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SYMPOSIUM ON GLOBAL HEALTH AT A CROSSROADS PART I

THE UNSEEN BEDROCK OF GLOBAL HEALTH LAW: PUTTING CIVIL REGISTRATION AND VITAL STATISTICS AT THE CORE OF THE GLOBAL HEALTH LAW AGENDA

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Introduction

Civil registration and vital statistics (CRVS) systems comprise two interdependent components: civil registration (CR) and vital statistics (VS). Civil registration records the occurrence and characteristics of vital events in a population, including births, deaths, fetal deaths, and cause of death information.[1] Vital statistics compile and process the data derived from civil registration to analyze mortality trends, and track demographic patterns, such as birth and death rates.[2]

When operating effectively, CRVS systems perform two critical functions.[3] First, birth registration is the principal means of establishing a person's legal identity. Legal identity is a foundational right recognized under Article 7 of the Convention on the Rights of the Child (CRC)[4] and Article 24(2) of the International Covenant on Civil and Political Rights.[5,6] It is essential for exercising a range of other human rights, including socioeconomic rights such as access to healthcare and education.[7] The lack of birth registration can seriously impact individuals' life outcomes.[8]

Second, effective CRVS systems act as a source of continuous, up to date population data, supporting evidence-based policymaking, efficient resource allocation, and monitoring of national policy progress.[9] When countries fail to register these vital events consistently, policymakers lack basic population data needed to design,

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[1] World Health Organization, *Civil Registration and Vital Statistics* (Feb. 27 2024).

[2] World Health Organization, *What Are CRVS Systems and What Do They Do?*

[3] *Id.*

[4] Convention on the Rights of the Child, Art. 7, Nov. 20, 1989, 1577 UNTS 3.

[5] International Covenant on Civil and Political Rights, Art. 24(2), Mar. 23, 1976, 999 UNTS 171.

[6] GA Res. 217 (III) A, Universal Declaration of Human Rights, Art. 6 (Dec. 10, 1948).

[7] United Nations, *Guidelines on the Legislative Framework for Civil Registration, Vital Statistics and Identity Management Systems* 10, UN Sales No. E.22.XVII.13 (2023).

[8] Caroline Kimeu, *School-Leaver At 11, Domestic Slave At 12, Gang Member At 15: How A Missing Birth Certificate Derailed a Life*, THE GUARDIAN (Nov. 4, 2024).

[9] World Health Organization, *supra* note 2.

implement, and evaluate health interventions due to statistical invisibility.[10] An example of such a failure was demonstrated by COVID-19, where inaccuracies in collecting mortality data led to an estimated 14.9 million deaths being uncounted, and eighty-four countries lacking capacity to contribute to the estimation of mortality data.[11]

For all these reasons, strengthening CRVS systems is key to making progress toward the realization of the Sustainable Development Goals (SDGs). Achieving universal birth registration is part of Target 16.9, which aims to provide legal identity for all, "including birth registration."[12] This target is measured through the achievement of universal (100 percent) birth registration for children under five. Achieving universal birth registration and at least 80 percent death registration is also used as an indicator under Target 17.19, which calls for the development of data collection and statistical capacity for measuring progress toward sustainable development.[13] Despite not being explicitly recognized as a target, seven of seventeen SDG targets and their seventeen corresponding indicators require cause-specific mortality data, which only a well-functioning CRVS system can provide.[14] Sixteen targets and twenty-four indicators require data that is best generated from a CRVS system.[15]

The latest available estimates indicate that some progress on birth registration rates has been achieved: globally in 2024, 77 percent of children under the age of five were registered,[16] marking an increase from 71 percent in 2016.[17] Yet progress has been slow and is not on track to meet the goal of 100 percent registration by 2030,[18] with approximately 150 million children remaining unregistered. The geographical disparities are especially stark: while Europe and North America achieve virtually 100 percent birth registration, sub-Saharan Africa is reported at 51 percent. Death registration rates are more concerning with approximately only 60 percent of deaths being registered worldwide.[19] In low-income countries, as many as 80 percent of deaths occur outside health facilities, and often go unregistered.[20] In these countries, it is estimated that only 8 percent of reported deaths have a documented cause of death.[21]

As the deadline for the realization of the 2030 Agenda for Sustainable Development (UNSDGs) approaches in four years, it is critical to reflect on the role of law in strengthening CRVS systems that ultimately accelerate progress toward the SDGs. Law is a determinant of global health and a powerful tool, often underutilized, to combine achievement of public health goals with effective, evidence-based laws.[22] Research proves that there is a

[10] Philip Setel, *Getting Numbers that Matter for Public Policy*, STANFORD SOCIAL INNOVATION REV. (2020).

[11] World Health Organization, *Estimating Global and Country Specific Excess Mortality During the COVID 19 Pandemic* (2022).

[12] United Nations General Assembly, Transforming Our World: The 2030 Agenda for Sustainable Development, Target 16.9, UN Doc. A/RES/70/1 (Oct. 21, 2015).

[13] *Id.*

[14] Alan Lopez, Deirdre McLaughlin & Nicola Richards, *Reducing Ignorance About Who Dies of What: Research and Innovation to Strengthen CRVS Systems*, BMC MED. (Mar. 9, 2020).

[15] WHO, Civil Registration and Vital Statistics Strategic Implementation Plan 2021–2025, at 23 (2021).

[16] UNICEF Data, *Birth Registration* (2024).

[17] UNICEF, *The State of the World's Children 2023: For Every Child, Vaccination* (2023).

[18] UNICEF Data, *The Right Start in Life: 2024 Update* (2024).

[19] World Health Organization, *supra* note 2.

[20] Tim Adair et al., *Who Dies Where? Estimating the Percentage of Deaths Occurring at Home*, BMJ GLOB. HEALTH (2021).

[21] World Health Organization, *supra* note 2.

[22] Lawrence O. Gostin et al., *The Legal Determinants of Health: Harnessing the Power of Law for Global Health and Sustainable Development*, 393 THE LANCET 1857 (2019).

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strong relationship between public health law and health-related SDGs, especially for indicators on maternal mortality rate, neonatal deaths, and adolescent birth rate.[23]

Against this backdrop, this essay illustrates the role of legal reform in strengthening CRVS systems and presents the newly adopted CRVS legislation in Cambodia and Cameroon as case studies. We argue that these legal reforms for digitalized CRVS systems that respond to a country's specific circumstances, are an integral step toward realizing the SDGs. We further argue that beyond 2030, CRVS ought to become a central element of the global health law agenda to build an equitable global health law regime.

Legal Frameworks for CRVS Systems

CRVS systems received international attention to assist with good governance and health policy, in conjunction with the UNSDGs for 2030 at the time of their adoption in 2015. This led to initiatives launched by the World Bank, UNSD, the World Health Organization (WHO), the United Nations Economic Commissions for the African and Asia-Pacific regions and other international partnerships[24] that called for scaling up investment in CRVS with an implementation timeline of 2015 to 2030. However, despite its relevance to health systems, CRVS systems have not been adequately prioritized in the field of global health law.

Although the WHO programmatically supports CRVS strengthening through guidelines and strategic plans,[25] this work is often institutionally siloed and not integrated into the main legal frameworks for global health. A clear illustration is provided by the recently adopted Amendments to the International Health Regulations (IHR). The amendments require states to develop, strengthen and maintain the "core capacities" to carry out "surveillance" for the international spread of disease.[26] CRVS systems are a fundamental tool that track cause-specific mortality data, but the IHR are silent on their inclusion in obligations to strengthen core capacities for surveillance.[27]

The role of a CRVS legal framework is to establish mandates and procedures to ensure the standardization, consistency, and universality of civil registration, as well as the generation of timely population data. Conversely, outdated, or weak CRVS rules can result in systems that are bureaucratically fragmented, inefficient, and expensive, ultimately depressing registration rates and leading to inaccuracies in collected data. Many low- and middle-income countries have laws mandating birth and death registration. However, laws in many of these countries are outdated, with some dating back a century to periods of colonial rule. Updating and strengthening legal frameworks for CRVS systems means reforming the applicable laws and regulations to create effective governance structures, eliminate barriers to access civil registration services, facilitate digitalization of systems, define roles across multiple agencies and ministries, provide for data sharing, and protect privacy.[28]

In an era of growing fragmentation in multilateralism and international law-making, a pathway to use law as tool to strengthen the fundamental bedrock of global health governance lies in domestic legal reform. Over the past two decades, many countries have initiated CRVS improvement efforts. Countries like India, Pakistan, and the Philippines have used law and policy change as tools to implement improvements in their civil registration

[23] Yuri Lee & So Yoon Kim, *Public Health Law Coverage in Support of the Health-Related Sustainable Development Goals (SDGs) Among 33 Western Pacific Countries*, 15 GLOB. HEALTH 29 (2019).

[24] Chalapati Rao, *Elements of a Strategic Approach for Strengthening National Mortality Statistics Programmes*, BMJ GLOB. HEALTH (Oct. 14, 2019)

[25] WHO, *supra* note 15.

[26] World Health Assembly Res. WHA77.17, Amendments to the International Health Regulations (2005), Art. 5 (June 1, 2024).

[27] Rao, *supra* note 24.

[28] Global Health Advocacy Incubator, *Legal and Regulatory Review Toolkit for Civil Registration, Vital Statistics and Identity Management (CRVSID)* (2022).

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rates.[29] Most recently, Cameroon and Cambodia have adopted new CRVS legislations that have strengthened their ability to meet SDG Targets.

Cambodia

Prior to 2023, Cambodia lacked any national CRVS and identity management (ID) legislation.[30] The Khmer Rouge regime in Cambodia destroyed civil registration records, leaving generations without access to legal identification.[31] In July 2023, after years of consultation and drafting, the Cambodian government adopted a new CRVS law. The Law on Civil Registration, Vital Statistics and Identification came into force in 2024 guaranteeing legal identity for all residents of Cambodia and mandating registration of births, deaths, and other vital events regardless of the person's citizenship, nationality, ethnicity, or geographic location.[32] This law integrated birth and death registrations to a newly created population register, and a new digital identity system. To make registration easily accessible, the civil registration system is decentralized, with district and provincial level civil registrars, to improve local access to civil registration services. It also addressed barriers and disincentives to registrations by making registration free of charge, extending the time-period to register a birth to ninety days, and simplifying the processes for late and delayed registrations.

The law enabled the issuance of a Unique Identification Code (UIC), issued at birth to all citizens that facilitates participation in the economy and access to public services.[33] As the UN Economic and Social Commission for Asia and Pacific described it, Cambodia's new CRVS system "highlights the interoperability of CRVS systems as the foundation of digital public infrastructure," seamlessly integrating health, social protection and education with secure digital identity verification.[34]

Since Cambodia began its work on drafting a new law, death registrations rates have more than doubled to 70 percent in 2023 and birth registration rates have improved by 30 percentage points.[35] With its commitment to strengthening the legal frameworks that facilitate access to CRVS systems, Cambodia is well-positioned to meet its Sustainable Development Goal target 16.9, which aims at 100 percent of births and 80 percent of deaths being registered globally by 2030.[36]

Cameroon

In Cameroon, CRVS legal reform took place in several steps. Its post-colonial law was first modified by Law No. 2011/011 of 2011.[37] This law improved Cameroon's civil registration system by instituting the National Civil

[29] Carla Abouzahr et al., *Strengthening Civil Registration and Vital Statistics in the Asia-Pacific Region: Learning from Country Experiences*, 29 ASIA-PACIFIC POPULATION J. 39 (Dec. 2012).

[30] Global Health Advocacy Incubator, *Cambodia's Newly Adopted Law Guarantees Universal Legal Identity and Complete Registration of Births and Deaths for All* (June 30, 2023).

[31] United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), Overcoming the Past: Cambodia's Push for Universal Civil Registration (Mar. 27, 2025).

[32] Vital Strategies, *Cambodia's Landmark Law: Identity for All* (Jan. 31, 2024).

[33] United Nations Development Programme (UNDP), Digital Public Infrastructure (2025).

[34] United Nations ESCAP, *supra* note 31.

[35] Hong Raksmey, *Cambodia's CRVS Progress Commended but Death-Data Gaps Remain, Says UN Official*, THE PHNOM PENH POST (June 30, 2025).

[36] Vital Strategies, *supra* note 32.

[37] R.K. Ndiyun & R.M. Mukonza, *Digital Transformation of Civil Registration System in Cameroon: Innovations in e-Governance*, 3 J. DIG. TECH. & L. 7 (2025).

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Status Registration Office, and made birth, death, and marriage registration compulsory and universal for all residents of Cameroon, regardless of citizenship status.

In 2016, civil conflict broke out in Cameroon, which resulted in high numbers of internally displaced persons, amounting to 900,000 since the conflict began.[38] Under the 2011 law, reproducing lost birth certificates required traveling to a high court with jurisdiction over the location where the birth certificate was lost. This negatively impacted many internally displaced persons, who lost access to their civil identification documents.

To overcome these and other challenges, in December 2024, Cameroon adopted a new piece of CRVS legislation. Law No. 2024/016 directly introduced digital civil registration certificates called electronic civil status certificates.[39] These electronic certificates have, by law, the same legal force and evidentiary validity as paper certificates. Among the other innovations of the law, the registration time-period for births and deaths increased from sixty days to ninety days, thus addressing a barrier to registration. Simultaneously, the law created a national civil status database that automatically generates all vital statistics. Similarly to Cambodia's CRVS legislation, Cameroon's new law mandates the generation of a Unique Personal Identification Number (UPIN) that is assigned to each person when their birth is recorded in the national civil status database. This unique identifier is expected to ease communication between individuals and government agencies, reducing double identifications and decreasing administrative bottlenecks in service delivery.

In early 2024, Cameroon's birth registration rate was 54 percent, which has improved to 62 percent in June 2025, within six months of adopting a new CRVS law.[40] The Cameroonian government has stated that the new law positions the country to meet its SDG target 16.9 of 100 percent birth registration rate.[41]

Placing Civil Registration and Vital Statistics at the Core of the Global Health Law Agenda

While legal reform alone is not sufficient to strengthen CRVS systems and needs to be complemented by budget, communication, capacity building, and infrastructure investments,[42] Cameroon and Cambodia's new CRVS laws demonstrate that legal reform can play a critical role in improving birth and death registration rates. Laws can remove barriers to registration (like registration fees or short time-periods for registration), support the digitalization of registration services, and improve inter-agency coordination. At a national level, legal reform of outdated CRVS laws or adoption of new laws, offer a clear pathway to progress toward the SDGs in the next four years.

At an international level, despite the lack of prioritization of CRVS systems in global health law instruments, and the fragmented nature of global health law as a field,[43] the experience of other sub-fields of global health law demonstrates that strategic actions by civil society organizations can help bridge the disconnect between the sub-fields of global health law and within international law more broadly.[44] The global health legal community ought to recognize the central role of CRVS systems reforms in the global health agenda, both in the round-up to 2030, and in shaping the post-2030 agenda. CRVS systems determine who becomes visible to legal institutions and whose health needs are recognized. Without complete and equitable registration of births and deaths, core legal

[38] U.S. Committee for Refugees & Immigrants, *Timeline: Cameroon & the "Anglophone Crisis"* (2025).

[39] Law No. 2024/016 of 23 December 2024 to Organise the Civil Registration System in Cameroon, § 57.

[40] UNICEF, Situation of Children in Cameroon (June 2025); Ndiyun & Mukonza, *supra* note 37.

[41] Biometric Update, *New Civil Registration Law Refocuses Cameroon's Push For SDG 16.9 Legal ID Target* (Jan. 27, 2025).

[42] World Bank & World Health Organization, Global Civil Registration and Vital Statistics: Scaling Up Investment Plan 2015–2024 (2014).

[43] Brigit Toebes, *Introduction*, *in* Research Handbook on Global Health Law (2018).

[44] Margherita Melillo, Weaponising Evidence: A History of Tobacco Control in International Law (2024).

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commitments in international human rights law, including the rights to legal identity, non-discrimination, and the highest attainable standard of health, cannot be operationalized. Gaps in CRVS coverage systematically mirror and reinforce inequities: children born in marginalized, rural, conflict affected, or economically excluded communities are less likely to be registered, which in turn makes them less likely to be counted in health surveillance, less likely to benefit from resource allocation, and less likely to have their deaths investigated or prevented. As the maxim goes, "For everyone to count, everyone must be counted."

Conclusion

The realization of UNSDGs 2030 is fundamentally intertwined with strengthening CRVS systems. To achieve the Sustainable Development Agenda in the next four years, countries need to reform outdated CRVS laws, addressing barriers to birth and death registrations. While achieving 100 percent birth registration may not be possible by 2030, global health law must reimagine its role in creating a post-2030 global health agenda that places the bedrock of health systems—CRVS systems—at its core.

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