Global Health Advocacy Incubator

DATA FOR HEALTH

Improving Gender Equity through Civil Registration and Vital Statistics



To improve gender equity, everyone must be counted in civil registration and vital statistics (CRVS) systems, because effective and equitable policies depend on complete and accurate data. The Global Health Advocacy Incubator (GHAI)'s Data for Health team partners with governments and civil society organizations (CSOs) to strengthen the legal and policy frameworks that govern how data on women, girls, stillborn babies and trans people are captured. These collaborations are grounded in legal and policy research and analysis.

Our Approach

LEGAL
Technical assistance to reform CRVS legal and policy frameworks.

ADVOCACY
Civil society advocacy to build the political will necessary to achieve policy change.

RESEARCH
Partnerships to generate evidence that grounds advocacy and outreach efforts.

GHAI's Data for Health team works on the following areas of gender equity related to CRVS systems within its country programs:

1 Registering Women's Deaths

In some countries, women's deaths, and their causes of death, are registered at significantly lower rates than men's. When women and girls' deaths go unregistered or are recorded with vague causes such as "unknown," governments have an incomplete picture of women's health concerns and what they die from. This makes it difficult to understand and address issues such as maternal mortality, gender-based violence or femicide. Structural barriers drive undercounting: property and inheritance systems concentrate assets in men's hands, which reduces families' practical incentive to register a woman's death. Registration decisions are typically made by men, and cost and low literacy further restrict access to the death registration process.

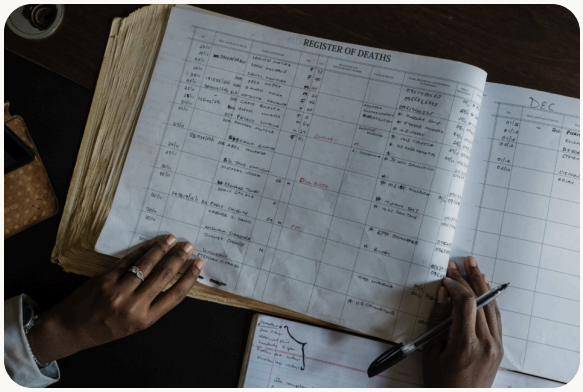


Photo: Juan Arredondo/ Data for Health

OUR IMPACT

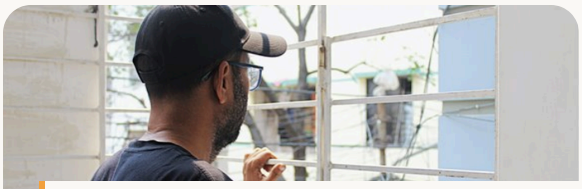
Côte d'Ivoire: In partnership with the Ministry of Women, Family and Children, GHAI documented social, cultural and systemic barriers driving under-registration in the Bagoué region. Findings were translated into national policy, resulting in an administrative circular mandating community and health agents to support death registration and increase the number of women community health workers responsible for registering deaths.

2 Registering Stillbirths

Every 17 seconds, a stillbirth occurs somewhere in the world, representing approximately 1.9 million, mostly preventable, stillborn babies each year. One in four countries does not produce adequate stillbirth data, and data quality is lowest precisely where stillbirth rates are highest: sub-Saharan Africa and Southern Asia. Without reliable data, governments cannot identify underlying causes, direct resources to the most affected communities or strengthen maternal and neonatal care. Women from vulnerable and marginalized populations are disproportionately likely to have a stillborn baby.

Improved stillbirth data generates a triple effect across the continuum of maternal and newborn care:

- **Fewer stillbirths** through targeted identification of preventable intrapartum deaths.
- **Lower maternal mortality** by surfacing gaps in care such as untreated hypertension and inadequate labor monitoring.
- **Better newborn survival** as labor room quality and referral systems benefit babies born alive.



"Rashidul Islam still remembers the silence of the hospital room in Mirpur. His infant child did not survive — and weeks later he discovered the death had never been registered. Rashidul noted, 'We trusted the hospital to guide us. But no one did.'"

— NARI MAITREE, BANGLADESH

OUR IMPACT

India: GHAI's review of India's stillbirth reporting frameworks in Rajasthan, Odisha, Gujarat and Maharashtra laid the foundation for partnership with state governments, who have established Joint Committees to improve stillbirth registration and reporting.

3 Legal Gender Recognition

Most countries lack an established process allowing trans and non-binary people to update sex and gender markers on official documents. Many of the countries that do have a process impose lengthy, inaccessible conditions such as court proceedings or what are termed abusive requirements, mandating that trans and non-binary people undergo medical procedures, for example.

Without gender-aligned documentation, trans and non-binary people face barriers to healthcare, education, employment, housing and financial services, and risk discrimination or violence whenever identification is required. At the population level, the absence of demographic data on trans and non-binary people makes it nearly impossible for governments to plan equitable health policies or address mortality disparities, as well as affirming trans and non-binary people's dignity and humanity. Critically, it could advance statistical justice, meaning the right to be recognized in information systems so that demographic data reflects the true diversity of societies.



"Not having data on the living conditions, health, or mortality of trans and non-binary people prevents the state from designing specific interventions, recognizing inequalities, and guaranteeing rights."

— LIGA DE SALUD TRANS, COLOMBIA

OUR IMPACT

Colombia: GHAI's partnership with CSO Liga de Salud Trans supported implementation of the Colombian Constitutional Court's landmark 2022 Ruling T-033, which ordered the civil registry to include a non-binary sex/gender marker.

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The Campaign for Tobacco-Free Kids is the leading advocacy organization working to reduce tobacco use and its deadly consequences in the United States and around the world. Through our Global Health Advocacy Incubator, we tackle other critical public health challenges across the globe – including food and nutrition policy, injury and overdose prevention, and building resilient and equitable health systems. Our vision is a healthier and more equitable future for all.