder agency has sufficient authority to implement the system in way that is efficient and effective, including the ability to delegate authority; there are generally uniform procedures across the country; local registrars have the ability to provide efficient services to the people, including issuance of certificates; registration offices are located so that they are accessible to the entire population; the Registrar General and local registrars are adequately paid and qualified; there are clear processes for sending information from the local to the national/central level; and administrative processes for hearing grievances and appeals.

1. Roles and responsibilities of national civil and identity registrar

Best practice: There is tremendous diversity in how countries organize and structure their CRVSID systems. In some countries, there is one lead agency responsible for CRVSID systems. In other countries, the functions of civil registration, vital statistics and identity management are performed by multiple agencies. In addition to variation in the number of agencies responsible for carrying out CRVSID functions, countries also have differing levels of centralization or decentralization of CRVSID systems. In centralized CRVSID systems, there will be a lead agency or agencies at the central level, which has local offices at the level of major and minor political sub-divisions. These local offices are directly responsible to the national-level office. In a decentralized system, by contrast, there will be a lead agency or agencies at the level of each major political sub-division, and possibly at the level of smaller political sub-divisions, answerable to the local government rather than the central government. Whether the systems are centralized or decentralized, there will be a role for the national agency or agencies.

In a centralized system, the head of the central agency should be responsible and empowered to oversee operation of the system and authorized to issue directives/regulations to do so. The heads of civil registration and identity management agencies must have the power to oversee the management and operations of their respective agencies and any local offices of those agencies. To do this, heads of agencies should be authorized to undertake, at a minimum, the following management responsibilities (within each of their respective systems): participation in drafting of regulations, rules and instructions; management and inspection of civil registration and identity registration services; assessing degree of coverage and establishing boundaries for local offices; hiring, management and training of personnel; management of physical resources and technology; conducting ongoing quality assurance monitoring and addressing areas of concern; resolution of incidents and appeals; promoting the registration requirements to the public; receiving and compiling data; exchanging information with other agencies; and safekeeping records and archives.⁴⁵

Even in decentralized system, there should be an agency at the national level to create minimum standards or to work cooperatively with decentralized offices to ensure generally uniform practices and procedures.⁴⁶

⁴⁴ United Nations, Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Para 165-166.

⁴⁵ United Nations, Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Para. 177.

⁴⁶ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 311; United Nations, Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York,

For example, a central agency may issue model laws and/or regulations, or guidance on operating procedures for heads of decentralized offices. However, in a decentralized system, head registrars at the major political subdivision level (e.g. state, province) have oversight responsibility for all local offices within their jurisdiction and, in relation to these offices, generally are authorized and responsible for the same types of duties undertaken by the national registrar in a centralized system (e.g., issuing rules and regulations; management and inspection; assessing coverage and boundaries; oversight of personnel, resources, technology; quality assurance; resolution of incidents and appeal; public education; exchange of information; and safekeeping records and archives) .⁴⁷

Guidance: For centralized systems, describe the activities assigned by the legal framework to the head of the civil registration and identity management agency or agencies (referred to here as national civil registrar and national identity registrar). If CR and ID responsibilities fall under the authority of one agency, describe the responsibilities of the head of that agency, as well as the responsibilities of the heads of the CR and ID sections (if different). If more than one agency is responsible for CR and ID, describe the activities and responsibilities assigned by the legal framework to the head of each agency. Chapter 2, Section 2, on roles and responsibilities of government stakeholders, described the general responsibility of the civil registration and identity registration agencies. For this section, focus analysis on the specific responsibilities of the national civil registrar and national identity registrar.

For decentralized systems, apply the questions below to the head of the civil registration authority and head of the identity management authority at the major-political subdivision level. [Note: one system, for example civil registration, may be decentralized and the other system, e.g. ID, may be centralized. Respond as appropriate].

In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Describe the responsibilities of the:

i) National civil registrar:

Citation:

Comments:

ii) National identity registrar:

Citation:

Comments:

2. National control or uniform/model law

Best practice: Countries with a decentralized system for civil registration or identity management should adopt uniform legal provisions and procedures for each decentralized system. In general, countries having decentralized systems should have procedures that outline a model/uniform law and its regulations so that each major civil division may promulgate its own laws and regulations to closely conform to the

2019, Para. 168-170.

⁴⁷ This applies to both civil registration and identity management systems, although civil registration systems are more likely to be decentralized than identity management systems for historic reasons.

recommended model.⁴⁸

Centralized systems will issue instructions to local offices, but may allow a degree of flexibility and discretion for local registrars.⁴⁹

Guidance: For decentralized systems, indicate whether a central civil registration authority and/or central identity management authority has issued model/uniform laws and regulations or any other type of guidance related to adoption of the model uniform procedures for their respective systems. For centralized systems, indicate whether the national civil registrar and/or national identity registrar have issued regulations, standard operating procedures, or training manuals. For either system, describe the extent of instructions to local registrars and the extent of local discretion. For either system, indicate where there is regional variance across the different jurisdictions, for both civil registration and identity management. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. For decentralized system - Is there a model law, regulations or other guidance for uniform procedures? Are there regional variances across jurisdictions (major subdivisions)? [Answer for both the CR system and ID system, if applicable]

Citation:

Comments:

b. For decentralized system - are there regulations, SOPs, and manuals that apply to local registrars with that jurisdiction? Are there variances across local jurisdictions? [Answer for both the CR system and ID system, if applicable]

Citation:

Comments:

c. For centralized system - are there regulations, SOPs, and manuals that apply to all local registrars? Are there regional variances across jurisdictions? [Answer for both the CR system and ID system, if applicable]

Citation:

Comments:

3. Delegation of powers

Best Practice: The volume of work in most countries will require the head of the national civil registrar and the national identity registrar (or for decentralized systems, the head civil registrar and head identity registrar at the major political sub-division level) to delegate powers to others to act on his or her behalf. A

⁴⁸ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 49, 317-318.

⁴⁹ Handbook of Vital Statistics Systems and Methods Volume I: Legal, Organizational, and Technical Aspects, New York, 1991. P. 19.

strong legal foundation, oversight, and integrity of this role are critical. Care is needed to decide what duties are delegated and ensure there is proper supervision.

Guidance: Describe the powers that can be delegated by the national civil registrar and national identity registrar (or for decentralized systems, the head civil registrar and head identity registrar at the major political sub-division level), whether they have been delegated, and how the delegated functions are overseen. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Describe the delegable powers of the:

i) National civil registrar (for decentralized systems, the head registrar at the major political subdivision level):

Citation:

Comments:

ii) National identity registrar (for decentralized systems, the head registrar at the major political subdivision level):

Citation:

Comments:

b. Have these powers been delegated and, if so, how are the delegated powers overseen?

Citation:

Comments:

4. Roles and responsibilities of local civil and identity registrars at primary registration offices

Best practice: Whether the system is centralized or decentralized, local civil registrars and identity registrars act as the officials responsible for primary civil and identity registration, respectively. These local registrars must be sufficiently empowered to permit universal access to services. Access to registration services is a key factor affecting completeness of civil and identity registration, but this requires thought regarding which services to delegate, to whom, and how oversight is implemented.⁵⁰

The local civil registrar should be authorized by law to register vital events. Duties and responsibilities of local civil registrars should include: recording information on vital events according to procedures; ensuring compliance with registration laws; ensuring accuracy and completeness of each record; taking custody of records; registering the event; issuing certified copies of vital records upon request; and educating the public about registration.⁵¹

⁵⁰ United Nations, Handbook of Vital Statistics Systems and Methods Volume 1: Legal, Organizational, and Technical Aspects, New York, 1991. Pp. 18-19.

⁵¹ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 328-334;

The local identity registrar should be authorized by law to register legal identity. Duties and responsibilities of local identity registrars should include: collecting biometrics and biographical information; ensuring accuracy and completeness of registration information; validating identity; issuing identity credentials; and transferring identity information to the central identity management office.

Guidance: Describe the roles and responsibilities for local civil registration and identity registration offices, including localized services and which government body operates these services. Describe the civil registration and identity registration authority of the local registrars and whether they are able to delegate that authority. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a(i) Description of local civil registration office services and government body that operates services:

Citation:

Comments:

a(ii) Description of local identity registration office services and government body that operates services:

Citation:

Comments:

b(i) Description of responsibilities of the local civil registrar:

Citation:

Comments:

b(ii) Description of responsibilities of local identity registrar:

Citation:

Comments:

c(i) Description of delegable powers of the local civil registrar:

Citation:

Comments:

c(ii) Description of delegable powers of local identity registrar:

United Nations, Handbook, United Nations, Handbook of Vital Statistics Systems and Methods Volume I: Legal, Organizational, and Technical Aspects, New York, 1991. Para. 162.

Citation:

Comments:

5. Location of primary civil registration offices

Best Practice: In some countries, civil registration and identity registration are conducted at the same office location. This is more often the case when civil registration and identity registration both fall under the jurisdiction of one agency. In other countries, civil registration and identity registration are conducted in different office locations. If the civil registration and identity registration function are coordinated, each primary civil and identity registration area may be the jurisdictional territory of one local registrar responsible for both civil and identity registration. If these functions are not coordinated, each primary civil registration area should be the jurisdictional territory of one local civil registrar, and each primary identity registration area should be the jurisdictional territory of one local identity registrar.⁵² Regardless of whether these services are coordinated and offered at the same location, each primary civil registration area and each primary identity registration area should correspond with minor civil divisions of the country, adjusting boundaries if necessary based on population, resources, accessibility, literacy, and simplicity of registration. Each civil/identity registration area should be managed by one local civil/identity registrar and easily accessible to the public.⁵³ In addition, regular daily office hours should be kept.

Secondary civil registration units may be established at selected locations with high levels of vital events, such as civil registration offices located within health facilities.⁵⁴ Where distance and terrain are factors, local civil registrars and identity registrars should be allowed to travel through their districts regularly to capture unregistered vital events and register the legal identity of eligible unregistered persons (e.g., those who have attained the age of ID registration).⁵⁵ Mobile units should also be allowed.⁵⁶

Guidance: Describe the geographic scope of primary civil registration areas and primary identity registration areas. Note whether the geographic scope of the primary registration areas for civil registration and identity registration are the same or different. Note whether secondary registration units (for CR) and mobile registration units (for CR and ID) are permitted. If known, describe whether the primary civil registration and identity registration areas are geographically distributed to allow all persons within the country reasonable access. Describe whether office hours permit easy access or whether hours are limited. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. For decentralized systems, do the locations of head offices (for CR and for ID) correspond with locations of major civil divisions?

Citation:

Comments:

⁵² United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 340-346.

⁵³ United Nations, Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Paras. 171 - 173, 239.

⁵⁴ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 347.

⁵⁵ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 329.

⁵⁶ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 348.

b. For centralized and decentralized systems, do primary civil registration and identity registration areas correspond to minor civil divisions? (Note whether geographic areas for CR and ID are the same or different).

Citation:

Comments:

c. For centralized and decentralized systems, are secondary civil registration units established or allowed (e.g., in hospitals)?

Citation:

Comments:

d. For centralized and decentralized systems, are mobile civil registration units currently used or allowed (for CR and/or ID registration)?

Citation:

Comments:

e. For centralized and decentralized systems, are primary civil registration and identity registration offices reasonably accessible to all persons in the country?

Citation:

Comments:

6. Location, roles, and responsibilities of sub-national civil registrars (other than registrars at primary registration offices)

Best Practice: In addition to primary civil registration and identity registration offices at the minor civil division level, the national civil registration and identity management authorities may also maintain offices that correspond to the major civil sub-divisions of the country. For example, in addition to village or district offices, the national authorities may also have offices at the provincial level. These mid-level offices generally have supervisory authority over the lower level offices in their jurisdiction and answer to the national level authority. The mid-level offices may also be empowered to undertake primary office functions. For example, a provincial civil registration office, in addition to having supervisory power, may be empowered to register vital events and issue certified copies of vital records. Similarly, a provincial identity management office may be empowered to register identity and issue credentials, in addition to having

supervisory power over lower offices.⁵⁷

Likewise, in decentralized systems, there may be civil registration and identity registration offices at a political sub-division level higher than the primary registration office but lower than the major political sub-division level (e.g., province or state), which answer to the central authority at the province or state level and oversee the work of lower level offices.⁵⁸

Guidance: Describe the legal framework for any mid-level civil registration and identity registration offices, including all levels that may exist between the national level (or provincial/state level in a decentralized system) and primary level offices. Describe any supervisory responsibilities of mid-level registrars over lower level registration offices and any authority to act as a primary registration site (for civil registration and identity registration, as applicable). Describe whether these mid-level registrars are able to delegate any powers and functions. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Location of mid-level civil registrar and identity registrar offices:

Citation:

Comments:

b. Responsibilities of mid-level civil registrars and identity registrars:

Citation:

Comments:

c. Delegable powers of mid-level civil registrars and identity registrars:

Citation:

Comments:

7. Fitness of civil registrars

Best Practice: Clear requirements governing civil registrars' and identity registrars' fitness must be outlined because registrars hold significant power in: establishing legal identity at birth through birth registration, creating and assigning legal identity through identity registration, and closing legal identity upon death through death registration and legal identity retirement. Registrars may also collect fees directly, which make them vulnerable to corruption claims. As such, it is important that there is a strong legal framework that governs the requirements and qualifications for civil registrars and identity registrars, the proper

⁵⁷ United Nations, Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Para. 239

⁵⁸ United Nations, Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Para. 239

conduct of registrars, and how they are appointed. Civil registrars and identity registrars should be full-time officials, enjoy civil-service status, and be adequately paid.⁵⁹

Guidance: Describe the legal framework related to matters of civil registrars' and identity registrars' qualifications, fitness, and civil-service status. These requirements are often contained in civil servant laws, regulations or policies. Note whether there are differences between the requirements for civil registrars and identity registrars. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a(i) Qualifications for National Civil Registrar (or head registrar in a decentralized system):

a(ii) Qualifications for National Identity Registrar (or head registrar in a decentralized system):

Citation:

Comments:

b(i) Qualifications for local civil registrars:

b(ii) Qualifications for local identity registrars:

Citation:

Comments:

c(i) Rules governing proper conduct of National Civil Registrar (or head registrar in a decentralized system):

c(ii) Rules governing proper conduct of National Identity Registrar (or head registrar in a decentralized system):

Citation:

Comments:

d. Rules governing proper conduct of local civil registrars and identity registrars:

Citation:

Comments:

e. Are civil registrars and identity registrars full-time, adequately paid and have civil servant status?

⁵⁹ United Nations, Guidelines on Legislative Framework for Civil Registration, Vital Statistics, and Identity Managements Systems, New York, 2019, Para. 242.

Citation(s):

Comments:

8. Process for sharing information between local and national civil registrar offices

Best practice: Because there will be many civil registration and identity registration offices, there must be clear procedures for transferring information from local civil registers to the central civil register, and for transferring information from local identity registers to the central identity register. (For centralized systems - the centralized register is the national register; for decentralized systems, the central register is the register at the major political division level). The legal framework should be clear regarding the definitive source of information regarding vital events (i.e., the central civil register) and the definitive source of information regarding legal identity (i.e., the central identity register). The legal framework should be worded broadly enough to permit the use electronic registers as well as paper registers. This is particularly important for countries that are digitizing their systems, as both electronic and paper registers may be in use in different parts of the country concurrently for some time.

In countries with sufficient technology, entry of data at the local level may be immediately uploaded to the central level. However, for countries without that technology, the framework should permit the use of local registers. In all instances, the legal framework should specify the information to be transferred and set timeframes for the transfer of information from the local to the central register, for civil registries and identity registries. The framework should cover transmission of information contained in registers as well as the compilation of any reports derived from the registers occurring in the territory of the reporting official during the reporting period.⁶⁰

Steps should be taken to speed up processing and information sharing by facilitating direct and official communication between the local and central registries. This will enable local civil registrars to issue registration certificates, as Information necessary for certification might be contained in that local civil register, another local civil register, or in the central civil register. Similarly, it will enable identity registrars to issue identity credentials, as the information may be in that local identity register, another local identity register, or the central identity register.⁶¹

Guidance: Describe the legal framework related to central and local civil registers and identity registers, and the transfer of information between them. Indicate any provisions of the framework that might preclude use of electronic registers. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Process for transfer of information from local civil registers to central civil register, including timeliness:

Citation:

Comments:

b. Process for transfer of information from local identity registers to central identity register, including

⁶⁰ United Nations, Guidelines on the Legislative Framework for a Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Paras 242-243.

⁶¹ United Nations, Guidelines on the Legislative Framework for a Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para 288.

timeliness?

Citation:

Comments:

c. Local civil registration offices able to provide certified copies of information from the central register?

Citation:

d. Local identity registration offices able to issue identity credentials from the central identity register?

Citation:

Comments:

9. Process for hearing appeals

Best Practice: Decisions made by civil registrars and identity registrars can have legal consequences that may fundamentally impact a person's life. Reasonable minds may disagree about how to resolve certain difficult situations and therefore decisions made by civil registrars and identity registrars should be subject to administrative and judicial review. In many countries, before appealing to the courts, an individual must appeal a local registrar's decision to a higher administrative level, on up to the central level. This is referred to as "exhaustion of remedies" and serves two purposes. First, it allows the registration authorities the opportunity to correct the mistake without burdening the courts. Second, it creates a record of the administrative decision for the court to review. After appealing through administrative channels, up to the central level, an individual should be able to appeal to the courts if they feel they have not been able to obtain a satisfactory resolution of their issue. The legal framework should provide the right to appeal a decision by a civil registrar and an identity registrar, a clear process by which to appeal, and time frames in which to appeal.⁶²

Guidance: Describe any right to appeal the decision of a civil registrar and an identity registrar, including the process by which and the authority to which a person may appeal, and the timeframe for appeal. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a(i) Is there a right to appeal the decision of a civil registrar? _____ yes _____ no

Citation:

Comments:

⁶² United Nations, Guidelines on the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 528-530.

a(ii) Is there a right to appeal the decision of an identity registrar? ☐ yes ☐ no

Citation:

Comments:

b. Must administrative remedies be exhausted before an appeal is filed in court:

i. for decision of civil registrar? ☐ yes ☐ no

ii. for decision of identity registrar)? ☐ yes ☐ no

Citation:

Comments:

c. Describe the appeal process and time frames:

Citation:

Comments:

10. Accountability and Transparency

Best Practice: A performance-monitoring program is an integral part of civil registration and identity management systems. Routine monitoring and inspection of a civil registrar's and identity registrar's work is required in order to continue to improve the efficiency, effectiveness and quality of the systems.⁶³ There should be a requirement that primary-level civil registration and identity registration offices be routinely monitored and inspected, either by the central level authority or a mid-level office with supervisory power. If non-conformance to procedures is found, there should be protocols to improve performance, including additional training, warnings, and penalties for poor performance and failure to carry out duties, as well as incentives to encourage local registrars to fulfill their duties.⁶⁴ There should be clear procedures and penalties for instances of deliberate misconduct by civil registrars and identity registrars, including fraudulent registrations or inappropriate disclosures.⁶⁵

Guidance: Describe procedures to monitor and inspect civil registration and identity registration offices; procedures for correcting poor performance and failure to carry out duties, and procedures for penalizing deliberate misconduct by civil registrars and identity registrars, as well as any incentives to improve the performance of registrars. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

⁶³ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 335; United Nations Guidelines for the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Paras. 524-525.

⁶⁴ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 338-339; United Nations Guidelines for the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Paras. 524-525.

⁶⁵ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 326; United Nations Guidelines for the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, New York, 2019, Paras. 531.

a. Describe any routine monitoring and inspection procedures for civil registration offices and identity registration offices:

Citation:

Comments:

b. Describe any procedures for correcting poor performance and/or penalizing misconduct by civil registrars and/or identity registrars:

Citation:

Comments:

c. Describe any other incentives to improve performance for civil registrars and identity registrars:

Citation:

Comments:



Chapter

04

Registration of Birth and Death

Why it is important: For individuals, birth registration is the foundation of legal identity and facilitates access to key population services, such as education and healthcare. For government, the collection of critical information about vital events, and the compilation of vital statistics based on this data, provide critical information about the population for decision making. Complete registration of vital events, particularly births and deaths, is essential for realizing human rights and promoting better health outcomes.

Introduction

Birth and death registration, like civil registration in general, serve three primary functions: 1) a legal and administrative function, 2) a statistical function, and 3) an identity management function.⁶⁶ The legal and administrative function consists of registering births and deaths, keeping records on births and deaths, and issuing birth and death certificates. Birth and death certificates are extremely important to individuals because they provide legal proof of these key vital events and these certificates may be required to access private and public services and benefits. Complete registration of vital events, particularly births and deaths, is essential for realizing human rights and promoting better health outcomes. The statistical function involves collecting information on births and deaths, which forms the basis of the country's birth and death vital statistics. This data provides critical information about the population for decision making and public health interventions. Birth and death registration are also important for identity management. Birth registration establishes a legal identity and death registration retires that legal identity, preventing the fraudulent use of that identity. The civil registration system, in addition to forming the foundational source of data for vital statistics, should also continuously update the identity management system and/or the population register.⁶⁷

1. Universal Application

Best Practice: There must be a legal requirement for the civil registration authority to register all births and deaths. In keeping with the UN principles for a CRVS system, registration should be inclusive and compulsory, and should capture all vital events occurring in every geographical area and every population group in the country.⁶⁸

Countries may have a process by which vital events occurring to citizens who are residing abroad may be reported to the home country.⁶⁹ When a child is born to parents who are residing outside their country of citizenship, the country in which the birth occurred has an obligation to register the birth and issue a birth certificate. However, the parents may wish to report the birth to their home country, as this can facilitate obtaining citizenship, a national ID and/or a passport for the child in the parent's home country. There should be a process by which the parents can report the birth. The home country of the parents will not issue a new birth certificate; however, the country may issue a document that reflects the birth abroad to a citizen.⁷⁰ When a person dies abroad, the next of kin or other person with knowledge of the death should register the death with the local authorities in the country where the death occurred. There may also be a process by which next of kin may report the death in the person's home country, as this may be needed to transport the body back to the home country and to retire the decedent's legal identity.⁷¹

Guidance: Describe whether birth and death registration is compulsory and, if so, for whom. Indicate whether the law applies to all births and deaths that occur in the country. Consider all forms of discrimination that might interfere with the ability of certain groups or individuals to access the civil registration system, such as discrimination on the basis of geography, race, ethnicity, religion, or marital status (i.e., is registration refused to unwed mothers). Note whether nomadic populations, refugees,

⁶⁶ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, United Nations, 2019, at paragraph 53-62.

⁶⁷ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, United Nations, 2019, at paragraph 53-62.

⁶⁸ United Nations, *Principles and Recommendations for a Vital Statistics System*, Revision 3, New York, 2014, para. 34.

⁶⁹ U.N. *Principles and Recommendations for a Vital Statistics System*, Revision 3, para. 296.

⁷⁰ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, para. 304.

⁷¹ U.N. *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, para. 372.

foreign nationals born in the country, temporary workers, asylum seekers, and displaced, native and aboriginal populations are included in civil registration. Indicate whether and how the law applies to citizens of the country residing abroad. Consider whether the law requires the government to take affirmative steps to register people who might not otherwise be able to, such as persons with disabilities, persons who speak other languages, and persons who live in remote areas. In the comments section, describe whether the law aligns with best practice and note any opportunities for regulatory reform.

a. Is Registration of Birth and Death Compulsory and Provided for All, regardless of:

| | Birth | Death |
|---|-----------------------|-----------------------|
| Race, gender, religion, ethnicity, or population group | Yes _____ No _____ | Yes _____ No _____ |
| Nationality, citizenship, residency, or refugee/asylum status | Yes _____ No _____ | Yes _____ No _____ |
| Geography (e.g., remote areas) | Yes _____ No _____ | Yes _____ No _____ |
| Objections by person or the family | Yes _____ No _____ | Yes _____ No _____ |
| Marital status | Yes _____ No _____ | Yes _____ No _____ |
| Other characteristics (e.g., prisoners, persons with disabilities, or who speak native or foreign language) | Yes _____ No _____ | Yes _____ No _____ |

Is civil registration available to citizens living abroad for:

Birth: Yes _____ No _____

Death: Yes _____ No _____

Citations:

Comments:

2. Definition of Vital Event and other Key Terms

Best Practice: Clear definitions are required to establish a system for collecting high-quality data. Definitions should align with international standards; this will help countries track development progress and meet international reporting requirements.

The UN defines “live birth” as: “the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or any definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is

attached."⁷²

The UN defines “death” as: “the permanent disappearance of all evidence of life at any time after live birth has taken place (post-natal cessation of vital functions without capability of resuscitation).” This definition therefore excludes foetal deaths.⁷³

Guidance: Provide the definition of “live birth” and “death” contained in the law. Note: Definitions for vital events are also considered in Chapter 2, Section 1. For the purposes of this section, pay particular attention to whether the definitions, read together, are coherent and whether the definitions of live birth and death create any other legal issues. If there are any other key definitions related to live birth or death, note these below in section (c) (“Other key terms”) and indicate whether they align with UN definitions or otherwise advance or delay the registration work. In the comments section, state whether the law aligns with best practice, and describe any gaps and/or opportunities for regulatory reform.

a. Definition of Live Birth:

Citation:

Comments:

b. Definition of Death:

Citation:

Comments:

c. Other Key Terms:

Citation(s):

Comments:

3. Information Captured at Registration

Best Practice: In addition to the legal information necessary for registering a birth or death, additional information is recommended to be collected for statistical purposes. The UN recommends that certain information, or individual data fields, be recorded for statistical purposes, which it breaks down into high-priority information, which every country should strive to collect at birth/death registration, and lower-priority information, which can gradually be added to the registration process as resources and technology permit.⁷⁴

While the registrar should strive for complete legal and statistical information, an informant's inability to provide information for any one data field should not prevent registration.⁷⁵ For example, the need to name

⁷² U.N. *Principles and Recommendations for a Vital Statistics System, Revision 3*, para. 2.

⁷³ U.N. *Principles and Recommendations for a Vital Statistics System, Revision 3*, para. 2.

⁷⁴ U.N. *Principles and Recommendations for a Vital Statistics System, Revision 3*, para. 66, Table III.1

⁷⁵ U.N. *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, para. 292,

a father in the case of a birth to a single mother can be a major barrier to registration. While it is preferable that both parents are detailed in the registration record (in accordance with the Convention on the Rights of the Child), legislation should not prevent the registration of a child's birth if the mother cannot or will not name the father, or if the father refuses to acknowledge the child. For certain population groups, requiring disclosure to a government agency of citizenship status, nationality, ethnicity, religion, or other characteristic may act as a disincentive. In these situations, registration should be permissible without disclosing this information.

Guidance: In order to compare the various requirements against best practices, complete the worksheet below.

In addition, below the worksheet, state what, if any, information is required, without which registration would be denied. In the comments section, state whether the law aligns with best practice, and describe any gaps and/or opportunities for regulatory reform.

3A. Worksheet: Information collected at Registration: Fill in the "Actual Practice" column for Live Birth and Death based on current practice in your country. Place an "X" in the box if the information is collected. Note: Some information collected may be found in the law; however, most information collected will be found in the birth and death registration forms.

| | Best Practice: Live Birth | Actual Practice: Live Birth | Best Practice: Death | Actual Practice: Death |
|---|------------------------------|--------------------------------|-------------------------|---------------------------|
| Characteristic of Event [●=High Priority, ○= Lower Priority] | | | | |
| Date, (Time) and Place of Registration | ● | | ● | |
| Date, (Time) and Place of Occurrence | ● | | ● | |
| Attendant at birth | ● | | ●* | |
| Type of place of occurrence (hospital, home, etc.) | ○ | | ○ | |
| Type of Birth (twin, triplet, etc.) | ● | | | |
| Cause of Death | | | ● | |
| Manner of Death | | | ○ | |
| Whether autopsy findings used to establish COD | | | ○ | |
| Death occurring during pregnancy, childbirth, puerperium | | | ○ | |
| Certifier | | | ● | |
| Characteristics of Newborn/Foetus [●= High Priority, ○= Lower Priority] | | | | |
| Sex | ● | | | |
| Weight at birth | ● | | | |
| Delivered in wedlock | | | | |
| Characteristics of Mother/Father/Decedent [▽=Mother (C), ▽=Mother (R); ▲=Father (C), △=Father (R); ■=Decedent (C), □=Decedent (R)] | | | | |
| Date of birth | ▽/▲ | | ■ | |
| Sex | -/- | | ■ | |
| Marital Status | ▽/▲ | | ■ | |
| Educational Attainment | ▽/▲ | | □ | |
| Literacy status | ▽/△ | | □ | |
| Ethnic and/or national group | ▽/△ | | □ | |
| Citizenship | ▽/△ | | □ | |
| Economic activity status | ▽/△ | | □ | |
| Usual occupation | ▽/△ | | □ | |
| Whether birth was registered* | | | □ | |

| | Best Practice: Live Birth | Actual Practice: Live Birth | Best Practice: Death | Actual Practice: Death |
|--|------------------------------|--------------------------------|--------------------------|---------------------------|
| Born in wedlock* | | | <input type="checkbox"/> | |
| Place of usual residence | ▼/▲ | | ■ | |
| Place of usual residence of mother (for deaths under 1 year) | | | ■ | |
| Duration of residence in usual place | ▼/△ | | <input type="checkbox"/> | |
| Place of previous residence | ▽/△ | | <input type="checkbox"/> | |
| Place/country of birth | ▼/△ | | <input type="checkbox"/> | |
| Date of last menstrual period | ▽ | | | |
| Number of prenatal visits | ▽ | | | |
| Month of pregnancy prenatal care began | ▽ | | | |
| Children born alive to mother during her entire lifetime | ▼ | | | |
| Children born alive to mother during her entire lifetime and still living | ▽ | | | |
| Foetal deaths to mother during her entire lifetime | ▼ | | | |
| Date of last previous life birth | ▼ | | | |
| Date of marriage | ▼ | | | |
| Additional Information for Legal Registration [●=High Priority, ○=Lower Priority] | | | | |
| Name and surname | ● | | ● | |
| Name and surname of parents | ● | | ● | |
| Nationality | ● | | ● | |
| Nationality of parents | ● | | | |
| Identity, Signature, and Seal of Registrar | ● | | ● | |
| Identity document & registration data relating to birth | | | ● | |

Describe what, if any, information is required to register an event; in other words, without this information registration will be denied. Examples might include paternal information (for live birth registration) or cause of death (for death registration)

Live Birth:

Citation:

Comments:

Death:

Citation:

Comments:

4. Informants

Best Practice: Registration records should be completed as soon as possible after the vital event occurs. The simplest and quickest method to achieve this is to require a specifically designated informant to

provide the needed information soon after the event has occurred.⁷⁶ The informant is the person who is legally required to report to the local registrar the occurrence and details of a vital event within the prescribed time limit.⁷⁷ The informant is important because the registrar can only register a vital event on the basis of the informant's declaration, either verbally or in writing.⁷⁸ The law should clearly and unequivocally ensure that there is one and only one person primarily responsible for serving this role; however, the law may designate individual alternatives.⁷⁹ The appropriate informant, in priority order of preference for birth, deaths and foetal deaths are given below.⁸⁰

| Informant | Live Birth | Death by Natural Causes | Death by Unnatural or Suspicious Causes |
|---|------------|-------------------------|---|
| Head of the institution where the event occurred/ health professional under whose supervision the event occurred | 1 | 1 | 1 |
| Mother | 2 | | |
| Father | 3 | | |
| Nearest relative of the mother | 4 | | |
| The nearest relative (e.g., surviving spouse or partner; or brother, sister, father or mother of decedent) | | 2 | 2 |
| Any other adult person having knowledge of the facts. ⁸¹ | 5 | 3 | 3 |
| Medicolegal officer (police, coroner, medical examiner) | | | 1 |

When vital events occur in health institutions, the most effective approach is to designate the head of the health institution as the primary informant for the event.⁸² Similarly, when a birth or death occurs at home under the care of a health professional (e.g., midwife, birth attendant, nurse, doctor), many countries find it effective to designate the health professional as the primary informant for the event.⁸³ In certain circumstances, such as those involving unnatural causes (i.e. accident, suicide, homicide) and deaths occurring outside of health facilities without medical supervision, the medicolegal authorities (e.g., police, coroner, medical examiner) may be responsible for informing the registrar of the vital event. In particular, deaths by unnatural causes and non-medically supervised deaths are often underreported because many CRVS systems rely on families (rather than government authorities) to report these deaths. (See Chapter 12, on Medicolegal Death Investigations, for more detail).

When no other informant is able to report the vital events, any adult with knowledge of the facts should be required (or at least permitted) to report the vital event. Responsibility might be placed on other government

⁷⁶ U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, para. 281.

⁷⁷ U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, paras. 349, 356.

⁷⁸ U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, para. 351.

⁷⁹ U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, para. 352.

⁸⁰ U.N. Guidelines on the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, paras. 257, 312, 318.

⁸¹ U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, para. 352 - 355.

⁸² U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, para. 350.

⁸³ U.N. Guidelines on the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, paras 257, 312, 318

officials, such as local government representatives, tribal leaders, or community health workers.⁸⁴ Religious actors who might be responsible for notifying home births or deaths could include priests, imams, or others presiding over naming ceremonies or funeral/burial ceremonies. Funeral directors may also be required to provide information to the registrar based on particulars collected about the decedent from next of kin.⁸⁵ Countries should consider how best to ensure that information from these possible informants is shared with the civil registrar – whether through an obligation to notify within a specified time period or by keeping a register that is shared with the civil registrar on a periodic basis.

The law should also address informants in the following situations. When a birth or death occurs on a ship or airplane, many countries place responsibility on the captain of the ship or airplane to act as the informant.⁸⁶ If a baby is found without any known guardians (called a “foundling”), the person or the head of the institution that assumes custody of the infant should be responsible for notifying the registrar of the birth.⁸⁷ When a person is brought in dead to a health facility, the law should place responsibility on the health facility or the medicolegal authorities to notify the death to the registrar.⁸⁸

Guidance: For each vital event, indicate the enumerated informants, any hierarchy, and whether each is permitted or required to report to the civil registrar, as well as any special procedures for reporting to the civil registrar. In the comments section below, state whether the law aligns with best practice and describe any gaps and/or opportunities for regulatory reform.

a. Live Birth Informants (Note any hierarchy and whether the informant is permitted/required to act. Also note any informants for births that occur on ships and airplanes and informants for foundlings):

Citation:

Comments:

b. Death Informants (Note any hierarchy and whether the informant is permitted/required to act. Also note any informants for deaths that occur on ships and airplanes. Specifically address informants for unnatural or suspicious deaths, including those brought in death to health facilities):

Citation:

Comments:

5. Place of Registration

Best Practice: A legal framework might limit registration of births and deaths to a primary registration area in a certain location: (1) the place of the event’s occurrence, (2) the place of usual residence of the mother (for birth) or the decedent (for death), or (3) either location. Allowing registration at the place of the event’s occurrence, rather than requiring registration at the place of residence, should facilitate and accelerate registration of vital events. If registration at both place of residence and place of occurrence is

⁸⁴ U.N. Guidelines on the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, paras 257, 312, 318.

⁸⁵ U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, para. 350; Model State Vital Statistics Act and Model State Vital Statistics Regulations 2011. Revision, p. 29, lines 1219-1223.

⁸⁶ U.N. Guidelines on the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, para. 306.

⁸⁷ U.N. Guidelines on the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, para. 297.

⁸⁸ U.N. Guidelines on the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, para. 341.

not practical, it is preferable to require vital events to be registered at the place of occurrence.⁸⁹ Note, however, that in the case of births, even where registration is limited to place of occurrence, the place of mother's usual residence should still be recorded for statistical and legal purposes.⁹⁰

If a birth or death occurs in a moving vehicle, such as a ship, airplane, train or car, many countries consider the place of occurrence to be the place where the baby or the deceased is first removed from the vehicle.⁹¹

As CRVSID systems become more networked within countries, it may be possible to register a vital event at any point where the informant can access the system, as the information would go directly to a central database.⁹²

Guidance: Describe where registration of birth and death must occur (i.e., place of residence vs. place of occurrence vs. either, or anywhere the system may be accessed). In the comments section below, state whether the law aligns with best practice and describe any gaps and/or opportunities for regulatory reform.

a. Live Birth:

Citation:

Comments:

b. Death:

Citation:

Comments:

6. Time Allowed for Registration

Best Practice: Uniform processes and time periods for registering vital events should be applied throughout the country. The maximum time period allowed for registration should be as short as possible so as to facilitate current and accurate registration, and the timely production of population statistics. Deadlines are often between 14-30 days for birth registration and around 3 days for death registration, but vary by country.⁹³ A grace period of up to one year after the event has occurred may be allowed for extenuating circumstances.⁹⁴

As a practical matter, hospitals and health facilities should be able to notify births almost immediately if the system is computerized and linked to the registrar, while notification of out-of-facility events often take longer. To address this, the legislation may provide a maximum timeframe in which an event must be reported and the regulations may set a shorter time frame for specific circumstances, such as events that occur in facilities with computerized systems.⁹⁵

Guidance: Describe the deadlines for on-time registration. Pay attention to whether different informants

⁸⁹ United Nations, *Handbook of Vital Statistics Systems and Methods Volume I: Legal, Organizational, and Technical Aspects*, New York, 1991, paras 177-179.

⁹⁰ U.N. *Principles and Recommendations for a Vital Statistics System*, Revision 3, para. 358.

⁹¹ U.N. *Guidelines on the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems*, paras 306, 377.

⁹² U.N. *Principles and Recommendations for a Vital Statistics System*, Revision 3, para. 92.

⁹³ U.N. *Handbook of Vital Statistics Systems and Methods Volume I: Legal, Organizational, and Technical Aspects*, paras 180-184.

⁹⁴ U.N. *Principles and Recommendations for a Vital Statistics System*, Revision 3, para. 363.

⁹⁵ U.N. *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, para. 279.

have different deadlines. Indicate who, if anyone, has authority to modify these deadlines and under what circumstances. Note: Late and delayed registrations are discussed in Section 9 below. In the comments section, state whether the law aligns with best practice and describe any gaps and/or opportunities for regulatory reform.

a. Live Birth:

Citation:

Comments:

b. Death:

Citation:

Comments:

7. Cost of Current Registration

Best Practice: UN principles for a registration system state that there should be no charge for registering a birth or death.⁹⁶ Payment of any fee to register these vital events before the statutory deadline would act as a disincentive to timely registration. While some countries impose a fee if an event is registered after the deadline, this too may act as a disincentive to registration. Therefore, it is recommended to use incentives, rather than penalties, to encourage on-time registration.

Guidance: Include details of all fees and deadlines related to registration of births and deaths. Note that costs of receiving birth/death certificates are analyzed in Section 10. In the comments section, state whether the law aligns with best practice and describe any gaps and/or opportunities for regulatory reform.

a. Fees for Live Birth Registration:

Citation:

Comments:

b. Fees for Death Registration:

Citation:

Comments:

8. Proof Required to Register

⁹⁶ U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, para. 364.

Best Practice: Registrars should require proof of the veracity of the information to be registered. The level of proof or evidence required for registration must be sufficiently stringent to provide assurance of the accuracy of the information without being so burdensome as to discourage registration.⁹⁷ Verification of the vital event can be achieved through documentary or oral evidence. Documentary evidence is always preferred, with the most common forms of documentary evidence being a notification of birth, a notification of death, and a medical certificate of cause of death (MCCD) (See Chapter 6 for more on MCCD). Ideally, this documentary evidence is issued by the health facility or health professional with knowledge of the event, and is submitted directly to the civil registrar. However, if an event occurs without medical supervision, documentary evidence may not always be available and, in such cases, a witness to the event may be requested for registration.⁹⁸ (For documentary evidence that is required for late or delayed registrations, see Section 9.)

A medical notification of birth or death constitutes critical documentary evidence of the occurrence of an event, which can be used to satisfy civil registration verification requirements. While the health sector should be the primary informant in accordance with best practice, if the family is the informant, the health sector should be required to issue a notification of birth or death to the family — free of charge — for all medically attended events.

Although cause of death information is essential for public health purposes, it should not be an absolute requirement to register a death.⁹⁹ In some countries, notification of the “fact of death” is verified by submitting the Medical Certificate of Cause of Death (MCCD) to the registrar. However, in places or circumstances where an MCCD is not available, this may create an impediment to registration. Therefore, proof or information on cause of death should not be required to register a death. (See Chapter 6 for more on MCCD). If an MCCD is not available, the death should be registered without cause of death information. A non-medical person should never be asked or required to provide cause of death information.

Laws may require the national ID number or ID card of the mother (and father, if available) for birth registration, and of next of kin for death registration. While this is generally good practice, rules should allow for alternative proof of identity for those who lack a national ID number or credential, such as those who live in remote areas, migrants, refugees, and stateless persons.

Guidance: Describe the documents or other evidence required to register a birth and death *within the statutory deadline*. Describe any requirement for medical professionals and/or the health sector to submit a notification of birth or notification of death to the registrar. If the family is the primary informant, describe any payment required for the issuance of a notification of birth or death to the family. Describe whether an MCCD or other proof of cause of death is required to register a death (address separately the requirements for medically attended deaths and deaths that occur without medical supervision).

In the comments section, state whether the law aligns with best practice and describe any gaps and/or opportunities for regulatory reform.

a. Evidence Requested to Register a Live Birth (medically attended and not medically attended):

Citation:

Comments:

b. Evidence Requested to Register a Death (medically attended and not medically attended):

⁹⁷ U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, paras 365-366.

⁹⁸ U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, paras 365-366, 368; U.N. Handbook of Vital Statistics Systems and Methods Volume I: Legal, organizational and technical aspects, paras 189-192.

⁹⁹ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, para. 321

Citation:

Comments:

9. Provision for Late and Delayed Registration

Best Practice: Deadlines for birth registration are often between 14-30 days and around 3 days for death registration, but vary by country.¹⁰⁰ A late registration occurs after the legally specified time period, but within a grace period, usually one year after the vital event.¹⁰¹ Delayed registration occurs after the grace period.¹⁰² While late registration should be discouraged so that vital events are registered in a timely manner, the procedures and proof required should not be so restrictive that they discourage late registration of events. Procedures should take account of the difficulties in finding or verifying evidence of past events while striving to maintain the integrity of the records.¹⁰³ Usually, late registration is allowed without much additional proof of the event. For delayed registration, additional proof (such as witnesses) may be required; however, this should not be so burdensome as to disincentivize registration. In addition, fees and penalties for late and delayed registration are generally not effective in preventing late and delayed registration, but instead act as a disincentive to registration.¹⁰⁴

Guidance: Describe the process and timelines for late and delayed registration of vital events. Note whether fees, the required proof, or other requirements are different for late and delayed registration. Indicate whether fees can be amended without legislative action. In the comments section, state whether the law aligns with best practice and describe any gaps and/or opportunities for regulatory reform.

a. Late and Delayed Live Birth Notification (time periods, evidence requested, fees):

Citation:

Comments:

b. Late and Delayed Death Notification (time periods, evidence requested, fees):

Citation:

Comments:

10. Unique Identity Codes

Best Practice: A Unique Identity Code (UIC) is a numeric or alphanumeric code assigned to an individual for life. Use of a UIC is a common way to share information across databases. However, not all countries use a

¹⁰⁰ U.N. Handbook of Vital Statistics Systems and Methods Volume I: Legal, Organizational, and Technical aspects, para. 182.

¹⁰¹ U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, para. 363.

¹⁰² U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, paras 369-370.

¹⁰³ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, paras. 281-283, 353-354.

¹⁰⁴ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, para. 30

UIC and in some countries the use of UIC to link information across databases is not legal due to privacy concerns.¹⁰⁵

For countries that use a UIC, a UIC should be assigned at birth registration, which facilitates linkage with the identity management and other data systems.¹⁰⁶ A UIC is assigned to only one person, and a person should have only one UIC within a jurisdiction.¹⁰⁷ A UIC generally cannot be changed except under specified circumstances, such as identity theft, and is retired or deactivated upon death.¹⁰⁸ Country practices vary on the reuse of a UIC after its retirement. In some countries a UIC is never reused; in others a UIC is reused but only after a lengthy period of time, such as 50 to 100 years after the person's death.¹⁰⁹

The content of the alphanumeric characters in the UIC has important implications for security. When UICs were first introduced decades ago, character sequences were based on personal information, such as date and place of birth. However, character sequences based on personal information may be easily comprehended, allowing the information and/or the UIC to be used fraudulently or for discriminatory purposes (for example, if a person can be identified as a refugee based on the UIC).¹¹⁰ Therefore, randomly generated unintelligible sequences are now preferred. Because a UIC is used to access services, it should be kept confidential and not displayed on birth certificates, as this may create the potential for identity theft.

Guidance: State whether UICs are in use in the country. If so, describe whether a UIC is assigned to all persons within the country (without discrimination) and at what age. Describe the character sequence of the UIC, including whether the character sequence is unintelligible, and whether a UIC sequence may be reused for another person after a period of years after retirement of the UIC. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Are UICs Assigned? ☐ Yes ☐ No

Citation:

Comments:

b. Is a UIC Assigned to All Persons Without Distinction or Discrimination? At What Age is a UIC Assigned?

Citation:

Comments:

c. Describe the Character Sequence of a UIC and Note any Potential Reuse:

Citation:

Comments:

¹⁰⁵ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, para. 104-105.

¹⁰⁶ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, paras 437-440.

¹⁰⁷ However, it is possible to have a UIC in more than one jurisdiction if a person is a resident or citizen of more than one jurisdiction

¹⁰⁸ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, para. 94.

¹⁰⁹ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, para. 465.

¹¹⁰ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, para. 441.

11. Certified Copies of Vital Event Information

Best Practice: A key responsibility of the registrar is to issue birth and death certificates, which serve as official evidence of the information on vital events listed in the register. A certificate is a document, in paper or electronic format, issued by the registrar and containing all or part of the exact information included in the original vital record, and which, when issued by the registrar, has the full force and effect of the original vital record.¹¹¹ These certificates come in several forms, including a computer printout, a photocopy or reproduction of the original record, or a separate form with handwritten or typed information. Depending on the information required, the certificate may contain all the information from the register (full- or long-form) or limited information (partial- or short-form).¹¹²

The receipt of a birth or death certificate, which is required to access certain services, is often a significant incentive for registration. UN principles provide that issuance of the original certificate should be free of charge.¹¹³ Charging for the original certificate at registration can serve as a disincentive for registration. However, the civil registration authority may charge for the issuance of additional copies of a certificate.

Because certificates may contain sensitive information and are often required to access certain private and governmental services and benefits, only interested parties or their legal representatives should be able to request certificates. Some countries issue “short-form” and “long-form” certificates. Short-form certificates contain limited information – such as full name, name of parents (for birth certificates), sex, place and date of birth, and/or place and date of death (for death certificates). Long-form certificates may include other information, which may be sensitive (such as issues of paternity and wedlock, cause of death information, etc.) and disclosure to the wrong person could violate the right to privacy. Only the immediate family, spouses, heirs, legal representatives, and third parties with a legitimate interest should have access to such sensitive information.¹¹⁴ The local registrar should have authority to determine the legitimacy of such requests and to require proof of identity and relationship to the registrant. Government agencies may also require such information for legitimate purposes.

Guidance: Indicate who is able to receive certified copies of information on birth and death contained in the register, what evidence is required to prove the identity of the requester, and what information is contained in the certified copy (including long-form and short-form, if applicable). Include details of all fees payable in connection with receipt of the certified copy, and note any fee differences between the original certificate and additional copies. In the comments section, state whether the law aligns with best practice and describe any gaps and/or opportunities for regulatory reform.

a. Birth Certificate (information contained on the birth certificate; who can request and proof of identity; fees for original and duplicate):

Citation

Comments:

b. Death Certificate (information contained on the death certificate; who can request and proof of identity; fees for original and duplicate):

Citation:

¹¹¹ Model State Vital Statistics Act and Model State Vital Statistics Regulations 2011 Revision, p. 4, lines 140-144. 81-

¹¹² U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, paras 284, 359.

¹¹³ U.N. Principles and Recommendations for a Vital Statistics Systems, Revision 3, para. 364.

¹¹⁴ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, paras. 285-286, 360-361.

Comments:

12. Incomplete Records, Amendments, and Corrections

Best Practice: The law should contain clear provisions for amending records, including correcting errors and disputed entries, and name changes, legitimations, adoptions, and other changed circumstances. The civil registration agency should have authority to correct errors such as obvious spelling, date or typographical errors, and these types of changes should be permitted free of charge. Adding omitted information - such as late naming of a child or uncontested paternity information - should also be within the power of the civil registration authority. This relieves the applicant of having to spend time and money applying to the courts, and relieves the court of additional workload.¹¹⁵ For corrections or amendments that involve changed circumstances or involve the rights of others (e.g., a spouse or a child), a registrant or their legal representative generally must apply directly to the courts. These types of amendments usually include adoption, surrogacy, paternity, divorce, annulment, and judicial separation. Country practices vary regarding name change. Some countries require a court order in order to change a name in the birth register; other countries allow registrars to approve name changes. In some jurisdictions, change of sex on a birth record and identity documents requires a court order and may also require proof of sex reassignment surgery. However, this is changing in some countries, which now allow a change of sex on birth certificates and identity documents without this overly burdensome requirement.¹¹⁶

In some cultures, a child is not given a name until after a naming ceremony. Registration practices should be sensitive to those customs to minimize the number of name changes required, while ensuring timely registration of the birth. One way to achieve this is to register the birth with a “temporary” name of “baby boy/girl” and permit the addition or amendment of a name within a defined number of days — at which point the child’s name will be changed.¹¹⁷

Guidance: Describe which types of amendments the registrars can make on his/her own and which can only be made following judicial intervention/court order. Describe all procedures facilitating or impeding delayed naming of a child pursuant to naming ceremonies or similar customs, including time periods, certificates to be delivered, etc. Note any process for legitimation or adoption of a child following initial registration of birth. In the comments section, state whether the law aligns with best practice and describe any gaps and/or opportunities for regulatory reform.

a. Corrections/Amendments that Can be Made by Registrar (for example, errors, omissions, uncontested information and late naming (if applicable)). Note if registrars can approve a name change. Distinguish between amendments that can be made by a local registrar and those that require approval from a higher level, such as the national registrar:

Citation:

Comments:

¹¹⁵ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, paras. 408-412.

¹¹⁶ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, paras 413-418.

¹¹⁷ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, paras 295-296.

b. Amendments Requiring a Court Order (e.g., adoption, surrogacy, paternity, divorce, annulment, judicial separation, and sex change). Note if a name change requires a court order:

Citation:

Comments:

13. Registration Linked to Access to Key Services and Other Incentives

Best Practice: Complete registration of births and deaths will be affected by demand from citizens for birth and death registration and certificates, particularly in systems where the family is the informant. Linking access to key services to birth/death registration can increase demand. Key services might include national IDs, passports, voter registration, drivers' licenses, access to the national health system or national insurance plan, burial permits, access to pensions (or the pensions of loved ones who have died), inheritance, and other property rights. Marriage and divorce may also be linked to birth or death registration. For example, a birth certificate may be required to prove age of consent to marry, and a deceased spouse' death certificate may be required to permit re-marriage. Some private companies may require certificates for access to services, such as life insurance, banking, cellphones, or Internet access.¹¹⁸ While requiring a certificate to access key services will certainly increase demand for civil registration, overly strict requirements can reduce access to these services —an unintended consequence that may violate the human rights of the unregistered person. For example, if a birth certificate is mandatory for school attendance, a child should not be deprived of an education if their family failed to register their birth. Instead, birth registration should be facilitated at the time of school enrollment.¹¹⁹

There may also be incentives to register other than access to services. For example, some countries provide newborn kits (with items such as diapers, bottles and baby clothing) with birth registration, and subsidize costs for burial upon proof of death registration.¹²⁰

Guidance: Summarize whether and which civil registration documents are required to access key services, such as those listed above. Indicate whether registration is sufficient for access to the service or whether the person or family must present the certificate. In those cases, indicate whether the certificates are mandatory for access to the services or whether any alternative documents are permitted to access the system. Note that these rules are rarely included in the civil registration law, but are usually contained in laws related to the particular subject area (i.e., documents required to enroll in school may be found in education regulations). In the comments section, state whether the law aligns with best practice and describe any gaps and/or opportunities for regulatory reform.

a. What Services are Linked to Birth Registration and/or Having a Birth Certificate? (e.g., school, health, national ID document). Are alternative documents accepted?

Citation:

Comments:

¹¹⁸ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, paras 555-569.

¹¹⁹ UNICEF, A Passport for Protection: A Guide to Birth Registration Programming. Ch. 2, pages 66-67.

¹²⁰ U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, paras 564, 566

b. What Services are Linked to Death Registration and/or Having a Death Certificate? (e.g., life insurance benefits, pension of deceased spouse, remarriage). Are alternative documents accepted?

Citation:

Comments:

c. Services Linked to Other Vital Event Registration/Certificate? Alternative documents accepted?

Citation:

Comment:

14. Burial Permits and Disposal of Bodies

Best Practice: UN guidance recommends that a country's legal framework require all deaths to be registered as a condition to issuing a permit for burial, cremation or other disposal of human remains.¹²¹ This requirement may be included in national laws on cemeteries/crematoria, in municipal laws/regulations, or in the civil registration law.

The need for a permit to transport or dispose of a body is a significant incentive for ensuring that the death is registered.¹²² However, the registration requirement for burial permits may be difficult to comply with, particularly in locations where registration offices are difficult to access or where local or religious customs require burial within a short time after death. It may also be difficult to enforce in settings where burials don't all occur at officially designated sites.

Where death registration is a prerequisite for issuing a burial permit, the permit issuing authority may be required to share permit records with the civil registrar to assist with monitoring. In addition, funeral homes, cemeteries, and crematoria may be required to request a copy of a burial permit or proof of death registration before providing services and to share records with the registrar to assist with monitoring. Where death registration is not required before issuing a burial permit, it may be appropriate to place responsibility on the permit issuing authority to be the informant or to notify the civil registrar of all deaths. Similarly, if death registration is not required to obtain a burial permit, funeral facilities, cemeteries and crematoria may constitute an alternative entry point for ensuring that deaths are notified and/or registered.

Guidance: Describe the process for issuing a permit to bury, cremate or otherwise dispose of a body, including who issues the permit, whether death registration (including cause of death certification) is required for permit issuance, and any timelines. Describe if the issuing authority is required to share permit records with the civil registrar, or act as informant or notifier for unregistered deaths. Discuss whether funeral homes, cemeteries and crematoria must request a copy of a burial permit or request proof of death registration. Indicate whether these service providers are required to share records with the civil registrar, or to act as the informant or notifier for unregistered deaths. In the comments section, state whether the law aligns with best practice and describe any gaps and/or opportunities for regulatory reform.

¹²¹ U.N. Principles and Recommendations for a Vital Statistics System, Revision 3, para. 362.

¹²² U.N. Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, paras 363-365, 567.

a. Requirements for Permit to Dispose of Body (issuing authority, whether death registration is required prior to issuance, and any timelines):

Citation:

b. Is the Permit Issuing Authority Required to Share Records with the Civil Registrar? Is the Permit Issuing Authority Required to Act as the Informant or Notifier of Unregistered Deaths?

Citation:

c. Requirements for Funeral, Burial and Cremation (e.g., whether burial permit or proof of death registration is required);

Citation:

d. Are Funeral, Burial and Cremation Service Providers Required to Share Records with Civil Registrar? Are Funeral, Burial and Cremation Service Providers Required to Act as Informants or Notifiers of Unregistered Deaths?

Citation:

Comments:

15. Monitoring and Evaluation of Institutional Processes

Best Practice: Completeness of registration can only be achieved if the legal obligation to inform or notify vital events is monitored and enforced. A system of supportive supervision and monitoring is likely to be more effective than a system of fines and penalties, in part because the infrastructure required to adjudicate fines and penalties may not be available (overworked court systems, appeals procedures, collection of fines, etc.).¹²³ In contrast, a good system of reporting, monitoring, and feedback (for example, regular reports from those obliged to inform or notify vital events, such as health facilities, community health workers, or funeral homes, that are compared against birth and death registers) may be more feasible and effective.

Guidance: Describe any documented system of fines, incentives, or oversight to ensure institutions are complying with the legal requirement to inform or notify vital events. Include a description of the monitoring system and the amount of fines or penalties, as well as parties subject to fines or penalties. (Note that this section applies to institutions with an obligation to inform or notify (e.g. the health sector). Monitoring of local civil registrar offices is discussed in Chapter 2). In the comments section, state whether the law aligns with best practice and describe any gaps and/or opportunities for regulatory reform.

a. Oversight of Health Sector (monitoring, fines, incentives):

¹²³ U.N. Principles and Recommendations for a Vital Statistics Systems, Revision 3, para. 294

Citation:

b. Oversight of Other Institutions with Obligation to Notify (e.g., funeral homes, cemeteries, crematoria)
(monitoring, fines, incentives):

Citation:

Comments:



Chapter

05

Stillbirth Reporting and Registration

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Why it is important:

Accurately counting the incidence and identifying the causes of stillbirths are an essential first step to reduce the estimated 2.6 million stillbirths that occur globally each year. Consistent information about the nature and cause of death for stillbirths is needed for health system planning, prioritizing resources, policy making, and improving the quality of care at the point of service delivery.¹²⁴ Data derived from stillbirth statistics can help guide the development of public health interventions focused on preventing or decreasing the incidence of stillbirths. In addition, official recognition and documentation that a stillbirth occurred can hold significance for families and facilitate the burial or cremation of the stillborn baby.¹²⁵

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¹²⁴ *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, World Health Organization, 2016, page 5, available at: <https://www.who.int/publications/i/item/9789241511223>

¹²⁵ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, United Nations, 2019, at paragraph 309, available at: <https://unstats.un.org/unsd/demographic-social/standards-and-methods/?topics=Civil%20Registration%20and%20Vital%20Statistics>

Introduction

Reporting stillbirths is extremely important for statistical purposes. Statistics derived from stillbirth reporting can help guide the development of public health interventions focused on preventing or decreasing the incidence of stillbirths. Stillbirths are not the intended outcome of pregnancies, so their prevention is critical and should be informed by complete and accurate statistics. In addition, stillbirth reporting serves a legal and administrative function, as the right to bury a stillborn baby and access certain benefits for the parents, such as paid leave, may be tied to stillbirth reporting.

Birth and death registration, in addition to serving statistical and legal/administration functions, also serve an identity management function. Within the identity management system, birth registration establishes legal identity and death registration retires a legal identity.¹²⁶ Unlike birth and death registration, registration of stillbirths does not serve an identity management function. A stillbirth does not establish a legal identity and, therefore, stillbirths should not be entered into live birth and death registers.¹²⁷

1. Definitions

Best Practice: Clear and consistent definitions are necessary to establish a system for collecting high-quality data. Aligning definitions with international standards will help countries track development progress and meet international reporting requirements. The definitions listed below are important to understand when discussing stillbirths. In addition to defining “stillbirth”, definitions are provided for “foetal death”, “live birth”, “death”, “neonatal death”, and “perinatal death.” It is important to understand the distinction between a stillbirth and these other events.

Foetal Death is defined by the World Health Organization (WHO) as:

*Death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy. The death is indicated by the fact that after such separation the foetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles.*¹²⁸

A foetal death is a distinct vital event and should be distinguished from “live birth” and “death,” which the United Nations (UN) defines as follows:

*Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or any definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.*¹²⁹

*Death is the permanent disappearance of all evidence of life at any time after live birth has taken place (post-natal cessation of vital functions without capability of resuscitation).*¹³⁰

Note that the definition for “death” excludes foetal deaths.

Stillbirths are a subset of foetal deaths and can occur before the onset of labor (*antepartum*) or after the onset of labor but before birth (*intrapartum*).¹³¹ The threshold criteria used to classify stillbirths varies across countries, creating challenges for international statistical comparison. For national statistical purposes, the WHO recommends using the following criteria to define a stillbirth: a foetus with weight greater than or equal to 500 grams, or gestational age greater than or equal to 22 completed weeks, or body length greater than or equal to 25

¹²⁶ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 61-62.

¹²⁷ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 309.

¹²⁸ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 70.

¹²⁹ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 68.

¹³⁰ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 69.

¹³¹ *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, page 18.

cm. However, in statistics for international comparison, inclusion of the extremely low-birth-weight group disrupts the validity of comparisons and is not recommended. Therefore, for international statistical purposes, the WHO recommends using the following criteria: a foetus weighing greater than or equal to 1000 grams; or gestational age greater than or equal to 28 completed weeks; or body length greater than or equal to 35 cm.¹³² (For more on this topic see Section 3 below.)

A *miscarriage*, also called a spontaneous abortion in medical terminology, is a foetal death that occurs before the gestational threshold set as the national criteria for a stillbirth. For example, if a country uses 22 weeks as the national gestational criteria for a stillbirth, a miscarriage is any foetal death that occurs before 22 completed weeks gestation. If a country uses 20 weeks as the national gestational criteria, a miscarriage is any foetal death before that period.

Stillbirths and miscarriage (aka spontaneous abortion) should not be confused with *induced abortion*, defined as a pregnancy intentionally terminated by medication or a procedure that results in the death of the foetus.¹³³ In the case of stillbirth and miscarriage, the foetal death prior to expulsion is not intended.

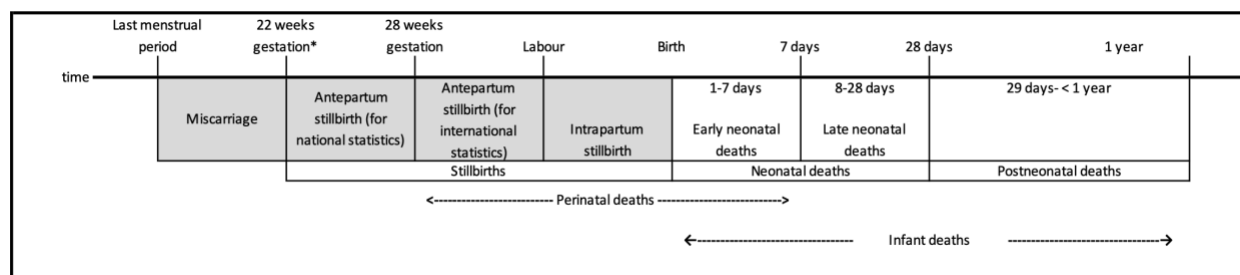
Other important medical terms relevant in the context of infant death and foetal death are *early neonatal death*, *neonatal death*, and *perinatal death*.

The neonatal period refers to the first 28 days of life. The early neonatal period is the first 7 days after birth, and the late neonatal period extends from 7 days to 28 completed days. The first day of life, the 24 hours following the birth, is typically considered “day 1” in clinical practice, but “day 0” in surveys and vital registration. In this chapter we refer to the first day of life as “day 1”; therefore, days 1–7 constitute the *early neonatal period*, days 8–28 are the *late neonatal period*, and days 1–28 are the *full neonatal period*.¹³⁴ As such, a *neonatal death* is the death of an infant during the first 28 days of life; an *early neonatal death* is the death of an infant during the first 7 days of life; and a *late neonatal death* is the death of an infant during days 8 through 28.

The perinatal period covers the time period after 28 weeks completed gestation through the first 7 days after birth. Therefore, *perinatal deaths* include stillbirths and all early neonatal deaths (1–7 days).¹³⁵

Studies have revealed misclassification of early neonatal deaths and stillbirths, which can impact a country’s vital statistics as misclassification may result in the over or under reporting of stillbirths, live births, and deaths. Clear definitions of these events should be included in the law and disseminated among providers and informants to help ensure that vital events are accurately captured.

Figure 1 shows the timeline for distinguishing miscarriage, stillbirth, neonatal death, and perinatal death.



*Note: This figure is based on a national threshold criteria of 22 weeks gestation for stillbirths. If the national threshold criteria for stillbirths is less than 22 weeks, the time periods for “miscarriage” and “stillbirths for national statistics” should be adjusted accordingly.

Guidance: State whether the terms below are defined in the legal framework. If so, provide the definition and the citation to the definition. For purposes of stillbirth reporting, the law should define, at a minimum, live birth,

¹³² *International statistical classification of diseases and related health problem, 5th edition*, World Health Organization, 2016, Volume 2, sections 5.7.2, 5.7.3 and 5.14, available at https://icd.who.int/browse10/Content/statichtml/ICD10Volume2_en_2019.pdf

¹³³ *Standard Terminology for Fetal, Infant, and Perinatal Deaths*, Pediatrics, Vol. 128, Issue 1, 1 Jul 2011, available at: <https://pediatrics.aappublications.org/content/128/1/177>

¹³⁴ *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, page 19.

¹³⁵ Some definitions of perinatal mortality also include the late neonatal period; however, this is a less common practice. See *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, page 20.

death, foetal death, and stillbirth. Other important terms may be defined, but may not be necessary, depending on the focus and structure of the law. In the comments sections, analyze whether the definitions (if any) align with the UN/WHO definitions listed above.

a. Live Birth: Defined: _____ Yes _____ No

Definition:

Citations:

Comments:

b. Death: Defined: _____ Yes _____ No

Definition:

Citations:

Comments:

c. Foetal Death: Defined: _____ Yes _____ No

Definition:

Citations:

Comments:

d. Stillbirth: Defined: _____ Yes _____ No

Definition:

Citations:

Comments:

e. Other important terms

Definition:

Citations:

Comments:

2. Two Methods of Reporting Stillbirths: Civil Registration and the Health Sector

Best Practice: There are two methods of reporting¹³⁶ stillbirths for statistical purposes. One method is reporting through the civil registration system and the other method is reporting by the health sector to the Ministry of Health. Both methods are considered international good practice.

a. Reporting Through Civil Registration

In this method, a stillbirth is registered through the civil registration system, usually in a separate register called a “foetal death register” or a “stillbirth register”. The UN recommends that a stillbirth should not be registered in the “live birth register” or the “death register”, as a stillbirth does not establish a legal identity or affect civil status.¹³⁷ However, some countries include stillbirths in a “birth register”, which includes both live births and still births. If a country follows this practice, it should ensure that the birth register clearly notes the birth as a stillbirth in order to facilitate the separation of these different vital events for correct calculation of live birth and stillbirth statistics. This is more easily done in digitized registers, and should be discouraged in paper systems. In addition, a stillbirth should never be entered into the death register, as this would interfere with correct calculation of death statistics.

It is important to differentiate between a stillbirth and a neonatal death. A neonatal death is a live birth followed by a death within the first 28 days of life. A neonatal death is registered in both the “live birth register” and the “death register”, even if these events occur within a short time span; however, a stillbirth should be recorded in a separate stillbirth register (or in a “birth register”, which includes live births and stillbirths, as noted above).

As with births and deaths, the Registrar General is responsible for submitting anonymized stillbirth statistical information (see section 10, below) to the national statistics agency for compilation of vital statistics on stillbirths.

b. Reporting by the Health Sector

In this method the health sector, including public and private health facilities, are responsible for reporting stillbirths to the Ministry of Health (MoH). In some countries, the MoH is responsible for sending anonymized stillbirth information to the national statistics agency, which then compiles statistics on stillbirths. In other countries, the MoH itself is responsible for compiling statistics on stillbirths. Either is good practice.

c. Hybrid Systems

Some countries follow a hybrid practice, reporting late stillbirths (28 or more weeks completed gestation) through civil registration system and early stillbirths (22 to 28 weeks completed gestation) through the health sector to MOH. This is also considered international good practice. In a hybrid system, the MOH or the national statistics agency may be responsible for compilation of early stillbirth (22-28 weeks gestation) statistics, and the national statistics agency is generally responsible for compilation of late stillbirth (greater than 28 weeks gestation) statistics.

Guidance: Describe whether stillbirths are reported through the civil registration system, the health sector, or a combination of the two. If a hybrid system is used, be sure to answer all questions below. Provide citations to the relevant laws or documents. In the comments section, note whether the law is clear as to which reporting method is followed.

a. Are stillbirths registered in the civil registration system? _____ Yes _____ No

Citations:

¹³⁶ Countries vary in their use of ‘registration’ and ‘reporting’ in describing the process to capture stillbirths in vital statistics. In this chapter, reporting will be used to describe the process for both methods- health sector and civil registration. Registration will be used when describing the process only for the civil registration system.

¹³⁷ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 309.

Comments:

- b. If yes, is a separate register used for the registration of stillbirths or are stillbirths recorded in a birth register that include both live births and stillbirths?

_____ Separate stillbirth register _____ Birth Register with both live births and stillbirths

Citations:

Comments:

- c. Are stillbirths reported through the health sector? _____ Yes _____ No

Citations:

Comments:

3. Which Foetal Deaths to Report: Stillbirths

Best Practice: Regardless of whether stillbirths are reported through the civil registration system or by the health sector to MoH, there should be clear threshold criteria for reporting stillbirths.

The WHO recommends that all foetal deaths involving fetuses weighing at least 500 grams should be reported and included in *national statistics*. When information on weight is unavailable, a gestational age of 22 completed weeks or a body length of 25 cm from crown to heel should be used. The inclusion of fetuses weighing between 500 and 1000 grams in *national statistics* is recommended, both because of its statistical value and because it improves the coverage of reporting at 1000 grams and over.¹³⁸

Given the variability in foetal size across countries, inclusion of the extremely low-birth-weight group in statistics for *international comparison* disrupts the validity of comparisons and is not recommended. Therefore, for *international statistics*, countries should report and include fetuses weighing 1000 grams or more. Where information on birth weight is not available, a gestational age of 28 completed weeks or body length of 35 cm crown to heel should be used.¹³⁹

The WHO in version 10 of the International Classification of Diseases (ICD) recommends that the criteria for deciding whether a foetal death has taken place should be applied in the order: (1) birth weight; (2) gestational age; (3) crown–heel length.¹⁴⁰ However, in other WHO publications, the WHO recognizes that in many countries and settings, weight or length of the foetus may not be available. In those settings, if a single threshold parameter is used, the WHO recommends using gestational age, as it is a better predictor of viability than birth weight and information about gestational age is more likely to be available.¹⁴¹

With neonatal care improvements and increases in survivability of preterm deliveries, some countries use a lower gestational age threshold for national statistics purposes. Some countries, for example, define and record stillbirths as early as 20 weeks gestation, and likewise track outcomes for babies born alive as early as 20 weeks gestation. Most live-born babies in countries with well-resourced neonatal intensive care units can survive even if born as early as 20 weeks of gestation. Thus, while the WHO's recommends a threshold of 28 completed weeks of

¹³⁸ ICD-10 volume, sections 5.14, available at https://icd.who.int/browse10/Content/statichtml/ICD10Volume2_en_2019.pdf

¹³⁹ ICD-10 volume, sections 5.14, available at https://icd.who.int/browse10/Content/statichtml/ICD10Volume2_en_2019.pdf

¹⁴⁰ ICD-10 volume, sections 5.14, available at https://icd.who.int/browse10/Content/statichtml/ICD10Volume2_en_2019.pdf

¹⁴¹ *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, World Health Organization, 2016, page 18.

gestation for international reporting, and a threshold of 22 completed weeks of gestation for national reporting, it is important to note that these thresholds might miss earlier stillbirths, thus undercounting the true burden.¹⁴²

Guidance: State which stillbirths are reported through the civil registration system and/or the health sector. Note the threshold parameters for reporting stillbirths and provide citations to the relevant laws or documents. If a hybrid system is in place, note the thresholds for reporting to both MOH and the civil registration system. In the comments section, analyze and describe whether the current practice aligns with best practice.

-
- a. Which stillbirths (if any) are reported to the civil registration system and/or the MOH? Note the threshold parameters.

Citations:

Comments:

4. Informant/Reporter

Best Practice:

a. Registering Stillbirths through Civil Registration

Registration records should be completed as soon as possible after the vital event occurs. The simplest and quickest method to achieve this is to require an “informant” to provide the needed information soon after the event occurs.¹⁴³ The informant is “the individual or institution whose responsibility, designated by law, is to report to the registrar the fact of the occurrence of a vital event and to provide all the information on and all the characteristics of the event. Based on such a report, the event may be legally registered by the registrar.”¹⁴⁴ The role of an informant is important because the registrar can only register a vital event on the basis of the informant’s declaration, either verbally or in writing.¹⁴⁵

The UN recommends the following as the primary informant for a stillbirth, in order of priority: 1) the head of the health facility (for a stillbirth that occurred in a health facility) or the birth attendant or other medical professional (for a stillbirth that occurred outside a health facility with medical supervision), 2) the mother, 3) the father, 4) the nearest relative of the mother, 5) any other adult person having knowledge of the facts.¹⁴⁶

When vital events occur in health institutions, the most effective approach is to designate the head of the institution as the primary informant for the event.¹⁴⁷ This ensures that complete and accurate information is provided to the registrar within a short time period after the event. Similarly, when a vital event occurs at home under the care of a health professional (e.g., midwife, birth attendant, nurse, physician), many countries find it effective to designate the health professional as the primary informant for the event.¹⁴⁸ As the informant, the head of the health facility or the attending health professional should be required to provide to the registrar *all* the legal and statistical information necessary to register the stillbirth. Based on this information, the registrar registers the

¹⁴² *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, World Health Organization, 2016, page 18.

¹⁴³ Principles and Recommendations for a Vital Statistics System, Revision 3, United Nations, New York, 2014, paragraph 281, available at: <https://www.un.org/development/desa/capacity-development/tools/tool/principles-and-recommendations-for-a-vital-statistics-system-revision-3/>

¹⁴⁴ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 224.

¹⁴⁵ Principles and Recommendations for a Vital Statistics System, paragraph 351.

¹⁴⁶ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 312.

¹⁴⁷ Principles and Recommendations for a Vital Statistics System, paragraph 350.

¹⁴⁸ Guidelines on the Legislative Framework for Civil Registration, Vital Statistics, and Identity Management Systems, paragraphs 257, 312, 318.

stillbirth. The family is not required to take any additional steps. This is a one-step process.

Some countries follow a two-step process. In this process, the head of the health facility or the attending medical professional submits a notification of stillbirth to the registrar and provides a copy to the parent(s). To complete the registration process, the parent must then submit the copy of the notification of stillbirth, together with any other required information, to the registrar. The registrar cannot register the stillbirth until the parent provides this information. Therefore, the parents are the informant in this process and the health facility/health professional is the notifier. This two-step process may result in lower registration rates because parents may fail to complete registration.

b. Reporting Stillbirths Through the Health System

We do not use the term “informant” if stillbirths are tracked only through the health sector. Nonetheless, the same institutions and personnel are involved in reporting stillbirths under this method. For stillbirths that occur in a health facility, the head of the health facility (or their designee) is responsible for reporting stillbirths to the MoH. For a stillbirth that occurs at home, the birth attendant or other medical professional that attends the stillbirth is responsible for reporting this information. In some countries, these birth attendants/medical professionals report the stillbirth to the local health facility, which is then responsible for reporting to MoH. In other countries, the birth attendant/medical professional reports the stillbirth directly to MoH.¹⁴⁹

c. Stillbirths Occurring Without Medical Supervision

In many countries, home births are common. Therefore, many stillbirths also occur at home. At-home stillbirths that occur without medical attention are harder to track. However, even in this scenario, the health sector has an important role to play. For example, if an at-home stillbirth was not attended by a medical professional, the mother may have had contact with a community health worker during her pregnancy and may seek medical care after the stillbirth occurs. In some countries, if a woman seeks medical care after a stillbirth, the health facility or medical professional that cares for the woman is responsible for reporting the stillbirth to the registrar or through the health system (depending on which tracking method is used). If a woman does not seek medical care, but a community health worker becomes aware of a stillbirth that occurred at home without medical supervision, that community health worker may be responsible for following up with the woman and reporting the stillbirth to the registrar or through the health sector (depending on which tracking method is followed).

Guidance: If your country registers stillbirths through the civil registration system, follow the guidance for Section (a) and complete the questions. If your country reports stillbirths through the health sector, follow the guidance for Section (b) and complete the questions. If your country reports stillbirths through both methods, complete all questions.

a. Registering through Civil Registration

If your country reports stillbirths through the civil registration system, answer the following questions and provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

- i. Who is the informant for a stillbirth that occurs in a health facility? Describe the process, including any actions required by the health facility and/or any actions required by the family to notify or inform the registrar of the stillbirth.

Citations:

Comments:

¹⁴⁹ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 313.

- ii. Who is the informant for a stillbirth that occurs at home with a birth attendant or medical professional? Describe the process, including any actions required by the birth attendant or medical professional and any actions required by the family to notify or inform the registrar of the stillbirth.

Citations:

Comments:

- iii. Who is the informant for a stillbirth that occurs at home without a birth attendant or medical professional? Describe the process, including any actions required by health professionals and/or any actions required by the family to notify or inform the registrar of the stillbirth.

Citations:

Comments:

b. Reporting by the health sector

If your country reports stillbirths through the health sector, answer the following questions and provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

- i. Who is responsible for reporting a stillbirth that occurs in a health facility? Describe the reporting process.

Citations:

Comments:

- ii. Who is responsible for reporting a stillbirth that occurs at home with a birth attendant or medical professional? Describe the reporting process.

Citations:

Comments:

- iii. Who is responsible for reporting a stillbirth that occurs at home without a birth attendant or medical professional? Describe the reporting process.

Citations:

Comments:

5. Time Period for Reporting a Stillbirth

Best Practice: If stillbirths are reported through the civil registration system, the law should specify the timeframe within which the informant must report to the registrar.¹⁵⁰ For countries with a two-step process, the law should

¹⁵⁰ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 313.

specify the timeframes for notification from the health sector and reporting by the informant. Country practices vary, with some countries requiring reporting within the same timeframe for a death, and other countries requiring reporting within the same timeframe for a live birth.¹⁵¹ Thus, these time periods can vary, but are usually within 3 – 30 days.

If stillbirths are tracked through the health sector, health facilities and health professionals should be required to report stillbirths to the MoH on a regular and timely basis. Again, these practices vary from country to country, but timeframes are usually within 3 – 30 days.

Given the public health importance of stillbirth statistics to inform prevention programs, stillbirth reporting should be timely and should not exceed the recommended 30-day period.

Guidance: Describe the timeframe for reporting stillbirths. For countries that track stillbirths through the civil registration system, note any timeframes that apply to actions by the health facility/health professional and any timeframes that apply to actions by the family. For countries that track stillbirths through the health sector, note any timeframes that apply to health facility/health professional reporting. Provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

a. Time periods:

Citations:

Comments:

6. Place of Registration [Complete this section only if your country tracks stillbirths through civil registration]

Best Practice: Traditionally, legislation has limited registration of vital events to a primary registration area in a certain location. The place of registration of a vital event can be the place of occurrence, or the place of usual residence, or either. Allowing registration at the place of the event's occurrence, rather than requiring that it occur at the place of residence, should facilitate and accelerate registration of vital events. If registration at both place of residence and place of occurrence is not practical, it is preferable to require vital events to be registered at the place of occurrence.¹⁵² If stillbirths are registered at place of occurrence, the place of mother's usual residence should still be recorded for statistical and legal purposes.¹⁵³ (See Section 9 – Statistical Information Collected).

As CRVSID systems become more networked within countries, it may be possible to register a vital event at any point where the informant can access the system, as the information would go directly to a central database.¹⁵⁴

Guidance: Describe where registration of a stillbirth must occur (i.e., place of residence vs. place of occurrence vs. either, or anywhere the system may be accessed). Provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

a. Where must a stillbirth be registered?

¹⁵¹ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 313.

¹⁵² United Nations, *Handbook of Vital Statistics Systems and Methods Volume I: Legal, Organizational, and Technical Aspects*, New York, 1991. p. 20, paras. 177-179.

¹⁵³ *Principles and Recommendations for a Vital Statistics System*, paragraph 358.

¹⁵⁴ *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, paragraph 270.

Citations:

Comments:

7. Cost of Registration [Complete this section only if your country tracks stillbirths through civil registration]

Best Practice: The UN recommends that there be no charge for registering a stillbirth,¹⁵⁵ as a fee to register a stillbirth before the statutory deadline can act as a disincentive to timely registration. While some countries impose a fee if an event is registered after the deadline, this too may act as a disincentive to registration.

Guidance: State whether a fee is charged for timely registration of a stillbirth. State any fees for late or delayed registration. (Note: the cost of receiving a stillbirth certificate is discussed in Section 10.) Provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

-
- a. State any fees charged for on-time, late and delayed registration of a stillbirth:

Citations:

Comments:

8. Medical Certification of Cause of Death for Stillbirths

Best Practice: Understanding the cause of death (“COD”) for all deaths is critical to ensuring that usable mortality data is available in a country. Medical certification of COD is “all those diseases, morbid conditions or injuries, which either resulted in or contributed to death and the circumstances of the accident or violence which produced such injuries.”¹⁵⁶ Ideally, all stillbirths should have a medically certified cause of death assigned by a physician. However, the inability to medically certify a cause of death should not prevent the registration or reporting of a stillbirth.

The WHO recommends using the International form of Medical Certification of Cause of Death (MCCD) for the medical certification of stillbirths.¹⁵⁷ This is the same form used for medical certification of cause of death for all deaths and replaces the previously recommended perinatal death certificate. This MCCD form may be a separate form from the Notice of Stillbirth Form (see Section 4 above), or embedded into the Notice of Birth Form, or a bifurcated form may be developed in which the MCCD is one portion of the form and the Notice of Birth is another portion of the form.

A certifier of COD is the person authorized by law to medically certify the underlying and contributory causes of death, and other facts related to the death, for submission to the local registrar or other appropriate authority.¹⁵⁸

¹⁵⁵ Principles and Recommendations for a Vital Statistics System, paragraph 364.

¹⁵⁶ *International statistical classification of diseases and related health problem, 5th edition, Volume 2*; See also *Health Topics*, World Health Organization website, available at: https://www.who.int/bulletin/volumes/84/3/mortality_glossary/en/

¹⁵⁷ *International statistical classification of diseases and related health problem, 5th edition, Volume 2*, page 140.

¹⁵⁸ Principles and Recommendations for a Vital Statistics System, page 202.

Only trained physicians should certify cause of death. For stillbirths that occur with physician supervision (whether in or outside a health facility), the physician who attended the stillbirth or cared for the mother should be responsible for certifying the cause of death.

The WHO application of the mortality codes in the International Classification of Diseases to deaths during the perinatal period (ICD-PM) should be used to code medically certified stillbirths. ICD-PM aims to link stillbirths and neonatal deaths to contributing maternal conditions, where applicable, in a way that is consistent across all settings. This will help standardize and increase the amount of available information on causes of stillbirths and neonatal deaths around the critical time of childbirth.¹⁵⁹ (For more on ICD coding, see Chapter 5, Section 3). Countries that maintain a separate medical certification form for the certification of perinatal deaths should include in the form the data fields recommended by the WHO in the ICD.¹⁶⁰ (See Annex 1 for a list of these WHO recommended variables).

In countries with high rates of institutionalized deliveries, medically unattended stillbirths should be treated like a medically unattended death and referred to the medicolegal death investigation system (MLDI) for medical certification of cause of death. (See Chapter 11 for more on MLDI). In countries with low rates of institutionalized deliveries, it may not be feasible to refer medically unattended stillbirths to the MLDI system. In those countries, a local health worker should determine whether the stillbirth might be due to unnatural or external causes, and if so, to refer the case to MLDI.

In countries that register stillbirths through the civil registration system, the health facility, medical practitioner, MLDI authority, or medical personnel working with the MLDI authority that completed the MCCD should be responsible for submitting the MCCD to the registrar or directly to the statistics agency. In countries that report stillbirths through the health sector, the health facility, medical practitioner, MLDI authority, or medical personnel working with the MLDI authority that completed the MCCD should be responsible for submitting the MCCD to the MoH. (See Section 12 below for more on Compilation of Vital Statistics on Stillbirths).

Guidance: Answer the following questions regarding medical certification of cause of death for stillbirths. Provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

-
- a. Are stillbirths required to have a medically certified cause of death in order to be reported or registered?

_____ Yes _____ No

Citations:

Comments:

- b. What form is used to medically certify cause of death for a stillbirth?

Citations:

Comments:

- c. Who is responsible for medically certifying cause of death for a stillbirth? Specify the certifier for medically supervised and non-medically supervised stillbirths.

¹⁵⁹ *Making Every Baby Count: Audit and review of stillbirths and neonatal deaths*, pages 17, 21.

¹⁶⁰ *International statistical classification of diseases and related health problem, 5th edition*, Volume 2, page 141.

Citations:

Comments:

- d. State which agency is responsible for ICD coding for medically certified stillbirths.

Citations:

Comments:

- e. To what agency must the certifier submit the MCCD in the case of stillbirths? (e.g., registrar, statistics agency, MoH)?

Citations:

Comments:

9. Statistical Information Collected

Best Practice: The UN recommends specific topics that should be recorded during civil registration in order to generate vital statistics. These topics are divided into high priority topics, which should be collected by all countries, and lower priority topics, which countries should strive to collect as their systems evolve over time. The UN recommended statistical topics for foetal deaths, shown in the chart below,¹⁶¹ should be recorded regardless of whether stillbirths are reported through the civil registration system or through the health sector.

Two topics deserve added explanation. First, the place of usual residence of the mother is a high priority topic. It is important to collect the usual residence of the mother regardless of whether reporting is through civil registration or the health sector, or reported at place of occurrence or place of residence (see Section 6). Place of mother's residence enables data analysts and policymakers to discern if the rate of occurrence of stillbirths in certain areas of the country displays unexpected trends. However, while usual place of residence of the mother is collected, due to the sensitive nature of stillbirth reporting, it is important not to record any identifying information of the mother or father as this creates privacy concerns. This differs from live birth registration, where the name of the mother and father are recorded in the register. Second, the UN recommends recording the date of the last menstrual period of the mother, which is used to calculate gestational age, as a lower priority topic. However, given that the WHO recommends reporting stillbirths using gestational age as a threshold criteria, in practice this is treated like a high priority topic.

Guidance: To compare the various requirements against best practices, complete the worksheet below. In the comments section, analyze and describe whether the current practice aligns with best practice.

| | Best Practice: Foetal Death | Actual Practice: Foetal Death |
|--|--------------------------------|----------------------------------|
| Characteristic of Event [●=High Priority, ○= Lower Priority] | | |
| Date and Place of Registration | ● | |

¹⁶¹ UN Principles and Recommendations for a Vital Statistics System, Revision 3, at paragraph 66, Table III.1.

| | Best Practice: Foetal Death | Actual Practice: Foetal Death |
|---|--------------------------------|----------------------------------|
| Date and Place of Occurrence | ● | |
| Attendant at birth | ○ | |
| Type of Birth (twin, triplet, etc.) | ○ | |
| Type of place of occurrence (hospital, home, etc.) | ○ | |
| Cause of Death | ○ | |
| Certifier | ○ | |
| Characteristics of Foetus [●= High Priority, ○= Lower Priority] | | |
| Sex | ● | |
| Weight at stillbirth | ○ | |
| Delivered in wedlock | ○ | |
| Date of last menstrual period of mother (gestational age is derived from this)* | ○ | |
| Characteristics of Mother/Father [▼=Mother ▲=Father; ▼/▲= high priority, ▽/△ = Lower Priority] | | |
| Date of birth | ▼/▲ | |
| Educational Attainment | ▽/△ | |
| Literacy status | ▽/△ | |
| Ethnic and/or national group | ▽/△ | |
| Citizenship | ▽/△ | |
| Economic activity status | ▽/△ | |
| Usual occupation | ▽/△ | |
| Place of usual residence | ▼/▲ | |
| Duration of residence in usual place | ▽/△ | |
| Place of previous residence | ▽/△ | |
| Ethnic and/or national group | ▽/△ | |
| Citizenship | ▽/△ | |
| Place of birth | ▽/△ | |
| Number of prenatal visits | ▽ | |
| Month of pregnancy prenatal care began | ▽ | |
| Children born alive to mother during her entire lifetime | ▼ | |
| Children born to mother during her entire lifetime and still living | ▽ | |
| Foetal deaths to mother during her entire lifetime | ▼ | |
| Date of last previous life birth | ▼ | |
| Date of marriage | ▼ | |

*Note: Although the UN designates “date of last menstrual period of mother” as lower priority, in practice this is treated like a high priority topic because stillbirths are reported using gestational age as a threshold criteria (see guidance above).

Citations:

Comments:

10. Proof of Reporting Prior to Issuance of Burial Permits

Best Practice: In most countries, when a stillbirth occurs in a health facility, the family is offered the option of the health facility carrying out disposal of the stillborn baby or releasing the stillborn baby to the family for burial or cremation. If the family chooses to bury or cremate the stillborn baby, the provider of the funeral, burial or cremation service should be required to request proof that the stillbirth was reported to the registrar or the health system before final disposition.¹⁶² This helps ensure that stillbirths are registered or reported.

The type of proof required varies by type of system. Generally, in systems where the health facility is the informant for stillbirth registration (in a one-step process) or responsible for reporting to the MoH, the health facility or medical professional that attended the stillbirth provides a copy of a document, such as a stillbirth notification or medical record of stillbirth, to the family. This document provides the family proof that the health sector has fulfilled its reporting function and allows the family to bury or cremate their stillborn baby. In countries where the family is the informant, the registrar provides the family a certificate of stillbirth registration (also called a certificate of foetal death registration) or some other document proving that the family reported the stillbirth. Note that in some countries it may not be possible to immediately issue a stillbirth registration certificate, as the process of verifying and officially entering the information into the register can take days or longer. Therefore, a document that demonstrates the stillbirth has been reported is sufficient. Regardless of the type of proof required for final disposition, this proof should be provided free of charge.

Guidance: Answer the questions below regarding any documentation required to prove the reporting of a stillbirth prior to burial or cremation of a stillborn baby. Provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns with best practice.

-
- a. [For systems where the health sector is the informant for registration or reports to the MoH]: Is the health facility or medical professional that attended the stillbirth required to issue a document to the family that proves that the stillbirth was reported? If yes, is this document provided free of charge?

Citations:

Comments:

- b. [For systems where the family is the informant for stillbirth registration]: Is the registrar required to issue to the family a stillbirth registration certificate or some other document proving that the family fulfilled its duty to report the stillbirth? Is this document issued free of charge?

Citations:

Comments:

- c. Are funeral, burial and cremation services required to request proof that a stillbirth was reported to the health sector or the civil registration system prior to final disposition of a stillborn baby?

Citations:

Comments:

¹⁶² *Guidelines on a Legislative Framework for Civil Registration, Vital Statistics, and Identity Management*, United Nations, 2019, at paragraph 315.

11. Foetal Death Certificates and Commemorative Stillbirth Certificates

Best Practice: In systems where stillbirths are registered through the civil registration system with a two-step process, the civil registrar issues a foetal death certificate to the parents after registration of the event. In civil registration systems with a one-step process, this document is issued only upon request, because the health facility issues the family a copy of the notice of stillbirth for burial purposes (see above). This foetal death certificate is an official government document.

Because a stillbirth is not a live birth, the registrar must not issue a certificate of live birth. Yet, many parents wish to have something other than a foetal death certificate to commemorate their stillborn baby. Recognition of the event and the loss can provide comfort to parents, and parents often wish to have some form of a “birth certificate”. To accommodate the wishes of parents, many countries and jurisdictions offer parents the opportunity to receive a commemorative document acknowledging the stillbirth. This document - often called “stillbirth certificate”, “certificate of stillbirth,” or “certificate of stillbirth registration” – usually contains the name of the stillborn baby, the date and place of the delivery, and the parents’ names. The document cannot be used to prove identity, or for any other legal purpose. Note: commemorative certificates are a good practice, but are not a required best practice.

Guidance: Answer the questions below regarding foetal death certificates and commemorative stillbirth certificates. Provide citations to the relevant laws or documents. In the comments section, note any observations regarding certificates.

-
- a. After registration of a stillbirth, is the registrar required to issue a foetal death certificate? May the registrar issue a foetal death certificate upon request by the parents?

Citations:

Comments:

- b. Does the civil registrar offer a commemorative stillbirth certificate or other commemorative document acknowledging the stillbirth? If yes, is the commemorative document provided free of charge?

Citations:

Comments:

12. Compilation of Vital Statistics on Stillbirths

Best Practice: If stillbirths are tracked through the civil registration system, statistics on stillbirths are usually compiled by the national statistics agency. In this case, the national civil registrar should be required to submit anonymized stillbirth registration information (including an MCCD, if available) to the national statistics agency on a regular and periodic basis, for example monthly, or quarterly. (See Chapter 7 on Vital Statistics for more detail).

If stillbirths are tracked through the health sector, the MoH might be responsible for compiling statistics on stillbirths, or the MoH might submit anonymized stillbirth information to the national statistics agency for compilation of stillbirth statistics.

Guidance: Answer the following questions regarding compilation of stillbirth statistics. Provide citations to the relevant laws or documents. In the comments section, analyze and describe whether the current practice aligns

with best practice.

-
- a. State which agency is responsible for compiling statistics on stillbirths.

Citations:

Comments:

- b. Describe the process by which stillbirth information reaches the agency responsible for compiling stillbirth statistics, including:

- i. Who is responsible for submitting the stillbirth information to the agency responsible for compiling stillbirth statistics?
- ii. Is stillbirth information anonymized?
- iii. Time periods for submission of information?

Citations:

Comments:



Annex 1: WHO Recommended Data Fields for Perinatal Cause of Death Certification

The WHO recommends using the International form of Medical Certification of Cause of Death (MCCD) for the medical certification of stillbirths. However, if, due to legal or other constraints, a separate medical cause of death form must be used for stillbirths and other perinatal deaths, the WHO recommends that the following data fields be included in the perinatal medical certification of cause of death form:¹⁶³

Causes of death for the classification that apply

- Main disease or condition in foetus or infant
 - Other diseases or conditions in foetus or infant
 - Main maternal disease or condition affecting foetus or infant
 - Other maternal diseases or conditions affecting foetus or infant
 - Other relevant circumstances
- Relevant dates and times
- Statement on whether the baby was born alive or dead (stillborn)
- Autopsy details
- Details about the mother
 - Date of birth
 - Number of previous pregnancies: live births/stillbirths/abortions
 - Date and outcome of last previous pregnancy: live birth/stillbirth/abortion
 - Present pregnancy
 - First day of last menstrual period (if unknown, then estimated duration of pregnancy in completed weeks)
 - Antenatal care- two or more visits: yes/no/not known
 - Delivery: normal spontaneous vertex/other (specify)
- Details about the Child
 - Birth weight in grams
 - Sex: boy/girl/indeterminate
 - Single birth/first twin/second twin/other multiple birth
 - If stillborn, when death occurred: before labour/during labour/not known
- Birth attendant: physician/trained midwife/other trained person (specify)/other (specify)

Note that, in accordance with UN recommendations, other statistical information should also be collected, such as usual place of residence of the mother, date of birth of the father, and date of marriage. (See Section 9 for a complete list of UN recommended higher priority and lower priority topics). However, such information may be collected in a separate Notice of Stillbirth Form. Alternatively, some countries embed the MCCD into the Notice of Stillbirth Form, or use a bifurcated form in which the MCCD is one portion of the form and the Notice of Birth is another portion of the form.

¹⁶³ World Health Organization, *International statistical classification of diseases and related health problem, 5th edition*, 2016, Volume 2, page 141.

Chapter

06

Certifying cause of death

Why it is important: Understanding the cause of death (COD) and manner of death for every death is critical to ensuring that usable mortality data are produced by the CRVS system. Countries should strive to have an accurate and detailed COD and manner of death attached to every registered death, regardless of whether the person dies in a health facility under the supervision of a physician, at home or in the community, under violent or accidental circumstances, or during an emergency or disaster.

Introduction

Understanding the manner and cause of death (“COD”) for all deaths is critical to ensuring that usable mortality data is available in a country. “Cause of death” is defined as “all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced such injuries.”¹⁶⁴ “Manner of death” explains the circumstances in which a death arose. The International Classification of Diseases (ICD) classifies manner of death as disease, accident, intentional self-harm, assault, legal intervention, war, pending investigation, unknown, or “manner undetermined.” Statistics on COD facilitates informed policymaking. For example, information on unnatural deaths (e.g., homicides, poisonings, suicides, road traffic accidents and other externally caused deaths) can inform policies related to violence, drug use, road safety, and other public policy. Cause of death should only be determined by a medical professional; family and other non-medical personnel should never be asked to provide cause of death information. Countries should strive to have an accurate and detailed medically certified cause and manner of death attached to every registered death. However, in some contexts it may not be possible to have a physician certify the cause of death, particularly in rural or remote areas where deaths occur at home. In circumstances where a medical certificate of cause of death is not available, registration should be permitted without a cause of death.

1. Compulsory COD certification

Best Practice:

Ideally, a medically certified COD determination should be required before registering a death. However, the capacity of the health care system to reach remote areas of the country and the level of training of medical professionals on certifying COD varies greatly among countries. For example, in some countries, deaths that occur in health facilities under the supervision of a physician, and deaths referred to the medicolegal authorities, may be likely to have a medically certified COD. By contrast, it may be more difficult to obtain a medically certified COD for deaths that occur in the home or community.¹⁶⁵ In countries or circumstances where it is not practical or possible to have a medically certified COD for all deaths, failure to ascertain or certify COD should not prevent death registration. In those circumstances, requiring only evidence of fact of death, not cause of death, should be the minimum requirement for registration. (Alternative methods of determining cause of death - such as verbal autopsy - may also be permitted (see Section 4 below)).

Guidance: For each of the circumstances of death listed below, describe whether a medical certification of cause of death is *required* in order to register the death. Indicate whether there are any deadlines within which the certification must be completed (e.g., within 24 hours of the death). The next section will examine the entities and individuals authorized to certify the cause of death, so do not include that here. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Deaths due to natural causes that occur in a health facility:

Citation:

¹⁶⁴ World Health Organization, *International Classification of Diseases, 2016, volume 2*; See also *Health Topics*, World Health Organization website, available at: https://www.who.int/bulletin/volumes/84/3/mortality_glossary/en/

¹⁶⁵ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 321.

Comments:

b. Deaths due to natural causes that occur in the home/community under medical supervision:

Citation:

Comments:

c. Deaths due to natural causes that occur in the home/community without medical supervision:

Citation:

Comments:

d. Unnatural or suspicious deaths (e.g., violence, accident, suicide, unsupervised deaths, including deaths that occur in and out of a health facility, and dead on arrival):

Citation:

Comments:

e. Emergency or disaster (mass fatalities):

Citation:

Comments:

2. Certifiers of COD

Best Practice: A certifier of COD is the person authorized by law to medically certify the underlying and contributory causes of death, and other facts related to the death, for submission to the local registrar or other appropriate authority.¹⁶⁶ For deaths due to natural causes that occur in a health facility, the head of the health facility should be responsible for ensuring a medically certified COD; however, this responsibility may be delegated to qualified staff. For a death due to natural causes that occurs in the home or community under medical supervision, the medical professional that treated the deceased during their last illness should be responsible for certifying cause of death. When a death due to unnatural causes or a suspicious death occurs, the death must be reported to the medicolegal authorities (e.g. police, coroner, medical examiner), regardless of whether the death occurred in a health facility or in the home/community, or the deceased was dead on arrival. For these types of deaths, the coroner or medical examiner should be responsible for medically certifying cause of death. Emergencies and disasters present a challenge for death registration because there may be a large number of deaths that occur in a short

¹⁶⁶ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014, page 202.

period of time. Because these are deaths due to unnatural causes, they should be referred to the medicolegal authority. However, because these authorities may not be equipped to deal with a large number of deaths at once, emergency rescue may assist medicolegal authorities with identification of the deceased and handling of bodies.¹⁶⁷ (See Chapter 12 for more on medicolegal death investigation).

Guidance: For each of the circumstances of death below, indicate what entity/agency (e.g., health facility, coroner's office) and person (e.g., attending physician, coroner, medical examiner) is allowed or required to medically certify cause of death. Note whether there is a clear definition or understanding of who can medically certify the death. For example, if "medical practitioners" can certify, note the definition of "medical practitioner" either in the cited law or another controlling text. Be specific about the authority of each certifier and any gaps in the system. For example, if the "physician attending the death" is required to medically certify facility deaths, explain who would certify the COD for deaths that occur without an attending physician (such as when a person is brought in dead to the hospital or dies before a physician can see the patient). Another gap might occur if doctors at public hospitals are required to certify deaths, but private hospitals are not. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Deaths due to natural causes that occur in a health facility:

Citation:

Comments:

b. Deaths due to natural causes that occur in the home/community under medical supervision:

Citation:

Comments:

c. Deaths due to natural causes that occur in the home/community without medical supervision:

Citation:

Comments:

d. Unnatural or suspicious deaths (e.g., violence, accident, suicide, unsupervised deaths, including deaths that occur in and out of health facility, and dead on arrival):

Citation:

Comments:

e. Emergency or disaster:

¹⁶⁷ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 324, 329 - 345.

Citation:

Comments:

3. Form of COD reporting and international classification of COD mortality coding

Best Practice: The WHO International Standard Form of the Medical Certificate of Cause of Death (MCCD) is the recommended form for recording COD information for certification. The form contains data fields for the immediate, antecedent and underlying causes of death, which are completed by a physician. Underlying cause of death is defined as “the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury.”¹⁶⁸ The underlying COD assigned by the physician is a tentative determination. The form is designed for trained coders or an automated system, Iris, to determine the underlying cause of death from the immediate, antecedent, and underlying causes of deaths listed with their respective time intervals.

These diseases and injuries should be coded in accordance with the rules of the International Classification of Diseases (ICD), which was developed by the World Health Organization and is the foundation for the identification of health trends and statistics globally. ICD defines the universe of diseases, disorder, injuries and other related health conditions. These are organized systematically to allow for sharing and comparing health information across facilities, regions, and times.¹⁶⁹ Mortality coding takes place as the last step in the process and is a separate activity from medical certification of cause of death. Mortality coding staff, which may be situated in the central health or statistical agencies, use the ICD to assign and code the underlying cause of death. Coding may be done manually or using automated software, such as Iris.

Guidance: Describe the form to be used for medical certification of cause of death for each of the circumstances below. Indicate whether the MCCD and ICD are used. If non-standard MCCD forms or coding are used, describe which information is required to be contained in an MCCD or equivalent documents. For example, coroners, police, emergency personnel, or others may have a different form. If non-standard coding methods are used, describe the method’s process in determining underlying cause of death and its link with ICD. Indicate whether mortality coding is required or permitted to be undertaken automatically using a software program and whether coding is required to be undertaken centrally or at a subnational level. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Describe the form or forms used for certifying cause of death for:

- i. Natural deaths occurring in health facilities:
- ii. Natural deaths occurring in the home/community:
- iii. Deaths investigated by medicolegal authorities:
- iv. Deaths with mass fatalities (i.e. natural and man-made disasters):
- v. Other:

¹⁶⁸ <http://www.who.int/topics/mortality/en/>

¹⁶⁹ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014, paragraph 494; United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 325.

Citation(s):

Comments:

b. Describe the mortality coding process (Note whether mortality coding takes place centrally or sub-nationally, and if Iris or other software program is used)

Citation:

Comments:

4. Verbal autopsy and determinations of cause of death without medical certification of cause of death

Best Practice: While a proper medical certification of cause of death based on directly observed clinical or autopsy data is the most reliable, difficult access to health facilities in many countries leading to many individuals dying outside of medical care, makes such medical certification of cause of death for all deaths difficult. For deaths occurring outside of health facilities, it may be appropriate to use verbal autopsy (VA) — a structured interview of the decedent’s family members or other caregivers who can provide enough information to determine the probable COD, either using a computer algorithm (automated VA) or by a physician who reviews the interview results and assigns a COD (physician-certified VA).¹⁷⁰

Note that the use of verbal autopsy in national CRVS systems is a relatively recent development. Therefore, standards and best practice regarding the use of VA for ascertaining COD for legal and statistical purposes are still under development. In some countries, physician-certified VA may be used at the individual level for legal purposes (equivalent to an MCCD). In other countries, VA is used for statistical purposes at the population-level only.¹⁷¹ Information on COD at the population level is important for public health decision-making, and COD data generated through VA can make a significant contribution to public health data.

Guidance: Describe how COD is determined if physicians are not available to medically certify a COD. Indicate whether, and in what circumstances, the law permits VA - physician-certified VA, automated VA, or another form. If VA is explicitly mentioned, indicate as such. Indicate whether a COD derived from physician-certified VA would satisfy any requirement that COD be “medically certified” for legal or statistical purposes. For automated VA, indicate whether the derived COD would satisfy the requirement to determine COD at an individual level for legal purposes or whether it could be used for public health purposes at a population level. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. How is COD determined if no physician is available to medically certify a COD? Is VA explicitly permitted or required? If so, is it permitted for legal or statistical purposes?

Citation(s):

¹⁷⁰ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Paras. 499-501.

¹⁷¹ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 349-351.

Comments:

5. Transmission of COD information to civil registration and statistics agencies

Best Practice: The MCCD should be transmitted to the civil registrar by the health facility, medical practitioner, coroner, or other authorized medical personnel, to be used for legal purposes. Generally, it is the responsibility of the civil registrar to ensure that the MCCD, and any other information needed for statistical purposes, is submitted to the statistical authorities for processing and the production of vital statistics.¹⁷² However, some countries use a bifurcated form, containing a section for legal information and a section for statistical information. With this type of form, the legal information is submitted to the registrar and the statistical information is submitted directly to the statistics agency.¹⁷³

There is currently no consensus among international experts regarding the reporting of VA-generated COD information to the civil registrar. Determinations of COD by verbal autopsy are not considered to be accurate at the individual level, however the results provide useful population level data. Due to this, some experts recommend that COD information from VA should be delivered or transmitted directly to the statistics agency (not the registrar), as it is used for statistical purposes only, not legal purposes. If physician-assisted VA is used for legal purposes, this information should be transmitted to the registrar, but with a notation that COD was generated from VA.¹⁷⁴

The direct link from certifier to civil registrar, or from certifier to civil registrar and statistics agency, achieves two simultaneous benefits. First, the efficient transmission of information provides the necessary information, including COD, to the civil registrar and statistics agency without placing an additional burden on an intermediary, often a mourning family, to carry the MCCD to the registrar. Second, certifiers of COD are less likely to modify sensitive COD information if fewer people have access and knowledge to that potentially sensitive information. For example, a physician may not feel comfortable listing HIV as the underlying cause of death on an MCCD that will be handed to the family.¹⁷⁵ Note, however, that the *Principles and Recommendations for a Vital Statistics System, Revision 3*, state that cause of death information may be disclosed to close relatives.¹⁷⁶ Nonetheless, some countries may restrict even the family's access to COD information.

Guidance: For each circumstance below, describe whether and how the COD information is transmitted to the civil registrar and/or statistics agencies. Pay particular attention to whether any intermediaries could diminish the quality or lower the quantity of the information reaching the government agencies. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. MCCD for death that occurred in a health facility:

Citation:

¹⁷² United Nations, *Principles and Recommendations for a Vital Statistics System, Revision 3*, New York, 2014. Para. 498.

¹⁷³ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 327.

¹⁷⁴ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 351.

¹⁷⁵ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 328.

¹⁷⁶ United Nations, *Principles and Recommendations for a Vital Statistics System, Revision 3*, New York, 2014, paragraph 498.

Comments:

b. MCCD from physician for out-of-facility death:

Citation:

Comments:

c. MCCD from medicolegal investigation:

Citation:

Comments:

d. COD from Verbal Autopsy:

Citation:

Comments:

6. Access to COD information

Best Practice: COD is sensitive and confidential medical information. This information is critical for statistical purposes, but it must be carefully secured. Information on cause of death can be important to close family members of the decedent for insurance and other matters. UN guidance provides that close family members should have the right to request COD information. However, due to the confidential nature of this information, country practices vary with regard to inclusion of COD on the death certificate. Some do not include COD information on death certificates issued by the CR, others do; and some countries have a short-form and a long-form death certificate, the former without COD information and latter with it.¹⁷⁷

The death certificate issued by the Civil Registrar is the official legal document providing evidence of death. If an extended list of people can request and receive a death certificate, countries should carefully consider whether COD should be included to protect the privacy of the decedent and his/her family. Only interested parties with a legitimate interest or their legal representatives should be able to request certificates that contain COD information.¹⁷⁸

Guidance: For each of the following documents, indicate who can request access to the COD information. Indicate any other security measures that ensure the confidentiality and security of the information. For the death certificate, indicate whether the COD information is always listed in certified copies (including

¹⁷⁷ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 360.

¹⁷⁸ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 363.

short and long form). In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Death certificate:

Citation:

Comments:

b. MCCD from health facility or physician:

Citation:

Comments:

c. MCCD from medicolegal investigation:

Citation:

Comments:

d. COD from Verbal autopsy:

Citation:

Comments:

e. Other COD determination:

Citation:

Comments:

7. Training and other resources to improve COD data

Best Practice: Correctly completed MCCD and well-trained coders determining the underlying cause of death form the basis for good quality mortality statistics. Practicing medical professionals must be trained and retrained in medical certification of cause of death. To improve the quality of information in medical certification of cause of death, physicians must be trained in correct completion of the international MCCD standard form. Medical certification of cause of death should be included in mandatory curricula for all

medical students and in all post-graduate medical education and professional in-service trainings.¹⁷⁹ Well-trained coders applying ICD coding rules and principles are essential to the production of high-quality mortality data. Coders require specialized training and continuous supervision. Therefore, it is recommended that a dedicated ICD-coder cadre be created, funded, and adequately trained and re-trained.¹⁸⁰

Guidance: Describe any law, regulation, or directive related to training for medical students, physicians, and other medical professionals (e.g., coroners, medical examiners, medical officers, nurses, etc.) in medical certification of cause of death. Indicate whether training in medical certification of cause of death is optional but counts toward continuing medical education requirement and whether training is required for licensure or re-licensure. Any requirement for the medical profession related to this training is likely to be contained in the rules/regulations of the country's medical association or other body that accredits and licenses physicians. Any requirement related to training for medical students is likely to be contained in the rules/regulations related to the curricula of medical schools.

Describe any law or directive creating a job classification of ICD mortality coders. Include details of ministry/entity that oversees the cadre, whether the job is full-time, and any other relevant details. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Medical school training in COD certification:

Citation:

Comment:

b. Physician training in COD certification:

Citation:

Comment:

c. Training of other medical professionals in COD certification (including coroners/medical examiners):

Citation:

Comments:

d. Dedicated cadre of trained ICD mortality coders:

Citation:

Comments:

¹⁷⁹ World Health Organization, Strengthening Civil Registration and Vital Statistics for Births, Deaths, and Causes of Death, Resource Kit, 2012, Module 4.

¹⁸⁰ World Health Organization, Strengthening Civil Registration and Vital Statistics for Births, Deaths, and Causes of Death, Resource Kit, 2012, Modules 4, 5.

e. Other resources or training available

Citation:

Comments:

8. Enforcement, monitoring, and evaluation

Best Practice: Completeness of mortality data can only be improved if legal obligations to determine and medically certify COD following best practices are monitored and enforced.¹⁸¹

Guidance: Describe any documented system of fines, incentives, or oversight applied to those required to determine or medically certify COD. Include a description of the monitoring system and the amount of fines/penalties, and parties subject to fines/penalties. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Monitoring and Evaluation:

Citation:

Comments:

b. Fines or other penalties:

Citation:

Comments:

c. Incentives:

Citation:

Comments:

¹⁸¹ World Health Organization, Strengthening Civil Registration and Vital Statistics for Births, Deaths, and Causes of Death, Resource Kit, 2012, pp. 55-57.

Chapter

07

Registration of Marriage and Divorce

Why it is important: Registration of marriage is important in helping to prevent marriage fraud, bigamy, and child marriage. In addition, marriage registration is important for the realization of certain rights, such as rights to inheritance, family benefits, marriage allowances, collection of pension and insurance of a deceased spouse, and the right for a spouse to acquire a nationality, among others. Divorce registration helps demonstrate a person's right to remarry and provides evidence of termination of rights of a former spouse.

Introduction

Because marriages are conducted in a manner that is dependent on particular societal conventions, there is no standard registration process across countries. However, there are common elements that are often addressed in legislation or regulations concerning marriage registration, including: place of registration; application for marriage, including proof of age; late and delayed registration; information collected; issuance of the marriage certificate; and the process for registering marriages that occurred abroad. This section focuses on these common elements and good practices across countries, with a focus on determining whether a country's practices create any barriers to marriage registration.

1. Universal application

Good Practice: The Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (effective since 1964) states: "All marriages shall be registered in an appropriate official register by the competent authority." This right to register a marriage must be universally available to all, and should capture all marriages occurring in every geographical area and every population group in the country.¹⁸²

Guidance: Describe whether marriage registration is compulsory and, if so, for whom. Indicate whether the law applies to all marriages that occur in the country. Consider all forms of discrimination that may take place, including based on geography; racial, ethnic or religious groups; nomadic, displaced, native or aboriginal populations; refugees or asylum seekers within the country; foreign nationals or temporary workers; or any other characteristics. Indicate whether and how the law applies to citizens of the country residing abroad. Consider whether the law requires the government to take affirmative steps to register people who might not otherwise be able to, such as persons with disabilities, persons who speak other languages, persons who live in remote areas; and refugees, internally displaced and stateless persons. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Registration is required for all marriages?

Citation:

Comments:

2. Definitions

Good Practice: Clear definitions lend clarity to the law and ensure that users of CRVSID systems - government officials and residents of the country alike - have a common understanding of the law's requirements. Definitions should align with international standards.

The UN defines marriage as "the act, ceremony or process by which the legal relationship of spouses is constituted." The legality of the union may be established by civil, religious or other means as recognized by the laws of each country. Countries may wish to expand this definition to cover civil unions and other domestic partnerships if they are registered; in that case, registered partnership usually refers to a legal

¹⁸² United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 128.

construct, registered with the public authorities according to the laws of each country, that leads to legal conjugal obligations between two persons.¹⁸³

The UN defines divorce as: "the legal final dissolution of a marriage, that is, that separation of spouses that confers on the parties the right to remarriage under civil, religious and/ or other provisions, according to the laws of each country". In the case where a country recognizes registered partnerships, a legal dissolution of a registered partnership constitutes the legal final dissolution of such a partnership, according to national laws, which confers on the parties the right to enter into another partnership or marriage.

Some countries' laws provide for other types of dissolution of marriage, such as judicial separation and/or annulment. The UN defines judicial separation as: "The disunion of married persons, without there being conferred on the parties the right to remarriage, according to the laws of each country." The UN defines annulment as: "Invalidation or voiding of a legal marriage by a competent authority, according to the laws of the country, thereby conferring on the parties the status of never having been married to each other."

Guidance: Provide the definition of marriage (and any other type of civil union or domestic partnership recognized in the country's laws) and divorce (and any other type of dissolution of a marriage, civil union or domestic partnership recognized in the country's laws). Note: Definitions for vital events are also considered in Chapter 2, Section 1. For the purposes of this section, pay particular attention to whether the definitions create any other legal issues, such as barriers to registration of a marriage or partnership, or otherwise advance or delay the registration work. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Definition of marriage, (and other types of civil union/domestic partnership, if applicable):

Citation:

Comments:

b. Definition of divorce (and other types of dissolution of a marriage or other union, if applicable)

Citation:

Comments:

3. Place of registration

Good practice: Countries may require marriage registration in the location where the marriage ceremony took place or the place where one or the other or either spouse resides. Some countries may permit marriage registration at any registration location within the country, particularly if the system is centrally networked. Flexibility regarding the location of marriage registration may help increase marriage registration rates in some countries. Conversely, rigidly requiring marriage registration in a specific location - for example, at the registration office in the area of residence of one of the spouses - may create barriers to registration if the marriage ceremony occurs outside that area.¹⁸⁴

¹⁸³ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014, Para. 2.

¹⁸⁴ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 382.

Guidance: State the required place of registration for a marriage. Note any issues that may create barriers to registration. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Place of registration:

Citation:

Comments:

4. Application or for marriage/domestic partnership/civil union

Good Practice: A country's family law will generally address substantive requirements for marriage, including for example, the age at which a person can consent to marriage, and restrictions on remarriage, polygamous unions, and marriage between persons who are related. There must be a process to ensure that these requirements are met. Generally this occurs through an application process, sometimes referred to as an application for a marriage license or a notice of marriage. Along with the application, generally both spouses must present proof of identity and proof of legal age to marry. If either spouse has been married previously, they must also present proof of dissolution of the previous marriage or proof of death of a spouse. There may also be a statement demonstrating the persons who are to marry are not close relatives.¹⁸⁵

In some jurisdictions, the application must be filed by a specified time period before the marriage ceremony - referred to as the waiting period - in other jurisdictions, no waiting period is required. There also may be a requirement that notice of the marriage be published at the registration office or other location during the waiting period. The application is usually valid for a specified period of time, for example one year, during which the marriage ceremony must take place and/or completion of registration occur at the registration office.¹⁸⁶

Guidance: Describe the requirements of the application process, including any documentary evidence required. Note any waiting period and validity period of the application. Note whether any of these requirements present a barrier to registration, or if the lack of any requirement (such as no requirement to prove age) permit underage marriages to occur. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Describe application process (proof, waiting period, validity):

Citation:

Comments:

¹⁸⁵ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 383-384.

¹⁸⁶ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 385.

5. Ceremony: Officiants and Witnesses

Good practice: Some countries require that a civil marriage ceremony take place at the registrar office (after the waiting period and before the validity of the application expires, if applicable) in order for the marriage to be valid. A religious or other type of ceremony may be celebrated after the civil ceremony. Other countries, however, do not require that the marriage take place in front of the registrar and recognize religious or other ceremonies as creating a legal valid marriage. In this case, if a religious officiant or other marriage officiant conducts the marriage ceremony, that marriage officiant is required to submit documentation to the registrar verifying that the marriage ceremony took place. The registrar then registers the marriage and issues the marriage certificate. Many jurisdictions require the presence of one or two witnesses at the ceremony, regardless of whether it is a civil or religious ceremony, and the witness signature on the registration form or other documentation.¹⁸⁷

Guidance: State whether a civil registrar must conduct a marriage ceremony or whether other types of officiants are permitted to conduct a marriage ceremony. If other officiants are permitted, describe the required actions of the officiant to complete marriage registration. Note whether anything in the process creates a barrier to registration. Note whether witnesses are required. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Marriage must be conducted by civil registrar? If no, describe process for other officiants:

Citation:

Comments:

b. Witnesses required?

Citation:

Comments:

6. Information captured at marriage registration

Best practice: The UN recommends topics that should be recorded at marriage registration for statistical purposes, including high-priority topics as well as topics that are a less urgent goal.¹⁸⁸

Guidance: In order to compare the various requirements against best practices, complete the worksheet below for marriage registration. (You will come back to this worksheet after reading section 11 on divorce below). In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

¹⁸⁷ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 387-388.

¹⁸⁸ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014, paragraph 66, Table III.1

Worksheet: Information collected at Registration: Fill in the "Actual Practice" column for Marriage Registration based on current practice in your country. Place an "X" in the box if the information is collected.

| | Best Practice: Marriage | Actual Practice: Marriage | Best Practice: Divorce | Actual Practice: Divorce |
|--|-------------------------|---------------------------|------------------------|--------------------------|
| Characteristic of Event [●=Compulsory, ○=Recommended] | | | | |
| Date of occurrence | ● | | ● | |
| Date of registration | ● | | ● | |
| Place of occurrence | ● | | ● | |
| Place of registration | ● | | ● | |
| Type of marriage | ○ | | | |
| Characteristics of Spouses/Divorces (each separately) [●=Compulsory, ○=Recommended] | | | | |
| Date of birth | ● | | ● | |
| Marital Status (previous) | ○ | | | |
| Number of previous marriage | ○ | | ○ | |
| Type of marriage being dissolved | | | ○ | |
| Number of dependent children of divorced persons | | | ○ | |
| Number of children born alive to the marriage being dissolved | | | ○ | |
| Date of marriage | | | ● | |
| Mode of dissolution of previous marriage | | | ○ | |
| Educational attainment | ○ | | ○ | |
| Literacy status | ○ | | ○ | |
| Economic activity status | ○ | | ○ | |
| Usual occupation | ○ | | ○ | |
| Ethnic and/or national group | ○ | | ○ | |
| Citizenship | ○ | | | |
| Place of usual residence | ● | | ● | |
| Duration of residence in usual place | ○ | | ○ | |
| Place of previous residence | ○ | | ○ | |
| Place/country of birth | ○ | | ○ | |
| Place of occurrence of marriage being dissolved | | | ○ | |

Citation:

Comments:

7. Marriage Certificate

Best practice: Upon completion of marriage registration - either after a civil marriage at the registrar's

office or after a religious or other officiant submits the required paper work - the registrar should issue a marriage certificate to the spouses. A marriage certificate may be needed for many legal purposes, such as insurance, inheritance, and social benefits. As with birth and death certificates, the local registrar should have the authority to issue a marriage certificate in order to speed up the issuance of the certificate.¹⁸⁹

Guidance: State whether the local registrar has the authority and capacity to issue marriage certificates in a timely manner. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Local registrar has authority and capacity to issue marriage certificate in a timely manner?

Citation:

Comments:

8. Late and delayed registration

Good practice: some countries have low marriage registration rates because couples are married in religious or customary ceremonies that are not legally recognized. A process for registering these marriages is important for legitimization of children, property rights, inheritance and other legal purposes. Therefore, lawmakers may wish to consider creating a process by which a marriage can be registered retroactively by providing proof that the marriage occurred at some time in the past, such as affidavits or statements of witnesses to the wedding ceremony.¹⁹⁰

Guidance: Describe any process for late or delayed registration of marriage. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Process for late or delayed registration of marriage:

Citation:

Comments:

9. Registration of marriage that occurred abroad

Good practice: In general, unless a marriage abroad breaks the laws of the country of a person's origin, marriages that are legally valid in the jurisdiction in which they were performed are also legally valid in the country of the person's origin. Accordingly, substantive family law generally recognizes a marriage

¹⁸⁹ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 392.

¹⁹⁰ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 390.

that occurs abroad as legally valid and recognizes a marriage certificate from a marriage abroad as providing legally valid proof of the marriage.¹⁹¹

Country practices vary on registration of a marriage that occurred abroad. In some countries, citizens and permanent residents may be required to report a marriage abroad. In other countries, registration may be permitted but not required. If registration of the marriage that occurred abroad is required or permitted, the legislation should address what documentary evidence is necessary for registration (e.g., a marriage certificate from the foreign country).¹⁹²

Guidance: Describe any process for reporting and registering a marriage that occurred abroad. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Process for reporting and registering a marriage that occurred abroad:

Citation:

Comments:

10. Divorce: Transmittal of divorce/dissolution decree to registrar, matching of records

Best practice: In most countries, the dissolution of a marriage or civil union - whether by divorce, dissolution of registered partnership, judicial separation or annulment - usually falls under the jurisdiction of the courts. In some countries, the Registrar may have authority to dissolve a marriage, civil union or partnership if the dissolution is uncontested, i.e., both parties agree to all terms of the dissolution. In the more common case - where a court grants a request for dissolution of union - information about the dissolution must be submitted to the registrar in order for the dissolution to be matched against the marriage record and recorded. Therefore courts should be required to collect specific information about the spouses and the marriage. After the dissolution decree is issued, the decree and/or the required information should be submitted to the local registrar office in the area (e.g., province, district) where the dissolution decree was issued or to the central registration authority. Legislation should require the courts to submit this information within a specified time period.¹⁹³

Guidance: Describe how information about a divorce is transmitted to the registrar, including who is required to submit the information and within what timeframe. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Process for transmitting divorce information to registrar:

Citation:

¹⁹¹ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 394.

¹⁹² United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 395.

¹⁹³ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 399-400.

Comments:

11. Information captured at divorce/dissolution registration

Best practice: The information collected by the court (or alternatively, provided by the parties to the dissolution) should contain characteristics of the parties to the dissolution and characteristics of the event.¹⁹⁴ This should include the date and place of the union dissolved, which will help the registrar match the dissolution of union record to the corresponding marriage or civil union record. The UN recommends topics that should be recorded for statistical purposes, including high-priority topics as well as topics that are a less urgent goal.¹⁹⁵

Guidance: In order to compare the various requirements against best practices, complete the worksheet in Section 6 above for divorce. In the comments section below, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

Citation:

Comments:

12. Divorce Certificate or Divorce Decree

Good practice: Upon dissolution of the marriage, the parties to the dissolution should each be given a certificate of divorce or a divorce decree. In most jurisdictions the court issues a divorce decree, in other jurisdictions the registrar may also issue a certificate of divorce.¹⁹⁶ If a certificate of divorce is issued, the local registrar should have the authority and capacity to issue the certificate.

Guidance: State what type of documentation the parties to the divorce receive; i.e., a divorce decree or certificate of divorce. If a certificate is issued, state whether the local registrar has the authority and capacity to issue the certificate. In the comments section below, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Type of documentation issued and by whom:

Citation:

Comments:

¹⁹⁴ *Principles and Recommendations for a Vital Statistics System, Revision 3*, United Nations Publication, Sales No.E.13.XVII.10, United Nations, 2014, Annex I.

¹⁹⁵ *Principles and Recommendations for a Vital Statistics System, Revision 3*, United Nations Publication, Sales No.E.13.XVII.10, United Nations, 2014, paragraph 66, Table III.1

¹⁹⁶ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 403.

13. Registration of divorce that occurred abroad

Good practice: A country's family law will generally address when and to what extent a foreign divorce or dissolution decree is recognized as legally valid. Foreign dissolution decrees are usually recognized as valid if certain procedural requirements have been met (such as proper notice to the parties). The civil registration law should provide a process for registering a divorce/dissolution that occurred abroad and address who may register the dissolution (i.e., either party to the dissolution) and what, if any, documentary evidence in addition to the foreign dissolution decree is required.¹⁹⁷

Guidance: Describe the process for registering a divorce that occurred abroad, including who may register and what evidence is required. In the comments section below, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Process for registering divorce abroad (who and what evidence):

Citation:

Comments:

¹⁹⁷ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 405.

Chapter

08

Production of Vital Statistics

Why it is important: Vital statistics inform governments and their external partners, as well as the public, about the patterns and trends of diseases, mortality, fertility, and migration in a given country's population. The collection, analysis, and dissemination of vital statistics are essential for informed public policy and decision-making to improve health and socioeconomic outcomes.

Introduction

Vital statistics constitute the collection of statistics on vital events in a lifetime of a person as well as relevant characteristics of the events themselves and of the person and persons concerned.¹⁹⁸ These vital events include, at a minimum, birth, death, foetal death (or stillbirth), marriage, and divorce; and may also include other vital events such as adoption, recognition, legitimation, annulment and judicial separation (depending on the concepts recognized in a country's legal system). Vital statistics provide a timely and current measure of the occurrence of these vital events to members of the country's population during a specified period.¹⁹⁹ Vital statistics provide critical information on the population and should be used by policymakers and the public to make informed policy decisions, in conjunction with other demographic and social statistics. Because civil registration is continuous, permanent, compulsory and universal, information collected from a well-functioning civil registration system is the ideal source for generating vital statistics.

1. Agency responsible for vital statistics

Best Practice: Vital statistics constitute the collection of statistics on vital events in a lifetime of a person as well as relevant characteristics of the events themselves and of the person and persons concerned.²⁰⁰ Clear authority and responsibility for the production and dissemination of vital statistics should improve availability of information to decision-makers. In most countries, there is a national agency - e.g., the national statistics agency - responsible for compiling national data and establishing uniform national standards and guidelines.²⁰¹ Some countries designate specific government agencies or departments to carry out different vital statistics functions related to their respective areas of work. For example, the health service agency might collect and process data on births, deaths, foetal deaths, and cause of death, while the general statistical service or the court system might compile marriage and divorce statistics.²⁰² However, even in this case, there should be a central agency that sets uniform national standards.

Guidance: Describe whether the law assigns authority and responsibility for the production and dissemination of vital statistics. If so, describe which entity is required to produce and publish vital statistics, how frequently, and where. If more than one entity is responsible for the production of vital statistics, state whether and what entity is responsible for setting national standards. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Entity(s) responsible for compiling and producing vital statistics:

Citation:

Comments:

¹⁹⁸ *Principles and Recommendations for a Vital Statistics System, Revision 3*, United Nations Publication, Sales No.E.13.XVII.10, United Nations, 2014, paragraph 1.

¹⁹⁹ *Principles and Recommendations for a Vital Statistics System, Revision 3*, United Nations Publication, Sales No.E.13.XVII.10, United Nations, 2014, paragraph 281.

²⁰⁰ United Nations, *Principles and Recommendations for a Vital Statistics System, Revision 3*, New York, 2014, Para. 1.

²⁰¹ United Nations, *Principles and Recommendations for a Vital Statistics System, Revision 3*, New York, 2014, Para. 42.

²⁰² United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 241.

b. Entity responsible for setting national standards:

Citation:

Comments:

2. Vital statistics derived from civil registration system

Best Practice: Vital statistics provide crucial information on the population of a country,²⁰³ which is a prerequisite to socioeconomic planning and informed decision-making. A well-functioning civil registration system is the ideal source from which to derive accurate, complete, timely and continuous information on vital events, including at the national and sub-national levels. Therefore vital statistics should be derived from civil registration data. Complementary data sources, such as population censuses and in-depth household surveys, may be used to evaluate and enrich civil registration data and to gather information on demographic and epidemiological processes that complements the information obtained through civil registration.^{204, 205}

Guidance: Indicate whether there is a requirement to derive vital statistics from civil registration records and whether other data sources are considered valid sources for vital statistics compilation. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Vital statistics derived from civil registration?

Citation:

Comments:

b. Vital statistics supplemented from population censuses, household sample surveys, health records, or other demographic estimates?

Citation:

Comments:

3. Information Sharing

Best practice: The civil registration agency must submit information collected during registration to the

²⁰³ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 1.

²⁰⁴ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 28.

²⁰⁵ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 484-487.

national statistics authority in order for the statistics authority to compile and publish vital statistics based on civil registration records. Sharing of data should be regular and timely. For example, if the systems are computerized and integrated, submission may be automated and happen continuously, or daily, weekly, or monthly. In paper-based systems, submission might be less frequent, such as monthly or quarterly.

The privacy of individuals must be sufficiently protected when data is shared, while not causing excessive barriers to data linkage and research activities in the public interest. Generally, vital event information should be submitted from the civil registration authority to the statistics authority with identifying information removed. However, in some countries, all identifying data is removed except for a unique identification number. This allows for data linking and verification, while still maintaining personal privacy (if certain procedures are followed). (See Chapter 10 for more on data privacy).

Guidance: Describe the procedure for sharing of information between the civil registration authority and the statistics authority, including frequency of data sharing and procedures for personal privacy protection. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Procedure and timeframe for information sharing between civil registrar and national statistics authority:

Citation:

Comments:

b. Procedures for privacy protection:

Citation:

Comments:

4. Compilation: geographic area/subdivisions required, uniformity, validation, frequency of compilation

Best practice: The compilation of vital statistics data is the process of condensing and summarizing information on vital events by classifying and tabulating the data within categories or groups in order to produce vital statistics according to a predetermined tabulation programme. Vital statistics should be compiled for the total geographical area of the country, for each of the major or minor civil divisions, and for each principal town and city. Vital statistics should distinguish between urban and rural for at least the country as a whole and for each major or other civil division.²⁰⁶ National vital statistics should be compiled uniformly for the country, using common definitions, classifications, coding, querying, data entry and editing procedures throughout. During compilation, the statistics agency should conduct an internal review to validate the data and ensure there is no missing, duplicative, improbable or erroneous data.²⁰⁷

Guidance: Describe how vital statistics are compiled, including: 1) geographic coverage and subdivisions; 2) whether compiled centrally or sub-nationally; 3) if sub-nationally, whether compiled uniformly across the

²⁰⁶ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014, paragraph 213.

²⁰⁷ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 490-492.

country; 4) whether internal validation reviews are conducted. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. **Geographic coverage of vital statistic (for: entire country? major and minor subdivisions? principle cities? disaggregated by urban/rural?)**

Citation:

Comments:

b. **Compiled centrally? If sub-nationally, compiled uniformly?**

Citation:

Comments:

c. **Internal validation conducted?**

Citation:

Comments:

5. Regular publication of recent data

Best practice: It is important that vital statistics are current when published, to ensure up-to-date information is available for decision-making. Detailed annual tabulations of each type of vital event, cross-classified by its demographic and socioeconomic characteristics, should be published at least annually.²⁰⁸ Total monthly or quarterly summary counts of vital events should be made available on a time schedule prompt enough to provide information for decision-making.²⁰⁹ Even if registration is not complete, tabulations are to be prepared and users should be provided with the information available and the level of completeness of registration.²¹⁰ Although important, timeliness should not supersede completeness and accuracy.²¹¹

Guidance: Describe any mandate that birth, death, and cause of death data be published on a schedule, including the mandated frequency and/or the specification of a maximum time lag of data being published. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

²⁰⁸ United Nations, Handbook of Vital Statistics Systems and Methods Volume I: Legal, Organizational, and Technical Aspects, New York, 1991. P. 46, para. 333.

²⁰⁹ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 38.

²¹⁰ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 240.

²¹¹ United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Para. 576.

a. Frequency of vital statistics publication (yearly, quarterly, monthly etc):

Citation:

Comments:

b. Timeliness of data in reports:

Citation:

Comments:

6. Minimum list of tabulations

Best practice: Countries should publish, at least annually, a series of tabulations calculated from vital event data in a format recommended by the UN.²¹² The minimum tabulations require a nuanced disaggregation.

Guidance: Describe any law defining the format for reporting vital statistics data, including any requirement to publish the tabulations in a format recommended by the UN. The tables on the following page can assist with determining whether the minimum tabulations are being produced. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

Describe requirements for reporting on:

a. Live birth data:

b. Death data:

c. Cause of death data:

d. Infant death data:

e. Foetal death data:

f. Summary Tables

Citation:

Comments:

Minimum list of tabulations:

| Live births by... | |
|-------------------|---|
| | place of occurrence & sex of child |
| | place of occurrence & place of usual residence of mother |
| | place of registration, month of occurrence, & month of registration |
| | month, place of occurrence & place of usual residence of mother |
| | age, place of usual residence, & marital status of mother |

²¹² United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014. Pp. 157-159.

| | |
|--|--|
| | age of father |
| | place of usual residence, age, & educational attainment of mother |
| | educational attainment & age of mother & live-birth order |
| | place of usual residence & age of mother, sex of child & live-birth order |
| | live-birth order & interval between last & previous live births to mother |
| | place of birth, place of usual residence, & age of mother |
| | place of usual residence & age of mother & legitimacy status |
| | place of occurrence, site of delivery, & attendant at birth |
| | site of delivery, attendant at birth, & birth weight |
| | birth weight & place of usual residence & educational attainment of mother |
| | gestational age, place of usual residence of mother & birth weight |
| | birth weight, place of usual residence of mother & month in which prenatal care began |
| | age & place of usual residence of mother & month in which prenatal care began |
| | live-birth order, place of usual residence of mother, & month in which prenatal care began |
| | place of usual residence of mother & duration of residence at the current usual residence |

| Deaths by... | |
|--------------|--|
| | place of usual residence & sex of decedent |
| | place of occurrence & place of usual residence & sex of decedent |
| | month & place of occurrence & place of usual residence of decedent |
| | place of registration, month of occurrence, & month of registration |
| | place of occurrence & site of occurrence |
| | place of usual residence, age & sex of decedent |
| | age, sex, place of usual residence & marital status of decedent |
| | place of usual residence, age, sex, & educational attainment of decedent |
| | sex, cause of death, place of usual residence, & age of decedent |
| | month of occurrence & cause of death |
| | Place of occurrence, sex of decedent, & type of certification |
| | age & type of usual activity of decedent |
| | Maternal deaths by cause of death & age of woman |

| Cause of Death by... | |
|----------------------|---|
| | sex (standard is to list at least 10 leading causes of death) |
| | age group (standard is to list at least 10 leading causes of death) |
| | communicable disease, non-communicable disease or external cause (presented by age group and sex) |
| | manner of death: disease, accident, intentional self-harm, assault, legal intervention, war, pending investigation, unknown or manner undetermined (presented by age group and sex) |

| Infant deaths by... | |
|---------------------|---|
| | place of occurrence & place of usual residence of mother |
| | month of occurrence & sex & age of child |
| | place of usual residence of mother & age & sex of child |
| | cause of death, place of usual residence of mother & sex & age of child |

| Live births & foetal deaths | |
|-----------------------------|--|
| | Confinements by type of birth & status of issue (live-born or born dead) |
| | Confinements by birth order & birth weight, for each type of birth |
| | Confinements by type of birth & age of mother, for each sex |

| Foetal deaths by... | |
|---------------------|---|
| | age & place of usual residence of mother & sex of foetus |
| | sex & legitimacy status of foetus |
| | age of mother & legitimacy status & sex of foetus |
| | place of usual residence of mother, sex, & birth weight |
| | place of usual residence of the mother & gestational age & birth weight |
| | age & place of usual residence of mother & birth weight |
| | sex & gestational age |
| | age of the mother & total birth order (live births plus foetal deaths) |
| | month of pregnancy in which prenatal care began & number of visits & place of usual residence of the mother |
| | place of occurrence & type of certification |

| Summary Tables | |
|----------------|---|
| | Live births, deaths, infant deaths, foetal deaths, marriages, & divorces by place of usual residence |
| | Crude birth rate, crude death rate, infant mortality rate by sex, foetal mortality rate, crude marriage rate, & crude divorce rate, by place of usual residence |
| | Time series of live births by place of usual residence of mother (past 10 years) |
| | Time series of deaths by place of usual residence of decedent (past 10 years) |
| | Time series of infant deaths by place of usual residence of mother (past 10 years) |
| | Time series of foetal deaths by place of usual residence of mother (past 10 years) |
| | Time series of vital events in the country (past 10 years) |

Chapter

09

National Identity System

Why it is important: Everyone has the right to be recognized as a person before the law, as enshrined in Article 6 of the Universal Declaration on Human Rights and several other international human rights instruments. Legal identity is widely recognized to be fundamental to the exercise of human rights and to benefit from numerous government and private sector services. As such, the 2030 Agenda for Sustainable Development, agreed by all UN Member States in September 2015, established a specific target within the Sustainable Development Goals (SDGs) – Target 16.9 – to establish “legal identity for all, including birth registration, by 2030.”²¹³

²¹³ United Nations, Principles of Legal Identity in the Context of the 2030 Agenda for Sustainable Development, New York, September 2018, p. 1.

Introduction

This chapter provides best practices for national identification registration and management of a national identification system. A national identification system is a foundational identification system that provides national IDs - often in the form of a card - and potentially other credentials. Foundational ID systems provide general identification and credentials to the population for public administration and a wide variety of public and private sector transactions, services, and derivative credentials.²¹⁴ Foundational ID systems are therefore distinct from functional (sector specific) ID systems, which are created for a particular service or transaction - such as driver and vehicle registration, voting registration, tax administration, and social and transfer programs. Countries may maintain many functional ID systems and issue associated functional identity credentials.²¹⁵ In addition, there may be privately issued ID credentials. This chapter addresses a country's national identification system, with a focus on the integration of that system with the civil registration system.²¹⁶

1. Universality

Best Practice: The ability to prove one's identity is fundamental to the exercise of human rights as well as to benefit from government and private sector services. Therefore, as with civil registration, proof of identity should be provided without discrimination or distinction, including discrimination based on geography; racial, ethnic or religious group; status as a member of a nomadic, indigenous, native or aboriginal population; status as displaced, stateless, refugee, asylum seeker, or person of undetermined nationality; or status as a foreign national born in the country, temporary or migrant worker, or any other immigrant; or any other characteristic. Regardless of the type of identity credential issued, it must be legally valid and be sufficient documentation to gain access to rights and services to which the individual is entitled.²¹⁷

While some form of proof of identity must be available to all, a national identity card or other credential is not necessarily compulsory. Country practices vary on whether registering for and obtaining a national identity card or other credential is mandatory, voluntary, or even available. In countries that do not issue a national identity credential, other forms of identification are issued for sectoral purposes (for example, passport, driver's license, etc.) and can be used as proof of identity.²¹⁸ In all cases, some form of proof of identity should be available to all persons within the territory of a country without discrimination.

Guidance: Describe whether some form of national identity document or credential is compulsory or available for all persons within the country. Consider all forms of discrimination that may take place, including geography; racial, ethnic or religious groups; nomadic, displaced, native or aboriginal populations; refugees or asylum seekers within the country; foreign nationals born in the country; temporary or migrant workers, or any other immigrant; or any other characteristics. Describe whether different forms of identity documents are provided for different populations (for example, a national ID card for citizens and an immigration card for non-citizens). In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Is some form of identity credential available and provided for all, regardless of:

Geography (for example, remote areas)?

____ Yes ____ No

²¹⁴ ID4D, ID Enabling Environment Assessment, World Bank, 2018, p.9.

²¹⁵ ID4D, ID Enabling Environment Assessment, World Bank, 2018, p.10.

²¹⁶ For a broader discussion on all types of ID systems, as well as a guide to assessing those systems, see ID4D, ID Enabling Environment Assessment, World Bank, 2018, available at: <http://id4d.worldbank.org/legal-assessment>.

²¹⁷ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 436.

²¹⁸ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, Para. 47.

Race, ethnicity, religion, gender? ☐ Yes ☐ No

Nomadic, displaced, native or aboriginal population? ☐ Yes ☐ No

Nationality, residency, or refugee/ asylum status? ☐ Yes ☐ No

Other characteristics? ☐ Yes ☐ No

Citation:

Comments:

b. Are different forms of identity documents or credentials provided for different populations?

☐ Yes ☐ No

Citation:

Comments:

2. Enrollment in National ID credential program: Information collected and age of enrollment

Best Practice: Registration for an identity credential entails enrolment in the identity credential system and validation of identity. Enrolment involves capturing and recording key identity attributes from a person who claims a certain identity, which generally includes biographical data (e.g., name, date of birth, sex, etc.), and may include biometrics.²¹⁹

The Information captured at enrollment should be guided by the principle of proportionality and necessity - the principle that personal data should be relevant, limited and adequate to what is necessary in relation to the specified purposes of personal data processing. (See Chapter 10, Data Protection and Personal Privacy). If biometrics are collected, the law should state the type of biometrics collected, including any limitations or constraints on the type of biometrics that may be collected and how they are collected. In addition, because biometrics may be hard to capture on certain individuals (for example, manual laborers or the elderly may have worn fingerprints that cannot be captured clearly and iris scans may be difficult to capture on people with cataracts), there should be back-up measures in place for those individuals whose biometrics cannot be used in the system.²²⁰

There is no best practice for the age of enrollment for a national ID credential. In many countries, particularly those that use biometrics, the age of enrollment is typically between the ages of 15 to 18 years because it has been difficult to reliably capture biometrics on the very young. However, this is changing as biometric technology improves. Regardless of the age at which enrollment is permitted or required (in systems where ID registration is mandatory), enrollment should also be permitted later in life, including for those who immigrate into the country as adults.²²¹

Guidance: Describe the biographical information and biometrics, if applicable, captured at enrollment. If biometrics are collected, state any limitations on biometric collection and describe any back-up procedures for individuals whose biometrics cannot be captured or used in the system. State the age of enrollment and whether there are enrollment procedures for those who immigrate or otherwise enter the country after the age of enrollment. In the comments section, describe whether the law aligns with good practice and

²¹⁹ *Technical Standards for Digital Identity*, World Bank, 2017, page 3.

²²⁰ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 443 - 446.

²²¹ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 444.

note any recommendations for regulatory reform.

a. Information collected (biographical and biometric, including any back-up procedures):

Citation:

Comments:

b. Age of enrollment and procedures for later enrollment:

Citation:

Comments:

3. Validation: Birth Registration as basis for ID registration

Best Practice: Once a person has claimed an identity during ID credential enrolment, their identity is then validated by checking the attributes presented against existing data,²²² including data in the civil register.

The civil register should be the underpinning of a person's civil identification record. If there is no formal linking of the civil register and identity register, there are limited means to confirm the identity of those registered in the national identity system.²²³ In addition, national identification systems, which generally enroll people at older ages, cannot ensure that children's rights and services are properly supported through legal identity at birth or provide up to date data on this segment of the population for planning purposes.²²⁴ Therefore, for those born in the country, proof of birth registration should be required in order to register for a national ID. For those born in the country that lack birth registration, the process of ID credential registration should concurrently facilitate delayed birth registration.²²⁵ If refugees, migrants, stateless persons and other persons born outside the country do not have legally valid birth certificates from their country of origin, they should be provided alternative means to validate their identity and obtain identity credentials.²²⁶

Guidance: Describe how identity is validated during identity credential registration. Specifically, state whether proof of birth registration (e.g., a birth certificate) is required in order to register for an identity credential. If a person born in the country lacks birth registration, state whether birth registration is facilitated during identity registration. Describe the process for identity registration for migrants, refugees, asylum seekers, stateless persons and other foreign nationals. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Describe how identity is validated for ID registration (including whether birth registration is required).

²²² *Technical Standards for Digital Identity*, World Bank, 2017, page 4.

²²³ Principles of Legal Identity in the Context of the 2030 Agenda for Sustainable Development, Working Paper of the Identification for Development Programme – Series 1, United Nations, September 2018, paragraph 10.

²²⁴ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 61.

²²⁵ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 447.

²²⁶ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 62.

Citation:

Comments:

b. For those born in the country that lack birth registration, is delayed birth registration facilitated concurrently with ID registration? If yes, describe.

Citation:

Comments:

c. Is there a process for ID registration for migrants, refugees, asylum seekers, stateless persons and other foreign nationals? If yes, describe.

Citation:

Comments:

4. UIC assignment

Best Practice: As discussed in Chapter 4, Section 10, for those born in the country in which a UIC is used, a UIC should be assigned at birth. However, if the assignment of a UIC at birth is a new requirement in a country, many people will have been born before the requirement comes into effect. In addition, there will be people that immigrate into a country. These people will not have had an opportunity to receive a UIC at birth.²²⁷

Therefore, legislation may require all individuals permanently residing within the territorial jurisdiction of the country, who were not previously assigned a UIC, to apply for a UIC by a certain age. For those not previously assigned a UIC, a UIC may be assigned at the time a person registers for a national ID credential. In countries that use a UIC, a UIC should not be denied based on citizenship, nationality or residency status, as it does not confer citizenship or any specific legal rights.²²⁸

Guidance: For those who have not previously been assigned a UIC, state whether a UIC is assigned during ID credential registration. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. UIC assigned during ID credential registration for those who have not previously been assigned a UIC?

_____ Yes _____ No.

Citation:

²²⁷ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 440.

²²⁸ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 440.

Comments:

5. Information available from credential

Best Practice: Common types of digital identity credentials fall into three categories: 1) something you know (e.g., a password), 2) something you have (e.g., an ID card, mobile phone or a cryptographic key), or 3) something you are (e.g., a fingerprint or other biometric data).²²⁹ Various types of technology may be used with these types of credentials. For example, an ID card may record a digital cryptographic key and/or biometric on an embedded computer chip or may have an encrypted 2D barcode containing a person's personal data and biometrics, either instead of or in addition to a chip. Mobile devices may have SIM cards with digital certificates. In some cases, identifying information (such as UIC and biometrics) may be stored in the cloud and a physical credential may not be issued.²³⁰

Regardless of the type of credential, it is important that confidential information and information that may make an individual vulnerable to discrimination not be displayed on the face of the credential (in the case of an ID card) or be obtainable from the credential (e.g., chip, SIM technology) by those who have no legitimate interest in the information. Only limited information is necessary on the face of, or available from, the credential, particularly if a credential has biometrics, a PIN, or other authenticating method associated with it.

Because a UIC is used to access services, it should be closely guarded and protections put in place to protect against its unauthorized use. Placing a UIC on the face of an ID credential creates a risk and it is therefore recommended not to place the UIC on the face of ID credential. However, if a UIC is presented on the face of an ID credential, a second type of authentication (such as biometric match) should be required in order to use the UIC.

Guidance: Describe the type of credential and technology used. Describe what information is accessible to individuals and service providers presented with the credential as a form of identity authentication. State whether this information includes confidential or sensitive information. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Credential and technology used:

Citation:

Comments:

b. Information available from the credential (including whether UIC is on the face of the credential):

Citation:

Comments:

²²⁹ *Technical Standards for Digital Identity*, World Bank, 2017, page 4.

²³⁰ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 451.

6. Credential validity and renewal process

Best practice: The period of validity of ID credentials varies from country to country and may be dependent on the type of credential. For example, the Indian Aadhaar system uses only a UIC and biometrics, which never expire. However, in many countries that use an ID card with a photo, the ID card must be renewed with a new photo or other biometric capture periodically. The renewal of an ID card or credential does not, however, imply that the UIC should be changed. As stated previously, a UIC is assigned for life.²³¹

Guidance: State the period of validity of the national ID credential. Describe any renewal process. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Period of Validity of national ID credential and renewal process:

Citation:

Comments:

7. Authentication

Best practice: Authentication is the process of verifying the claimed identity against the registered identity information;²³² in other words, proving a person is who they say they are. Authentication should not be confused with "authorization", which involves determining whether a person has a right to a particular service.²³³

Authentication may occur using one or more factors that, like credentials, generally fall into one of three categories—something you know, something you have, something you are.²³⁴ Authentication using these attributes can occur through various pathways. For example, a person with a smart card may also need to key in a Personal Identification Number (PIN), or match their fingerprints to those contained in a chip. A person using a mobile phone app may authenticate by use of a PIN, biometrics or a mobile signature. A cloud-based system (like India's Aadhaar system) might rely on biometrics for authentication.²³⁵

All systems are vulnerable to failure. Biometric authentication can sometimes fail to recognize an individual, even though they are who they say they are. A person may forget their PIN. Authentication failure might result in a risk of exclusion from key services. Therefore, no matter what type of authentication process is adopted, there should be alternative authentication procedures in case of authentication failure, such as mobile one-time password (OTP), alternative biometric, or authentication by

²³¹ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 459.

²³² *Technology Landscape for Digital Identity*, World Bank, 2018, page 6.

²³³ *Technology Landscape for Digital Identity*, World Bank, 2018, page 7.

²³⁴ Other types of information, such as location data or device identity, may be used by a verifier to evaluate the risk in a claimed identity, but they are not considered authentication factors. Grassi, P., et. al, NIST Special Publication 800-63-3, *Digital Identity Guidelines*, page 12.

²³⁵ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 461.

a local authority.²³⁶

Guidance: Describe the authentication process used with a national ID credential. Describe any alternative procedures in case of authentication failure. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Authentication process and alternative procedures in case of authentication failure:

Citation:

Comments:

8. Retirement of Legal Identity

Best practice: Retirement of legal identity - including deactivation of a UIC and identity credential - upon death is important in order to prevent fraudulent use of the deceased's identity. An efficient and effective connection between the civil registration system and the identity management system is the best way to ensure that this deactivation occurs, through the transfer of death record information from the civil registration system to the identity management system. There may be other reasons for deactivation of a UIC or identity credential during a person's life, such as fraudulent use of the identity.²³⁷

After deactivation of a UIC and identity credential, identity records should be retained and permanently archived. Country practices vary on the reuse of a UIC after closure. In some countries a UIC is never reused; in others a UIC is not reused for at least 50 to 100 years after the person's death.²³⁸

Guidance: Describe whether and how a legal identity (including a UIC, if applicable, and national ID credential) is retired upon death and for any other circumstances. Specifically address if there is an obligation for death registration information to be transferred from the civil registration authority to the national identity management system. In the comments section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

a. Process and circumstances for retiring a legal identity (including UIC and ID credential):

Citation:

Comments:

²³⁶ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 462-463.

²³⁷ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 464.

²³⁸ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para 465.

9. Fees and Resources

Best practice: There is no best practice regarding charging a fee for identity credential registration and credential issuance. Many countries charge a fee. However, if obtaining an identity credential is mandatory or essential for individuals to benefit from basic services, policy makers should consider providing the original identity credential free of charge or for a minimal fee. In addition, there should be a process for a fee waiver for those who cannot afford the fee. Fees may be charged to replace a lost identity credential.²³⁹

Public and private sector entities benefit from the authentication services provided by the identity management system. Therefore, some countries charge a fee to these entities for authentication services. Country policies vary on whether to charge government entities - such as the health care system, social services, and others - a fee for authentication services. In some countries, the identity management authority charges other government entities a fee for this service. In other countries, there is a policy of providing this service to other government entities free of charge. Private institutions, such as banks, that wish to use the identity management system authentication services generally are charged a fee.²⁴⁰

Any revenue generated by the identity management system should be retained to fund the system rather than going to the central treasury.²⁴¹

Guidance: State the amount of fees charged to individuals for issuance of an identity credential, including fees for an original, renewal and duplicate credential. State the amount of fees charged to institutional users of authentication services, including government and private sector entities. State whether fees generated by the identity management system are retained to fund the system. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Fees charged to individuals for ID credential issuance (original, renewal, duplicate):

Citation:

Comments:

b. Fees charged to government and private sector users of authentication services:

Citation:

Comments:

c. Is revenue generated by the identity management system retained to fund the system?

Citation:

Comments:

²³⁹ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para 467.

²⁴⁰ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 468.

²⁴¹ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 211.



Chapter

10

Population Register

Why it is important: Not all countries maintain a population register. However, for those that do, the population register is essentially a computerized database with a separate record for each individual residing in the country and, in many countries, for citizens residing abroad as well. The record contains information from, or linkage with, various other government databases, including the civil registration system, national identity system, and others. The primary function of the population register is to provide reliable information for the administrative purposes of government. If a population register is maintained, this section contains key topics that should be addressed in the law.

1. Population register: definition and responsible agency

Good practice: The population register is a data system used for continuous recording, and/or coordinated linkage, of selected information pertaining to each member of the resident population of a country, in such a way as to provide the possibility of determining up-to-date information concerning the size and characteristics of a country's population, including residential address, at any given time.²⁴² The "resident population" includes all person within the territory of the country, regardless of citizenship status. In many countries, the population register also contains information pertaining to persons who are not usual residents of the country, such as citizens temporarily residing abroad, those who have emigrated, and those who are deceased or disappeared. The population register is the product of a continuous process, in which records of certain events, which may have been originally recorded in different administrative systems, are automatically linked to it on a current basis.²⁴³

Agencies in charge of operating and maintaining a population register differ from one country to another. For example, the population register may be the responsibility of the ministry of interior, home affairs, or justice, or the statistics or tax authority. In some countries, the entity responsible for maintaining the population register may be the same as the entity responsible for civil registration and/or identity management.²⁴⁴

Guidance: Describe whose data is maintained in the population register (e.g. citizens, all persons residing within the territory of a country, citizens outside the territory of the country). State the agency in charge of the population register. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Population whose data is maintained in population register:

Citation:

Comments:

b. Agency in charge of population register:

Citation:

Comments:

2. Method of sharing data: merged or linked data

Good practice: Information from the civil registration, national identity registration, and other agencies must somehow be accessible to or in the population register. In a merged population register, selected information from selected agencies is transmitted to, and merged together, in the population register. However, a population register need not be either a physical or single consolidated list (either in paper or electronic format), but can be a network of registers linked in a coordinated way. In linked systems, the

²⁴² United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014, Para. 454.

²⁴³ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 470.

²⁴⁴ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 471.

information is not physically submitted or transmitted from the civil registration, identity management, and other agencies, to the population registrar; rather, the registers are be linked, usually through a UIC, so that the desired information is accessible to an agency when it is authorized and needed.²⁴⁵ In such a system, information is linked and shared for specific purposes, while stored across different databases.²⁴⁶

To protect privacy, linked population registers are recommended. There may be a risk to privacy if individual records are merged across a wide range of registers, potentially leading to the ability for unauthorized access to all information in a consolidated record of engagements and transactions.²⁴⁷ However, even the linkage of all records in various databases through a UIC may present a risk to privacy through the potential to consolidate records. To protect against this, many countries use only sector specific numbers to access services. These sector specific number are then matched to the person's UIC in a separate database when authorized and needed. In this way, a person's UIC is never made available to service providers or the public. This minimizes the potential risk.²⁴⁸

Regardless of whether records are merged or linked, personal privacy and data protection systems and procedures should be in place. (See Chapter 10 on Data Protection and Personal Privacy).

Guidance: Describe whether information in the population register is merged from information across various databases, or whether information is stored in various databases and linked through a UIC or other means. Describe any personal privacy and data protection systems and procedures that protect against unauthorized access to information in the population register. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Is data is merged or linked in the population register?

Citation:

Comments:

b. Person privacy and data protection systems and procedures:

Citation:

Comments:

3. Information shared by Civil Registration and ID Registration Authorities with the Population Register

Good practice: The content of the population register varies from country to country. However, it commonly contains the names of a person and her/his parents, date and place of birth, residential address, and UIC.²⁴⁹ A population register also often contains information concerning an individual's legal status

²⁴⁵ See United Nations, Principles and Recommendations for a Vital Statistics System, Revision 3, New York, 2014, paragraph 469.

²⁴⁶ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 104.

²⁴⁷ Gelb and Diofasi, Preliminary Discussion Paper on the Future of Identification and Development, Center for Global Development, 2015, page 29.

²⁴⁸ Implementation of the United Nations Legal Identity Agenda, United Nations Country Team Operational Guidelines, May 2020, paragraph 98.

²⁴⁹ United Nations, Handbook on Civil Registration and Vital Statistics Systems: Management, Operation, Maintenance, Revision 1, 2018, paragraph 443.

(such as citizenship, legal residency status, immigration and emigration status) and civil status (i.e. married, unmarried, divorced).

For those born in the country, the first entry into the population register happens at birth. After birth registration, the civil registration agency shares – through submission or linkage - basic facts about a child (name, parents, place/date of birth and UIC) to the population register. Sharing of the UIC soon after it is assigned is essential, as this allows the population register to link with other databases and to maintain continuously up-to-date information about the population.²⁵⁰ The civil registration authority also shares information about the fact of the occurrence of other vital events - marriage, divorce, adoption, legitimation, recognition, and death - to the population register. This keeps the population register up to date regarding a person's civil status. It is important that the civil registration authority share information about death registration in order for a person's legal identity to be deactivated in the population register and archived after death.²⁵¹

Country practices vary on what information is shared from the national identity system to the population register. This information generally includes what identity documents have been issued, such as national ID card, passport, or driver's license. In some countries, biometrics are shared, in others they are not due to privacy concerns.²⁵² Because identity should be authenticated through the ID management system, and not the population register, there generally is no need for biometrics to be merged in a population register. For data protection and personal privacy reasons, it is recommended to permit linkage and use of biometrics only as needed for a specific authorized purpose.

The law should state what information is required to be shared by the civil registration and identity registration authorities with the population register.

Guidance: Describe what information is shared by the civil registration and national identity registration authorities with the population register. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Information shared by the civil registration authority with the population register:

Citation:

Comments:

b. Information shared by the national identity system with the population register:

Citation:

Comments:

²⁵⁰ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 474.

²⁵¹ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 475.

²⁵² United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 476.

4. Information shared between other agencies and the Population Register

Good practice: Many other functional registers (such as a residency register, voter registration, tax authority, immigration, etc.) may also share information with, and receive information from, the population register. Population registers often are the authoritative source for other registers, such as tax and voting registers. In other instances, the functional register (such as a residency register) may be the authoritative source and provide input into the population register.²⁵³

For those not born in the country, first entry into the population register usually happens when a person immigrates to a country and is assigned a UIC. That point in time the immigration agency or another authorized agency submits their basic information to the population register.

The law should clearly state what agencies are required to share information with the population register, and the information required to be shared.

Guidance: Describe what information is shared between other agencies and the population register. State the agency and the information shared. Note whether the agency or the population register is the definitive source of the information. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Information shared between other agencies and the population register (note agency, information and definitive source):

Citation:

Comments:

5. Data Sharing: frequency and data protection

Good practice: The law should address the frequency of sharing of records from the civil registration and identity management agencies, as well as other appropriate agencies, to the population register. The frequency of data sharing will depend on the method of sharing data (i.e., merged or linked) and the degree of digitization and integration across systems. In a merged system, where information is transmitted from a specific government database to the population register for storage in the register, information might be sent according to a fixed schedule, for example daily, weekly, or monthly. However, in systems that are fully digitized and integrated across agency platforms, it may be that information is shared continuously. In other words, when specified information is entered into one database, it is automatically pushed into the population register. For example, in such a system, when the civil registration authority enters information about a new birth into the birth register, the name, date and place of birth, and parents name would be pushed into the population register at that time.

Linked systems work differently. In a linked system, the information from one database is shared with another government database only on an “as needed” basis. It is shared only with the personnel that is authorized to have access at that moment in time. It is shared only for one particular purpose and therefore is not stored in the other database. In addition, only the minimum information needed for that particular purpose is shared.

Regardless of the manner of data sharing, the law should provide for secure sharing of information,

²⁵³ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 477.

including end-to-end encryption. See Chapter 11 for more on personal privacy and data protection procedures.

Guidance: Describe the data sharing process for all relevant agencies, including the civil registration agency, national identity agency, and any other agencies that share data. Describe whether the law clearly prescribes timeframes and/or processes for data sharing, and whether there are procedures for personal privacy and data protection. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Process for data sharing between civil registration agency and population registrar:

Citation:

Comments:

b. Process for data sharing between national identity agency and population registrar:

Citation:

Comments:

c. Process for data sharing between other relevant agencies and population register:

Citation:

Comments:



Chapter

11

Personal Privacy and Data Protection

Why it is important: Civil Registration, Vital Statistics, and Identity Management Systems contain a wealth of personal information. Protection of this data from accidental and unauthorized access, loss, destruction, and tampering is critical for public confidence, as well as the efficient and effective functioning of these systems.

Introduction

Civil Registration, Vital Statistics, and Identity Management Systems contain a wealth of personal information. While privacy principles have always applied to personal data stored in paper-based civil registration, vital statistics and identity management systems, digitization of data has given rise to new concerns due to the volume of personal data collected, used and stored; the range of analytics involving personal data; the value and global availability of personal data; and threats to personal privacy from hacking and other unauthorized access and use. With the linking of national ID systems, many of which contain biometric information, to civil registration systems, the protection of personal data becomes even more crucial.

Due to these concerns, in recent years many countries and organizations have adopted data protection laws and principles. In 2013, the Organization for Economic Co-operation and Development (OECD) adopted *Privacy Guidelines*, which updated previous guidelines from 1980. These *Privacy Guidelines* are applicable to public and private data collectors. In April 2016, the European Union adopted the *General Data Protection Regulation (GDPR)*, which came into force in May 2018 and applies to all public and private data collectors in EU member countries, including CRVSID systems. The World Bank and key partners developed *Principles on Identification for Sustainable Development*, centred around the themes of inclusion, design and governance, that frame their work on identification for development. Recognizing the need for protection of personal data, the UN adopted *Personal Data and Privacy Principles* in October 2018, which apply to all personal data stored or processed by, or on behalf of, the United Nations System Organizations in carrying out their mandated activities.²⁵⁴

The *OSCE Privacy Guidelines*, *EU GDPR* and *UN Personal Data and Privacy Principles* have much in common; they contain similar broad data protection and personal privacy concepts. Ideally, a country has a general data protection law that embodies these concepts. If such a law exists, CRVSID legislation or the general data protection law should state how the provisions of a general data protection law specifically apply to records in the CRVSID systems; as the application of these concepts to public, legally mandated databases (such as CRVSID systems) may differ from private data collection systems and other government systems. If a general data protection law does not exist, CRVSID legislation should contain provisions that apply these concepts in a way that provides for the protection of personal information contained in CRVSID records while still allowing for authorized administrative uses.

Below are set forth the *UN Personal Data and Privacy Principles*, with an explanation on how they may be applied to CRVSID systems to ensure the protection and privacy of personal data, while still allowing CRVSID systems to function effectively and fulfill their intended purposes.

UN Principles of Data Protection and Privacy

1. Fair and Legitimate Processing

Best Practice: Fair and legitimate processing means that data should be processed in a fair manner, on the basis of consent by the person whose data is collected or based on established rules. Civil registration identity registration complies with the fair and legitimate processing principle when data is collected based upon an established law. These laws should specify the data to be collected and processed through civil registration and identity registration.²⁵⁵ Note that the data fields to be collected are usually contained in forms authorized under the law, rather than the law themselves. This aligns with good practice, as long as those forms are publicly available.

Guidance: Describe whether the laws that govern civil registration and identity registration (if applicable) clearly specify the data to be collected and processed. Explain whether in practice, this data and only this

²⁵⁴ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 51-52, 498.

²⁵⁵ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 501.

data is collected. Note that legislation does not need to detail every data element contained in civil registration forms or ID registration forms. However, legislation should set out the type of data to be collected; e.g., biographical information, information regarding characteristics of vital events, or biometric data (in the case of ID). If an ID law authorizes collection of biographical data, for example, but ID systems now collect biometric data without the law being amended to reflect this, this practice would violate the fair and legitimate use principle. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Does the law comply with the fair and legitimate processing principle? I.e., does it specify the type of data to be collected and processed?

Citation:

Comments:

2. Purpose Specification

Best practice: The purpose specification principle requires that data be processed only for its specified purpose. Legislation should clearly define the purposes - legal, statistical, administrative and other research purposes - for which the data will be used. This serves to notify the population of the purposes and uses of the data collected, in line with the purpose specification principle. If data is to be used for other purposes in the future, laws should be promulgated or amended to reflect these uses.²⁵⁶

Guidance: Describe whether the laws that govern civil registration and identity registration (if applicable) clearly specify the purpose for which data is processed. The law should be written broadly enough to cover all legitimate purposes for which data is used. For example, if civil registration or vital statistics micro-data is allowed to be used by private researchers, the law should state that data may be used for private research purposes (subject to privacy laws and confidentiality agreements) as well as government legal, statistical and administrative purposes. Note that this type of data should never be used for commercial purposes. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Does the law comply with the purpose specification principle? I.e., does it specify the purpose for which data is collected and processed?

Citation:

Comments:

3. Proportionality and Necessity

²⁵⁶ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 502.

Best Practice: The principle of proportionality and necessity requires that processing of personal data be relevant, limited and adequate to what is necessary in relation to the specified purposes of personal data processing. While a wide array of information is collected during registration of vital events, this information is necessary in order to carry out the legal, statistical and administrative functions of civil registration. Therefore, the collection of this information complies with the principle of proportionality and necessity. For identity registration, experts recommend that information collected for purposes of an identity credential be kept to the minimum needed to register, validate and authenticate an identity - for example, name, limited biographical information, and any biometrics (if provided for by law).²⁵⁷

Guidance: Describe whether the laws that govern civil registration, vital statistics, and identity registration (if applicable) meet the proportionality and necessity principle; i.e., is the data that is collected limited to what is relevant and adequate for the specified purpose (see principle 2). Generally, a wide variety of data may be collected for CRVS purposes, but only limited data may be collected for ID purposes. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Does the law comply with the proportionality and necessity principle? I.e., is the data collected limited to what is relevant and adequate for the specified purpose?

Citation:

Comments:

4. Retention

Best Practice: The retention principle requires that data be retained only for the time that is necessary for the specified purposes. Civil registration, vital statistics, and identity records (including population registers) are, by law, permanently maintained, even after a person's death. Therefore, the retention principle permits permanent retention of civil registration, vital statistics, and identity records. The retention principle is closely related to "the right to be forgotten"; a right contained in some countries' data protection laws. This concept maintains that a person has a right to erasure of their personal data if the data is no longer needed. However, this right generally does not apply where there is a legal obligation to retain the data, such as with CRVSID systems. Accordingly, countries do not delete civil registration, vital statistics, and identity records. They are kept and archived permanently.²⁵⁸

Guidance: Describe whether the laws that govern civil registration, vital statistics and identity registration (if applicable) meet the retention principle. For civil registration, vital statistics, and identity systems, data should be permanently maintained and archived after a person is deceased. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Does the law comply with the retention principle?

²⁵⁷ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 503.

²⁵⁸ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 504.

Citation:

Comments:

5. Accuracy

Best practice: The accuracy principle requires that data be accurate and, where necessary, up to date to fulfill the specified purposes. The continuous and permanent nature of civil registration and identity management helps ensure that personal data is accurate, complete and kept up to date, in line with this principle.²⁵⁹ For example, a person's death registration is linked to their birth registration, and a person's divorce registration is linked to their marriage registration, so that an individual's records are up to date and accurate. This principle also requires that civil registration and identity management laws permit individuals to update, correct, or amend their information through authorized processes.

Guidance: Describe whether the laws that govern civil registration and identity registration (if applicable) meet the accuracy principle; i.e., is personal information in these systems kept accurate and up to date and are there processes for updating, correcting or amending information. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Does the law comply with the accuracy principle? Are personal records kept up-to-date and accurate?

Citation:

Comments:

6. Confidentiality

Best practice: The confidentiality principle requires that data be processed with due regard for confidentiality. This principle is closely related to the "security principle" below, and confidentiality partly is maintained by complying with the security principle. In addition, confidentiality of civil registration data is maintained by permitting only persons with a legitimate interest to obtain vital event certificates or certified extracts of civil registration records. Identity management officials should also ensure that identity credentials do not contain on their face, or digitally embedded, any confidential information in a manner that permits persons without a legitimate interest to access this information. Legislation should also define what information in the population register is available to the public. When information is shared with the statistics authority, procedures should provide for confidentiality while not causing excessive barriers to data linkage for verification purposes and research activities in the public interest. For example, procedures may require that individual records be anonymized, except perhaps for any unique identification code used for data verification and cleaning purposes, before submission to the statistics agency.²⁶⁰

Guidance: Describe whether civil registration, vital statistics, and identity management data are collected,

²⁵⁹ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 505.

²⁶⁰ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 506.

processed, transferred, stored and maintained in line with the confidentiality principle? Note whether: 1) only persons with a legitimate interest may obtain vital event certificates, 2) whether identity credential contain on their face, or digitally embedded, any confidential data that could be seen or accessed by unauthorized persons, 3) whether the law specifies what information, if any, is public, and 4) whether confidentiality procedures are followed when transferring data to statistics authorities. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Does the law comply with the confidentiality principle?

Citation:

Comments:

7. Security

Best practice: The security principle requires that appropriate organizational, administrative, physical and technical safeguards and procedures be implemented to protect the security of personal data, including against or from unauthorized or accidental access, damage, loss or other risks presented by data processing. Different categories of government officials and non-government persons have diverse needs for access and use of data from CRVSID systems. In keeping with the “security” principle, legislation should address the diverse needs for all those who may be able to access the records, in order to prevent unauthorized or accidental access. This includes civil registration and identity management officials, vital statistics officials and independent researchers, other government officials, vendors and contractors, and non-governmental and private institutional users.²⁶¹ The different users are discussed individually below.

7A. Access by civil registration and identity management officials

Best practice: The law should allow access to vital event and identity records for official legal, administrative and statistical purposes only. Access to civil registration and identity records should be limited to only the necessary officials. Regulations or instructions should establish a hierarchy for allowing different levels of access to the records, limiting this access to only that which is necessary for the specific legal, authorized administrative or statistical purpose in question.²⁶²

Guidance: Describe whether the law or internal operating procedures limit access to civil registration and identity records to only the necessary officials and for only official legal, administrative and statistical purposes. Describe whether laws or procedures establish a hierarchy allowing different levels of access. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Is access to civil registration and identity records restricted to only necessary officials? For only legitimate legal, administrative and statistical purposes? Is a hierarchy of officials established?

²⁶¹ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 507.

²⁶² *Handbook on Civil Registration and Vital Statistics Systems: Management, Operation, Maintenance, Revision 1*, paragraph 485 - 488.

Citation:

Comments:

7B. Access by national statistics authority officials and independent researchers

Best practice: Individual records submitted from the civil registration agency to the statistics agency should be submitted with identifying information, such as name removed. While in some countries a unique identifying number may be available to statisticians, this only so that errors and inconsistencies can be identified in the processing, editing and aggregating of records; procedures should be in place to prevent the identification of individuals. This prevents unauthorized access to personal information and ensures that statistical data is used for its intended purpose. Access to civil registration records may be provided to certain users, such as academic and independent researchers, for legitimate research purposes. However, access to individual records (micro-data) should be subject to a user agreement on confidentiality and the use of data between the statistical agency and users (See Section 9, Transfers Principle). Identifying information should be removed from the file to protect the privacy of individuals.²⁶³

Guidance: Describe how national statisticians have access to civil registration data and whether that data is anonymized? Describe any arrangements for providing micro-data to outside researchers. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Describe access to civil registration data by national statisticians:

Citation:

Comments:

b. Describe access to civil registration data by independent researchers:

Citation:

Comments:

7C. Access by other government officials

Best practice: Other government agencies - such as health, social services, planning departments, and law enforcement - may have a need to access civil registration and identity records. Regulations or instructions should establish procedures for sharing of records or data with other government agencies for official government purposes, and should provide that any disclosure of information that might identify a person

²⁶³ *Principles and Recommendations for a Vital Statistics System, Revision 3*, United Nations Publication, Sales No.E.13.XVII.10, United Nations, 2014, paragraphs 269, 299.

has been specifically authorized by law or consent.²⁶⁴ As with access by civil registration and identity officials, access should be permitted only to the extent necessary for the specific administrative purpose and levels of access should be established.²⁶⁵

Guidance: Describe the procedure and rules regulating sharing of civil registration and identity records with other government officials. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Procedures for access to civil registration and identity records by other government officials:

Citation:

Comments:

7D. Access by vendors and contractors

Best practice: Civil registration and identity management agencies may have need to contract with technology firms and other vendors to carry out specific functions of the system. For example, the identity management agency may contract with a vendor to provide authentication services, including point-of-service equipment and platform software; or enrolment in the program might be sub-contracted to a variety of entities, as with India's Aadhar system. Vendors' and contractors' access to data should be limited to only that which is essential to carry out the task required. Contracts between the government agency and vendor should contain provisions that explicitly set out what data may be accessed, how it may be accessed and used, and limit the ability of the vendor/contract to store and retain that data to only that which is necessary for the specified task. As with government officials, contractors should have protocols that establish a hierarchy of levels of access.²⁶⁶

Guidance: Describe law, rules and procedures that regulate access by vendors and contractors to civil registration and identity records. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Access by vendors and contracts to civil registration and identity records:

Citation:

Comments:

²⁶⁴ *Principles and Recommendations for a Vital Statistics System, Revision 3*, United Nations, 2014, paragraph 417.

²⁶⁵ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 510.

²⁶⁶ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 511.

7E. Access by non-governmental and private institutional users

Best practice: Private institutions, such as banks, private hospitals, and others, may use the identity management system for authentication of individuals. The means for authenticating an identity should ensure that the private institution does not have the ability to collect and store identity data, but has only the ability to authentication the individual at the time of request.²⁶⁷

Guidance: Describe the procedures used by non-governmental and private institutions for authentication of identity of individuals. Note whether those entities have the ability to access or store the data. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Access by non-government and private institutional users

Citation:

Comments:

7F. Tracking and Monitoring Access

Best Practice: To ensure that only authorized personnel access data, some countries have a system to monitor and track system users who access records. These systems are designed in such a manner as to automatically and continuously keep a log of personnel that access records.²⁶⁸ This helps ensure that the policies put in place to address 7A - 7E are complied with.

Guidance: Describe whether a tracking and monitoring system is in place, if known. Note that this type of requirement is generally found in operating procedures rather than law. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Describe any tracking and monitoring procedures:

Citation:

Comments:

7G. Protection of data during transmission and linking

Best practice: Data is particularly vulnerable during transmission and therefore measures should be put in place to safeguard data during transmission. Specific processes to protect data will differ for manual and digital systems. For manual systems, records should be physically protected from tampering and improper

²⁶⁷ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 512.

²⁶⁸ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 513.

access and use when being transferred from local registrars to the central authority. Where registration records are transmitted electronically, end-to-end encryption should be used.²⁶⁹

Special consideration should be given to issues of privacy and security when record linking is used, as linking may provide opportunities for inadvertent and inappropriate disclosures.²⁷⁰ If record linking is employed, regulations should address how access to information and data elements will be limited to only those officials with authorization and need to access that information.

Guidance: Describe measures that are in place to protect data during manual and/or electronic submission, sharing and/or linking of data. Note that these measures are likely contained in operating procedures, not laws. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Measures to protect data during submission, sharing, and linking, if known:

Citation:

Comments:

7H. Protection of data from loss and destruction

Best Practice: Protection of data from loss and destruction during storage and archiving requires protocols for maintenance and backup systems. For digital civil registration and identity management systems (including a population register), procedures for storing and preserving records rely on current general practices for maintenance and backup. A common approach consists of having two servers simultaneously online and mirroring each other so that each interaction and input of a new record is recorded on both. Another common practice is to have daily backups from the main server maintaining the database/population register, thus ensuring the preservation of records. Frequently, the mirror or backup server is located in a different geographical area, even a different country, as a risk mitigation strategy. If this course of action is taken, data protection measures for the mirror server must be taken, particularly if the service is outsourced to a private company or the mirror server located abroad.²⁷¹

Guidance: Describe measures that are in place to protect data from loss and destruction. Note that these measures are likely contained in operating procedures, not laws. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Measures to protect against data loss and destruction:

Citation:

Comments:

²⁶⁹ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 515.

²⁷⁰ *Principles and Recommendations for a Vital Statistics System, Revision 3*, United Nations Publication, Sales No.E.13.XVII.10, United Nations, 2014, paragraph 425.

²⁷¹ *Handbook on Civil Registration and Vital Statistics Systems: Management, Operation, Maintenance, Revision 1*, 2018, paragraph 251.

8. Transparency

Best practice: Processing of personal data should be carried out with transparency to the data subjects. All persons have a right to know how their civil registration and identity data is collected, used, stored and shared. All persons also have a right to correct and modify their own civil registration and identity records, subject to proper documentary or other evidentiary proof, and challenge improper use of data, in accordance with provisions of the law. Provisions in the law that address amendments and corrections of vital events records and identity documents, as well as provisions that allow for administrative and judicial appeal processes help ensure transparency rights.²⁷²

Guidance: Describe measures that are in place that help ensure transparency of data processing, including the ability of an individual to access, correct, and modify their civil registration and identity registration records, subject to proper procedures, as well as challenge any decisions in administrative or judicial proceedings. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Describe procedures that allow for access, correction or modification of one's civil registration and identity records:

Citation

Comments:

b. Describe the process to challenge registrar decisions, including through administrative and judicial proceedings:

Citation:

Comments:

9. Transfers

Best practice: This principle mandates that data may be transferred to a third party only if the data collector satisfies itself that the third party affords appropriate protection for the personal data. This principle has implications for cross-border data sharing of data, such as data sharing between national registrars, which is helpful in keeping civil registers, identity registers and population registers up to date. Legislation should mandate that CRVSID systems may share data with another country if that country provides for an adequate level of data protection. If a country is not deemed to have adequate data protection laws, the data should only be shared subject to appropriate safeguards, such as an enforceable confidentiality and data protection agreement. This transfer principle may also have implications for data

²⁷² United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 519-520.

transfers within a country if other government agencies, or non-governmental or private sector entities, are not subject to the same data protection rules as the CRVSID systems. This may be the case if a country does not have a general data protection law. In that case, CRVSID legislation should require that civil registration, vital statistic, and identity management records may be shared with other government agencies only subject to an enforceable confidentiality and data protection agreement.²⁷³

Guidance: Describe any laws, policies or rules that set standards regarding to whom data may be transferred and note whether these standards require transferees to have adequate data protection policies. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Data transfer policies, included rules requiring transferees to have adequate personal data protection policies:

Citation:

Comments:

10. Accountability

Best practice: The "accountability principle" requires entities that collect data to have adequate policies and mechanisms in place to adhere to all of the above principles. To comply with the accountability principle, CRVSID systems should be subject to general data protection laws that reflect the above principles, or CRVSID laws themselves should reflect these principles. In addition, providing for sanctions and penalties for a breach of data protection principles ensures registrars and other government and non-governmental entities and persons are held accountable for compliance.²⁷⁴

Guidance: Describe any penalties or sanctions imposed for a violation of any of the above principles. In the comments section, describe whether the law aligns with good practice and note any recommendations for regulatory reform.

a. Penalties and sanctions:

Citation:

Comments:

²⁷³ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 521.

²⁷⁴ United Nations, Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems, New York, 2019, Para. 520, 522.

Chapter

12

Medicolegal Death Investigation

Authors: Lynn Sferrazza, Global Health Advocacy Incubator
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Why it is important: The medicolegal death investigation (MLDI) system is responsible for conducting death investigations and certifying the cause and manner of deaths that are unnatural, violent or suspicious, sudden or unexpected, unusual, or otherwise represent a potential threat to public health and safety. Depending on the country, up to 20% of deaths are referred to the MLDI system. In Australia and the U.S. 13%¹ and 20%² of deaths, respectively, are referred to MLDI; and in Canada, depending on the jurisdiction, 7%–45% of deaths are investigated by the MLDI system annually. Most of these deaths are preventable. Quality information from the MLDI system provides valuable input for public health and other authorities to develop effective interventions, including interventions to prevent injury, suicide, violence, and substance abuse. In addition, a well-functioning MLDI system founded on a strong legal framework can strengthen the civil registration and vital statistics (CRVS) system. A connection between the MLDI system and CRVS system ensures that these deaths are registered and that the cause and manner of death are captured by the national statistics agency for use in vital statistics.



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ABOUT THE BLOOMBERG DATA FOR HEALTH INITIATIVE

The World Health Organization estimates that 65% of all deaths worldwide — 35 million each year — go unrecorded, and millions of deaths lack a documented cause. Many records do not provide medically accurate or specific information regarding the cause of death. Without this information, government officials, public health leaders and funders cannot make informed decisions on priorities, including how and where to direct public health resources.

Funded by Bloomberg Philanthropies and the Australian Department of Foreign Affairs and Trade, the Data for Health Initiative seeks to address this issue and works to improve public health data so that governments, aid organizations, and public health leaders are equipped with the tools and systems to collect and use data to prioritize health challenges, develop policies, deploy resources, and measure success.

ABOUT GLOBAL HEALTH ADVOCACY INCUBATOR

The Global Health Advocacy Incubator supports civil society organizations in advocating for evidence-based policies to improve public health and decrease death and disease. This mission is accomplished by providing training and technical assistance for existing organizations working on public health policy, identifying new partners where needed, and assisting in the development and implementation of strategic advocacy campaigns to promote the adoption and implementation of public health policies.

ABOUT THE CDC FOUNDATION

The CDC Foundation helps the Centers for Disease Control and Prevention (CDC) save and improve lives by unleashing the power of collaboration between CDC, philanthropies, corporations, organizations and individuals to protect the health, safety and security of America and the world. The CDC Foundation is the go-to nonprofit authorized by Congress to mobilize philanthropic partners and private-sector resources to support CDC's critical health protection mission.

ABOUT VITAL STRATEGIES

Vital Strategies is a global public health organization working to address the most challenging health issues to improve quality of life for people around the world. An affiliate of the International Union Against Tuberculosis and Lung Disease, Vital Strategies is an implementing partner in the Bloomberg Data for Health Initiative.

Medicolegal death investigation (MLDI) Module

Why is it *important*?

The medicolegal death investigation (MLDI) system is responsible for conducting death investigations and certifying the cause and manner of deaths that are unnatural, violent or suspicious, sudden or unexpected, unusual, or otherwise represent a potential threat to public health and safety. Depending on the country, up to 20% of deaths are referred to the MLDI system. In Australia and the U.S. 13%²⁷⁵ and 20%²⁷⁶ of deaths, respectively, are referred to MLDI; and in Canada, depending on the jurisdiction, 7%–45% of deaths are investigated by the MLDI system annually. Most of these deaths are preventable. Quality information from the MLDI system provides valuable input for public health and other authorities to develop effective interventions, including interventions to prevent injury, suicide, violence, and substance abuse. In addition, a well-functioning MLDI system founded on a strong legal framework can strengthen the civil registration and vital statistics (CRVS) system. A connection between the MLDI system and CRVS system ensures that these deaths are registered and that the cause and manner of death are captured by the national statistics agency for use in vital statistics.

What is a medicolegal death investigation?

A medicolegal death investigation is a process whereby a coroner, medical examiner, or forensic pathologist working with the police, seeks to understand how and why a person died. The coroner, medical examiner, or pathologist must answer five questions when investigating a death:

- Who died - what was the person's name, if known?
- When did the death occur?
- Where did the death occur?
- What was the cause of death: What physical disease, physical condition, or physical injury (or combination of) caused death?
- What was the manner of death: Natural, accident, suicide, homicide, or undetermined?²⁷⁷

The purpose of a medicolegal death investigation is to present medical findings, not to determine civil or criminal liability. These findings may be submitted as evidence in criminal or civil proceedings; however, they are medical findings and are not legally binding. Throughout this module, when we refer to “medicolegal death investigation” we are referring specifically to this non-legally binding fact-finding process, not the criminal investigation process. The purpose of a criminal investigation is to determine if a crime has been committed, obtain evidence to identify the person responsible for the crime, and to provide the best possible evidence to the prosecutor. A judge or jury determines criminal or civil liability.

MLDI Systems and Stakeholders

MLDI systems vary greatly across the world. In general, MLDI systems can be categorized into three types: coroner systems, medical examiner systems, and law enforcement-led systems. The defining features of these types of systems are discussed in detail in Section 2.

Regardless of the type of system, every MLDI system has multiple stakeholders. At a minimum, stakeholders include: law enforcement, the office of the coroner or medical examiner (where relevant), the health sector, the public health agency, the civil registration agency, and the national statistics agency. In

²⁷⁵ Australian Bureau of Statistics, *Causes of Death, Australia, 2015, Technical Note 1*, available at: <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Previousproducts/3303.0Technical%20Note12015>

²⁷⁶ Hanzlick, R., Overview of Medicolegal Death Investigation in the United States, National Academy of Sciences, 2003, available at: <https://www.ncbi.nlm.nih.gov/books/NBK221926/>

²⁷⁷ See, e.g., Ministry of the Solicitor General, Ontario, Canada, Death Investigations website page, at: https://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/CommonQuestionsAboutCoronersInvestigations/OCC_common_questions.html

some systems, the judiciary and public prosecutors may also play an important role. Strong cooperation is needed among all stakeholder entities to ensure efficient and effective medicolegal death investigation and compilation of quality MLDI statistics. The roles of these stakeholders and coordinating mechanisms are discussed in Section 4.

Focus of this module

A strong legal framework for the MLDI system, among other things, sets the jurisdictional scope for the MLDI authority; defines the terms and conditions under which the authority operates; establishes the powers, duties and responsibilities of the MLDI authority and other system stakeholders; creates protections to ensure independence in the conduct of MLDI work; authorizes practices and procedures; provides a connection to the CRVS system; and ensures sufficient resources to perform the required work.²⁷⁸

The subject of MLDI is complex and a strong MLDI legal framework may address many more topics than are included in this module. We have selected the included topics in order to aid the reviewer in determining: 1) whether the MLDI legal framework aids or hinders timely, complete and accurate MLDI information, and in particular cause and manner of death information, and 2) whether information from the MLDI system is shared with the CRVS system in a manner that aids or hinders timely, complete, and accurate statistics on deaths under the jurisdiction of the MLDI authority.

How to use this Module

This module is a self-learning tool, intended to aid the reader in reviewing their country's MLDI legal framework, and consists of the following topics:

1. Definitions
2. Structure of the MLDI System
3. Organizational Situs of the Office of the Medical Examiner/Coroner within the MLDI system
4. Stakeholder Cooperation
5. Qualifications of head of MLDI authority and head of subnational offices
6. Power to issue SOPs, practice guidelines
7. Staffing and Qualifications of Staff
8. Accessibility of forensic services throughout the country and transportation of human remains
9. Scope of Jurisdiction - Cases that must be referred to MLDI for investigation
10. Cases requiring autopsy
11. Autopsy/External Examination Report and Case File
12. Powers of medical examiner/coroner to investigate
13. Medical Certificate of Cause of Death (MCCD)
14. Connection to the CRVS system: Death Registration and Statistics
15. Time Limits on Investigation
16. Mass Fatality Management
17. MLDI Fatality Review Committees
18. Resources
19. Training
20. Codes of Conduct/Conflicts of Interest
21. Supervision and Enforcement
22. Archiving of records and access to records

For each of the 22 topics, “good practices” that help produce high quality MLDI information are discussed. This is followed by “guidance”, which will aid the reviewer in analyzing the provisions of the legal framework, and a series of structured questions. *All reviewers should answer all questions presented under each topic.* After your answer, be sure to provide a citation to the provision(s) in the legal framework that backup your response. In the “comment” field for each question, reviewers should provide their analysis

²⁷⁸ Weedn, V.W., Model Medical Examiner Legislation, Academic Forensic Pathology 2015 5(4): 614-627

and observations on whether the policies contained in the legal framework are good practice. The comment section is the heart of the analysis and should be completed for each question.

Reviewers should read the whole module first, before attempting to answer questions, in order to gain an overall understanding of this complex topic.

As with other chapters of the CRVSID toolkit, the term “legal framework” includes legislation passed by the legislature or parliament, as well as implementing regulations, standard operating procedures, guidelines, and other implementing directives promulgated or adopted by government bodies. The term “law” is used broadly, to mean legislation or implementing regulations.

The principles presented in this module hold for countrywide MDLI systems, as well as for systems established at a sub-national level in decentralized MLDI systems. We use the term “country” as shorthand for “country or jurisdiction”. If you are completing this toolkit for a specific jurisdiction (province, city, district, etc.), consider the term “country” to mean “jurisdiction” unless otherwise indicated.

Throughout this module, we use the term “*medicolegal death investigation*” or *MLDI* to refer to the process of seeking to understand how and why a person died. Specifically, the process of determining: Who died? When did the death occur? Where did the death occur? What was the cause of death? And what was the manner of death?

We use the term “*MLDI authority*” to mean the entity that bears the ultimate responsibility for finding of facts regarding these Who, Where, When and What questions. Depending on the system established in your country the “MLDI authority” may be, for example, the Office of the Chief Coroner, the Office of the Chief Medical Examiner, or the National Police Department or a Medicolegal Division within the police (see Sections 2 and 3).

The term “*head of MLDI authority*” means the person who is at the top of the organization chart of the MLDI authority. This could be a Chief Coroner, a Chief Medical Examiner, or a Chief of Police or Chief of Medicolegal Division within the police.

Suggested Reading and Resource: Annex B contains a Resources page with suggested reading and links for a variety of MLDI topics including: general information on MLDI systems; codes of ethics and independence of MLDI professionals; inquests; death in custody; and peer review process. There are also links to example laws on coroner and medical examiner systems.

1. Definitions

Good Practice: Clear definitions in the laws governing MLDI help ensure that all stakeholders understand key terminology in the same way. Any technical terminology, or not commonly understood terms, used in your country's laws should be clearly defined.

Below are some terms that are used throughout this toolkit module, which may be misunderstood if not clearly defined. Please read the terms and definitions below carefully. It is important for reviewers to understand the terms below before proceeding with the analysis in this module.

Autopsy is a highly specialized surgical procedure that consists of a thorough examination of a corpse to determine the cause and manner of death and to evaluate any disease or injury that may be present. It should be performed by a specialized medical doctor called a pathologist.²⁷⁹ [Note: the term “autopsy” should not be confused with “verbal autopsy,” which is defined below.]

Autopsy report is a report completed by the medical examiner, or other physician trained in this assessment, to present results on examination findings, evidence of injury and therapy, and the cause and manner of death.²⁸⁰

Cause of death is all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced such injuries.²⁸¹

Manner of death explains the circumstances in which a death arose. The International Classification of Diseases (ICD) classifies manner of death as disease, accident, intentional self-harm, assault, legal intervention, war, pending investigation, unknown, or “manner undetermined.”

Medical certificate of cause of death is the WHO International Standard Form of the Medical Certificate of Cause of Death (MCCD). This is the recommended form for recording cause of death information for certification. The form contains data fields for the immediate, antecedent and underlying causes of death, and manner of death for completion by a physician.

Post-mortem: an examination of a body that takes place after death to determine the cause and manner of death. The term post-mortem is sometimes used interchangeably with autopsy. In this Chapter, we define post-mortem as a broader term, encompassing any examination of the body post-death, which could be an external examination only or include an internal examination (autopsy).

Underlying cause of death is the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury.²⁸²

Verbal autopsy is a method used to ascertain the cause of a death based on an interview with next of kin or other caregivers. The interview is done using a standardized questionnaire that elicits information on signs, symptoms, medical history and circumstances preceding death. The main objective of VA is to describe the causes of death at the community level or population level where civil registration and death certification systems are weak and where most people die at home without having had contact with the health system.²⁸³

Guidance: State whether each term below (or similar term) is used in your MLDI legal framework and whether it is defined. If defined, state the definition contained in the legal framework. Provide the legal citation where the term is found. If other key terms are used in your MLDI legal framework, state the definition and provide the citation. In the comment sections, provide your analysis on whether a definition

²⁷⁹ Los Angeles County Medical Examiner-Coroner website, at FAQs/Glossary of Terms, available at: <https://mec.lacounty.gov/>

²⁸⁰ Dolinak D., Matshes E.W., & Lew, E.O., Forensic Pathology: Principles and practice, Elsevier Academic Press (2005).

²⁸¹ World Health Organization, *International Classification of Diseases, 2016, volume 2*; See also *Health Topics*, World Health Organization website, available at: https://www.who.int/bulletin/volumes/84/3/mortality_glossary/en/

²⁸² WHO website, available at: https://www.who.int/bulletin/volumes/84/3/mortality_glossary/en/

²⁸³ World Health Organization, 2016 WHO verbal autopsy instrument, p.3, available at: <https://www.who.int/healthinfo/statistics/verbalautopsystandards/en/>

is needed, or whether the definition is clear and understood in the context of the law. State how the definition could be improved if necessary.

a. Autopsy (or "post-mortem" or similar term):

Used in law? _____ Yes _____ No Defined? _____ Yes _____ No

Definition:

Citation:

Comment:

b. Autopsy report (or "post-mortem report" or similar term):

Used in law? _____ Yes _____ No Defined? _____ Yes _____ No

Definition:

Citation:

Comment:

c. Cause of death:

Used in law? _____ Yes _____ No Defined? _____ Yes _____ No

Definition:

Citation:

Comment:

d. Manner of death:

Used in law? _____ Yes _____ No Defined? _____ Yes _____ No

Definition:

Citation:

Comment:

e. Medical certification of cause of death:

Used in law? _____ Yes _____ No Defined? _____ Yes _____ No

Definition:

Citation:

Comment:

f. Underlying cause of death:

Used in law? _____ Yes _____ No Defined? _____ Yes _____ No

Definition:

Citation:

Comment:

g. *Verbal autopsy:*

Used in law? _____ Yes _____ No Defined? _____ Yes _____ No

Definition:

Citation:

Comment:

h. *Other key terms (provide as many as necessary):*

Definition:

Citations:

Comment:

2. Structure of the MLDI System

Good practices: Medical legal death investigation systems vary greatly across the world. In general, MLDI systems can be categorized into three types of systems: coroner systems, medical examiner systems, and law enforcement-led systems.²⁸⁴ In addition, some jurisdictions have a hybrid coroner/medical examiner system.

Coroner system: In a coroner system, the Coroner is responsible for ensuring that the body is identified and that the cause and circumstances of death are determined. In other words, the coroner is responsible for answering: Who died? When did the death occur? Where did the death occur? What was the cause of death? And what was the manner of death? However, coroners themselves generally do not conduct the medical examinations necessary to answer these questions. A coroner's level of education varies by jurisdiction. In many countries, coroners are legal professionals, such as a judge, magistrate, or prosecutor; in some countries, coroners are certified physicians; and in some countries, there are no required qualifications for coroners, which is not good practice (see Section 5 on Qualifications of Coroners and Medical Examiners). Therefore, coroners who are not physicians work with medical and forensic professionals to conduct an investigation.

Some coroner systems combine medical and scientific investigation with a judicial enquiry in open court called an inquest. An inquest is a special court proceeding in which the coroner acts as judge, and sometimes involves a jury. In an inquest, the coroner summons witnesses to testify in order to determine who the dead person was and the circumstances of the death.²⁸⁵ Historically, coroners used an inquest to determine who might be criminally liable, much like an indictment. However, a present-day inquest is not a criminal proceeding and is not intended as a means to determine criminal liability, but rather, is a means of fact-finding that is non-binding.²⁸⁶

²⁸⁴ James JVP Kalougivaki, Medico-Legal Death Investigation Systems in the Pacific and Creating a Stronger Pacific Disaster Victim Identification Network, *Journal of Forensic Research*, 2015, 6:1, p2.

²⁸⁵ Dr. Judy Melinek, *A Forensic Primer for Journalists*, Forensic Pathology Forum, January 9, 2015, available at: <http://pathologyexpert.blogspot.com/2015/01/a-forensic-primer-for-journalists.html?m=1>

²⁸⁶ Manchester City Council, *The Inquest System, What is the purpose of an Inquest?*, available at: https://secure.manchester.gov.uk/info/626/coroners/5533/the_inquest_system/4.

The use and function of the inquest has evolved over the last century with the rise of modern medicine and medical forensic investigative techniques. In U.S. coroner systems, open court inquests are now rarely held.²⁸⁷ Instead, the coroner determines the who, when, where and what questions solely through medical and scientific investigation, with the assistance of trained medical and forensic professionals (see Section 7 below – Staffing and Qualifications).

In many Commonwealth countries, inquests are still regularly used. However, the modern inquest usually does not have a jury and is not used to determine criminal responsibility, and often serves a public interest function. For example, in Canada, Australia, and New Zealand, coroners regularly use inquest verdicts as a means of communicating safety hazards to the public. Coroners in Australia have issued reports regarding fire risk, unfenced swimming pools, drug addiction in prison, carbon monoxide poisoning, and gun ownership.²⁸⁸ In England, inquests have been used in cases of public importance. For example, a decade after the deaths of Princess Diana and Dodi Al-Fayed, an inquest was held and concluded that the deaths had resulted from gross negligence by the deceased's chauffeur (who also died in the accident) and from negligence on the part of those driving vehicles pursuing the car. This helped to quell conspiracy theories about the deaths.²⁸⁹ The inquest into the "7/7 bombings" in London in 2007, in which 52 people died, concluded with a series of recommendations for emergency planners, the security services, and the London transport authorities for how to deal with future acts of terrorism.²⁹⁰ The inquest has also been particularly important in post-Troubles Northern Ireland, where the coroner has played a significant role in examining cold cases from the 1970s, 1980s, and 1990s.²⁹¹

Do not confuse the term "inquest" with the term "investigation" or "inquiry." In laws establishing coroner systems, the term "investigation" or "inquiry" is the broader term and refers to the process of reviewing a case; an investigation or inquiry may include an inquest, or an inquest may be waived.

Medical examiner system: In a medical examiner system, the Medical Examiner, is responsible for ensuring that the body is identified and that the cause and circumstances (the who, when, where and what questions) are determined. The Medical Examiner is a medical professional trained, at a minimum, in pathology and ideally in forensic pathology (see section 5 below – Qualifications of Head of MLDI System). The Medical Examiner leads the medical and scientific investigation and, unlike coroners, usually does not have the power to hold an inquest. The Medical Examiner may work with various medical and forensic professionals to conduct a thorough clinical examination for the determination of cause and manner of death and to identify an unidentified body (see Section 7 below – Staffing and Qualifications).

Coroner/Medical Examiner hybrid system: The structures of hybrid systems vary by country. However, in general, a hybrid system is one where a coroner refers cases to an established medical examiner system for autopsy or external examination. Hybrid systems have developed in countries with a long-established coroner system that aim to improve quality of cause and manner of death information by working with trained medical examiners. For example, reforms to the coroner system in the U.K. were introduced through the Coroner and Justice Act 2009. The Act establishes an Office of the Chief Coroner for England and Wales and also provides for the appointment of a National Medical Examiner. The Act authorizes regulations "requiring a senior coroner to refer a case to a medical examiner".²⁹² Several jurisdictions in the United States have hybrid systems as well. Hybrid systems differ from coroner systems that refer cases to outside medical professionals for autopsy on an ad hoc basis in that, in a hybrid system, cases are referred to trained medical examiners that are part of an established system.

Law enforcement-led system: In this type of system, the law enforcement initiate and lead the medicolegal death investigation, as well as the criminal investigation. It is important not to confuse the criminal

²⁸⁷ "Why Modern Medical Examiners Don't Hold Inquests", website of Spokane County, Washington, available at: <https://www.spokanecounty.org/834/Why-Modern-Medical-Examiners-Dont-Hold-I>

²⁸⁸ Paul, MacMahon, The Inquest and the Virtues of Soft Adjudication, 33 Yale Law & Policy Rev. 275 (2015), p. 295, available at: <https://ylpr.yale.edu/inquest-and-virtues-soft-adjudication>.

²⁸⁹ Id. at p. 287.

²⁹⁰ Id. at p.287.

²⁹¹ Id. at 285.

²⁹² Coroner and Justice Act 2009, Sec. 20, 21.

investigation and the medicolegal death investigation. As discussed above, the purpose of the medicolegal death investigation is to answer the questions: Who died? When did the death occur? Where did the death occur? What was the cause of death? And what was the manner of death? The results of the medicolegal death investigation are findings, they do not establish criminal or civil liability. The findings from a medicolegal death investigation may be presented as evidence in a criminal or civil case. The purpose of a criminal investigation is to determine if a crime has been committed, obtain evidence to identify the person responsible for the crime, and to provide the best possible evidence to the Prosecutor to present the case to a judge or jury. The judge or jury determine criminal liability.

In a law enforcement-led system, the police and/or prosecutor are responsible for both the criminal and medicolegal investigation. In some countries, such as the Philippines, there is a medicolegal division within the police department with trained medical and forensic specialists who help identify the body and determine cause and manner of death. In the Philippines, the Chief of the Medicolegal Division of the police is the equivalent of a chief medical examiner within the national police. In other countries, the police contract with outside medical and forensic specialists to identify the body and determine cause and manner of death. In a law enforcement-led system, the chief of the police department, or the head of the medicolegal division within the police department, is ultimately responsible for ensuring that the body is identified and that the circumstances surrounding the death are determined.

Centralized versus Decentralized: Some countries have a centralized system and others have a decentralized system. In a centralized system, there will be an individual at the national level that leads the entire system for the country, with local offices that answer to the national level. For example, New Zealand has a Chief Coroner who is responsible for oversight of the work of all sub-national level coroners to ensure orderly, efficient and standardized practice throughout the country.²⁹³ In a medical examiner system, it is the role of a Chief Medical Examiner at the national level to oversee the work of subnational level medical examiners to ensure orderly, efficient and standardized practice throughout the country. In a law enforcement-led system, the chief of police, chief prosecutor, or the head of a medicolegal death investigation division within the national police department or prosecutor's office, supervises medicolegal death investigations conducted by local police departments throughout the country.

In a decentralized system, jurisdictions at the subnational level maintain their own MLDI systems, and the type of system may vary across jurisdictions. For example, in Canada, the provinces of Alberta, Manitoba, Nova Scotia and Newfoundland, and Labrador have a Medical Examiner system. All other provinces have a coroner system. Even in a decentralized system, there should be an agency at the national level to create minimum standards or to work cooperatively with decentralized offices to ensure generally uniform practices and procedures. While many decentralized systems lack this guidance from a central authority, there have been calls in recent years for more uniformity of practice in decentralized systems. For example, in 2016, the Canadian Medical Association Journal called for a national authority for coroners and medical examiners, which would ensure different jurisdictions use the same standards and classify deaths in the same way.²⁹⁴ In the US in 2016, the National Commission on Forensic Science recommended drafting of model law to assist State governments to improve the quality of their medicolegal death investigation statutory framework and their ability to conduct adequate medicolegal death investigations.²⁹⁵

As shown from the above discussion, there is no "best practice" regarding the structure of MLDI systems. Regardless of the type of system a country maintains, the focus should be on producing high quality, independent, accurate, timely and complete information, including cause and manner of death, for medicolegal death investigations. To this end, regardless of the type of system, it is essential that a physician leads the medical evaluation in an MLDI case and be responsible for determining cause and manner of death.

²⁹³ New Zealand Coroners Act 2006, Section 7, available at: <http://www.legislation.govt.nz/act/public/2006/0038/latest/whole.html>

²⁹⁴ Elyse Skura, CBC News, *National standards needed for coroners, medical examiners, says CMAJ editorial*, 1 February 2016, available at: <https://www.cbc.ca/news/canada/north/coroners-medical-examiners-national-authority-cmaj-editorial-1.3428705>.

²⁹⁵ National Commission on Forensic Science, *Recommendation to the Attorney General Model Legislation for Medicolegal Death Investigation Systems*, January 2017, available at: <https://www.justice.gov/archives/ncfs/work-products-adopted-commission>

Guidance: The questions in this section will help you assess the type of system you have. The questions in the sections that follow will help assess whether the system in your country is producing the best possible information and guide an analysis of opportunities for reform. First, determine whether your system is centralized or decentralized, then answer the questions under the appropriate section. In making this determination, consider questions of federal versus local authority in your country's Constitution.

In the comment sections, state any additional observations you have about the structure of your MLDI system and any opportunities for regulatory reform.

If your system is centralized, answer the questions in section a. If decentralized, answer the questions in section b.

a. Centralized Systems:

- i. Describe type of MLDI system in your country (i.e. coroner, medical examiner, hybrid or law enforcement-led system).

Citation:

Comment:

- ii. Describe the location of subnational offices of the MLDI authority (e.g., Province/State or District/City/County)

Citation:

Comment:

b. Decentralized Systems:

- i. At what political sub-division level are MLDI lead offices located? (e.g., Province/State or District/City/County)

Citation:

Comment:

- ii. Describe the type of system or systems throughout the country (noting whether each political subdivision has the same type of system or whether it varies by sub-division).

Citation:

Comment:

- iii. Is there an agency at the national level that provides guidance or supports the sub-national jurisdiction MLDI authorities? If so, state the agency and describe its role. State whether there is a model law or national guidance/standards issue by the agency.

Citation:

Comment:

3. Organizational Situs of the Office of the Medical Examiner/Coroner within the MLDI system

Good practice: Just as the structure of MLDI systems varies across countries, the ministry or agency in which the MLDI authority is housed varies across countries. [*Reminder: The “MLDI authority” is the entity responsible for non-legally binding finding of fact regarding: Who died? When did the death occur? Where did the death occur? What was the cause of death? And what was the manner of death?*]. For example, the office of the Chief Medical Examiner or Chief Coroner might be situated within the Ministry of Health, the Ministry of Justice, the Attorney General's Office, the Ministry of Interior or Home Affairs, or within an academic medical institution. In a law enforcement-led system the MLDI authority is the police department or prosecutor's office (or a division within those entities), which may be housed within a Ministry of Interior or Home Affairs, the Ministry of Justice, the office of the Attorney General or Chief Prosecutor, or another ministry. The MLDI authority may also be an autonomous agency overseen by a governing board.

There is no single best practice with regard to organizational location and there are advantages and disadvantages to each set up. For example, establishing the MLDI authority within law enforcement (e.g., Police Department, Office of the Attorney General, the Ministry of Interior) may help ensure sufficient funding and resources for the MLDI system, as law enforcement is often well funded. However, this set up may lead to, or give the appearance of, a lack of independence of forensic pathologists and other forensic experts that work with law enforcement, particularly when investigating deaths that occur while in custody or in other state institutions. In such systems where the medical professional has dual obligations, the system should be designed to maintain the medical professional's independence and duty to report cause and manner of death to the best of their knowledge.²⁹⁶ Situating the MLDI authority within the Ministry of Health may help ensure independence of medicolegal death investigations but may leave the MLDI authority with less resources, as the Ministry might prioritize the funding of other initiatives above MLDI.

Autonomous agencies might be well-funded and independent or ill-funded and subject to political influence. Autonomous agencies (and sometime other types of MLDI authorities as well) are overseen by a governing board, which can help detect and correct problems and failures of the office, maintain accountability, and provide the public with information. Members of a governing board should have an interest in and knowledge of the functions of the office, such as physicians, public health and public safety officials. However, if board members are politicians or appointed political officers, the work of the agency could be subject to influence or interference. Resources of an independent agency will depend on whether funding is guaranteed by establishing legislation and the priorities of the government.

Thus, every type of organizational set up has implications for two primary concerns: 1) independence of MLDI officials from influence by law enforcement or political agendas, and 2) sufficient funding and resourcing of the system to perform its duties appropriately and generate high quality information. What organizational situs for the MLDI authority is best will depend on country context. Regardless of where the MLDI authority is housed, there should be a clear organizational structure and lines of authority.

Guidance: Answer the questions below regarding the organizational situs of the MLDI authority. In the comment sections, state your observations about the pros and cons of the organizational situs of the MLDI authority, including whether and how the situs of the MDLI authority affects its independence and resources.

-
- a. **Describe where the MLDI authority is located institutionally.** Under which ministry, agency or institution does it fall?

Citation:

²⁹⁶ See Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, United Nations, 2004, at paragraphs 66 – 73, available at: <https://phr.org/issues/istanbul-protocol/>

Comment:

- b. Does the head of the MLDI authority (i.e., chief medical examiner, chief coroner, or chief of police) report to anyone and, if so, whom?

Citation:

Comment:

- c. Does the MLDI authority have a clear organizational structure and chain of command, including clear lines of authority and reporting?

Citation:

Comment:

- d. Is there an oversight board for the MLDI authority? If so, describe its composition, state the affiliations of the board members, and describe how they are selected or appointed.

Citation:

Comment:

4. Stakeholder Cooperation

Good Practice: An MLDI system has multiple stakeholders, which at a minimum includes law enforcement, the office of the coroner or medical examiner (depending on type of system), the health sector, the public health agency, the civil registration agency, and the national statistics agency. Law enforcement leads MLDI in a law enforcement-led system. However, even in a coroner or medical examiner system, the police have a role, as they are required to notify the coroner/medical examiner. The health sector engages with MLDI on jurisdiction (e.g., if a death occurs in a health facility, the facility will refer reportable deaths to the MLDI authority for determination of jurisdiction), case transfer, and mass casualty management; and in some countries provide contractual forensic services. The public health agency may engage with MLDI for lab services of notifiable diseases and possibly the notifying of deaths if civil registration is a responsibility of the agency. The civil registration authority must ensure that all MLDI deaths are registered, and the national statistics agency is responsible for compiling MLDI statistics.

Other stakeholders may include the judiciary. For example, in some countries, magistrates are coroners; in other countries magistrates may play a role in directing police investigations. Public prosecutors might also play a role in directing police investigators in some countries.

Strong cooperation is needed among all stakeholder entities to ensure efficient and effective medicolegal death investigation and compilation of quality MLDI statistics. Therefore, some kind of coordination mechanism should be put in place. In some countries, this takes the form of a coordination committee with representation of all stakeholders. In other countries, the MLDI authority establishes MOUs with various stakeholders. For example, a medical examiner office may have an MOU with law enforcement regarding cooperation and responsibilities at a crime scene. These arrangements are not necessarily contained in legislation or regulations but should be put in place in a manner that ensures regular meetings and cooperation among stakeholders.

Guidance: Describe all stakeholders in the MLDI system and any coordination mechanism. You may need to

consult with the MLDI authority and other stakeholders to answer the questions below, as coordination mechanisms may not be contained in the legal framework. In the comment sections, note any barriers to stakeholder cooperation and opportunities for improved coordination.

a. Describe all stakeholders in the MLDI system.

Citation:

Comment:

b. Describe any stakeholder coordination mechanisms currently in place. If the mechanism is a committee, describe the affiliation of members of the committee and who chairs the committee.

Citation:

Comment:

c. Describe the frequency of stakeholder meetings (including those required by the legal framework or MOUs, and those that take place on an ad hoc basis).

Citation:

Comment:

d. Note whether any stakeholders are not included in any coordination mechanism.

Citation:

Comment:

5. Qualifications of head of MLDI authority and head of subnational offices

Depending on the type of system, the head of the MLDI authority may be a Chief Medical Examiner (or similar term, such as National Forensic Pathologist,) or a Chief Coroner or, in a law enforcement-led system, the Chief of Police/Prosecutor or the Chief of the Medicolegal Division with the police/prosecutor's office. Whatever the system, the head of the MLDI authority is responsible for ensuring that medicolegal deaths are investigated and the cause and manner of death are determined in an impartial and professional manner. The head of the MLDI authority holds significant powers and responsibilities and therefore the legal framework should set out the qualifications of the head of the MLDI authority to ensure that they have the necessary knowledge and skills to carry out their duties. Likewise, Medical Examiners, Coroners, and Police Investigators/ Medicolegal Officers at the subnational level (who answer to the head of the system), must also be qualified to carry out their duties. The requisite qualifications differ for the head of a medical examiner system, coroner system, and law enforcement-led system. They are therefore discussed separately below. If your country has a medical examiner system, complete section 5A below. If your country has a coroner system, complete section 5B below. If your country has a hybrid system with both a Chief Medical Examiner and a Chief Coroner, complete sections 5A and 5B. If your country has a law enforcement-led system, complete section 5C.

5.A. Qualifications of Chief Medical Examiner (CME)

Good practice: Ideally, the CME is a trained forensic pathologist. However, given the lack of forensic pathology training programs globally, this may not be possible in many countries. At a minimum, the CME

should be a physician certified in pathology, in accordance with your country's medical licensing or certification requirements. In addition to educational and professional licensing requirements, the legal framework should state the minimum numbers of years of experience required. While practices vary, in many jurisdictions 5 years is the minimum required experience. The CME should be a full-time official who is adequately paid. The CME should be selected or appointed based on qualifications, not a political appointee or elected official, and should enjoy civil service status, contractual agreements, or other similar types of protection, to ensure that they are not subject to political or police pressure or interference and they can only be dismissed or disciplined for appropriate cause.²⁹⁷

Depending on the size of the jurisdiction, there may be local offices below the level of the central office, each headed by a Medical Examiner (ME) who reports to the CME. Ideally, each of these MEs is a trained forensic pathologist; however, at a minimum the ME should be a physician certified in pathology, in accordance with your country's medical licensing or certification requirements. The minimum number of years of experience required will be less than that of the CME, and varies by jurisdiction. An ME should be a full-time official, adequately paid, and should enjoy civil service status, contractual agreements, or other similar types of protection, to ensure that they are not subject to political or partisan pressure or interference and they can only be dismissed or disciplined for appropriate cause.²⁹⁸

Guidance: Describe the required qualifications and selection or appointment process for the CME and MEs. These qualifications may be contained in the laws establishing your MLDI authority. They may also be contained in your civil service laws, if these positions are civil service positions. In the comment sections, analyze any deficiencies in required qualifications, and issues with the selection or appointment process.

-
- a. Described any required qualifications for the CME, including any licensing or certification requirements and years of experience.**

Citation:

Comment:

- b. Describe the selection or appointment process for the CME.**

Citation:

Comment:

- c. Describe any required qualifications for Medical Examiners that head local offices below the central level, including any licensing or certification requirements and years of experience.**

Citation:

Comment:

- d. Describe the selection or appointment process for the ME that head local offices.**

Citation:

Comment:

²⁹⁷ Melinek, J., et. Al, *National Association of Medical Examiners Position Paper: Medical Examiner, Coroner, and Forensic Pathologist Independence*, NAME Position Papers, Volume 3, Issue 1, p.95.

²⁹⁸ Melinek, J., et. Al, *National Association of Medical Examiners Position Paper: Medical Examiner, Coroner, and Forensic Pathologist Independence*, NAME Position Papers, Volume 3, Issue 1, p.95.

5.B. Qualifications of Chief Coroner

Good Practice: The qualifications required to be Chief Coroner (CC) vary greatly across countries and jurisdictions. In many countries, a CC must be a legal professional (e.g., judge, lawyer or prosecutor), in some the CC must be a medical professional, and in other countries the CC must be either a legal or medical professional.²⁹⁹ In some countries or jurisdictions, including in some parts of the U.S., there are no required qualifications and a coroner may be a layperson and is often an elected official. This is not good practice. Coroners must serve the public interest. If they are elected officials, they may be influenced by political or reelection concerns, which can interfere with the responsibility to render an impartial opinion on manner and cause of death. In addition, as lay persons, they may lack the knowledge and skills to fulfill the role of coroner.

The CC, whether a legal or medical professional, should be a trained and certified professional. A CC required to have a legal background should be licensed to practice law in their jurisdiction. A CC required to have a medical background should ideally be a forensic pathologist, but at a minimum should be a physician certified in pathology, in accordance with the country's medical licensing or certification requirements. The legal framework should state the minimum numbers of years of experience required to be CC. The CC should be a full-time official who is adequately paid. The CC should be selected or appointed based on qualifications, not a political appointee or elected official, and should enjoy civil service status, contractual agreements, or other similar types of protection, to ensure that they are not subject to political or partisan pressure or influence and they can only be dismissed or disciplined for appropriate cause.

Depending on the size of the country or jurisdiction, there may be local offices below the level of the central office, each headed by a Coroner who reports to the CC. Like the CC, the Coroner at the local level should be a qualified legal or medical professional, with qualifications similar to that of the CC, but with less required years of experience. A Coroner at the subnational level should be a full-time official and adequately paid. A subnational Coroner should be selected or appointed based on qualifications, not a political appointee or elected official, and should enjoy civil service status, contractual agreements, or other similar types of protection, to ensure that they are not subject to political or partisan pressure or influence and they can only be dismissed or disciplined for appropriate cause.

Note that in coroner systems headed by a legal professional (or lay person), the medical examination of the deceased to determine cause and manner of death should be conducted by a forensic pathologist. (See Section 7 – Staffing and Qualifications of Staff).

Guidance: Describe required qualifications and selection or appointment process for the Chief Coroner and Coroner. If the Chief Coroner is not a medical professional, describe who is responsible for the medical examination of the body. In the comment sections, analyze whether the qualifications for the Chief Coroner/Coroner and the person responsible for medical examination of the body are such that they ensure high quality information regarding cause and manner of death.

-
- a. Describe any required qualifications for the CC, including any licensing or certification requirements and years of experience.

²⁹⁹ For example, in Australia, the Coroner is a magistrate with legal training. In Canada, some provinces have an ME systems and others have a coroner system. In those provinces with a coroner system, some by law require the coroner to be physician; others do not require the coroner to be a physician but the coroner generally has a medical, legal or investigative background. In Hong Kong, the Coroner is a judicial officer. In Ireland, the Coroner is appointed by local authorities and is a qualified doctor or lawyer. In New Zealand, coroners are Judges of the Coroners Court. In the United Kingdom the Coroner is an independent judicial office holder, appointed and paid for by the relevant local authority. In Spain, coroners are medical doctors.

Citation:

Comment:

b. Describe the selection or appointment process for the CC.

Citation:

Comment:

c. Describe any required qualifications for Coroners that head local offices below the central level, including any licensing or certification requirements and years of experience.

Citation:

Comment:

d. Describe the selection or appointment process for Coroners that head local offices.

Citation:

Comment:

e. If the CC or Coroner is not a medical professional, describe who is responsible for conducting the medical examination of the body and any required qualifications.

Citation:

Comments:

5.C. Qualifications of the head of a law enforcement-led system

Good Practice: Some law enforcement-led systems have an internal medicolegal division with medical specialists. For example, the Philippine National Police has a Medicolegal Division headed by the Chief of Medicolegal, who is a pathologist, and each region has its own medicolegal officer, who is also pathologist. Cases are referred to the medicolegal officers by the investigating officer on a case. Other law enforcement-led systems do not have internal medical experts and contract out for medical and forensic services. We discuss each type of law enforcement-led system separately.

In law enforcement-led systems with an internal medicolegal division, the Chief of the Medicolegal division (CML) (or similar term) ideally is a trained forensic pathologist. However, given the lack of forensic pathology training programs globally, this may not be possible in many countries. At a minimum, the CML should be a physician certified in pathology, in accordance with your country's medical licensing or certification requirements. In addition to educational and professional licensing requirements, the legal framework should state the minimum number of years of experience required. The CML should be a full-time official who is adequately paid. The CML should be selected or appointed based on qualifications, and should enjoy civil service status, contractual agreements, or other similar types of protection, in order to avoid being subject to influence or interference from other police officers or political actors.

Depending on available resources, each local police/prosecutor department at the subnational level may have a Medicolegal Officer. Ideally, each of these Medicolegal Officers is a trained forensic pathologist;

however, at a minimum the Medicolegal Officer should be a physician certified in pathology, in accordance with your country's medical licensing or certification requirements. The minimum number of years of experience required will be less than that of the CML. A Medicolegal Officer should be a full-time official and adequately paid. A Medicolegal officer should be selected or appointed based on qualifications, and should enjoy civil service status, contractual agreements, or other similar types of protection, to ensure that they are not subject to outside pressure or interference and they can only be dismissed or disciplined for appropriate cause.

In a law enforcement-led system that contracts for medical forensic services, the chief of police or chief of a criminal investigation division or chief prosecutor will head the system and be responsible for ensuring that a medicolegal investigation is carried out. At the subnational level, the head of the local police department or head of criminal investigations at the local police department, or local prosecutor, will be responsible for medicolegal death investigations in that jurisdiction. Qualifications to be a police investigator vary by country. Seniority, as well as qualifications, is usually a consideration for becoming Chief of Police, chief of criminal investigations, and chief of a local police department or division. Chief Prosecutors must be lawyers with a specified level of experience.

Because the head of this type of system is not a medical professional, the medical examination of the deceased and determination of cause and manner of death should be conducted by an internal or outside forensic pathologist. (See Section 5 – Staffing and Qualifications of Staff).

Guidance: In questions a and b, describe the required qualifications and selection or appointment process for the head of the law enforcement-led system. In question c, describe who is responsible for conducting the medical examination of the body if the head of the system is not a medical professional. In the comment sections, analyze whether the required qualifications for the head of the system and the person responsible for medical examination are such that they ensure high quality information regarding cause and manner of death.

-
- a. **Describe any required qualifications for the police officer that is the head of the law enforcement-led MLDI system**, including years of experience. This could be the Chief of Police, Chief of Medicolegal Division (CML), or chief of a criminal investigations depart. If the head of the system is a medical professional, state any licensing or certification requirements.

Citation:

Comment:

- b. **Describe the selection or appointment process for the head of the law enforcement-led system.**

Citation:

Comment:

- c. **If the head of the system is not a medical professional, describe who is responsible for conducting the medical examination of the body**, including any required qualifications.

Citation:

Comment:

6. Power to issue SOPs, practice guidelines

Good Practice: To help to achieve best practice and consistency in practices across the country, the head of the MLDI authority (e.g., Chief Medical Examiner, Chief Coroner, or Chief of Police/Chief of Medicolegal Division of Police or Prosecutor) should have the power to issue rules and standard operating procedures for medicolegal death investigations. These SOPs may be guided by international standards such as those by the International Organization for Standardization (ISO).

Guidance: Describe whether the head of the MLDI authority has the power to issue rules or SOPs. In the comments section note any observations regarding this authority and any opportunity for regulatory reform.

-
- a. **Describe whether the head of the MLDI authority has the power to issue rules or SOPs** to help achieve best practice and uniform practice across the country.

Citation:

Comment:

7. Staffing and Qualifications of Staff

Good practice: The head of the MLDI system does not work alone. The determination of cause and manner of death often involves the work of a core team of specialists, which may include medicolegal death investigators, forensic pathologists, forensic anthropologists, forensic odontologists, forensic toxicologists, histologists, radiologists, forensic technicians/autopsy technicians and forensic photographers. (The roles of these specialists are described below). It is important that the CME, CC or CML have access to these specialists, whether in-house or through contractual services.

In a well-resourced system, the office of the Chief Medical Examiner, Chief Coroner, or Chief Medicolegal Officer may have a full core team of specialists on staff. Alternatively, some of these core specialists might be housed in a separate central government lab, where the office of the head of the MLDI authority can access these central services. For systems that have these types of professionals as core staff - either in the office of the CME/CC/CML or in a separate government lab - the legal framework should describe the roles and responsibilities of each core position, and require that core personnel be appropriately certified. In addition, core forensic staff should enjoy civil service status, contractual agreements, or other similar types of protection, to ensure that they are not subject to political or police pressure or interference and they can only be dismissed or disciplined for appropriate cause.³⁰⁰

However, in many countries or jurisdictions, funding will be insufficient to support a full core team of forensic and medical professions in-house. Countries or jurisdictions without resources to retain a core team in-house or in a separate government lab often contract for these additional services with trained professionals, who may be located within medical or academic institutions or private entities. The use of non-governmental contractual referral services may be cost-effective but may not ensure an efficient and ready workforce that is available when needed.³⁰¹ In addition, there may also be quality concerns if oversight mechanisms and qualification requirements are not in place. If contractual services are used, the legal framework should require that all contractors be appropriately certified³⁰² and should also provide a

³⁰⁰ Melinek, J., et. Al, *National Association of Medical Examiners Position Paper: Medical Examiner, Coroner, and Forensic Pathologist Independence*, NAME Position Papers, Volume 3, Issue 1, p.95.

³⁰¹ Weedn, V.W., Model Medical Examiner Legislation, *Academic Forensic Pathology* 2015 5(4), pps 618-620, available at: <https://journals.sagepub.com/doi/10.23907/2015.065>

³⁰² Id., p 622.

mechanism for oversight of contractors.

Core specialist experts that the CME/CC/CML should have access to include:

The Medicolegal Death Investigator (MDI) investigates any death that falls under the jurisdiction of the medical examiner or coroner. The MDI is responsible for the body of the deceased and investigates the direct circumstances surrounding the death, whereas law enforcement is responsible for the crime scene and leads the broader criminal investigation. The MDI performs scene investigations with a focus on collecting evidence and developing information from the decedent and determines the extent to which further investigation by the ME/CC is necessary. MDIs should have a combination of education and skills encompassing areas of medicine and law.³⁰³ In a law enforcement-led system, this role is usually performed by the police investigator.

The *forensic pathologist* is a subspecialist in pathology whose area of special competence is the examination of persons who die due to unnatural causes, or suddenly, unexpectedly, suspiciously, or violently. The forensic pathologist is an expert in determining cause and manner of death. The forensic pathologist is specially trained: to perform autopsies to determine the presence or absence of disease, injury or poisoning; to evaluate historical and law-enforcement investigative information relating to manner of death; to collect medical evidence, such as trace evidence and secretions, to document sexual assault; and to reconstruct how a person received injuries. Forensic pathologists are trained in multiple forensic sciences as well as medicine. Other areas of science that the forensic pathologist must have a working knowledge of include: toxicology, firearms examination (wound ballistics), trace evidence, forensic serology and DNA technology. The forensic pathologist acts as the case coordinator for the medical and forensic scientific assessment of a given death, making sure that the appropriate procedures and evidence collection techniques are applied to the body.³⁰⁴

The primary task of a *forensic anthropologist* is to gather and interpret evidence to assist in the identification of human remains. They assess the age, sex, stature, ancestry and unique features of a skeleton, which may include documenting trauma to the skeleton and the time that has elapsed since death.

Forensic odontologists are highly experienced, specially trained dentists who use their expertise to help identify unknown remains and trace bite marks to a specific individual through dental comparison.

Forensic toxicologists perform scientific tests on bodily fluids and tissue samples to determine the presence or absence of any drugs or chemicals in the body. Working in a lab, the forensic toxicologist performs tests on samples collected by forensic pathologists during an autopsy or by crime scene investigators.

Histologists prepare and stain the tissue sections that are collected by the forensic pathologist during autopsy for microscopic examination. This field of study is a diagnostic tool for forensic pathologists to help determine the cause of death.³⁰⁵

Radiologists are medical doctors that specialize in diagnosing and treating injuries and diseases using medical imaging (radiology) procedures such as X-rays, computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, positron emission tomography (PET) and ultrasound.³⁰⁶ **Forensic radiology** is a specialized area of medical imaging using radiological techniques to assist pathologists in determining cause and manner of death.

Forensic technician/Autopsy technicians provide the pathologist support in conducting the postmortem examination and are responsible for cleaning, stocking, morgue management, body pick-up and release,

³⁰³ American Board of Medicolegal Death Investigators, FAQ website page, available at: <https://abMLDI.org/faq>.

³⁰⁴ New Mexico Office of the Medical Investigator website, "About OMI", available at: <https://omi.unm.edu/about/faq/forensic-pathologist.html>

³⁰⁵ Cuyahoga County Medical Examiner website, Histology, available at: <http://medicalexaminer.cuyahogacounty.us/en-US/Histology-Department.aspx>

³⁰⁶ American College of Radiology website, available at: <https://www.acr.org/Practice-Management-Quality-Informatics/Practice-Toolkit/Patient-Resources/About-Radiology>

and maintaining records. Forensic technician/autopsy technicians are not licensed clinicians and build capacity in these duties through on the job training and educational programs.

Forensic Photographers (also known as crime scene photographer or evidence photographer) is a professional photographer who is skilled in the art of producing detailed photographs that record the crime scene and the physical evidence within the crime scene as objectively and accurately as possible. A forensic photographer may also be responsible for taking photos of autopsy. A forensic photographer provides context images (showing evidence in context), close-up images (showing fine details), and overall images (showing the general layout of a crime scene) or produce a permanent, visual record of the scene. In some jurisdictions, forensic photography may not be a separate position but instead be included as a responsibility within the role of the forensic technician and/or medicolegal death investigator.

Guidance: For questions a, b, and c regarding core staff specialists: qualifications might be found in laws, office manuals, or terms of reference (TOR), and protections may be afforded through civil service laws, contracts or other mechanisms. For question d regarding contractual services: these requirements may be contained in SOPs or TORs, rather than legislation or regulations.

In the comment sections, analyze whether the legal framework ensures that staff is adequate and qualified, and whether additional needs are adequately met by properly trained professionals. Note any gaps in the system and opportunities for regulatory reform.

-
- a. Describe any provisions in the legal framework regarding core specialists on staff in the office of the CME/CC/CML, including their qualifications.**

Citation:

Comment:

- b. Describe any provisions in the legal framework regarding core specialists on staff in any separate government laboratory facility, including their qualifications.**

Citation:

Comment:

- c. Describe any legal protections for core staff** (in-house or in a separate government lab), including any civil service protections, contractual protections or other mechanisms.

Citation:

Comment:

- d. If additional needs are met through contractual services:**

- i. To whom are these services are contracted?
- ii. Describe the required qualifications for those to whom services are contracted.
- iii. Describe any oversight mechanisms of contractors established in the legal framework.

Citation:

Comment:

8. Accessibility of forensic services throughout the country and transportation

Good practice: Every person and every region of the country should have access to quality MLDI services. This is important for all system stakeholders, as well as for family members of the deceased.

The accessibility of medicolegal services depends partly on the location of MLDI authority offices throughout the country. Decentralized systems have lead offices at subnational levels; generally, at least at the major political subdivision level and often at the minor political subdivision level. Centralized systems have a central office, and may have local subordinate offices at the major and minor political subdivision level as well. Multiple offices have the advantage of local contact, ensuring that all deaths that should be referred to the MLDI system can be reviewed by the local medical examiner, coroner or police personnel.

However, even if there is a local office of the MLDI authority, that does not necessarily ensure that trained forensic pathologists and other forensic specialists are available at that level. The core staff in subnational offices may vary and the availability of contractual services for core forensic functions may be limited in some areas. For example, a district may have a local coroner office but the nearest accredited pathologist may be located in the regional capital or national capital. Or, a district may have medical examiner office, staffed by a trained pathologist, but may lack specialized equipment – such as CT and X-ray equipment - that is only available at the regional or national level office. Similarly, in a law enforcement-led system, the necessary personnel and/or equipment may not be available locally, either in-house or through contractual services.

Lack of local resources, either personnel or equipment, make it necessary to transport the body to the nearest location with the needed resources. When this is the case, transportation must be provided through a reliable formal service - such as MLDI morgue service or a medical transportation service - that follows set protocols for chain of custody, prevention of tampering, and maintenance of the body and other evidence. The family of the deceased should never be responsible for transporting the body, as this can result in loss of evidence.

Some countries use videoconferencing to overcome distribution of resource issues. This allows forensic pathologists or other medical/forensic professionals in regional offices to seek the advice of medical examiners in the central office and, if deemed necessary, a body can be transported to the central office.

Guidance: Describe accessibility of medicolegal services throughout the country. You may need to consult with the head of the MLDI authority to answer this question. In the comment section describe challenges faced, if any, due to availability and/or accessibility of medicolegal services.

Describe requirements regarding transportation of dead bodies. These may be found in law or SOPs. In the comment section analyze whether the legal framework adequately protects the integrity of the dead bodies and other evidence.

-
- a. **Describe, as best as possible, what types of forensic experts and equipment are available** at the national, regional and district level, whether through in-house services, government lab, or contractual services. Note any specific areas or regions of the country that lack forensic experts or equipment.

Citation:

Comment:

- b. **Describe requirements in the legal framework regarding transportation of dead bodies**, including the transportation providers(s) authorized to transport bodies to another location for additional forensic services and if protocols are in place for chain of custody and maintenance of the body and evidence.

Citation:

Comment:

9. Scope of Jurisdiction - Cases that must be referred to MLDI for investigation

Good practice: The legal framework should clearly state what types of cases must be referred to the MLDI authority (i.e., coroner, medical examiner, police) and who must report those cases.

Types of cases that fall within MLDI jurisdiction: Deaths due to known or suspected unnatural or external causes should be referred to the MLDI authority. This includes deaths due to violence, injury, self-harm, suspicious causes, and sudden or unexpected or unexplained deaths.³⁰⁷

Under the Minnesota Protocol on the Investigation of Potentially Unlawful Death, all potentially unlawful deaths at the hands of the state must be investigated, and therefore should be referred to the MLDI authority. All deaths in custody should be viewed as a potentially unlawful death at the hands of the state, and therefore under the jurisdiction of the MLDI authority. "Deaths in custody" refers to those deaths in which the circumstances of the death place the decedent in either direct or indirect contact with law enforcement such as incarceration, apprehension, and pursuit. Deaths in custody include, but are not limited to, police shootings, arrest-related deaths, apprehension deaths, legal intervention deaths, and in-custody deaths.³⁰⁸

Under the Minnesota Protocol, a "death at the hands of the state" includes not only deaths in custody, but also deaths linked to a possible state failure "to exercise due diligence to protect an individual or individuals from foreseeable external threats or violence by non-State actors". For example, the death of a prisoner killed by another inmate should be viewed as a potential state failure to protect the prisoner and should be referred to the MLDI authority. Deaths in state institutions other than prisons – such as publicly run psychiatric hospitals, elder facilities, and facilities for minors – should also be referred to the MLDI authority. A prompt, impartial and effective investigation of these deaths is key to ensuring accountability.

Some countries or jurisdictions, including New Zealand, the State of California and the District of Columbia in the U.S., require deaths due medical or surgical intervention to be referred to the MLDI system. This is sometimes referred to as "therapeutic misadventure," which is defined as an injury or an adverse event caused by medical management rather than by an underlying disease.³⁰⁹

In addition, in many countries the death of a person not under the care of a physician must be reported to the MLDI authority in order for the MLDI authority to determine whether the death was due to natural or unnatural causes. This is often a requirement in countries where most people die in a health facility or under medical supervision. However, in countries where many or most people die at home, while not under the care of a physician, this could overwhelm the MLDI authority. In countries with these circumstances, the police, or a physician or other healthcare worker, may be responsible for making the decision on whether to refer the case to the MLDI authority. Thus, the police or healthcare worker would be responsible for determining whether the death was due to natural or unnatural causes. If they cannot make such a determination, the case should be referred to the MLDI authority.

There is often confusion as to how to treat cases of persons brought into a health facility dead on arrival (DOA) (also referred to as "brought in dead"). In these cases, if the deceased was under the care of physician who is able to determine cause of death and does not believe the death to be due to unnatural or suspicious causes, that physician should be responsible for certifying cause of death. This type of case is not referred to the MLDI authority. If the deceased was not under the care of a physician, this is a medically-unattended death and should be treated in the manner discussed in the above paragraph. Thus, in some

³⁰⁷ The (U.S.) National Association of Medical Examiners Forensic Autopsy Performance Standards require the following types of cases to be referred to the CME/C for investigation: 1) deaths due to violence, 2) known or suspected non-natural deaths, 3) unexpected or unexplained deaths when in apparent good health, 4) unexpected or unexplained deaths of infants and children, 5) deaths occurring under unusual or suspicious circumstances, 6) deaths of persons in custody, 7) deaths known or suspected to be caused by diseases constituting a threat to public health, 8) deaths of persons not under the care of a physician.

³⁰⁸ Mitchell, Roger A., et al., *National Association of Medical Examiners Position Paper: Recommendations for the Definition, Investigation, Postmortem Examination, and Reporting of Deaths in Custody*, Academic Forensic Pathology Journal, 2017, p. 606.

³⁰⁹ Langford, N.J., *Therapeutic Misadventure*, Med. Sci. Law, 2010, Volume 50(4), pp. 179-182.

countries all medically unattended DOA would be referred to the MLDI authority. However, in countries where this is not practical because it would overwhelm the MLDI authority, the attending physician at the health facility (or head of health facility) should be responsible for making the determination on whether to refer the case to the MLDI authority. If the attending physician believes the death is due to unnatural or suspicious causes or for any other reason cannot determine cause of death, the death should be referred to the MLDI authority.

In some countries or jurisdictions - for example, the District of Columbia in the U.S.³¹⁰ - deaths known or suspected to be caused by diseases constituting a threat to public health are referred to the MLDI authority in order to gain a better understanding of disease pathology. Types of diseases may include infectious diseases, highly contagious diseases or rare diseases. Medical examiner systems are more likely to include these types of cases within the jurisdiction of the MLDI authority than coroner or law enforcement-led systems, as law enforcement-led systems tend to focus more on deaths with a suspected criminal or negligence component.

Determination of Jurisdiction: While all of the above types of deaths should be referred to the MLDI authority, the head of the MLDI authority should have the power to conduct a preliminary investigation to determine whether the death is due to causes that fall within the jurisdiction of the MLDI authority, and therefore requires further investigation, or whether the death is due to natural causes and therefore jurisdiction may be declined. The legal framework should be clear in granting the head of the MLDI authority, or their designee, the power to determine whether jurisdiction exists based on information provided through reported information and the preliminary investigation process, which may include investigative work by a medicolegal death investigator, a forensic pathologist and/or other professional staff or contracted specialists. For deaths in custody in law enforcement-led systems, it is important that procedures are put in place to insulate the medicolegal officer/forensic pathologist from police department pressure or influence, in order to ensure an impartial evaluation of the cause and manner of death.³¹¹

Who must report: The legal framework should require *any person* that is aware of a body or incident that falls under the jurisdiction of the MLDI authority to report the incident to the MLDI authority, the police and/or the healthcare system. This duty to report applies to heads of institutions, such as community residential facilities, prisons and jails, as well as to funeral directors, embalmers and other persons who may be aware of such as death. If the healthcare system has been notified, health care workers are required to report the incident or body to the MLDI authority if they believe the death was due to causes that potentially fall within the jurisdiction of the MLDI authority. In coroner and medical examiner systems, the police are required to notify the coroner or medical examiner.

Guidance: Answer the questions below. In the appropriate comment section, note: a) any gaps in who is responsible for reporting an MLDI case; b) whether the law is clear, and comprehensive in scope, regarding deaths that must be referred to the MLDI authority. Note whether the types of cases are appropriate for country context; c) analyze whether the MLDI authority is protected from outside influence or pressure when investigating deaths in custody; d) analyze whether the law is clear regarding DOA; and e) note any observations regarding the power to make a preliminary assessment and any gaps in the legal framework.

a. Describe who is required to report a body or incident that falls under the jurisdiction of the MLDI authority.

Citation:

Comment:

³¹⁰ Code of the District of Columbia, Title 5, Chapter 14, §5-1405 (requiring investigation of “Deaths related to disease which might constitute a threat to public health”).

³¹¹ See Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, United Nations, 2004, at paragraphs 66 – 73, available at: <https://phr.org/issues/istanbul-protocol/>

b. Describe the types of cases that must be referred to the MLDI authority:

Citation:

Comment:

c. Describe whether the head of the MLDI authority has the authority to conduct an initial assessment to determine whether to accept jurisdiction over a referred case, and what factors (if enumerated in the law) go into that assessment. In a law enforcement-led system, pay particular attention to who (specifically) makes this initial assessment on whether the case is referred for MLDI.

Citation:

Comment:

d. Are deaths in custody referred to the MLDI authority? Is "deaths in custody" defined?

Citation:

Comments:

e. Describe how are dead on arrival cases are handled and if some or all are referred to the MLDI system.

Citation:

Comment:

10. Cases requiring autopsy

Good practice: An autopsy is a surgical procedure that consists of an examination of a corpse by dissection to determine the cause and manner of death and to evaluate any disease or injury that may be present. An autopsy should be conducted by a medical examiner, pathologist, or other physician trained in this type of examination.³¹² In some jurisdictions, the term “autopsy” is used synonymously with the term “post-mortem examination”; in other jurisdictions, “post-mortem examination” is a broader term that encompasses both an external examination of the body and an internal examination by dissection. We use the term “autopsy” in this toolkit to refer to an internal examination of the body by dissection, and “post-mortem” to refer to the broader term.

Not all cases referred to the MLDI authority require an autopsy. In some cases, external examination, toxicology, tissue sampling (histology), radiographic imaging (x-ray, CT scan) or other examination methods may be sufficient. The law should authorize the head of the MLDI authority (chief coroner, chief medical examiner, chief medicolegal officer/chief investigator) to determine whether an autopsy is needed. It is important that the head of the MLDI authority has the discretion to make this determination, as this conserves resources for the cases that are most in need of autopsy, which is especially important if a system has limited capacity for autopsies.³¹³ In systems where the head of the MLDI authority is not a medical professional, the head of the MLDI authority should make this determination in consultation with a forensic pathologist. For deaths in custody in a law enforcement-led system, it is important that procedures

³¹² Dolinak D., Matshes E.W., & Lew, E.O, Forensic Pathology: Principles and practice, Elsevier Academic Press, 2005

³¹³ See, e.g., Code of District of Columbia, §5-1409.

are put in place to insulate the medicolegal officer/forensic pathologist from police department pressure or influence in making a determination on whether an autopsy is needed.³¹⁴

The head of the MLDI authority should be authorized to issue guidelines for other coroners/medical examiners/medicolegal officers on when to perform an autopsy. These guidelines should reflect and be appropriate for the country context and available resources. For informational purposes, we provide here the (U.S) National Association of Medical Examiners recommendations on when to conduct an autopsy:

1. the death is known or suspected to have been caused by apparent criminal violence.
2. the death is unexpected and unexplained in an infant or child.
3. the death is associated with police action.
4. the death is apparently unnatural and occurred in custody of a local, state, or federal institution.
5. the death is due to acute workplace injury.*
6. the death is caused by apparent electrocution.*
7. the death is by apparent intoxication by alcohol, drugs, or poison, unless a significant interval has passed, and the medical findings and absence of trauma are well documented.
8. the death is caused by unwitnessed or suspected drowning.*
9. the body is unidentified and the autopsy may aid in identification.
10. the body is skeletonized.
11. the body is charred.
12. the forensic pathologist deems a forensic autopsy is necessary to determine cause or manner of death, or document injuries/disease, or collect evidence.
13. the deceased is involved in a motor vehicle incident and an autopsy is necessary to document injuries and/or determine the cause of death.

* unless sufficient antemortem medical evaluation has adequately documented findings and issues of concern that would otherwise have required autopsy performance.³¹⁵

In cases where the head of the MLDI authority determines an autopsy is necessary, consent of next of kin should not be required. Some jurisdictions allow the next of kin to object to an autopsy on religious grounds and request an exemption. However, the head of the MLDI authority should have authority to deny the request for an exemption if the death is a suspected homicide or there is a public health reason to conduct the autopsy.³¹⁶ The law should allow next of kin to challenge in court a denial of such a request for an exemption.

There has been a focus in recent years on “minimally invasive autopsy” and “virtual autopsy”, particularly in places where there is a cultural objection to autopsy. A minimally invasive autopsy is a systematic methodology targeting various organs and bodily fluids, that aims to provide sufficiently good quality samples for pathological and microbiological investigations to serve as a substitute for a complete dissection autopsy.³¹⁷ A virtual autopsy is a non-invasive autopsy that uses various techniques including 3D surface scanning, CAT scans and MRIs as an alternative to a dissection autopsy.³¹⁸ Do not be confused by these terms. “Autopsy” has the meaning stated above (in the first paragraph of this section). “Minimally invasive autopsy” and “virtual autopsy” are alternative methods of examination that may be available to a pathologist to determine cause and manner of death. The important point is, the law should empower the medical examiner/forensic pathologist to determine the appropriate method to use to determine cause and manner of death; be that a full autopsy, or some other less invasive method. The head of the MLDI

³¹⁴ See *Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, United Nations, 2004, at paragraphs 66 – 73, available at: <https://phr.org/issues/istanbul-protocol/>

³¹⁵ National Association of Medical Examiners, *Forensic Autopsy Performance Standards*, 2016, p.9.

³¹⁶ Weedn, V.W., *Model Medical Examiner Legislation*, *Academic Forensic Pathology* 2015 5(4), pps 621-622; See also New Zealand Coroners Act 2006, Sec. 33.

³¹⁷ Basset, Q., *Minimally Invasive Autopsy: Welcoming a New Tool for Cause of Death Investigation in Children in Resource-constrained Countries*, *Journal of Tropical Pediatrics*, Volume 63, Issue 4, August 2017, Pages 249–252,

³¹⁸ Tejaswi, K.B, and Periya, E.A.H, *Virtopsy (virtual autopsy): A new phase in forensic investigation*, *Journal of Forensic Dental Sciences*, 2013 Jul-Dec; 5(2): 146–148.

authority may issue guidelines or SOPs on when these methods are appropriate; however, the law should not dictate any particular method.

In the event the head of the MLDI authority determines an autopsy is *not* necessary, but police believe it is necessary, the Solicitor General/Chief Prosecutor should be able to appeal the decision to a court to order an autopsy. In some instance, the next of kin might request an autopsy in a case where the head of the MLDI authority deemed it unnecessary. Jurisdictions vary on how to treat these requests. Some jurisdictions honor the next of kin request for autopsy examination. However, most jurisdictions do not honor these requests and will direct the family to seek private autopsy services. The decision to honor or deny the request should rest solely within the discretion of the head of the MLDI system.

Guidance: *In questions a and b*, describe who is authorized to conduct an autopsy and under what circumstances an autopsy is conducted. In the comment sections, analyze whether the law sufficiently empowers the head of the MLDI authority and associated medical professionals to make decisions appropriate for the country and medical context. *In questions c, d and e*, describe the circumstances and process for next of kin to object to an autopsy. In the comment section, state any observations about whether provisions for objection to autopsy ensure or hinder complete and accurate MLDI information. *In question f*, describe how requests for an autopsy by next of kin are handled. In the comment section, state any observations on appropriateness for context.

a. Describe who is authorized to conduct an autopsy (pay attention to what credentials are required).

Citation:

Comment:

b. Describe the legal framework regarding when an autopsy is conducted (which may be addressed in SOPs). Specifically address whether the head of the MLDI authority has the power to make this decision, and address whether a non-medical professional (coroner or investigating officer) must consult with a pathologist when making this decision.

Citation:

Comment:

c. Describe the legal framework regarding who may object to an autopsy and on what grounds such an objection can be made:

Citation:

Comment:

d. Describe whether and when the head of the MLDI authority can override an objection to autopsy.

Citation:

Comment:

e. Describe any process that allows next of kin to challenge in court the decision by the head of the MLDI system to conduct an autopsy.

Citation:

Comment:

f. Describe how requests for an autopsy by next of kin are handled.

Citation:

Comment:

11. Autopsy/External Examination Report and Case File

Good Practice: A medicolegal death investigation is not merely a matter of autopsy performance (or external examination) and determination of cause and manner of death. A series of steps comprises the totality of the investigation. Fulfillment of these steps strengthens - whereas omission weakens - the investigation and conclusions of the forensic pathologist, the medical examiner, or the coroner. The *case file* of a proper forensic death investigation consists of documentation of the scene and circumstances and autopsy (if one was done) using photography diagram and text.³¹⁹ The case file includes the investigation report, autopsy report (if one was conducted) and may include any or all of the following reports: toxicology, criminalist, gunshot residue, and a variety of other specialist reports. A case file also includes correspondence, medical records and any other documents related to the pathologist's investigation. (See section 21 for Archiving of Records and Access to Records).

An *autopsy or external examination report* (also called "post-mortem report" or pathologist report" or similar term) is part of the case file. At the conclusion of a case, the head of the MLDI authority (or their designee) should ensure that an Autopsy Report, or an External Examination Report if no autopsy was conducted, is completed. SOPs should set out the contents of this report, which should concisely present the following components:

- External examination
- Evidence of injury
- Evidence of medical therapy or treatment
- Internal examination (if autopsy conducted)
- Toxicology
- Summary of findings
- Cause and manner of death³²⁰

This report should clearly and factually present findings for all completed components since it may be read by other physicians, law enforcement, attorneys, and family members. The law should require the medical professional that conducted the autopsy/external examination to complete and sign the report. Here again, for deaths in custody in a law enforcement-led system, it is important that the medicolegal officer/forensic pathologist have independence and autonomy to include all relevant evidence in an autopsy report without pressure or influence from others in the police department.³²¹ After the autopsy report is completed and signed it should be submitted to the head of the MLDI authority.

Peer Review of autopsy findings is an important tool to ensure quality reports and provide a vehicle for peer education. Peer review may involve both informal peer review in the mortuary and formal auditing of a set number of cases. Informal peer review involves a daily meeting of pathologists to discuss cases before a report is finalized and signed-out. Informal peer review is particularly important for criminal or criminally suspicious cases, deaths in custody, pediatric and high-profile cases,³²² as this helps ensure there is general agreement on the provisional cause of death.³²³ Formal peer review involves a retrospective review by a

³¹⁹ Dolinak, Matshes, & Lew. *Forensic Pathology: Principles and Practice*, Elsevier Academic Press, 2005, p.1.

³²⁰ Dolinak, Matshes, & Lew. *Forensic Pathology: Principles and Practice*, Elsevier Academic Press, 2005, p.69

³²¹ See *Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, United Nations, 2004, at paragraphs 66 – 73, available at: <https://phr.org/issues/istanbul-protocol/>

³²² Obenson, K., *The value of 100% retrospective peer review in a forensic pathology practice*, Journal of Forensic and Legal Medicine, Volume 20, Issue 8, November 2013, Pages 1066-1068.

³²³ Sims, D.N. et. al, *An approach to peer review in forensic pathology*, Journal of Forensic and Legal Medicine 20 (2013), pp. 402-403.

second pathologist on a randomly selected, set proportion of all completed routine medicolegal cases. The reviewing pathologist does not necessarily have to completely agree with the conclusions, but must accept that they are reasonable with no obvious errors of fact.³²⁴ Formal and informal review are important for continuous quality improvement.

Guidance: Describe any requirements in the legal framework regarding completion of an autopsy/external examination report, as requested in section a. In the comment section, analyze whether the legal framework helps ensure complete and high-quality information regarding the cause and manner of death and whether opportunity for regulatory reform exists.

-
- a. **Describe any requirements in the legal framework regarding completion of an autopsy/external examination report.** Specifically note who is required to complete and sign the report (i.e., the medical professional who conducted the examination or the head of the office or both). Describe the contents of the report (this is usually contained in SOPs).

Citation:

Comment:

- b. **Describe any process for peer review of autopsy/external exam findings.** (Note: You may need to discuss this with the head of the MLDI authority, as peer review procedures likely will be found in SOPs or office manuals, rather than law).

Citation:

Comment:

12. Powers of medical examiner/coroner to investigate

Good Practice: As stated above, a medicolegal death investigation is not merely a matter of autopsy performance (or external examination) and determination of cause and manner of death. A proper medicolegal death investigation includes documentation of the scene and circumstances,³²⁵ because the ability of forensic pathologists to interpret autopsy findings depends on the context of the investigation. In a law enforcement-led system with an internal medicolegal division, the medicolegal officer is likely to have powers to investigate or have access to evidence from the investigation officer. Likewise, forensic pathologists working in coroner's and medical examiner's offices need to have access to evidence of the scene and circumstances and should have the ability to request or direct some of the investigations, as needed, in order to get the information that they rely on to interpret the cause and manner of death correctly.³²⁶ For example, the New Zealand Coroners Act requires the Commissioner of Police to "cause to be made all investigations . . . directed by the responsible coroner."³²⁷

Thus, in a medical examiner or coroner system, it is important that the law mandate cooperation between the police and these entities, as well as provide coroners/medical examiners (and their designees) certain powers to investigate. The law should define the roles of law enforcement and the coroner/medical examiner with regard to the death scene. Law enforcement should have jurisdiction over the crime scene;

³²⁴ Sims, D.N. et. al, *An approach to peer review in forensic pathology*, Journal of Forensic and Legal Medicine 20 (2013), pp. 402-403.

³²⁵ Dolinak, Matshes, & Lew. *Forensic Pathology: Principles and Practice*, Elsevier Academic Press, 2005, p.1.

³²⁶ Melinek, J., et. Al, *National Association of Medical Examiners Position Paper: Medical Examiner, Coroner, and Forensic Pathologist Independence*, NAME Position Papers, Volume 3, Issue 1, pp. 94-95.

³²⁷ New Zealand Coroners Act, 2006, Section 17(1).

while the coroner/medical examiner (or their designee) should have jurisdiction over the body itself. In coroner and medical examiner systems, the law should, at a minimum: 1) require the police to give timely notice of a death to the coroner/medical examiner,³²⁸ and 2) make clear that the coroner/medical examiner (or their designee) has the unquestioned authority to enter crime scenes secured by law enforcement for purposes of their death investigation.³²⁹ The law should also specify that the body of the decedent shall not be disturbed unless the medical examiner/coroner (or their designee) gives permission to do so³³⁰, and permit the medical examiner/coroner to take pictures and other evidence relevant to the body. Because both the coroner/medical examiner (or their designee) and the police may both collect evidence at the death scene, there should be a duty between these entities to share relevant evidence.

In addition, medical examiners and coroners should have subpoena power in defined circumstances, including the power to subpoena medical records and other relevant information from healthcare workers, and the power to administer oaths and take affidavits. These powers are inherent in the common law power of coroners and the judicial powers of magistrates, and should also be afforded to medical examiners, as this helps provide the coroner/medical examiner a complete picture of the circumstances surrounding the death.³³¹

For law enforcement-led systems that contract for forensic pathology services from an outside entity, it may be necessary to mandate similar cooperation between the police and outside pathologist, so that the forensic pathologist has access to the necessary evidence and information.

Finally, not all death scenes are crime scenes. For example, in cases of death due to suicide, accidental overdose, or injury, there may be a police officer on the scene, but not a homicide or criminal investigator. In these circumstances, in a coroner or medical examiner system, the medical examiner or coroner might lead the investigation rather than police.

Guidance: The questions below address required cooperation between entities and powers to investigate. These requirements and powers may be found in law and regulations, with more specifics in MOUs. In the comment sections, note any barriers to cooperation and any provisions that may prevent the medical examiner/coroner or medicolegal officer/outside pathologist from gathering necessary scene information or understanding the full circumstances.

a. Describe any general duty of cooperation between investigative law enforcement and the medical examiner/coroner (or their designee), or the medicolegal officer/forensic pathologist (for law enforcement-led systems).

Citation:

Comment:

b. Describe the powers to investigate of medical examiners, coroners or medicolegal officers/outside forensic pathologists (in law enforcement-led systems) at the crime scene. Address:

- i. power to enter a crime scene
- ii. authority to take custody of the body
- iii. power to prevent tampering with the body and related evidence
- iv. power to collect evidence, including taking pictures

³²⁸ See New Zealand Coroners Act, 2006, Section 18(2) (requiring police to notify coroner “as soon as practicable”).

³²⁹ Weedn, V.W., Model Medical Examiner Legislation, *Academic Forensic Pathology* 2015 5(4), p. 622. See also Code of the District of Columbia, Title 5, Chapter 14, §5-1406 (giving the Chief Medical Examiner authority to respond to the scene of the death); Fatalities Investigation Act (Alberta, Canada), Chapter F-6.1, Section 9.

³³⁰ See Code of the District of Columbia, Title 5, Chapter 14, §5-1406 (providing that body shall not be disturbed unless CME grants permission to do so); Fatalities Investigation Act (Alberta, Canada), Chapter F-6.1, Section 12.

³³¹ Weedn, V.W., Model Medical Examiner Legislation, *Academic Forensic Pathology* 2015 5(4), p. 622.

Citation:

Comment:

- c. Describe the subpoena powers of the medical examiner/coroner or medicolegal officer/outside pathologist.

Citation:

Comment:

- d. Describe the powers of the medical examiner/coroner (or their designee) at a death scene that is not a crime scene (e.g., suicide, accidental overdose or injury).

Citation:

Comments:

13. Medical Certificate of Cause of Death (MCCD)

Best Practice: As a component of the medicolegal death investigation, the medical examiner or other authorized physician (e.g., authorized by the coroner or police) conducting the forensic evaluation must certify the cause of death and manner of death. The WHO International Medical Certificate of Cause of Death form (MCCD), which includes structured sections for reporting immediate, antecedent and underlying causes of death and manner of death, should be used. Because certification of cause and manner of death is the practice of medicine, the MCCD must be completed by a qualified physician. The MCCD may be a separate document from the autopsy report or a component of it.

Cause of death (COD) is “all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced such injuries.”³³² Medical examiners/authorized physicians should follow the WHO MCCD reporting guidelines, presenting etiologically specific causes of death in the appropriate chronological and pathological sequence. This information is pertinent in the medicolegal death investigation and to inform policy for public health purposes.

The WHO recommended international MCCD form includes both COD and MOD sections for completion by a physician certifier. It is important that the manner of death, and not just the cause of death, be completed on the MCCD form. “Manner of death” (MOD) explains the circumstances in which a death arose. The International Classification of Diseases (ICD) classifies manner of death as disease, accident, intentional self-harm, assault, legal intervention, war, pending investigation, unknown, or “manner undetermined.” The WHO allows countries to modify the MCCD form and, in the case of the US, the classification of manner of death is simplified to only six categories which reflect the nine categories proposed in the WHO recommended form. The standard form recommended for use in the US classifies manner as natural, accident, suicide, homicide, pending investigation, or “could not be determined.” Manner of death should be determined by the medical examiner/authorized physician to the best of their ability, even if the manner is “undetermined”. The WHO MCCD form and the modified US standard form are attached as Annex A to this module).

In some countries, the physician conducting the forensic examination is limited to only reporting COD and

³³² World Health Organization, *International Classification of Diseases*, 2016, volume 2; See also *Health Topics*, World Health Organization website, available at: https://www.who.int/bulletin/volumes/84/3/mortality_glossary/en/

the police or law enforcement are responsible for reporting manner of death. This is not good practice for two reasons. First, the manner of death determined by the forensic investigation and certified on the MCCD serves purposes beyond those of just law enforcement; the MOD assists in clarifying the circumstances of death for public health and public safety purposes. Second, the manner of death determined by the medical examiner (e.g., homicide) has a different standard from MOD determined in legal proceedings (e.g., murder), and the two should not be confused. *Homicide, as a manner of death on the MCCD, is a statistical category for this public health document. For purposes of the forensic examination, a homicide is defined as death “at the hand of another”. It is not synonymous with “murder,” which is a legal term that involves intent. It is ultimately up to the legal system to determine how a death is criminally classified under law.*³³³ While the MCCD (and autopsy findings) may be submitted as evidence in a legal proceeding, the MOD on the MCCD is a medical opinion, not a legally binding opinion. Accordingly, the MOD determined by the medical examiner is *not* changed based on the MOD determined in subsequent legal proceedings.

Some jurisdictions allow for a person with a legitimate interest (e.g., next of kin) to request a correction on the cause or manner of death, except when the manner is classified as homicide. This request for correction must be filed within a specified period of time.³³⁴ If the head of the MLDI authority declines the request, the person with a legitimate interest is able to appeal the denial of correction to higher authorities, whose decision is binding on the MLDI authority.

Guidance: Answer the questions below regarding certification of cause and manner of death. In the comment sections, note any gaps in the laws and opportunities for regulatory reform.

-
- a. **Describe who is authorized or required to certify cause of death *in a MLDI case*** (we are not concerned with natural deaths in this module). Pay attention to whether the certifier must be a qualified physician.

Citation:

Comment:

- b. **Is the certifier in a medicolegal death case required to complete the *manner of death*, as well as cause of death?**

Citation:

Comment:

- c. **Is the WHO MCCD, or variation of it, the required form for certification of cause and manner of death in an MLDI case?** If the WHO MCCD form has been modified, does the form used by the MLDI system include the cause of death standard table (with parts I & II) and list manners of death that align with those on the WHO MCCD form?

Citation:

Comment:

³³³ NOLO website, Legal Articles, *What is Murder? Is Murder Different from Homicide?*, available at: <https://www.nolo.com/legal-encyclopedia/homicide-murder-manslaughter-32637.html>

³³⁴ For example, in the State of Maryland this request must be made within 60 days after the medical examiner files findings and conclusions. Annotated Code of Maryland, §5-310. https://health.maryland.gov/bom/pdf/TITLE_5_HEALTH_GENERAL.pdf

- d. Does the legal framework allow a person with a legitimate interest to request a correction to a cause or manner of death as determined by the medical examiner/authorized physician? If so, describe the process. Is the decision by a higher authority binding upon the MLDI authority?

Citation:

Comment:

14. Connection to the CRVS system: Death Registration and Statistics

Good Practice: As with other deaths, deaths that go to the MLDI system must be registered with the civil registration authority. In addition, the cause and manner of death information (from the MCD) must be coded in accordance with the ICD and submitted to the national statistics authority. In general, the following steps happen to accomplish death registration and vital statistics generation, but the order of the steps may vary from country to country:

Submission to Civil Registrar: In most countries, the MLDI authority is responsible for submitting the MCD form, and any other required information, to the civil registration authority. This serves to notify the death for registration purposes and provide legal COD information.³³⁵ Some countries, such as Morocco, use a bifurcated form containing a section for personal information and a section for cause and manner of death information. With this type of form, the MLDI authority submits the personal information section of the form to the Registrar to notify the death, and submits the cause and manner of death information section of the form to the national statistics agency.³³⁶ Timeframes for submission to the civil registrar are usually around 3 days, but vary from country to country.

Coding: After completion of the MCD by the MLDI authority, the MCD is shared with a mortality coding unit, which will code the MCD according to the ICD. The location of the coding unit varies across countries; however, it is usually part of the civil registration authority, health authority, or statistics authority. Because timeframes for MCD submission are usually short (around 3 days) and autopsies may take longer than this, it is acceptable and not unusual for an MCD to be submitted to the coding authority with a “pending” cause and/or manner of death. The coding unit will follow up with the medical examiner/authorized physician to resolve pending cases and other data quality issues limiting final coding of the MCD form.

Submission to National Statistics Authority: Cause and manner of death information from medicolegal death investigations is essential for public health policy and planning. Therefore, anonymized MCD information must be shared with the national authority responsible for compiling cause of death statistics. The pathway by which the MCD information reaches the national statistics authority varies across countries. For example, in countries where the MLDI authority submits the MCD to the civil registration authority, the civil registration authority is responsible for submitting anonymized MCD information to the national statistics authority. In countries that use a bifurcated form, the MLDI authority is responsible for submitting the cause and manner of death section of the form to the national statistics agency.

Cause and manner of death data may also be shared with other agencies responsible for compilation of statistics on medicolegal deaths, such as law enforcement or the public health authority, which use this data for their own purposes and health interventions. However, reporting to other agencies should not replace reporting to the agency responsible for generating national cause of death statistics.

Process: The pathway by which the MCD information reaches the coding authority, civil registration

³³⁵ United Nations, *Guidelines on the Legislative Framework for Civil Registration, Vital Statistics and Identity Management*, January 2019, paragraph 352.

³³⁶ United Nations, *Guidelines for the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems*, New York, 2019, Para. 327.

authority and national statistics authority varies across countries, depending on whether a single (non-bifurcated) form or bifurcated form is used and where the coding authority sits. Countries that are reviewing their MLDI laws are encouraged to undertake a business process mapping exercise in order to determine whether there is opportunity to improve the process.³³⁷

Timeframes: The legal framework should clearly state required time frames within which: 1) the MLDI authority must submit MCCD information to the civil registrar, and 2) the civil registrar must submit MCCD information to the national statistics authority. For countries that use a bifurcated form, the legal framework should clearly state the timeframe within which the MLDI authority must submit the top portion of the form to the civil registrar and the timeframe in which the bottom portion must be submitted to the national statistics agency.

The law should permit and have a process for the MLDI authority to amend COD and/or MOD information with the Registrar's office after an original MCCD has been submitted.³³⁸ Amendment would be needed if an MCCD was submitted to the Registrar with a "pending" cause of death, manner of death, or both. Amendment may also be needed to change a COD/MOD if further investigation reveals new facts. In addition, in some instances, there may be a need to update name and demographic information; for instance, in the case of a previously unidentified or misidentified person.

A national statistics agency will have a date by which they will close a dataset so that analysis can be done. For example, a national statistics agency might close the dataset for the calendar year 2019 at the end of June 2020, in order to compile 2019 statistics. Due to this, the law should permit and have a process by which the national statistics agency may update national statistics on MLDI deaths in the event a cause and/or manner of death is amended after official statistics for the relevant time period have been compiled. Australia's process for compiling timely MLDI statistics, while allowing for revisions to statistics in the event of amendments, is described here:

<https://www.abs.gov.au/AUSSTATS/abs@.nsf/Previousproducts/3303.0Technical%20Note12015>.

Guidance: Answer the questions below regarding submission of the MCCD to the civil registration, national statistics and coding authorities, and any amendment process. In the comments section, analyze whether there are any gaps in the system and whether all medicolegal deaths reach the registrar and national statistics agency or whether some might fail to be reported and captured in official MLDI statistics.

-
- a. Describe the process by which the MLDI authority submits an MCCD to the civil registration authority, including any time requirement for reporting.**

Citation:

Comment:

- b. Is there a process for a medical examiner/coroner/medicolegal officer to amend a MCCD after submission of an original MCCD to the civil registration authority? If yes,**
- i. Describe the process.
 - ii. Can COD and MOD be amended?
 - iii. Can name and demographic information be amended?

Citation:

Comment:

³³⁷ For more information on business process mapping, see: Cobos Muñoz et al., *Better data for better outcomes: the importance of process mapping and management in CRVS systems*, BMC Medicine, 18:67, 2020.

³³⁸ See *Medical Examiners and Coroners' Handbook on Death Registration and Foetal Death Reporting*, page 6 (requiring medical examiner/coroner to deliver a supplemental report of cause of death to the State vital statistics office when autopsy findings or further investigation reveals the cause of death to be different from what was originally reported.)

- c. **Describe the process by which MCCD information is shared with the national statistics authority,** including any time requirements for reporting and requirements to anonymize. Note whether there is a process to submit amended cause and manner of death information to the national statistics authority after the official deadline, and whether this amended information is included in updated national statistics.

Citation:

Comment:

- d. **Describe the process for coding MCCDs from the MLDI system, including what entity is responsible and at what point in the process coding takes place.**

Citation:

Comment:

- e. **Describe any other agency(s) responsible for compilation of MLDI statistics derived from the MCCD and the process by which information is shared with that agency(s).**

Citation:

Comment:

15. Time Limits on Investigation

Good Practice: MLDI authorities should strive to complete medicolegal death investigations within a reasonable timeframe. Standard timeframes for completion of investigation vary by country. The National Association of Medical Examiners (U.S) encourages medical examiners to strive to complete 90% of autopsies within 90 days. However, complex cases may take more time and the medical examiner/pathologist should have the right to revise a cause or manner of death if additional information becomes available.

Some laws define a timeline for completion of the investigation and/or mechanisms to foster timely completion. For example, in the United Kingdom and New Zealand, investigations must generally be completed within one year. If a coroner has not completed an investigation within one year, the Chief Coroner must monitor the case.³³⁹

Guidance: Answer the questions below regarding time limits on medicolegal death investigations. Time limits may be found in law or SOPs. In the comments section, state any observations about the time required to complete an investigation, by law and in practice.

- a. **Describe whether the legal framework requires a medicolegal death investigation to be completed within a certain amount of time.**

Citation:

³³⁹ U.K. Coroners and Justice Act 2009, Sec. 16; New Zealand Coroners Act 2006, Sec. 94A.

Comment:

b. If time limits exist, are there exceptions to the time limits?

Citation:

Comment:

c. Describe any actions that must be taken if an investigation is not completed within prescribed time limits:

Citation:

Comments:

16. Mass Fatality Management

Good Practice: Traditionally, a mass fatality has been defined as any incident resulting in more decedents to be recovered and examined than can be managed in the local Medical Examiner/Coroner/police jurisdiction. More recently, the definition has been shifting to include any incident that results in or has the potential to result in the death of a certain number of individuals.³⁴⁰ A mass fatality may be due to a natural event (e.g., cyclone, earthquake, flood) or a man-made event (e.g. terrorism, stampede). A mass fatality might also be due to natural causes, such as a pandemic.

In a mass fatality, as with other medicolegal deaths, the MLDI authority is responsible for the medicolegal investigation of the incident. A mass fatality incident does not diminish this responsibility. The identification of the deceased and the official certification of cause and manner of death are the sole responsibility of the MLDI authority in the jurisdiction in which the disaster occurs.³⁴¹ However, additional assistance from other organizations and agencies may be needed during a mass fatality incident.

To balance the need to maintain data quality but also meet the overwhelming demand, the law should authorize or mandate the head of the MLDI authority to develop a mass fatality management response plan in close collaboration with the health authority, disaster management authority, and other relevant government authorities.³⁴² Such a plan is usually set out in SOPs, rather than law. The law should also authorize the Chief Medical Examiner/Chief Coroner to enter into agreements with, or request additional assistance from, other entities in the event of a mass fatality.³⁴³ The District of Columbia law establishing the medical examiner office provides a good example of legal provisions that enable the head of the MLDI authority to respond effectively to disasters. The provisions in the D.C. law covering mass fatality management can be found here: <https://code.dccouncil.us/dc/council/code/sections/5-1406.01.html>

Guidance: Answer the questions below regarding procedures in the event of a mass fatality. In the comments section, analyze whether the law enables an effective response to mass fatalities.

a. Describe any specific provisions in the legal framework that address procedures in the event of a mass fatality.

³⁴⁰ National Association of Medical Examiners, *Standard Operating Procedures for Mass Fatality Management*, 2010, p.3.

³⁴¹ National Association of Medical Examiners, *Standard Operating Procedures for Mass Fatality Management*, 2010, p.33.

³⁴² See, e.g., Code of District of Columbia, Title 5, Chapter 14, Chief Medical Examiner, §5-1406.1.

³⁴³ National Association of Medical Examiners, *Standard Operating Procedures for Mass Fatality Management*, 2010, p.3; see, e.g., Code of District of Columbia, Title 5, Chapter 14, Chief Medical Examiner, §5-1406.1.

Citation:

Comments:

- b. Does the law authorize or mandate the head of the MLDI authority to develop a mass fatality response plan, or to take part in another agency's planning process?

Citation:

Comment:

- c. Does the head of the MLDI authority have power to enter into agreements with, or request additional assistance from, other agencies in the event of a mass fatality?

Citation:

Comments:

17. MLDI Fatality Review Committees

Good practice: As discussed in Chapter 2 of the CRVSID toolkit, a fatality review committee (also known as a death review or mortality review team or committee) can play a key role in improving the completeness and quality of mortality data, which is critical to public health decision-making. A fatality review committee is a group of system stakeholders responsible for reviewing the circumstances of the deaths of individuals within certain populations. For example, fatality review committees may be established for infant deaths, child deaths, maternal deaths, elder abuse, domestic violence, occupational deaths, road traffic crash deaths, and suicides.

For those deaths whose circumstances fall within the jurisdiction of the MLDI authority, the MLDI authority should be represented on the fatality review committee. Like other Fatality Review Committees, these MLDI Fatality Review Committees focus on improving completeness and quality of mortality data, and to identify measures that might prevent those deaths. The reviews provide recommendations to the local authorities to better serve the needs of specified communities. They should be aimed at prevention of future cases and should not provide a second opinion regarding past cases.³⁴⁴

The composition of each MLDI fatality review committee will depend on the subject matter. However, the MLDI authority should always be represented. In addition, it is best practice to include appropriate medical professionals, and representatives from the public health authority, appropriate medical professional associations, hospitals, and community organizations. Representatives from law enforcement may be included if appropriate for the topic. For example, law enforcement should be included on a domestic violence fatality review committee but are not relevant for a maternal mortality review committee.

Not all jurisdictions have MLDI fatality review committees. However, if a jurisdiction decides to set up such a committee, the committee should be established by law in order to set the terms for its operation. The establishing law should set out, at a minimum: 1) the purpose of the committee, 2) duties of the committee, including any duty to publish findings and recommendations, 3) composition of the committee and method of selection or appointment, 4) the Chair of the committee or how the Chair will be selected, 5) the committee's powers, including powers to access information and subpoena power, 6) provisions on confidentiality of committee information, records and meetings, and 7) provisions on frequency of

³⁴⁴ Weedn, V.W., *Model Medical Examiner Legislation*, Academic Forensic Pathology 2015 5(4), p 624.

meetings and required quorum.

Guidance: Answer the questions below regarding the establishment and operation of any fatality review committees. In the comments section state any observations on opportunities for regulatory reform.

- a. Describe any MLDI fatality review committees that exist, including the population and circumstances that is the subject of the committee(s).

Citation:

Comment:

- b. Describe the composition of all MLDI fatality review committees and how members are selected or appointed.

Citation:

Comment:

- c. State who chairs the MLDI fatality review committee(s) and how the Chair is selected.

Citation:

Comment:

- d. Describe the duties of the committee(s), including reporting requirements.

Citation:

Comment:

- e. Describe the powers of the committee(s) to access information.

Citation:

Comment:

- f. Describe any provisions regarding confidentiality of committee information, records and meetings.

Citation:

Comment:

- g. Describe any provisions on frequency of meetings and required quorum.

Citation:

Comment:



18. Resources

Good practice: Adequate financial resources, facilities and equipment are necessary to ensure that findings and results of medicolegal death investigations are accurate, complete and timely. Therefore, the legal framework should include provisions to ensure sustainable funding of the MLDI authority through national or sub-national budgets. In addition, any revenue generated from MLDI authority services should be retained to fund the authority rather than going to the central treasury (if permitted under the country's legal frameworks and governance structure).

Resources include more than just funding and different legal frameworks ensure adequate resources in different ways. For example, the UK Coroners and Justice Act 2009 requires local public health authorities to "make available enough funds and other resources, to enable those [medical examiner] functions to be discharged in its area", and requires "relevant authorities" to "secure the provision of whatever officers and other staff are needed by the coroners for that area to carry out their functions" as well as providing or ensuring accommodation.³⁴⁵ The Code for the District of Colombia (in the U.S) requires the Mayor to "provide such facilities and equipment, as the OCME (Office of the Chief Medical Examiner) shall require".³⁴⁶

Guidance: Answer the questions regarding committed funding and other resources for MLDI functions and services. In the comments section, analyze whether the law guarantees sufficient financial and other resources to ensure high quality results and findings from the MLDI authority.

-
- a. **Is there committed funding and/or other resources** (e.g. staff, facilities, equipment) for the MLDI authority under the legal framework? If yes, describe the funding and other resources.

Citation:

Comments:

- b. Which entities are responsible for this funding and/or other resources?

Citations:

Comments:

19. Training

Good Practice: All staff within the MDLI authority – including medical examiners, coroners, forensic pathologists, other forensic specialists, and medicolegal death investigators - must be trained and periodically retrained in their specific area of practice and the relevant technical skills and methods necessary to conduct a quality medicolegal death investigation. To this end, continuing medical education courses in forensic pathology and other areas of forensics should be required, or at a minimum available, to medical professionals in the MLDI system; and continuing education courses on investigation techniques and forensics should be available to medicolegal death investigators.

To improve the quality of cause of death of information, medical examiners and forensic pathologists must also be trained in medical certification of cause of death and correct completion of the WHO MCCD standard form. To this end, medical certification of cause of death should be included in mandatory

³⁴⁵ UK Coroner's and Justice Act 2009, §§ 19(2), 24

³⁴⁶ Code of the District of Colombia, Title 5, Chapter 14, §5-1403

curricula for all medical students and in post-graduate medical education and professional in-service trainings.³⁴⁷ In addition, well-trained coders applying ICD coding rules and principles are essential to the production of high-quality mortality data. Therefore, it is recommended that a dedicated ICD-coder cadre be created, funded, and adequately trained and re-trained.³⁴⁸

Guidance: Answer the questions below regarding education and training of medical students, physicians, forensic pathologists and other forensic specialists, and coders. Note that requirements related to training for medical students are likely to be contained in the rules related to the curricula of medical schools. Requirements related to post-graduate continuing medical education requirements might be found in the rules of the country's medical association or other professional associations that accredits and licenses medical or forensic professionals). In the comment section, describe whether the law aligns with best practice and note any recommendations for regulatory reform.

- a. Describe the legal framework related to continuing medical education for medical examiners, forensic pathologists and other forensic medical professionals in the MLDI system.** Indicate whether continuing medical education is required for licensure, optional, or available.

Citation:

Comment:

- b. Describe the legal framework related to training for other staff within the MDLI authority** (such as medicolegal death investigators and forensic technicians).

Citation:

Comments:

- c. Is training during medical school in medical certification of cause of death required? optional? available?**

Citation:

Comments:

- d. Is continuing medical education in medical certification of COD for medical examiners and other medical professionals in the MLDI system required? optional? available?**

Citation:

Comments:

- e. Is a training program established for ICD coders?**

Citation:

Comments:

³⁴⁷ World Health Organization, Strengthening Civil Registration and Vital Statistics for Births, Deaths, and Causes of Death, Resource Kit, 2012, Module 4.

³⁴⁸ World Health Organization, Strengthening Civil Registration and Vital Statistics for Births, Deaths, and Causes of Death, Resource Kit, 2012, Modules 4, 5.

20. Codes of Conduct/Conflicts of Interest

Good Practice:

Medical examiners, coroners, forensic pathologists and other medicolegal experts are entrusted to carry out their service in the public interest. As such, they should be subject to a code of ethics that broadly covers the duties carried out by coroners and medical examiners. A code of ethics should require, among other things, that medical examiners, coroners and other medicolegal experts: 1) perform their duties without prejudice or partiality towards any person or institution, 2) proceed in the public interest to carry out as diligently and as rapidly as possible the duties and responsibilities as required by law, 3) disqualify themselves from acting at an investigation or inquest where any actual conflict of interest appears to exist, and 4) respect the confidentiality of any information received in the performance of their duties as per national/local law.³⁴⁹ These types of duties might be found in a professional association code or a civil service code of ethics or conflicts of interest code.

Guidance: Describe any applicable codes of conduct, guidelines on conflict of interest, or other rules or directives regarding conduct of medical examiners, coroners and other medicolegal experts. In the comments section, analyze whether these codes, guidelines and/or rules require a standard of practice that sufficiently protects and ensures the quality of work of medical examiners, coroners and other medicolegal experts.

-
- a. Describe any applicable codes of conduct, guidelines on conflict of interest, or other rules or directives regarding conduct of medical examiners, coroners and other medicolegal experts.

Citation:

Comments:

21. Supervision and Enforcement

Best Practice: High-quality cause and manner of death of information in MLDI cases can only be achieved if medicolegal professionals comply with laws, SOPs and other guidance. A system of supportive supervision by the head of the MLDI authority -with reporting, monitoring, and feedback – should be in place to ensure that staff within the medicolegal authority perform their jobs to the best of their ability.

However, for those that intentionally or negligently fail to comply with their duties, the law should contain mechanisms to enforce compliance, including warnings, sanctions, and civil or criminal penalties. Medical examiners, coroners, medicolegal police officers and contractual medicolegal experts should be subject to penalties for failure or refusal, without reasonable excuse, to submit a post-mortem report or investigation report in compliance with law. Members of the public should be subject to penalties for failure or refusal to comply with requests for information, warrants or subpoenas; intentionally providing false or misleading information; and interference with an investigation or crime scene. There should also be penalties for dissemination of information that was restricted due to an ongoing investigation.³⁵⁰

In addition, civil servants, medical examiners, coroners, and police may be subject to disciplinary action under civil service laws for failure to carry out duties. Medical professionals may be subject to sanctions or license suspension or revocation for failure to comply with professional standards.

³⁴⁹ See International Association of Coroners and Medical Examiners Code of Ethics, available at: <https://theiacme.com/page/Ethics>.

³⁵⁰ See, e.g., New Zealand Coroners Act 2006, Sections 134- 139A.

Guidance: Answer the questions below regarding supervision of MLDI authority staff, and penalties for lack of compliance. For medical examiners, coroners, and police be sure to analyze civil service laws and rules of professional associations, in addition to penalties contained in civil and criminal laws. State clearly who is subject to each kind of penalty. In the comments sections, analyze whether there are any gaps in the enforcement scheme; i.e. does the law adequately compel compliance?

a. Describe any provisions in the legal framework regarding supportive supervision of staff in the medicolegal authority.

Citation:

Comment:

b. Describe provisions in the legal framework that enforce compliance by:

- i. Medical examiners, coroners, and police/medicolegal officers (and their staff and contractors):

Citation:

Comment:

- ii. Members of the public:

Citation:

Comment:

22. Archiving of records and access to records

Good Practice: The legal framework should define the records (including tissue samples) to be kept and for what period of time. Full and complete records and files should include: the name, if known, of every person whose death is investigated, the place where the body was found, the date, cause and manner of death and all other relevant information and reports of the medical examiner/forensic pathologist and other forensic experts concerning the death.

Practices vary regarding length of time records must be kept. For example, in the District of Columbia, most records are maintained for 30 years; however, records and files related to an open investigation of a homicide are retained for 65 years from the date of initiation of the investigation.³⁵¹

The legal framework should also state which records may be released and the process for release of records. The law should specify that the family has the right to receive a copy of the autopsy report. Policy varies from country to country on whether autopsy reports and MCCD are public records. The argument for making these records public is that this practice allows the public to scrutinize health trends, including the role government may play in deaths.³⁵² In other jurisdictions these reports and MCCD are considered confidential medical information available only to those with a legitimate interest. Where information is confidential, it should only be available to a person with a legitimate interest. Legitimate interest should be defined in the legal framework or in guidance provided by the head of the medicolegal authority and, in

³⁵¹ Code of the District of Columbia, §5-1412.

³⁵² Poynter Institute, *Questions to consider before publishing autopsy reports*, August 24, 2012, available at: <https://www.poynter.org/reporting-editing/2012/questions-to-consider-before-publishing-autopsy-reports/>.

addition to next of kin, may include: law enforcement authorities, public health authorities, fatality review committees, quality assurance and accreditation personnel, and courts and administrative bodies with a legitimate interest in the information.

Guidance: Answer the questions below regarding record retention and access to records. In the comments section, note any gaps in the law and opportunities for regulatory reform.

- a. **Describe which records (including tissue samples) must be retained and for how long.** This information may be contained in regulations, SOPs or guidance from the head of the MLDI authority.

Citation:

Comment:




- b. **Which records are open to the public? Which are confidential?** If records are confidential, state who may access those records and by what process. Specify whether next of kin has a right to the autopsy report.

Citation:

Comments:

Annex A – WHO MCCD Form & US Standard MCCD Form

International form of medical certificate of cause of death (WHO 2016)

| Administrative Data (can be further specified by country) | | | | | | | | | | | | | | | | | |
|---|---|---|----------------|-----------------------------------|-------------------------------|---|---|---|----------------------------------|---|-----------------------------|---|----------------------------------|---|---|---|---|
| Sex | <input type="checkbox"/> Female | | | | <input type="checkbox"/> Male | | | | <input type="checkbox"/> Unknown | | | | | | | | |
| Date of birth | D | D | M | M | Y | Y | Y | Y | Date of death | D | D | M | M | Y | Y | Y | Y |
| Frame A: Medical data: Part 1 and 2 | | | | | | | | | | | | | | | | | |
| 1 Report disease or condition directly leading to death on line a Report chain of events in due to order (if applicable) State the underlying cause on the lowest used line |    | | Cause of death | Time interval from onset to death | | | | | | | | | | | | | |
| | | a | | | | | | | | | | | | | | | |
| | | b | Due to: | | | | | | | | | | | | | | |
| | | c | Due to: | | | | | | | | | | | | | | |
| | | d | Due to: | | | | | | | | | | | | | | |
| 2 Other significant conditions contributing to death (time intervals can be included in brackets after the condition) | | | | | | | | | | | | | | | | | |
| Frame B: Other medical data | | | | | | | | | | | | | | | | | |
| Was surgery performed within the last 4 weeks? | | | | | | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | <input type="checkbox"/> Unknown | | | | |
| If yes please specify date of surgery | | | | | | | | | D | D | M | M | Y | Y | Y | Y | |

| | | | | | | | | | | | | | |
|---|--|--|-----------------------------|--|-----------------------------|--|---|--|---|---|---|---|---|
| If yes please specify reason for surgery (disease or condition) | | | | | | | | | | | | | |
| Was an autopsy requested? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | | | | | | | | | |
| If yes were the findings used in the certification? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | | | | | | | | | |
| Manner of death: | | | | | | | | | | | | | |
| <input type="checkbox"/> Disease | | <input type="checkbox"/> Assault | | | | <input type="checkbox"/> Could not be determined | | | | | | | |
| <input type="checkbox"/> Accident | | <input type="checkbox"/> Legal intervention | | | | <input type="checkbox"/> Pending investigation | | | | | | | |
| <input type="checkbox"/> Intentional self harm | | <input type="checkbox"/> War | | | | <input type="checkbox"/> Unknown | | | | | | | |
| If external cause or poisoning: | | | | Date of injury | | D | D | M | M | Y | Y | Y | Y |
| Please describe how external cause occurred (If poisoning please specify poisoning agent) | | | | | | | | | | | | | |
| Place of occurrence of the external cause: | | | | | | | | | | | | | |
| <input type="checkbox"/> At home | | <input type="checkbox"/> Residential institution | | <input type="checkbox"/> School, other institution, public administrative area | | | | <input type="checkbox"/> Sports and athletics area | | | | | |
| <input type="checkbox"/> Street and highway | | <input type="checkbox"/> Trade and service area | | <input type="checkbox"/> Industrial and construction area | | | | <input type="checkbox"/> Farm | | | | | |
| <input type="checkbox"/> Other place (please specify): | | | | | | | | <input type="checkbox"/> Unknown | | | | | |
| Fetal or infant Death | | | | | | | | | | | | | |
| Multiple pregnancy | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | | | | | | | |
| Stillborn? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | | | | | | | |
| If death within 24h specify number of hours survived | | | | | | Birth weight (in grams) | | | | | | | |
| Number of completed weeks of pregnancy | | | | | | Age of mother (years) | | | | | | | |
| If death was perinatal, please state conditions of mother that affected the fetus and newborn | | | | | | | | | | | | | |
| For women, was the deceased pregnant? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | | | | | | | |
| <input type="checkbox"/> At time of death | | | | <input type="checkbox"/> Within 42 days before the death | | | | | | | | | |
| <input type="checkbox"/> Between 43 days up to 1 year before death | | | | <input type="checkbox"/> Unknown | | | | | | | | | |
| Did the pregnancy contribute to the death? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | | | | | | | |

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO.

NAME OF DECEDENT
For use by physician or institution
To Be Completed/ Verified By:
FUNERAL DIRECTOR:

| | | | | | | | |
|---|--|--|--|--|--|---|---|
| 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) | | | | 2. SEX | | 3. SOCIAL SECURITY NUMBER | |
| 4a. AGE-Last Birthday (Years) | | 4b. UNDER 1 YEAR Months Days | | 4c. UNDER 1 DAY Hours Minutes | | 5. DATE OF BIRTH (Mo/Day/Yr) | |
| 6. BIRTHPLACE (City and State or Foreign Country) | | | | | | | |
| 7a. RESIDENCE-STATE | | | | 7b. COUNTY | | 7c. CITY OR TOWN | |
| 7d. STREET AND NUMBER | | | | 7e. APT. NO. | | 7f. ZIP CODE | |
| 7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | 10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) | | | |
| 11. FATHER'S NAME (First, Middle, Last) | | | | 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) | | | |
| 13a. INFORMANT'S NAME | | 13b. RELATIONSHIP TO DECEDENT | | 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) | | | |
| 14. PLACE OF DEATH (Check only one: see instructions) | | | | | | | |
| IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival | | | | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): | | | |
| 15. FACILITY NAME (If not institution, give street & number) | | | | 16. CITY OR TOWN, STATE, AND ZIP CODE | | 17. COUNTY OF DEATH | |
| 18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): | | | | 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) | | | |
| 20. LOCATION-CITY, TOWN, AND STATE | | | | 21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY | | | |
| 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT | | | | | | 23. LICENSE NUMBER (Of Licensee) | |
| ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH | | | | 24. DATE PRONOUNCED DEAD (Mo/Day/Yr) | | 25. TIME PRONOUNCED DEAD | |
| 26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) | | | | 27. LICENSE NUMBER | | 28. DATE SIGNED (Mo/Day/Yr) | |
| 29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) | | | | 30. ACTUAL OR PRESUMED TIME OF DEATH | | 31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CAUSE OF DEATH (See instructions and examples) 32. PART I. Enter the <u>chain of events</u> --diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition -----> resulting in death) a. _____ Due to (or as a consequence of): _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____ | | | | | | | Approximate interval: Onset to death _____ _____ _____ _____ _____ |
| PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I | | | | | | 33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | | 34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | | 37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined | | |
| 38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) | | 39. TIME OF INJURY | | 40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) | | 41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 42. LOCATION OF INJURY: State: _____ City or Town: _____ Street & Number: _____ Apartment No.: _____ Zip Code: _____ | | | | | | | |
| 43. DESCRIBE HOW INJURY OCCURRED: | | | | | | 44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | |

To Be Completed By:
MEDICAL CERTIFIER

45. CERTIFIER (Check only one):
☐ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature of certifier: _____

Annex B – Resources

Suggested Reading

General MLDI information

Dr. Judy Melinek, *A Forensic Primer for Journalists*, Forensic Pathology Forum, January 9, 2015, available at: <http://pathologyexpert.blogspot.com/2015/01/a-forensic-primer-for-journalists.html?m=1>

National Academy of Sciences, *Medicolegal Death Investigation System: Workshop Summary*, 2003, available at: <https://www.nap.edu/catalog/10792/medicolegal-death-investigation-system-workshop-summary>

Weedn, V.W., *Model Medical Examiner Legislation*, Academic Forensic Pathology 2015 5(4), pps 618-620, available at: <https://journals.sagepub.com/doi/10.23907/2015.065>

Ethics and Independence

Melinek, J., et. Al, *National Association of Medical Examiners Position Paper: Medical Examiner, Coroner, and Forensic Pathologist Independence*, NAME Position Papers, Volume 3, Issue 1, pp. 93- 98.

International Association of Coroners and Medical Examiners Code of Ethics, available at: <https://theiacme.com/page/Ethics>.

Deaths in Custody

Minnesota Protocol on the Investigation of Potentially Unlawful Death, United Nations, Office of the High Commissioner on Human Rights (2016), available at: <https://www.ohchr.org/EN/Issues/Executions/Pages/RevisionoftheUNManualPreventionExtraLegalArbitrar.aspx>

Mitchell, R. et. al, *National Association of Medical Examiners Position Paper: Recommendations for the Definition, Investigation, Postmortem Examination, and Reporting of Deaths in Custody*, Academic Forensic Pathology, 2017 7(4): 604-618

Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, United Nations, 2004, available at: <https://phr.org/issues/istanbul-protocol/>

Inquests

Paul, MacMahon, *The Inquest and the Virtues of Soft Adjudication*, 33 Yale Law & Policy Review 275 (2015) available at: <https://ylpr.yale.edu/inquest-and-virtues-soft-adjudication>

Peer Review Process

Obenson, K., *The value of 100% retrospective peer review in a forensic pathology practice*, Journal of Forensic and Legal Medicine, Volume 20, Issue 8, November 2013, Pages 1066-1068, available at: <https://pubmed.ncbi.nlm.nih.gov/24237821/>

Sims, D.N. et. al, *An approach to peer review in forensic pathology*, Journal of Forensic and Legal Medicine, 20 (2013), pp. 402-403, available at: <https://pubmed.ncbi.nlm.nih.gov/23756506/>

Business Process Mapping

Cobos Muñoz et al., *Better data for better outcomes: the importance of process mapping and management in CRVS systems*, BMC Medicine, 18:67, 2020.

Example Laws

Coroner Laws

New Zealand Coroners Act 2006: <http://www.legislation.govt.nz/act/public/2006/0038/latest/whole.html>

U.K. Coroners and Justice Act 2009:

<http://www.legislation.gov.uk/ukpga/2009/25/contents>

Medical Examiner Laws

Code of the District of Columbia, Title 5, Chapter 14, Chief Medical Examiner:

<https://code.dccouncil.us/dc/council/code/titles/5/chapters/14/>

Alberta Canada, Fatalities Investigations Act, Chapter F-6.1, available at:

<https://www.assembly.ab.ca/legislation/sr/statutes/f06-1.htm>

Model MLDI legislation

National Commission on Forensic Science, *Recommendation to the Attorney General Model Legislation for Medicolegal Death Investigation Systems*, January, 2017, available at:

<https://search.justice.gov/search?query=Recommendation+to+the+Attorney+General+Model+Legislation+for+Medicolegal+Death+Investigation+Systems&op=Search&affiliate=justice-archive>