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Item 4 (e) of the provisional agenda for the expert segment \*\*

**Statutory issues: Report of the Africa Centres for Disease Control and Prevention on a continental framework for strengthening mortality surveillance**

**Continental framework of the Africa Centres for Disease Control and Prevention for strengthening mortality surveillance systems in Africa**

**I. Introduction**

1. Accurate and timely information about the number and causes of death enables countries to formulate policies, plan and effectively deliver public services and interventions to reduce preventable deaths and improve health outcomes. When systematically and continuously generated, mortality statistics are useful for prioritizing interventions, measuring the performance and impact of national programmes and health systems and generating evidence for public health decision-making. The continental framework for strengthening mortality surveillance systems in Africa lays down a strategy for enhancing holistic mortality systems that capture all deaths and causes of death where feasible, in order to strengthen the availability of timely and reliable information for action.

2. The emergence of the coronavirus disease (COVID-19) pandemic has highlighted the importance of timely data on deaths and causes of death in tracking the trajectory and impact of epidemics, and in guiding decisions on the appropriate response strategies. The pandemic has also exposed several gaps within the mortality data-collection systems across many countries, as official reports significantly underestimated the true burden of the pandemic on human health. In most official reports, information was limited to laboratory-confirmed cases of deaths caused by COVID-19, thus missing the full picture of the health impact at the

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population level. This situation occurred in most African countries, as many were unable to fully track the burden of mortality because of the direct and indirect impacts of the pandemic.

3. Several African countries implemented the World Health Organization guidance on rapid mortality surveillance and response to epidemics to quickly generate information to be used in guiding national response strategies.<sup>1</sup> Owing to the lack of population-based data, the rapid mortality surveillance interventions of most countries were generally limited to the use of United Nations statistical projections for estimating excess mortality trends due to the pandemic. The high demand created for mortality data as a result of the pandemic presents a great opportunity for strengthening mortality information systems for the future.

4. During the past decade, African countries have invested significantly in building strong civil registration and vital statistics systems, underpinned by the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics Systems. Creating a well-functioning, complete civil registration and vital statistics system is a widely accepted approach to obtaining information on deaths and their causes, including deaths occurring both inside and outside health facilities, alongside other vital events data. In Africa, the extent of death registration remains low, at less than 20 per cent according to a report of the World Health Organization.<sup>2</sup> Some of the challenges that have contributed to the low registration rates include the existence of many separate systems in which mortality data are collected, processed and analysed but not necessarily shared with the responsible national authorities, limited collaboration across different sectors responsible for the collection and production of vital statistics, complicated registration processes coupled with logistical challenges in reaching registration points, and weak legal frameworks and policy environments.

## **II. Policy decisions underpinning the development of the framework**

5. At its nineteenth ordinary session, held in July 2012, the Assembly of Heads of State and Government of the African Union, in its decision 424 (XIX), recognized the need for civil registration and vital statistics, endorsed the institutionalization of a biennial meeting of African Ministers Responsible for Civil Registration, laid the foundation for securing the much-needed political commitment to accelerate and improve the development of civil registration and vital statistics systems and proposed a coordinated and integrated approach for strengthening such systems in member States of the African Union.

6. Taking into account the health challenges faced across the African continent and the need for an accountability framework for health security to protect the population of the continent, the Assembly of the African Union, in its decision 589 (XXVI), approved the establishment of the Africa Centres for Disease Control and Prevention and adopted the institution's statute and framework of operation. Pursuant to article 5 (3) of the statute, the institution is mandated to facilitate easy access to critical information through the establishment of a continental framework for data-sharing, the improvement of data quality and the timely dissemination of such critical information to help countries to prepare for and respond to public health emergencies.

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<sup>1</sup> Vital Strategies and World Health Organization (WHO), "Revealing the toll of COVID-19: a technical package for rapid mortality surveillance and epidemic response" (New York, May 2020). Available at <https://www.who.int/publications/i/item/revealing-the-toll-of-covid-19>.

<sup>2</sup> WHO, *SCORE for Health Data Technical Package: Global Report on Health Data Systems and Capacity, 2020* (Geneva, 2021). Available at <https://www.who.int/data/data-collection-tools/score>.

7. In 2018, the Africa Centres for Disease Control and Prevention launched the mortality surveillance programme to promote the advancement, innovation and analysis of high-quality national mortality data to inform Member States about health priorities. The initiative was motivated by the lack of data on deaths and their causes and the recognition of the need for a unified and standardized approach to strengthening public health systems that can adequately capture data on mortalities and scale up health interventions and intersectoral action through an African-driven response to reduce the burden of disease, disability and premature death, as highlighted in the mission and vision and strategic approaches A, I, J and K of the Africa Health Strategy, 2016–2030.

8. In the declaration adopted at the fifth session of the Conference of African Ministers Responsible for Civil Registration, held in Lusaka in October 2019, it was observed that Member States needed to develop strategies to improve the availability of mortality data as part of the ongoing efforts to strengthen vital statistics in Africa. In the declaration, the African Union Commission and the Africa Centres for Disease Control and Prevention were requested to provide guidance and support to member States of the African Union to mobilize resources for strengthening mortality surveillance and civil registration and vital statistics systems. The Executive Council of the African Union, in its decision 1074 (XXXVI), took note of the declaration at its thirty-sixth session, held in February 2020.

### **III. Development of the framework**

9. From February to October 2019, the Africa Centres for Disease Control and Prevention and its partners held technical consultations with Member States to deliberate on the experiences, lessons learned, challenges and recommendations for improving mortality data on the continent. A key outcome of the consultations was to develop a continental framework that would harmonize the existing mortality data systems and standardize the existing processes and systems for the collection, analysis and dissemination of mortality information.

10. The continental framework contains guidance on harmonizing mortality data systems and standardizing data-collection processes in line with international standards. It is intended to help countries in Africa to develop and enhance holistic mortality surveillance systems that generate information for public health programming and policies, and to record these events in civil registration systems. In addition, it is aimed at increasing the availability of high-quality and timely mortality data that can be used for public health action across the African continent. Furthermore, it serves as a catalyst for countries to work towards achieving regional and global development goals by advocating for mortality data completeness and accuracy among Member States with limited mortality data. The framework is intended to be used by policy makers and programme implementers in the health sector, their counterparts in the civil registration and vital statistics sector, development and implementing partners and civil society organizations.

11. The draft framework has undergone several stages of revision. A technical team at the Africa Centres for Disease Control and Prevention developed the initial draft in June 2020 and organized a series of regional consultations, which are described below. The consultations faced unique and significant challenges owing to the COVID-19 pandemic, including international travel restrictions and bans on public gatherings. As a result, both online and in-person meetings were held to enable the consultations to move forward.

12. The main objectives of the consultations were as follows:

(a) To gather the opinions of Member States, international and regional experts, stakeholders and partners on the scope, structure, content and relevance of the framework;

(b) To facilitate information-sharing and learning from the experiences of Member States about the practices, lessons and recommendations for and challenges to improving mortality surveillance;

(c) To raise awareness of the framework among policymakers and decision-makers from Member States from the five subregions of Africa.

13. Through these consultations, the Africa Centres for Disease Control and Prevention received input from Member State representatives from regions of North, East, West, Central and Southern Africa.

14. The following key milestones have been reached in the development of the framework:

(a) The team at the Africa Centres for Disease Control and Prevention developed the initial draft, following a series of consultations with various stakeholders;

(b) A core writing group was created in March 2021 to review the initial draft, comprising representatives from the Africa Centres for Disease Control and Prevention and core partners from the civil registration and vital statistics sector;

(c) Regional consultations with technical experts from Member States were held online in April, June and August 2021 and in-person in March 2022;

(d) Five regional technical working groups were established between April and July 2021, led by Member State representatives who championed the development of the road map for guiding the process of implementing mortality surveillance in line with the framework;

(e) An additional meeting will be held from 26 to 29 September 2022, bringing together high-level delegates and experts from Member States and partners, who will review and endorse the finalized document. During that high-level ministerial meeting, the continental framework on mortality surveillance will be launched.

15. Inputs from key stakeholders, including international and regional partners and experts in mortality surveillance and civil registration and vital statistics, were critical to the creation of the current draft of the framework.

#### **IV. Content of the framework**

16. The framework is organized into seven sections. Chapter 1 contains background information and the rationale behind the development of the framework. Chapter 2 contains a description of the different information systems in which mortality data are collected. Chapter 3 contains an explanation of the steps and strategic considerations recommended for countries when establishing mortality surveillance systems. Chapter 4 provides a detailed framework for guiding the development of and recommendations for a phased approach to implementing an integrated mortality surveillance system at the country level (see table). Chapter 5 contains information on monitoring and evaluation. Chapter 6 provides information on resource

mobilization, advocacy and awareness-raising. Chapter 7 provides a summary of conclusions, recommendations and next steps.

## V. Phased approach for implementing a nationally representative mortality surveillance system

17. The process for adopting the framework will depend on the context of each Member State, as summarized in the table.

### Phased approach to building a nationally representative mortality surveillance system

<i>Phase</i>	<i>Setting</i>	<i>Goal</i>
1	A non-nationally representative sample of sentinel sites (hospitals and communities)	Demonstrate the pattern of causes of death to inform policy
2	A nationally representative sample of sentinel sites (hospitals and communities)	Demonstrate the pattern of causes of death and a weighted number of deaths and causes of death
3	All hospitals and a nationally representative sample of primary health-care facilities and communities	Demonstrate the pattern of causes of death and a weighted number of deaths and causes of death
4	All hospitals and primary health-care facilities, and a nationally representative sample of communities	Demonstrate the pattern of causes of death and a weighted number of deaths and causes of death
5	All health-care facilities and communities	Count all deaths and their causes

## VI. Benefits of the continental framework

18. The framework was developed to serve as a guiding tool for Member States and regional and international organizations as they plan and implement interventions aimed at strengthening mortality data on the African continent. At the various consultative meetings held in May and August 2019, April 2021 and September 2022, Member State representatives discussed the possible challenges of working to strengthen mortality data and the potential benefits that the framework would provide to Member States facing those challenges. Furthermore, participants reviewed the different sectors and services affected by the limited availability of mortality information and recommended the development of a continental strategy that would facilitate the harmonization and standardization of the collection and processing of mortality data, while leveraging the assets and resources already available in key sectors, primarily the public health sector. The recommendations led to the development of the framework, enabling a systematic and coordinated approach to improving mortality data. Major benefits include the following:

(a) Strengthening the availability of national and subnational data on the numbers, characteristics and causes of death will facilitate evidence-based decision-making and planning at all levels;

(b) Integrating routine surveillance data from different systems into a national repository for mortality data will help to address the challenge of fragmented information systems and reduce the pressure on the limited resources and the burden of reporting imposed on health workers because of the parallel systems;

(c) Sharing information between the health sector and civil registration and vital statistics systems through the identification and notification of death events occurring within health facilities and communities, including information on causes of death, will complement and catalyse the official registration of deaths.

## **VII. Policy recommendations**

19. It is recommended that Member States:

(a) Support health ministries in taking a leading role in the implementation of mortality surveillance, in line with the recommendations of the continental framework;

(b) Integrate mortality surveillance into national priorities by incorporating it into national health plans and budgets;

(c) Strengthen national policies and plans for developing and implementing mortality surveillance programmes;

(d) Ensure that multi-stakeholder collaborations and partnerships for improving mortality data are strengthened.

## **VIII. Contact details**

20. For questions about the present issue paper or other information, please contact Dr. Yenew Kebede [YenewK@africa-union.org](mailto:YenewK@africa-union.org); and Ms. Emily B. Atuheire, at [Atuheiree@africa-union.org](mailto:Atuheiree@africa-union.org).

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