

Public Health Governance, Legal Frameworks, and Financial Accountability: A New Paradigm for Sustainable Civil Registration and Vital Statistics Systems

Om Prakash Bera¹, Babita Kamlapurkar², Pradeep Aggarwal³

¹Regional Advisor, Asia, Health Systems Strengthening, Global Health Advocacy Incubator

²Deputy Director and Deputy Civil Registrar, State Bureau of Health Intelligence and Vital Statistics, Govt of Maharashtra

³Department of Community Medicine, All India Institute of Medical Sciences, Rishikesh

CORRESPONDING AUTHOR

Dr Om Prakash Bera, Regional Advisor, Asia, Health Systems Strengthening, Global Health Advocacy Incubator

Email: dromprakashberappgi@gmail.com

CITATION

Bera OP, Kamlapurkar B, Aggarwal P. Public Health Governance, Legal Frameworks, and Financial Accountability: A New Paradigm for Sustainable Civil Registration and Vital Statistics Systems. *Indian J Comm Health*. 2026;38(2):228-230.

<https://doi.org/10.47203/IJCH.2026.v38i02.002>

ARTICLE CYCLE

Received: 09/03/2026; Accepted: 21/03/2026; Published: 31/03/2026

This work is licensed under a Creative Commons Attribution 4.0 International License.

©The Author(s). 2026 Open Access

Civil Registration and Vital Statistics (CRVS) systems are foundational to public health governance, providing continuous, universal, and legally grounded data on births, deaths, and causes of death. These systems are indispensable for health planning, monitoring epidemiological transitions, and tracking progress toward Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) (1–3).

Despite global commitments, CRVS systems in many low- and middle-income countries (LMICs) remain incomplete and inequitable. While global initiatives have largely focused on technical enhancements—digitization, training, and data systems—these efforts often overlook deeper systemic constraints related to governance fragmentation, weak legal enforcement, and inadequate financial sustainability (2,4).

This editorial argues for a paradigm shift: sustainable CRVS systems must be anchored in an integrated triad of public health governance, legal frameworks, and financial accountability, supported by a domestic resource mobilization (DRM) (5).

CRVS as a Core Pillar of Public Health Governance.

CRVS systems are central to effective public health governance. They provide real-time insights into mortality patterns, disease burdens, and demographic transitions, thereby informing resource allocation and policy prioritization (1,3).

However, governance of CRVS systems is often fragmented across ministries of health, home affairs or interior, and national statistical offices. This institutional disjunction results in inefficiencies, duplication, and weak accountability mechanisms (4).

Strengthening CRVS within public health governance requires institutional convergence across sectors, integration with national health information systems, decentralized governance structures with subnational accountability, embedding CRVS indicators within health system performance metrics.

Such a governance-centric approach positions CRVS as a strategic public good, rather than a peripheral administrative function.

Legal Frameworks: Bridging Mandates and Implementation.

Legal frameworks establish the obligation for registering vital events and form the backbone of CRVS systems. Nearly all countries have laws mandating birth and death registration; however, implementation gaps persist.

Key challenges include limited enforcement of registration laws, inadequate awareness among healthcare providers and communities, ambiguities in roles and responsibilities and weak integration or implementation of legal provisions with health systems. For instance, despite statutory requirements, Medical Certification of Cause of Death (MCCD) remains under-implemented in many LMICs including India, compromising mortality data quality (6,7).

Strengthening legal frameworks requires harmonization across civil registration, health, and administrative laws, operational clarity in institutional roles, enforcement mechanisms, including compliance monitoring and rights-based approaches ensuring equitable access.

Legal systems must evolve from static mandates to dynamic governance instruments, enabling accountability and inclusivity.

Financial Accountability: The Missing Link in CRVS Sustainability.

Financial sustainability remains one of the most critical bottlenecks in CRVS strengthening. Many countries rely heavily on donor-driven initiatives, leading to fragmented and unsustainable interventions.

Financial accountability involves not only allocating resources but ensuring predictability, transparency, and performance-linked financing.

Persistent challenges include absence of dedicated CRVS budget lines, weak prioritization in national and subnational planning, limited tracking of CRVS expenditures, and disconnect between planning and financing cycles.

Emerging evidence highlights the role of budget advocacy and domestic resource mobilization (DRM) in securing sustainable financing for CRVS systems (5,8).

Key strategies include integration of CRVS and health sector budgets, decentralized financing mechanisms, performance-based financing linked to registration completeness, public financial management reforms for tracking CRVS investments.

The Governance–Legal–Finance Nexus: Toward Systemic Integration.

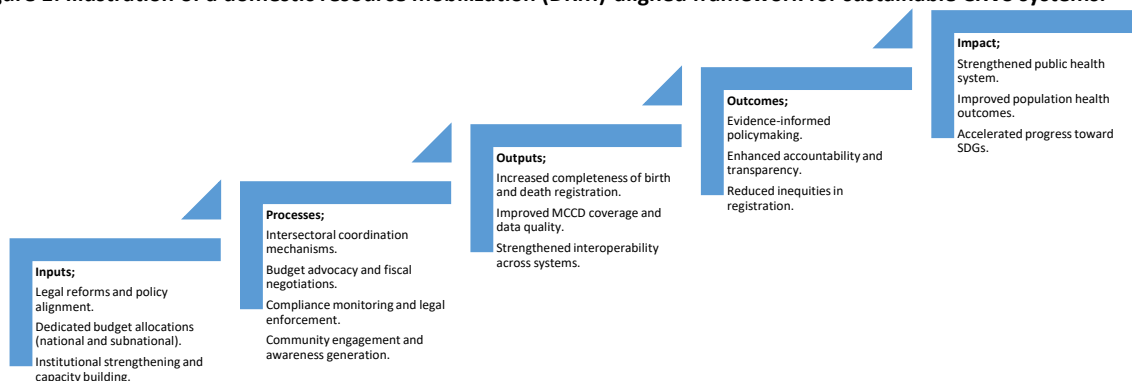
The sustainability of CRVS systems lies at the intersection of governance, legal frameworks, and financial accountability. These dimensions are interdependent and must function in alignment.

- Governance defines institutional coordination and oversight.

- Legal frameworks establish legitimacy and enforceability.
- Financial systems ensure continuity and scalability.

Recent conceptual contributions, including a domestic resource mobilization (DRM)-aligned Theory of Change, further emphasize the need to align governance structures, legal mandates, and financing mechanisms within a unified framework to achieve sustainable CRVS outcomes (5). This integrated perspective shifts CRVS strengthening from isolated interventions to system-wide transformation, ensuring resilience, efficiency, and accountability. (Figure 1)

Figure 1: Illustration of a domestic resource mobilization (DRM)-aligned framework for sustainable CRVS systems.



Equity and Inclusion: Addressing Structural Gaps.

CRVS systems often reflect underlying social inequities. Women, rural populations, migrants, and marginalized communities are disproportionately excluded from registration systems (9).

Gender disparities in death registration, for example, highlight systemic biases that undermine both data accuracy and social justice.

Addressing these inequities requires gender-responsive budgeting, community-based awareness initiatives, leveraging local governance institutions (e.g., Panchayati Raj systems) and targeted interventions for vulnerable populations.

Embedding equity within governance and financing frameworks ensures that CRVS systems are inclusive by design.

Digital Transformation and Governance Implications.

Digital technologies have significantly advanced CRVS systems through real-time data capture and improved interoperability. However, digitalization must be complemented by governance and legal safeguards (3). Key considerations include data privacy and security frameworks, interoperability across systems, digital literacy and capacity building and avoiding exclusion of digitally marginalized populations.

Digital transformation should be viewed as an enabler within a governance framework, rather than a standalone solution.

Translating Frameworks into Practice: Implementation Insights.

Implementation experiences across diverse settings suggest that the sustainability of CRVS systems is less constrained by technical capacity and more by

institutional alignment and fiscal prioritization. In decentralized contexts, subnational engagement plays a critical role in translating national mandates into operational outcomes.

Alignment between administrative authorities, health systems, and local governance institutions has been shown to significantly improve registration completeness, particularly for deaths and cause-of-death certification. Embedding CRVS within routine planning and budgeting cycles—rather than treating it as a vertical initiative—has been associated with more sustained gains.

Furthermore, iterative policy dialogue across sectors enables alignment between legal mandates, financial commitments, and implementation processes. These experiences underscore that CRVS strengthening is not solely a technical endeavour but a governance-driven social process.

CONCLUSION

The sustainability of Civil Registration and Vital Statistics (CRVS) systems will depend on a fundamental shift from fragmented, technically driven interventions toward an integrated paradigm grounded in public health governance, legal coherence, and financial accountability. This transition is not merely operational but systemic—requiring CRVS to be embedded within the core architecture of health systems, public administration, and fiscal planning.

Moving forward, the challenge is not the absence of tools or technologies, but the alignment of institutions, mandates, and resources. Strengthening CRVS will therefore require sustained political commitment,

clearer legal enforceability, and predictable domestic financing that together enable continuity, scale, and accountability. In this context, emerging conceptual approaches, including DRM-aligned frameworks, offer useful pathways for linking governance reforms with fiscal sustainability and long-term system resilience. As countries navigate evolving demographic and epidemiological transitions, CRVS systems must be repositioned as strategic infrastructure for public health intelligence, social protection, and inclusive

development. Their value extends beyond measurement to enabling visibility, equity, and state accountability. Ultimately, the future of CRVS lies in its ability to transition from a peripheral administrative function to a central pillar of governance—one that is institutionally embedded, financially sustained, and locally owned. Achieving this transformation will be critical not only for advancing Universal Health Coverage and the Sustainable Development Goals, but for ensuring that every life is counted, and every policy is informed by evidence.

Policy Box: A Governance–Legal–Finance Action Framework.

1. Governance Actions;

Establish national CRVS coordination bodies with multi-sectoral representation.
Integrate CRVS into health system governance and performance frameworks.
Strengthen subnational accountability mechanisms.

2. Legal Actions;

Harmonize CRVS laws with health and administrative systems.
Mandate facility-based reporting of births and deaths.
Introduce compliance monitoring and enforcement mechanisms.

3. Financial Actions;

Create dedicated CRVS budget lines at national and subnational levels.
Institutionalize budget tracking and expenditure reviews.
Promote performance-based financing linked to CRVS indicators.

4. Equity Actions;

Implement gender-responsive budgeting.
Strengthen community awareness and engagement.
Target marginalized and hard-to-reach populations.

5. Data and Digital Actions;

Ensure interoperability of CRVS with health information systems.
Establish robust data governance and privacy frameworks.
Invest in digital capacity building.

Policy Insight

CRVS sustainability is achieved not through isolated investments, but through the alignment of governance structures, legal mandates, and financial systems within a unified accountability framework.

AUTHORS CONTRIBUTION

All authors have contributed equally.

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors haven't used any generative AI/AI assisted technologies in the writing process.

REFERENCES

1. AbouZahr C, de Savigny D, Mikkelsen L, Setel PW, Lozano R, Nichols E, Notzon F, Lopez AD. Civil registration and vital statistics: progress in the data revolution for counting and accountability. *Lancet*. 2015 Oct 3;386(10001):1373-1385. doi: 10.1016/S0140-6736(15)60173-8. Epub 2015 May 10. PMID: 25971224; PMCID: PMC7753937.
2. Mikkelsen L, Phillips DE, AbouZahr C, Setel PW, de Savigny D, Lozano R, Lopez AD. A global assessment of civil registration and vital statistics systems: monitoring data quality and progress. *Lancet*. 2015 Oct 3;386(10001):1395-1406. doi: 10.1016/S0140-6736(15)60171-4. Epub 2015 May 10. PMID: 25971218.
3. World Bank, World Health Organization. Global civil registration and vital statistics: a scaling up investment plan 2015–2024. Washington, DC: World Bank; 2014.
4. Setel PW, Macfarlane SB, Szreter S, Mikkelsen L, Jha P, Stout S, AbouZahr C; Monitoring of Vital Events. A scandal of invisibility: making everyone count by counting everyone. *Lancet*. 2007

Nov 3;370(9598):1569-77. doi: 10.1016/S0140-6736(07)61307-5. PMID: 17992727.

5. Bera, O.P.; Aggarwal, P.; Venkatesh, U.; Joshi, K.; Shah, V. Strengthening Civil Registration and Vital Statistics (CRVS) Systems in India: An Investment Case for Governance, Public Health, and Socio-economic Development. *Indian J. Community Health* 2024, 36, 758–763.
6. Singh, K., Pati, S. & Grover, A. A retrospective cluster analysis of regional disparities and healthcare factors influencing causes of death certification and mortality statistics in India. *Sci Rep* 16, 287 (2026). <https://doi.org/10.1038/s41598-025-27634-1>.
7. Phillips DE, Lozano R, Naghavi M, Atkinson C, Gonzalez-Medina D, Mikkelsen L, Murray CJ, Lopez AD. A composite metric for assessing data on mortality and causes of death: the vital statistics performance index. *Popul Health Metr*. 2014 May 14;12:14. doi: 10.1186/1478-7954-12-14. PMID: 24982595; PMCID: PMC4060759.
8. World Health Organization. Public financial management for health systems strengthening. Geneva: World Health Organization; 2019.
9. Silva R, Wahabzada T, Idele P. Advancing legal identity, gender equity and women's empowerment via inclusive civil registration and vital statistics systems. *Statistical Journal of the IAOS*. 2025;41(3):613-632. doi:[10.1177/18747655251368376](https://doi.org/10.1177/18747655251368376)