



Kingdom of Eswatini



# Vital Statistics Report 2022

January 2022 – December 2022





## VITAL STATISTICS REPORT 2022

January 2022 – December 2022

### COLLABORATING INSTITUTIONS

Ministry of Home Affairs, Civil Registration Department

Ministry of Economic Planning and Development Central Statistical Office, Government of the Kingdom of Eswatini

Ministry of Tinkhundla, Administration and Development

Ministry of Health, Government of the Kingdom of Eswatini

ICAP at Columbia University, Mbabane, Eswatini

UNFPA

UNICEF

World Health Organization

The United States President's Emergency Plan for AIDS Relief (PEPFAR)

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## Foreword

Through the continued support of development partners, the Central Statistical Office in collaboration with the Ministry of Home Affairs, Ministry of Health, and other stakeholders has made great strides towards ensuring that the production of an Annual Vital Statistics Report is a continuous process. The production of these reports was preceded by the Comprehensive Country Assessment Report on civil registration and vital statistics (2015) and the Data Quality Assessment Report (2016). These reports highlighted the strengths and weaknesses of the country's civil registration and vital statistics system as well as the quality and availability of the data used in this report. Another document that shows opportunities and shortfalls of Eswatini's CRVS system is the Comprehensive Assessment of Barriers to birth registration in the Kingdom of Swaziland Report (2019).

The 2022 Annual Vital Statistics Report is the seventh in a series of Annual CRVS reports being produced since 2016. The report aims to provide a snapshot of the 2022 vital statistics extracted from the National Population Register. The primary purpose of the annual CRVS report since is to contribute towards efforts aimed at strengthening the civil registration process to an extent that the level of completeness in both birth and death registration reaches at least 80%. In the current report, the completeness of birth registration increased from 31% in 2021 to 36% in 2022, whereas the completeness of death registration has decreased from 75% in 2021 to 55% in 2022. There is a need to strengthen birth and deaths completeness. CRVS systems is a powerful tool in making everyone visible through the registration and certification of their births, marriages and deaths and has the potential to track populations that are left behind.

It is my sincere hope that this report provides useful information to guide policy on the next steps towards an improved and a well-functioning civil registration and vital statistics system.

T.SLULL

**Thembinkosi Shabalala**  
**Director**  
**Central Statistical Office**

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## List of Abbreviations and Acronyms

ABN	Acknowledgment of Birth Notification
AIDS	Acquired Immune Deficiency Syndrome
BMD	Birth, Marriage and Death
CD	Communicable Diseases
CDC	Centers for Disease Control and Prevention
CMIS	Client Management Information System
CRD	Civil Registration Department
CRVS	Civil Registration and Vital Statistics
CSO	Central Statistical Office
DPMO	Deputy Prime Minister's Office
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICAP	Global Health Action
ICD	International Classification of Diseases and Related Health Conditions
MCCoD	Medical Certificate of Cause of Death
MEPD	Ministry of Economic Planning and Development
MICT	Ministry of Information, Communication and Technology
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MoJCA	Ministry of Justice and Constitutional Affairs
MTAD	Ministry of Tinkhundla, Administration and Development
NCD	Non-Communicable Diseases
NCR	National Civil Registrar
NDC	National Data Centre
NPR	National Population Register
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Population and Housing Census
PIN	Personal Identification Number
REPS	Royal Eswatini Police Service
RSTP	Royal Science and Technology Park
SDG	Sustainable Development Goals
TWG	Technical Working Group
UNECA	United Nations Economic Commission for Africa
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization

## Executive Summary

Civil registration and vital statistics (CRVS) data are particularly important in Eswatini for policy and planning, and for meeting the international commitments to monitor progress towards the 2030 Sustainable Development Goals (SDGs).

### *Birth and Death Registrations*

A total of 28,541 children were born in year 2022 and 5,968 people registered for deaths during the year 2022, regardless of when the vital event occurred. Of the total children below 5 years registered in 2022, only 11,109 (39%) registered within 60 days after birth (current registrations) whilst a majority of the 17,071 (60.6%) were registered after 60 days of birth (late registrations). The number of children less than 1 year registered in 2022 significantly increased by 21% when compared to year 2021. The 2022 completeness level of birth registration is 35.6%.

Out of the 5,968 death registrations in 2022, the highest number of registered deaths - 1,008 (16.9%) were people aged 80 and above. There is a 25% decrease of registered deaths in 2022 compared to year 2021. Death registration completeness is 55% for the year 2022.

### *Registration of Marriages, Divorces and Nullifications*

A total of 4,871 marriages were registered in 2022. Of these registered marriages, 49% were Civil Rite marriages and 51% were Swati Law & Custom marriages. Current registrations of civil marriages was 35% compared to 6% of Swati Law & Custom. The number of registered nullifications and divorces in 2022 decreased by 1.8% and 7% respectively when compared to year 2021. Females reported to divorce at a younger age than males, whereas more males divorce at an older age as the highest number of registered divorces was 91 females aged between 25-29 years and 62 for males aged between 40-44 years. The lack of system interoperability between the Ministry of Justice and the Ministry of Home Affairs on divorces and nullification poses challenges to timely data capturing for CRVS reporting.

### *Causes of Deaths*

Among the registered deaths, 50% were recorded as unknown, 41% as natural, and 9% were recorded as unnatural where 2,819 were males and 2,836 were females. Among deaths that occurred in health facilities in 2022, cardiovascular diseases recorded the most prevalent cause of death recording 12.3% registered deaths, followed by injuries at 8.3%. Disaggregation by sex, injuries were the leading cause of death for males at 12.7% while cardiovascular diseases were the leading cause of death for the female population reported at 13.9%. Respiratory diseases are the major causes of death for children less than a year old. A total number of 29 deaths were registered as COVID-19 related deaths in 2022.

## Summary of Key CRVS 2022 Indicators and Definitions

Table 1: List of indicators and their definitions

Indicator	Indicator definition
Registration completeness	A measure of the extent to which the vital events that occur each year are registered on time, by the civil registration system.
Current registration of births and deaths	Births and deaths registered within 60 days of occurrence
Late registration of births and deaths	Births and deaths registered after 60 days of occurrence
Current registration of civil marriage	Civil marriage registered within 7 days of occurrence
Current registration of Swati Law and Custom marriage	Swati Law and Custom marriage registered within 14 days of occurrence
Percentage of births registered by age of the mother	Numerator = Number of registered births to mothers in a specified age group Denominator = Total number of births registered
Percentage of deaths registered by place of occurrence	Number of deaths occurring in health institutions versus non- health institutions out of the total number of deaths registered
Percentage of deaths registered by age and sex of the deceased	Numerator = Number of registered deaths in a specified sex and age group Denominator = Total number of deaths registered
Top 10 leading causes of death (male, female, and both sexes)	Leading causes of death by descending order (largest to smallest) – all ages
Leading causes of death among the under-five year olds	Leading causes of death by descending order (largest to smallest) among under-five year olds
Total Fertility Rate	Average number of children per woman

Source: *Plan and Guidelines for Producing and Maintaining Quality Vital Statistics*

Table 2: Summary of key indicators in 2022

Indicator	Total	Male	Female	Data Source
Registered children under 5 years	28 180	14210	13 970	MoHA
Birth registration completeness	35.6 %	N/A	N/A	MoHA
Expected number of births	29 095	N/A	N/A	CSO
Death Registration completeness	55 %	N/A	N/A	MoHA
Expected number of deaths	10 339	N/A	N/A	CSO
Total number of registered births	47 524*	24 142	23 382	MoHA
Total number of registered deaths	5 655	2 819	2 819	MoHA
Total number of health institution births	28 541	N/A	N/A	MoH
Total number of health institution deaths	1 354	641	713	MoH

\*Includes late registrations, births registered after 60 days of occurrence

## Chapter 1: Introduction

### 1.1 Background

Civil registration is defined by the UN Statistical Commission as “the continuous, permanent, compulsory, confidential and universal recording of the occurrence and characteristics of vital events (livebirths, deaths, foetal deaths, marriages, and divorces) and other civil status events pertaining to the population as provided by decree, law or regulation, in accordance with the legal requirements in each country.”

Vital statistics constitute the collection of statistics on vital events in a lifetime of a person, including relevant characteristics of the events themselves and of the person and persons concerned. This report presents statistics pertaining to all vital events namely births, marriages, divorces and deaths as recorded in the National Population Register. Vital statistics on births, deaths and cause of deaths are used to derive fundamental demographic and epidemiological measures needed in national planning across many sectors, such as health, education, housing and provision of social services. Statistics on marriages and divorces are important for assessing the socio-economic and demographic dynamics of a population. Civil registration and vital statistics (CRVS) data are particularly important in Eswatini for policy and planning, and for meeting the international commitments to monitor progress towards the 2030 SDGs. This includes tracking improvements in child protection rights and evaluating the success of programs enacted to combat communicable diseases (CDs) and non-communicable diseases (NCDs) as major public health concerns in the region.

### 1.2 Purpose of the report

The annual CRVS report responds to recommendations of the 4<sup>th</sup> African Ministerial Conference on Civil Registration and Vital Statistics which called upon countries to produce the annual CRVS report no matter the level of completeness of their systems.

1. The results of the report are aimed at sparking policy dialogue on what needs to be done to improve the CRVS system in Eswatini to the level of using CRVS to report on national and international frameworks on an annual basis.
2. Findings of the report aim at stimulating research hypothesis, for the growing research community in the country.

### 1.3. CRVS interventions undertaken in Year 2022.

There are several activities conducted by relevant stakeholders to improve CRVS completeness and data quality including the following interventions below.

1. Development and launching of the CRVS Strategic Plan 2022-26
2. Undertook mass registration of vital events in two regions namely Lubombo and Shiselweni
3. Upscaling trainings and mentorships on the proper documentation of causes of death using the International Classification of Deaths version eleven (ICD 11) on all inpatient facility as part of the ICD 11 Roll out.

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<sup>1</sup> Principles and Recommendations for a Vital Statistics System, Revision 3, UN, 2014

## 1.4 Institutions involved in CRVS and their roles

The main players involved in the collection, compilation, and analysis of CRVS data are the Ministry of Home Affairs, Ministry of Tinkhundla Administration and Development, Ministry of Information, Communications and Technology – Royal Science and Technology Park National Data Center, Ministry of Health and the Central Statistical Office of the Ministry of Economic Planning and Development. The role of each player is stated below. The respective Committee members are listed in Table 1.1.

### 1.4.1. Ministry of Home Affairs (MoHA)

The civil registration system in Eswatini was legally established through the Birth, Marriage and Death (BMD) Act in 1927. The revised BMD Act of 1983 mandates that the Ministry of Home Affairs Civil Registration Department<sup>2</sup> (MoHA-CRD) register and archive all vital events occurring within Eswatini as well as those occurring to citizens abroad. The Act makes it compulsory for individuals to notify Civil Registration Officers of the occurrence of vital events. Conversely, the MoHA-CRD has an obligation to ensure a system that operates continuously, universally and permanently, with sufficient infrastructure to facilitate the population's access to local registration services. The department uses a mainframe-based system, which is accessible through a mainframe terminal emulation software. Various checks and validations are programmed in the data entry application with relevant error messages to alert the typist of out-of-range entries and possible duplicate entries. The system's output is limited to frequency tables and does not directly produce cross-tabulations or visualizations. However, data can be extracted using download functions for further analysis.

The Personal Identity Number (PIN) created by MOHA ideally at birth registration is the basis for the National Population Register (NPR) that can link vital events as well as other services accessed by the individual. Several government entities use information from the NPR including the pension fund, payroll, election committee, health and insurance systems.

### 1.4.2 Royal Science and Technology Park National Data Center (RSTP NDC)

The Royal Science and Technology Park National Data Center (RSTP NDC) provides secure, efficient and reliable ICT services to enterprises as well as aiding in the government development by promoting digital inclusion within the Kingdom of Eswatini. One of its goals is to provide modern and agile ICT infrastructure to the country.

RSTP NDC has collaborated with MoHA-CRD to develop, maintain and support an electronic system, known as the national population register (NPR) to capture and store civil registration records. The in-house developed system uses the Adaptable Data Base System (ADABAS), which is not a pure relational database to store the records. The MoHA headquarters and CRD service centres are connected via a wide-area network (WAN) fibre cable, microwave, and leased data lines. The NPR data is stored on the mainframe hosted by RSTP NDC and regularly backed up on virtual tapes. RSTP NDC is responsible for maintaining and installing the application software in all civil registration centres for the CRD and providing access rights to various users through the MoHA system administrators. CRD relies on RSTP NDC to produce *ad hoc* or pre-programmed reports of the number of registrations that it submits quarterly to Parliament.

<sup>2</sup> Ministry of Home Affairs Civil Registration Department (MoHA-CRD) is the governmental body responsible for overseeing registration of vital events and issuance of certificates of these events in the Kingdom of Eswatini.

### 1.4.3. Ministry of Health (MoH)

The Ministry of Health (MoH) plays an important role in assuring quality and completeness of the National Population Register (NPR). It provides documented evidence on the occurrence of that vital event, be it a birth or death. The BMD Registration Act No.5 of 1983 stipulates that ‘health returns’ (information on births and deaths occurring in hospitals) are to be transmitted to the CRD by the middle of each month.

The MoH has historical individual-level statistics archived in its HMIS system which permits a capture-recapture system which can compare the shared health vital statistics that are registered in the civil registration system. In addition, MoH has modernized its health information system by establishing a Client Management Information System (CMIS), out-patient facilities are networked with the NPR leading to technological potential for real-time notification of hospital-based birth and death events. Health facilities access patients’ PINs directly from the NPR, and RSTP NDC provides updates of new PINs through uploads using file transfer protocol (FTP).

### 1.4.4. Central Statistical Office (CSO)

The Central Statistical Office (CSO) in the Ministry of Economic Planning and Development (MEPD) is empowered by the Statistics Act of 1967 to collect, analyse and disseminate statistics, including demographic and vital statistics. CSO therefore produces the annual vital statistics report and coordinates the CRVS committees. The CSO also makes available data on vital statistics through decennial censuses & national surveys.

## 1.5. The registration of births and deaths process

In Eswatini there are two types of event notifiers: health institutions and non-health institutions. Health institutions notify on events that occur in their respective health facilities whilst Chiefs or Tindvuna and the REPS notify on events that occur either at home and in the non-health institution or community.

The birth and death registration process are initiated by an informant, usually a parent or next of kin, and begins with informing a civil registration officer within sixty-days following the occurrence of the event. A late registration can still happen after the sixty-days through an application process to the National Civil Registrar<sup>3</sup> who, after scrutinizing the application to ensure compliance, approves the application.

### 1.5.1 Birth registration process

Figure 1.1 shows the registration process for births occurring in health institutions. To register a birth, the family brings the notification of birth issued by the health institution to the CRD. In addition, the parents must present their national identification cards. If they do not have a national identity card (ID) then they must register for that prior to registering the birth of their child. Registration for the PIN effectively enters them in the NPR, thus ensuring that the birth registration is linked to the new record.

The civil registration officer fills the birth registration form manually and a typist enters the information from the completed registration form into the NPR. Once in the system, the birth registration is complete, and the infant receives a birth certificate with a PIN.

In the case of a stillbirth, the family receives an Medical Certificate of Cause of Death (MCCoD) or BMD-11 form signed by medical personnel and uses this documentation to register the stillbirth at CRD.

<sup>3</sup> Eswatini Government, The Births, Marriage and Death Registration Act, 1983

NB: BMD 11 is only applicable at facilities that have not yet transitioned to ICD11 or use of the MCCoD.

Figure 1.1: Birth registration process for health institution births

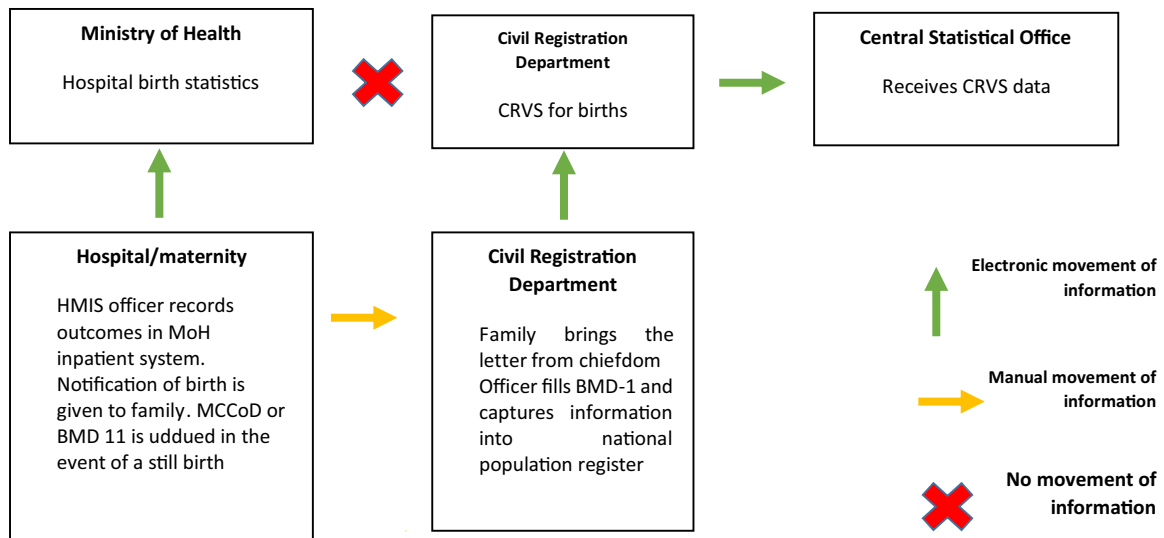
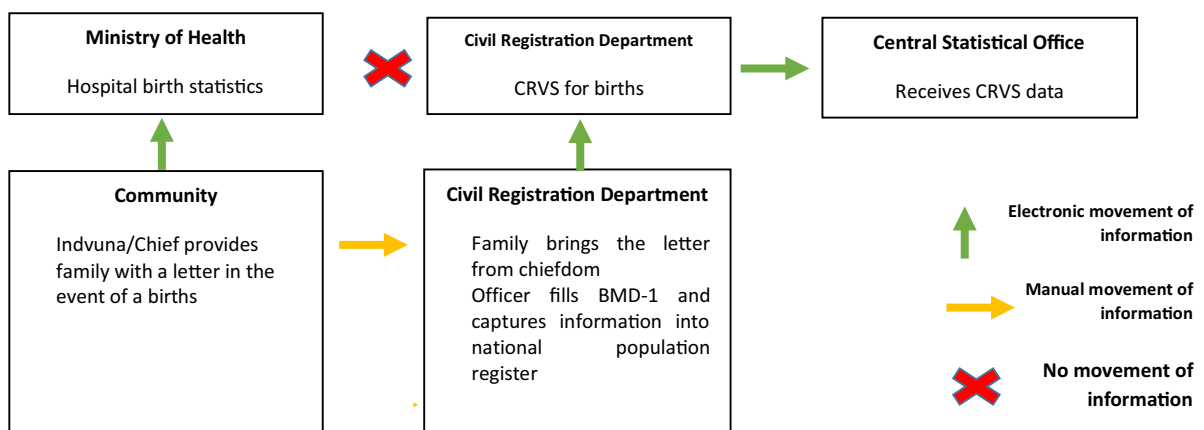


Figure 1.2 below, shows the registration process for a birth that occurred outside of a health institution. The process is similar to a birth in a health institution, except that the family does not obtain a proof of birth issued during delivery and instead produces the letter they have obtained from Indvuna/Chief

Figure 1.2: Birth registration process for home births (non-health institution birth)





### 1.5.2 Death registration process

Figure 1.3 below shows the registration process for deaths in a health institution. Qualified medical personnel i.e., the physician attending the patient or other medical personnel, completes the MCCoD or BMD 10 or BMD 11 and the family presents this at the CRD. *NB:* BMD 10 and BMD 11 are only applicable at facilities that have not yet transitioned to ICD11 or use of MCCoD.

The civil registration officer fills the death registration form manually and a typist enters the information from the completed registration form into the NPR. Once in the system, the death registration is complete, and a death certificate is issued.

For unnatural deaths, however, including accidents, suicides and homicides, the police and/or a medical-legal authority provides documentation in a form of an MCCoD/BMD 10/BMD 11 to the family for registering the death and acquiring a death certificate.

Figure 1.3: Death registration process in the health institution

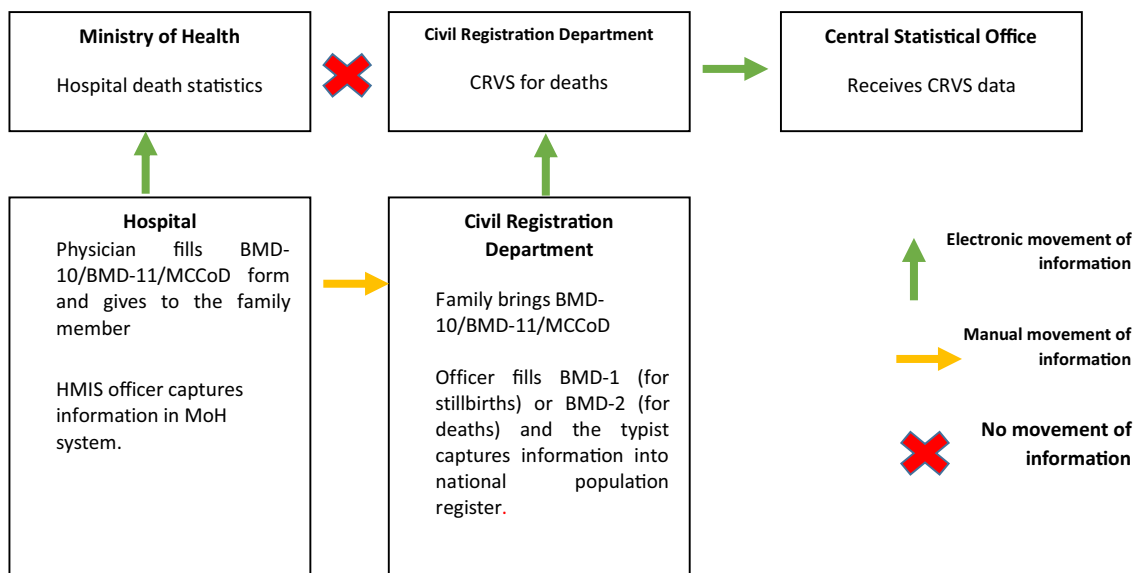
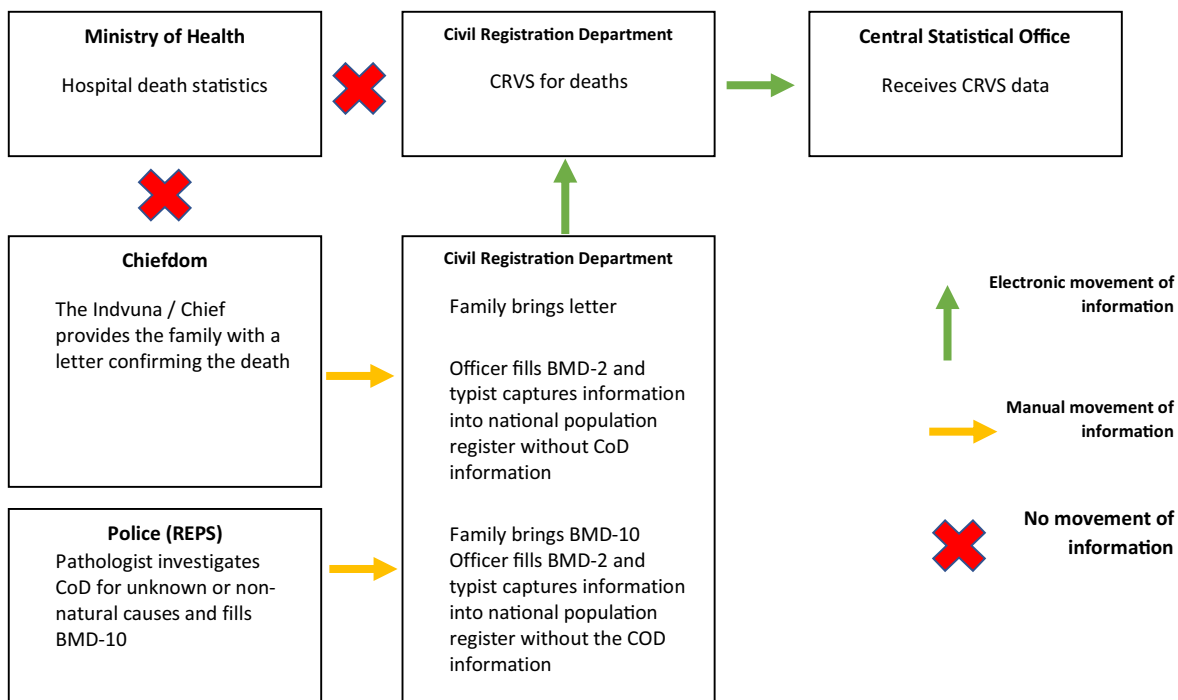


Figure 1.4 on the next page shows the registration process for deaths outside a health institution. The process is similar to a death in a health institution, except that if the family does not obtain a medical certificate of the cause of death it will instead request a letter signed by a Chief or Indvuna. Cause of death information is not available for deaths occurring in the community.

Figure 1.4 Death registration process for death outside health institutions



### 1.5.3 Marriage registration process

The registration of marriage became legally binding in the Kingdom of Eswatini through the Marriage Act of 1964. Two forms of marriages are recognised under the Marriage Act which are: Swati Law and Custom and the Civil marriage. A marriage under the Marriage Act is monogamous yet under Swazi customary law is potentially polygamous. The Marriage Act recognises customary law marriage, although it does not allow any person already married under the Act to enter into another nuptial ceremony during the subsistence of another.

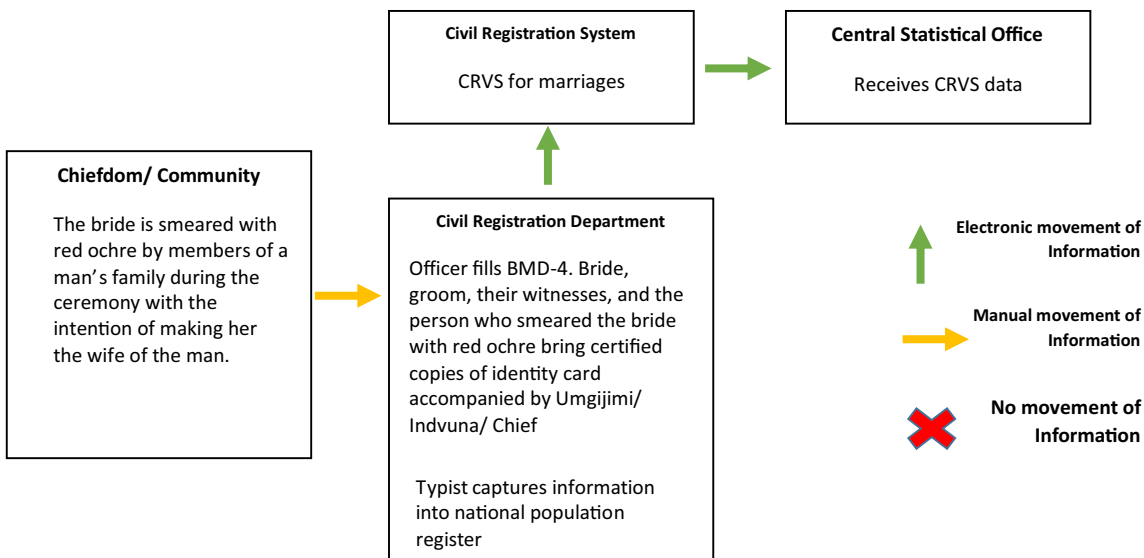
### 1.5.4 Marriage in terms of Swati Law and Custom

A valid Swati customary law marriage comes to being when a woman is smeared with red ochre by members of a man’s family during the ceremony with the intention of making her the wife of the man.

Figure 1.5 shows the registration process for a Swati law and custom marriage. A chief in whose area a marriage in accordance with the Swati law and custom has been entered into or if he is not present at the marriage, an Indvuna or Umgijimi appointed by him to attend such marriage, or the person solemnizing the marriage, completes in triplicate a marriage information form (BMD 4) and, within fourteen (14) days from the date of such marriage, transmit the original and duplicate copies of the marriage information form to the regional civil registrar or assistant regional civil registrar in whose region the marriage is solemnized and certified copies of identity cards for the bride and groom, witnesses for the bride and groom (who were present during ceremony day), person who smeared bride with red ochre. The chief or

the person who solemnized the marriage keeps the triplicate copy of marriage information form for his records. Once in the system, the marriage registration is complete, and the marriage certificate is issued.

Figure 1.5: Marriage registration process for Swati law and Custom Marriage

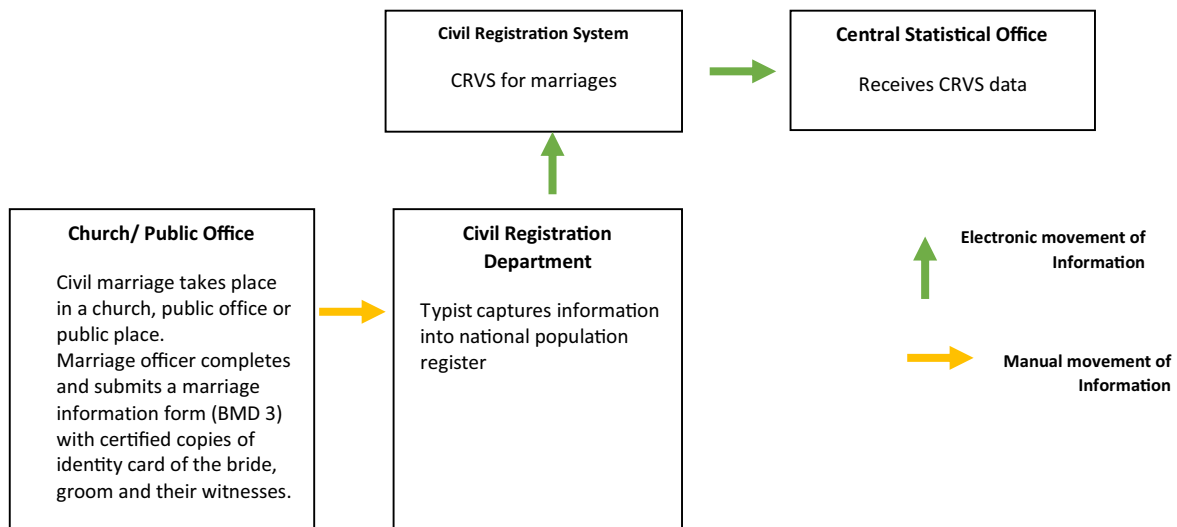


### 1.5.5 Marriage in terms of Civil Rites

When contracting a civil or Christian marriage there are formalities that must be observed as prescribed in the Marriage Act. A marriage will not be valid unless banns are published at least three months before the solemnisation of the marriage or alternatively a special licence issued and signed by the District Commissioner. Where one party is divorced or widowed the marriage officer must ensure that a copy of a divorce decree or administration of estate certificate is attached.

Figure 1.6 shows the registration process for a civil rite marriage. The marriage officer solemnizing any marriage, the parties present there and two or more competent witnesses sign a marriage information form in triplicate (BMD 3) before they leave the premises where the marriage took place. The marriage officer keeps the triplicate copy of the marriage information form for his record and must within seven (7) days from the date of the marriage, transmit the original and duplicate copies of the marriage information form (BMD 3), certified copies of Identity Cards of bride, groom, their witnesses and the marriage officer, along with the prescribed fee in whose region the marriage was solemnized.

Figure 1.6: Marriage registration process for Civil marriage

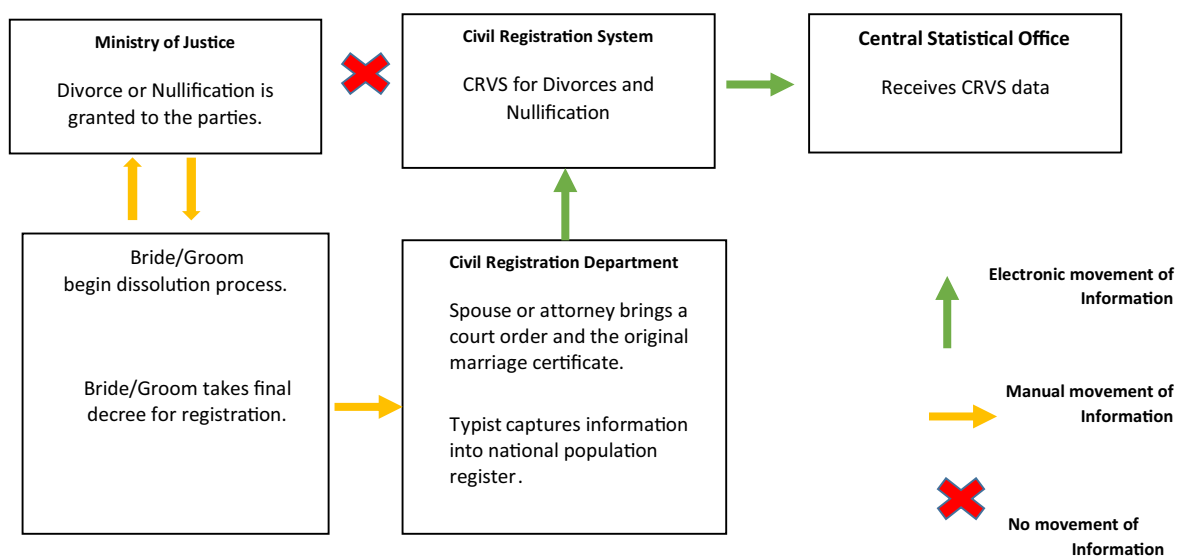


## 1.6 Registration of Divorces and Nullifications process

There are two ways to bring an end to a marriage – annulment or divorce. While a divorce legally ends a marriage, an annulment declares the marriage null and void.

A court legally ends / nullifies a marriage. The legal procedures start with one or both partners making an application to a competent court to seek termination of the union. This application or petition should state the grounds on which the dissolution is requested. Figure 1.7 shows the registration process for divorce and annulment.

Figure 1.7: Dissolution of marriage process



### 1.6.1 Swati Law and Custom

Under Eswatini law and custom there is no divorce in a legal sense, however a marriage can be dissolved through adultery, an extra-judicial meeting between the husband and his wife, abuse by a husband, the practice of witchcraft by the wife, desertion by the husband or wife, or showing of disrespect by the wife that could be termed constructive desertion. In most instances a divorce should be arranged by a meeting between both families.

### 1.6.2 Civil Marriage

The grounds for divorce in civil marriages are governed by the common law as they are based on the Roman Dutch – Law, and only recognise two grounds of divorce, namely; malicious desertion and adultery.

Once the court has issued an order granting the divorce either of the parties to the divorce or their legal representative must submit the order and marriage certificate to the registrar for expunging of the marriage certificate in the CRVS system.

## Chapter 2: Methodology

### 2.1. Introduction

The 2022 CRVS report demonstrates the efforts made towards an improved and well-coordinated CRVS system. It reports on coverage and completeness, which are essential indicators in the interpretation of vital statistics and a reflection of how well the CRVS system is functioning in the recording of vital events in the Kingdom of Eswatini.

This report covers births, deaths, marriages and divorces which were registered by the Ministry of Home affairs between 1 January 2022 and 28 February 2023. This is to accommodate all current and late events registered.

In addition, the report briefly looks at the number of registrations/certificates issued by CRD in the year 2022 regardless of the year in which those vital events occurred.

### 2.2. Data Extraction

Based on the user agreement between the parties involved in CRVS, the CSO with permission from CRD, extracted the CRVS data from the NPR in an excel format for sorting and cleaning. Frequency tables were generated under the technical guidance of ICAP. The frequencies for the different indicators were disaggregated by independent categorical variables inclusive and not limited to age, sex, and region.

#### 2.2.1 Other data sources

The NPR data was also supplemented with data recorded by HMIS from all health institutions in the country. The 2017 Population and Housing Census projections were used to provide denominator data to compute some of the indicators.

### 2.3. Analysis

Analysis on table shells were generated using the 2016 plan and guidelines for producing and maintaining quality vital statistics which were recommended by CSO. Descriptive data analysis and cleaning was done using Microsoft Excel. The data is presented in tables and graphs.

Data on births is split into two: data on infants covers those who were born alive and infants who were born dead. Data on deaths also covers causes of death, and data on marriages highlights marriages and separation by type.

The analysis and results were interpreted and compiled into this report, by a multi-sectoral technical working group representatives from MEPD-CSO, MOHA-CRD, RSTP-NDC, MoH-HMIS, UNFPA and ICAP.

## Chapter 3: Civil Registration Coverage

### 3.1 Introduction

This section covers legal registrations that were done by the Ministry of Home Affairs in 2022 regardless of when the vital event occurred. Additionally, this chapter includes birth and death certificates that were issued in this reporting period. A total of 5,968 people were registered for deaths and 47,524 people were registered for births during the year 2022.

### 3.2 Birth and death registration by service centre

The highest number of births 8,408 (17.7%) were registered at Mbabane BMDs and most deaths 1,358 (22.8%) were registered at the Manzini civil registration service centre as seen in Table 3.1 below.

*Table 3.1: Total births and deaths registered in national civil registration service centres, 2022*

Civil registration service centres	Birth Registration	Death Registration
Hlatikhulu	1591	353
Hluti	4032	146
Lobamba	729	34
Lugongolweni	20	4
Mababane HQ	1752	628
Mankayane	2431	391
Manzini	5507	1358
Matata	1283	169
Mbabane BMDS	8408	801
Nhlangano	7253	708
Pigg's Peak	4022	530
Simunye	1066	71
Siphofaneni	2544	290
Siteki	6886	485
<b>Grand Total</b>	<b>47524</b>	<b>5968</b>

*Source: Ministry of Home Affairs*

### 3.3 Birth and death registration by age group

Table 3.2 below shows that in 2022, the most births 15,597 (32.8%) were registered for children aged less than 1 years old and most deaths 1,008 (16.9%) were registered for the population aged 80+ years.

*Table 3.2: Total registrations by age group, 2022*

Age group	Births registered	Deaths registered
<1yr	15597	279
1-4yrs	12583	86
5-9yrs	13363	48
10-14yrs	1402	65
15-19yrs	607	116
20-24yrs	558	179
25-29yrs	575	279

Age group	Births registered	Deaths registered
30-34yrs	479	363
35-39yrs	453	412
40-44yrs	325	377
45-49yrs	242	296
50-54yrs	232	324
55-59yrs	218	324
60-64yrs	315	435
65-69yrs	132	429
70-74yrs	81	467
75-79yrs	111	481
80yrs+	251	1008
<b>Total</b>	<b>47524</b>	<b>5968</b>

Source: Ministry of Home Affairs

### 3.4 Registrations by region of residence

Residents in the Manzini region registered the most births 14,351 (30.2%) as well as the greatest number of deaths 1,734 (29.1%) compared to other regions. This is also seen for the vital events of children aged under 5 years as shown in Table 3.3 below.

Table 3.3: Registrations by region of birth, and under 5 births, 2022

Region	Total Births registered	Under 5 years Births registered	Total Deaths registered	Under 5 years Deaths registered
Hhohho	12165	8037	1600	108
Lubombo	8940	5416	1035	40
Manzini	14351	8332	1734	141
Shiselweni	11649	6155	1442	73
Outside Eswatini	419	240	157	3
<b>Total</b>	<b>47524</b>	<b>28180</b>	<b>5968</b>	<b>365</b>

Source: Ministry of Home Affairs

### 3.5 Children under five years with birth certificates

Of the total children aged below 5 years and registered in 2022, most of them 17,071 (60.6%) were registered after 60 days of birth, while 11,109 (39.4%) were registered within 60 days after birth as represented in Table 3.4 below.



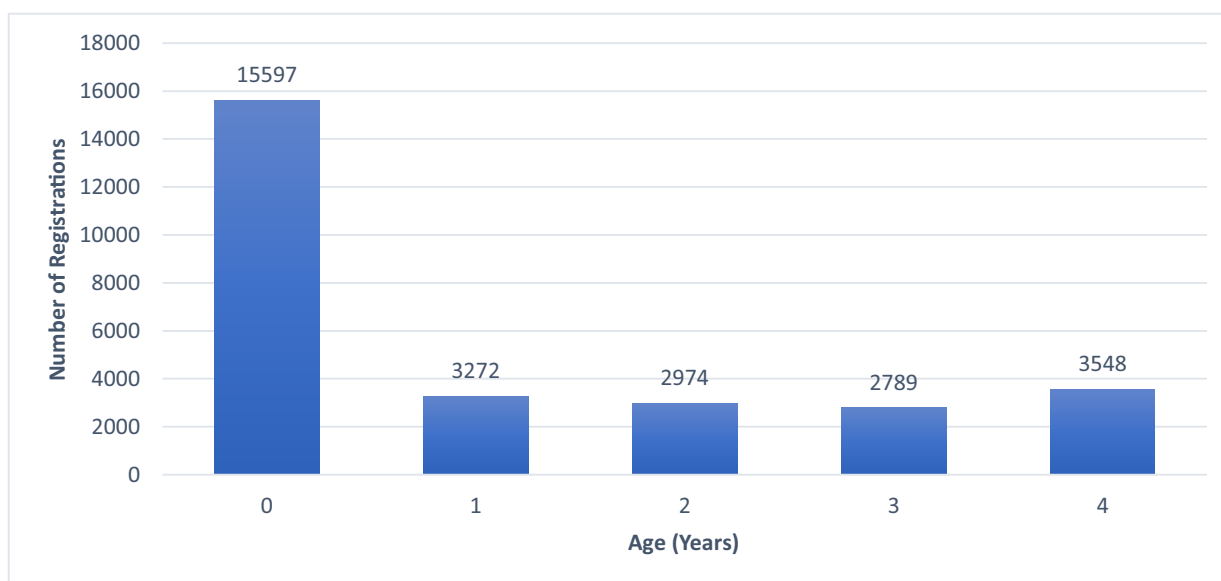
Table 3.4: Registered children under 5 years old by timeliness and registration centre, 2022

Registration Centre	Current birth registration	Late birth registration	Total
Hlatikhulu	487	504	991
Hluti	401	1572	1973
Lobamba	92	381	473
Lugongolweni	10	3	13
Mankayane	946	732	1678
Manzini	2103	1808	3899
Matata	367	451	818
Mbabane BMDS	1818	2782	4600
Mbabane	734	383	1117
Nhlangano	1316	2488	3804
Pigg's Peak	1017	1167	2184
Simunye	328	348	676
Siphofaneni	565	1030	1595
Siteki	925	3422	4347
<b>Total</b>	<b>11109</b>	<b>17071</b>	<b>28164</b>

Source: Ministry of Home Affairs

Figure 3.1 below shows the distribution of children under five years issued with birth certificates in 2022 by age. Out of all the children below 5 years, 15,597 (55.3%) had birth certificates before they were a year old (<12 months).

Figure 3.1: Distribution of children under five years with birth certificates, 2022

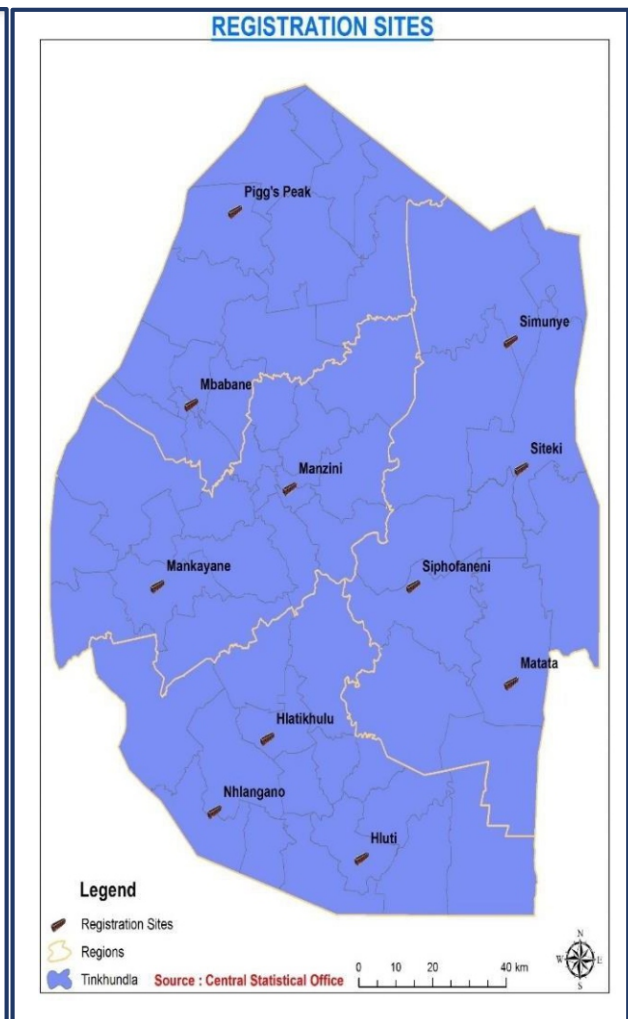
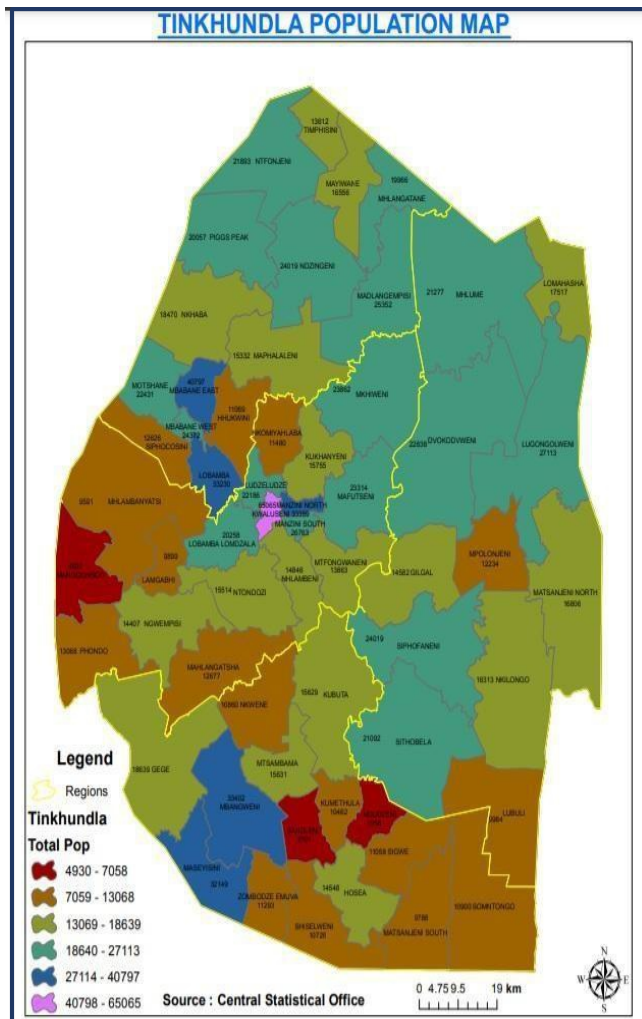


Source: Ministry of Home Affairs

Ideally, the civil registration system should capture vital events occurring in every geographical area and in every population group of the country. Figures 3.2 and 3.3 below show the locations of the different civil registration service centres across the country, and the different Tinkhundla population sizes serviced by these centres.

Figure 3.2: Eswatini population by Inkhundla

Figure 3.3: CRVS registration sites in Eswatini



## Chapter 4: Registration of Births

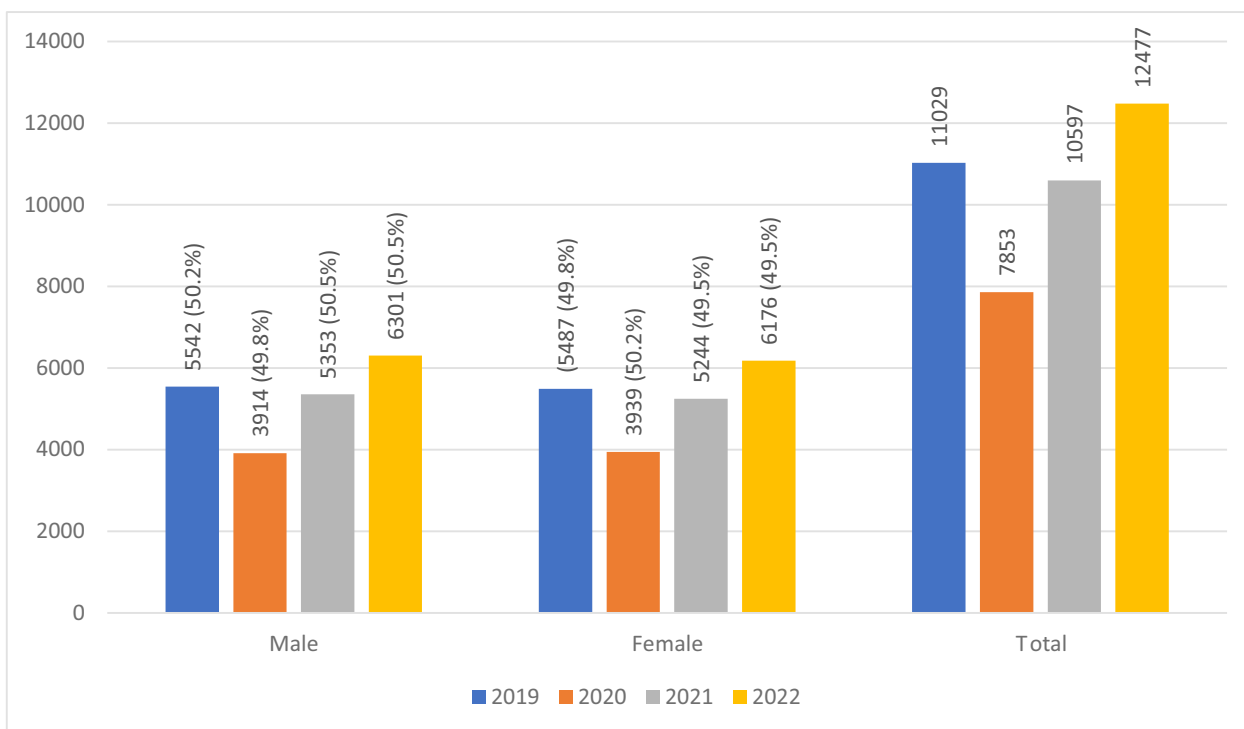
### 4.1. Introduction

This section covers births that occurred in 2022 and were registered in 2022. It shows the trends between 2020 and 2022. Data are presented in summaries by selected demographic and geographic factors, including age, sex, place of birth and regions of registration centres.

### 4.2 Birth registration by sex

Figure 4.1 below shows the total number of births registered nationally in year 2022 at 12,477, compared to 10,597 births recorded in 2021, an increase of 1,880 (15%) registered births. A steady increase observed from year 2020, where birth registrations were observed to be low as compared to the other years.

Figure 4.1: Total number of registered births according to sex by year, 2019- 2022

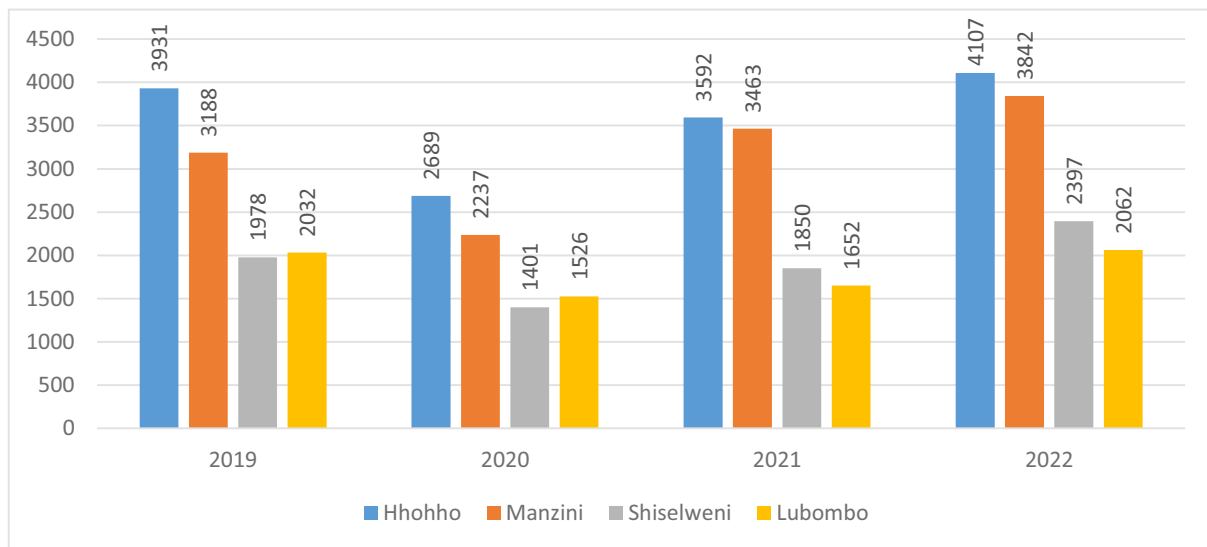


Source: Ministry of Home Affairs

### 4.3. Birth registration by region

Figure 4.2 below shows that residents of the Hhohho region registered the highest number of births in 2022 at 4,107 (33,1%) followed by Manzini at 3,842 (31%). Shiselweni and Lubombo reported 2,397 (19.3%) and 2 062 (16.6%) birth registrations respectively. Overall, there was an increase in birth registration in all the regions in the year 2022 compared to all the other years as depicted in the Figure 4.2 below.

Figure 4.2: Total number of registered births by year and region, 2019 – 2022

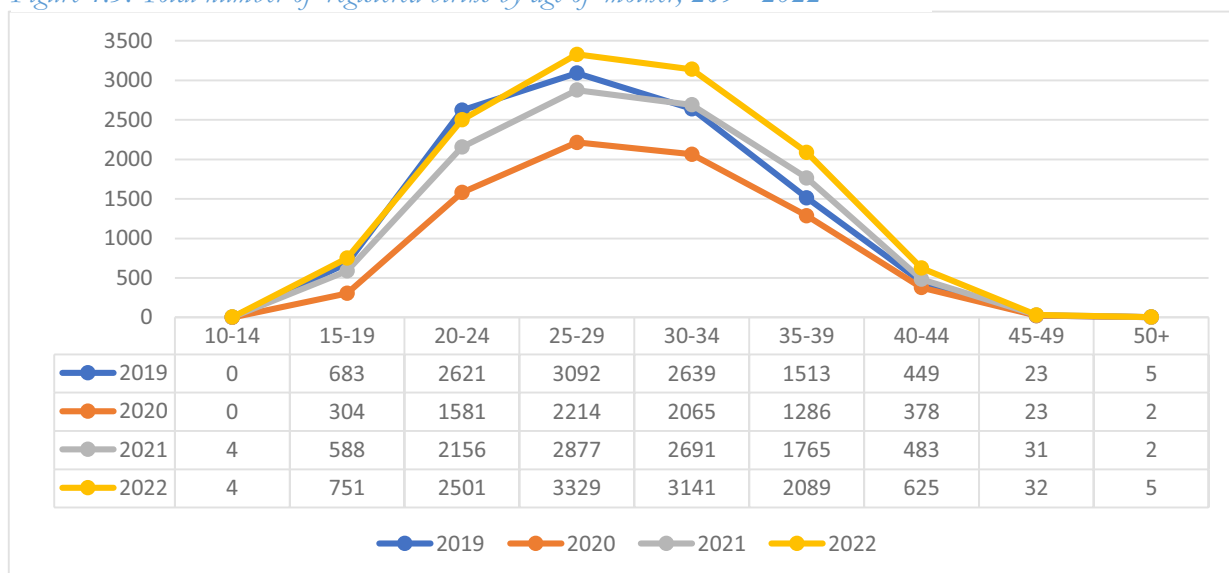


Source: Ministry of Home Affairs

#### 4.4. Registration of births by age of mother

Figure 4.3 below shows trends in registration for the past four years. There is a significant increase in birth registrations in 2022 by women of all age groups. The birth registration by age is in line with the age specific fertility schedule, as the highest number of births is accrued to women aged 20 to 34 years.

Figure 4.3: Total number of registered births by age of mother, 2019 - 2022



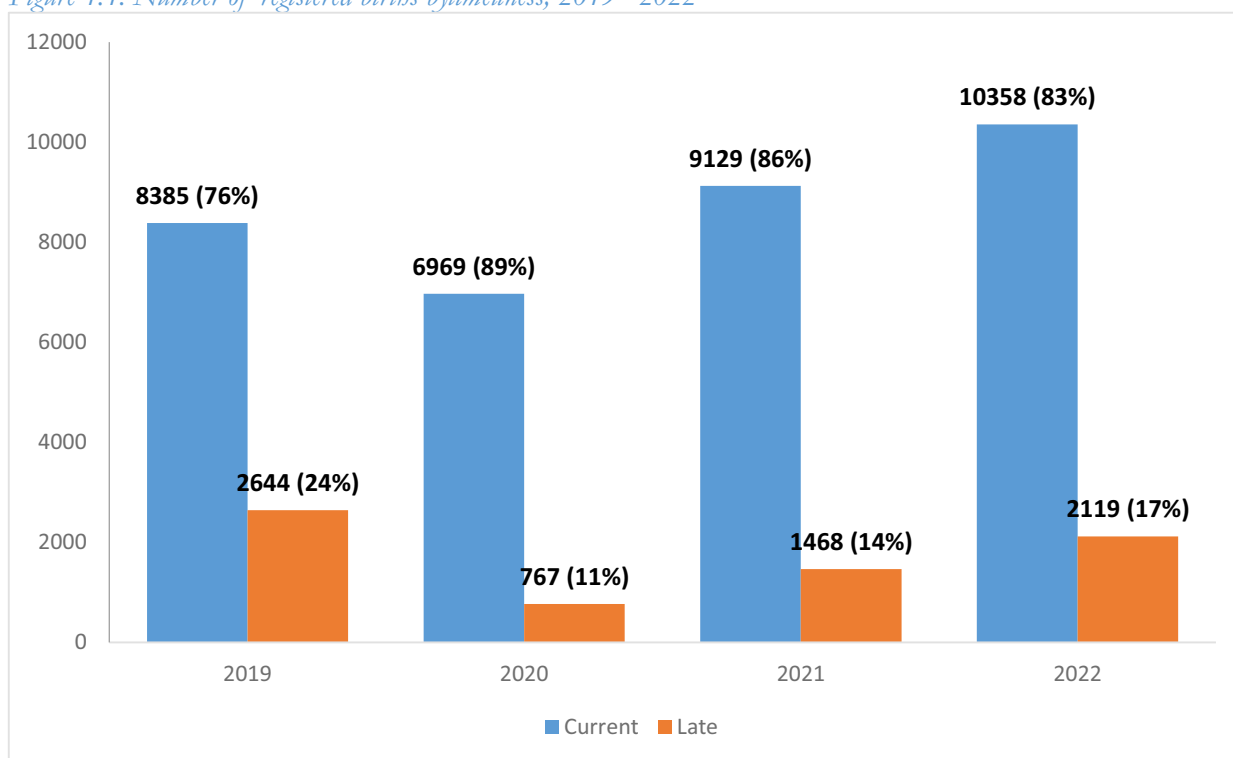
Source: Ministry of Home Affairs

#### 4.5. Timeliness of birth registration

Birth registration is timely if it is done within 60 days after delivery and it is classified as “current”. Late birth registration refers to any registration that is done after the 60 days following the birth of the infant.

Of the registered births, 83 percent were registered on time and only 17 percent were classified as ‘late’ registrations as illustrated in Figure 4.4 below.

Figure 4.4: Number of registered births by timeliness, 2019 - 2022



Source: Ministry of Home Affairs

Further analysis in Table 4.3 below, shows that births occurring outside Eswatini are more likely to be registered within the 60-day period than those taking place within the country.

Table 4.1: Registration by birth country according to timeliness, 2019 - 2022

Year	Timeliness of Registration by whether the birth occurred inside or outside Eswatini					
	less than 60 days (Current)			more than 60 days (Late)		
	Eswatini	Outside Eswatini	Total	Eswatini	Outside Eswatini	Total
2019	8333	52	8385	2628	16	2644
2020	6950	19	6969	871	13	884
2021	9099	30	9129	1458	10	1468
2022	10311	47	10358	2097	22	2119

Source: Ministry of Home Affairs

#### 4.6. Completeness in birth registration

Completeness in birth registration is achieved “when every birth that has occurred to the members of the population in the country, has been registered in the civil registration system within 60 days of occurrence, i.e. has a vital event registration record”.

**NB: completeness in registration is limited to current registrations and does not include late registrations.**

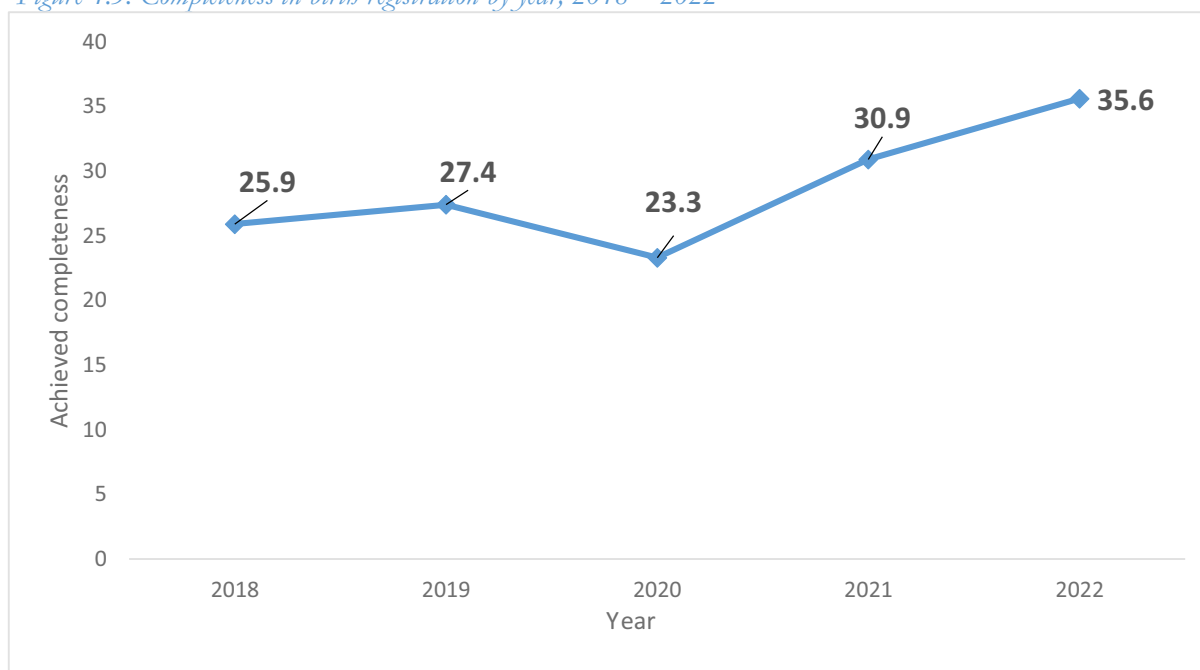
Birth registration completeness was calculated as;

$$\frac{\text{Number of registered current births in the year}}{\text{Projected Number of births for the year}} \times 100$$

$$\frac{(10358)^4}{(29095)^5} \times 100$$

According to the 2017 Population and Housing Census projections, the expected number of births in 2022 was 29,095. Based on the expected number of births and the actual number of births registered on time, it is noted in Figure 4.6 below that the achieved level of completeness was 35.6 percent in 2022.

Figure 4.5: Completeness in birth registration by year, 2018 – 2022



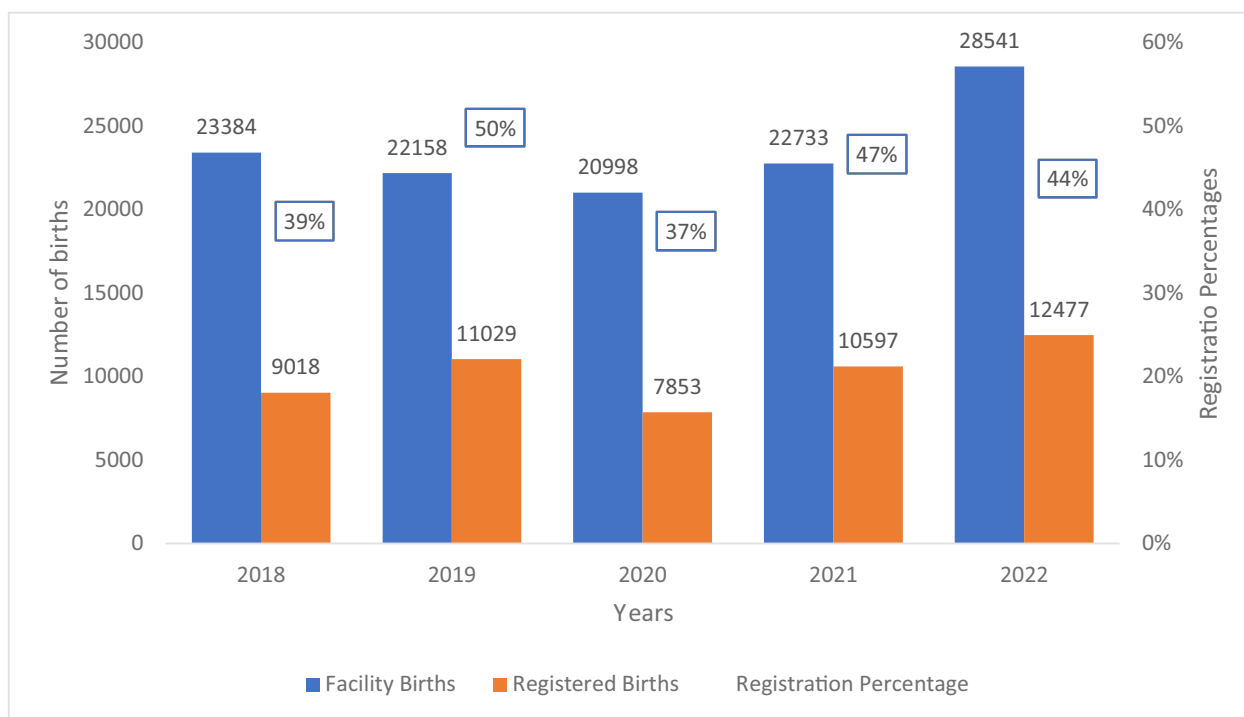
Source: Ministry of Home Affairs

4 This is the number of current births (birth events that were registered within 60 days of occurrence) as per the MOHA

5 This is the projected number of births for the year 2022 according to the “Based on the 2017 Eswatini Population and Housing Census”

Based on HMIS data, a total number of 28,541 children were born in 2022 and only 12,477 were registered for birth certificates by the CRD. The number of children aged 0 years that were registered in 2022 slightly decreased by 3% when compared to 2021. The highest percentage of registration of children aged 0 is highest in 2019 as observed in Figure 3.2 below.

Figure 4.6: Proportion of children aged 0 years with birth certificates, 2018-2022



Source: Ministry of Home Affairs and Ministry of Health

#### 4.7. Country of birth

Table 4.2 below shows that of the 12,477 births registered in 2022, 69 of these births occurred outside the country whilst in 2021 there were 32 registered births that occurred outside Eswatini. It is worth noting that most of the births that occurred outside the country were in South Africa recording 60 births.

Table 4.2: Number of registered births by country of births, 2019–2022

Country of Birth	2019	2020	2021	2022
Eswatini	10961	7821	10558	12408
South Africa	60	27	38	60

Country of Birth	2019	2020	2021	2022
Other African Countries	5	2	0	4
Rest of the World	3	3	1	5
<b>Total</b>	<b>11029</b>	<b>7853</b>	<b>10597</b>	<b>12477</b>

*Source: Ministry of Home Affairs*

#### 4.8. Total Fertility Rate

The total fertility rate (TFR) of a population is the average number of children that would be born to a woman at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality.

$$\begin{aligned} \text{Total Fertility Rate (TFR)} &= 5 * \text{sum of age specific fertility rates} = 5 * 0.227318826 \\ &= 1.14 \text{ children per woman} \end{aligned}$$

The fertility rate for year 2022 was 1.14 children per woman. This is the average number of children a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality



## Chapter 5: Registration of Marriages, Divorces and Nullifications

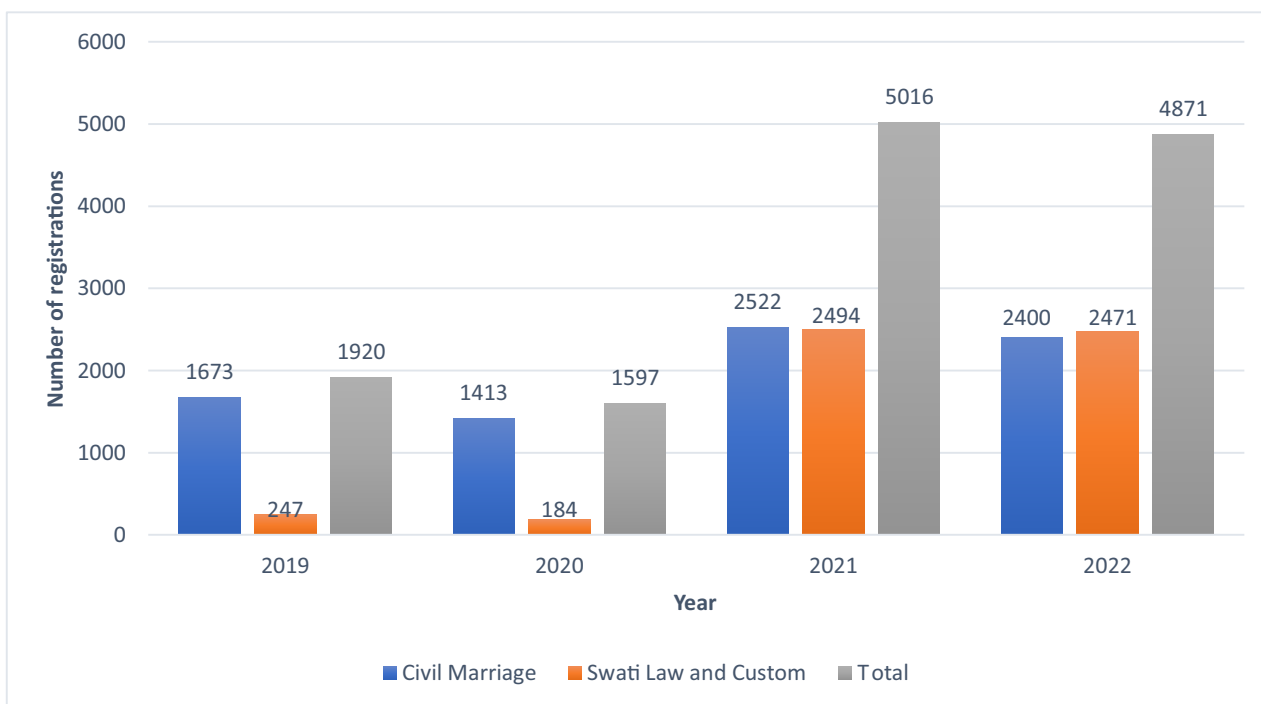
### 5.1. Introduction

This chapter covers marriage, divorces and nullifications that were registered from 2019 to 2022. The registration of marriages and divorces creates legal documents that are used to establish and protect the civil rights of people. Marriage and divorce statistics are also used in social and demographic studies to assess the dynamics of social and demographic progress on a local, national and regional level. Failure to register marriage means that the spouses, often the woman and their children, cannot benefit from the rights and protection that a legal marriage would provide.

### 5.2. Registered marriages

In Eswatini, there are only two legal forms of marriages that exist: Civil marriage and Swati Law & Custom marriage. A total of 4,871 marriages were registered in 2022. Figure 5.1 below shows the trends in the registration of both Civil marriage and Swati Law & Custom marriage from 2019 to 2022. There is a decrease in the registration of marriages from 5,016 in 2021 to 4,871 in 2022. Of these registered marriages in 2022, 49% were Civil Rite marriages whilst 51% were Swati Law & Custom marriages. Although civil marriages have been the most registered form of union as indicated in 2019, 2020 and 2021, a change in the registration form of union was observed as indicated in 2022, where Swazi law and Custom marriage registration was higher compared to civil marriage (2,471 vs 2400). The change observed in the increase registration of marriage in 2022 particularly the Swati law & Custom marriage is attributed to the intense community sensitizations on the importance of marriage registrations conducted by the Ministry of Home Affairs, amongst other strategies to improve registrations.

Figure 5.1: Registration of marriages by type and year, 2019-2022

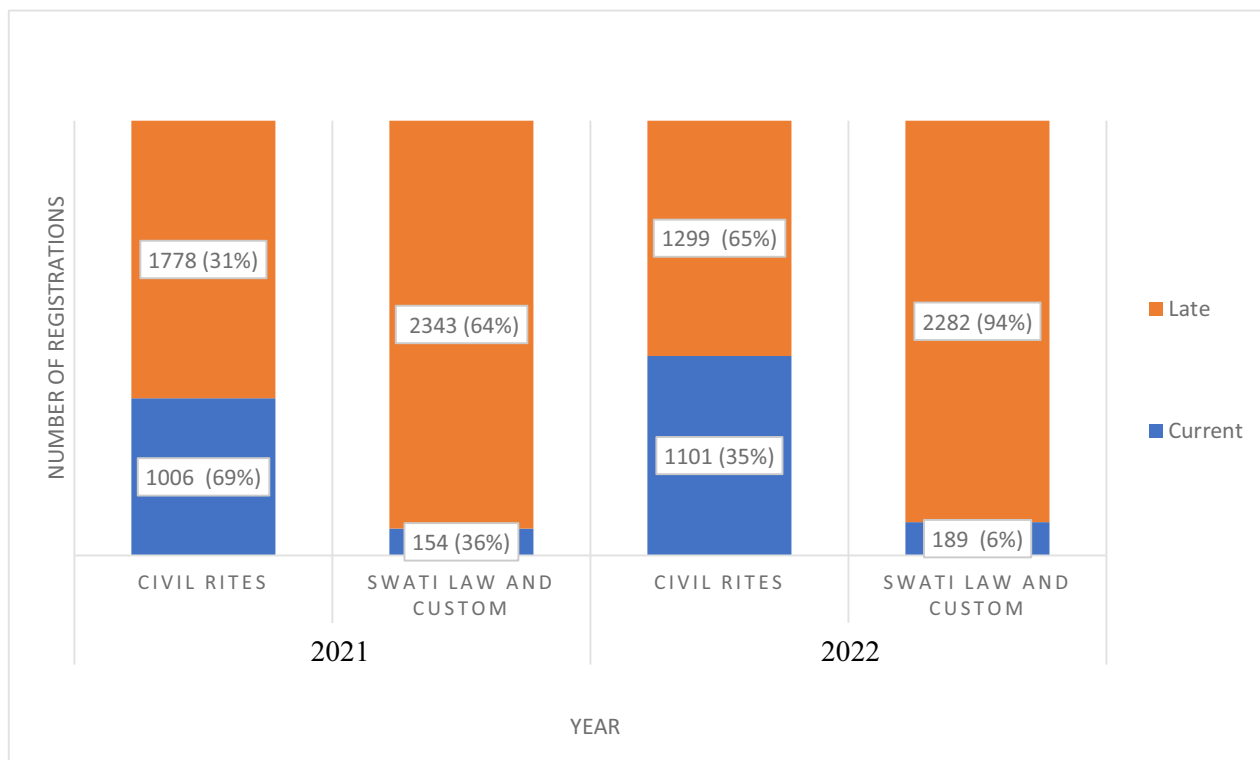


Source: Ministry of Home Affairs

### 5.3 Timeliness in the Registration of Marriages

A Civil marriage registered on time (current) should be registered within 7 days whereas Swati Law & Custom marriage registered timely should be registered within 14 days. Figure 5.2 below shows that in 2022, current marriage registration was at 35% for Civil marriages compared to 6% for Swati Law & Custom. Late marriage registrations of Swati Law & Custom marriages increased from 64% in 2021 to 94% in 2022. Similarly, late registration for Civil marriages increased from 31% in 2021 to 65% in 2022.

Figure 5.2: Timeliness in the Registration of Marriages by type of marriage, 2021 to 2022

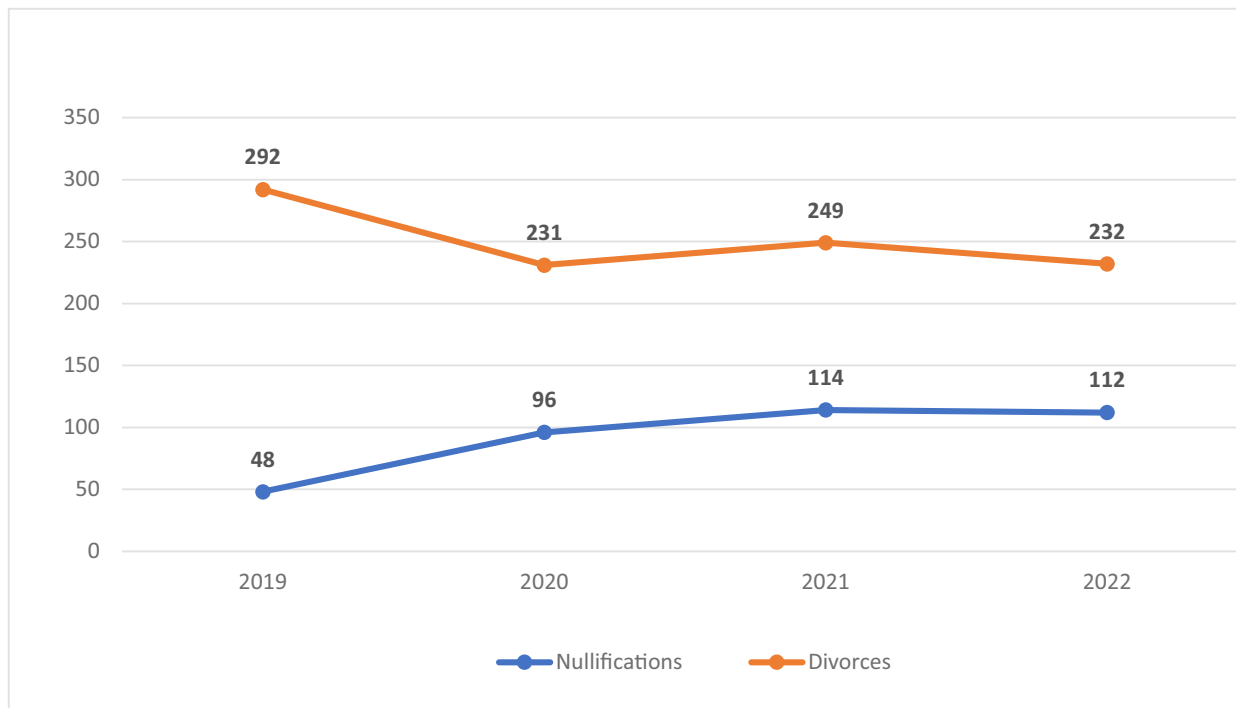


Source: Ministry of Home Affairs

### 5.4 Trends in the registration of divorces and nullifications by year, 2019 - 2022

Figure 5.3 below shows trends in the registration of nullifications and divorces by year. A higher number of divorces were registered across the years when compared to nullifications. The number of registered nullifications and divorces in 2022 have decreased in comparison to 2021, by 1.8% and 7% respectively.

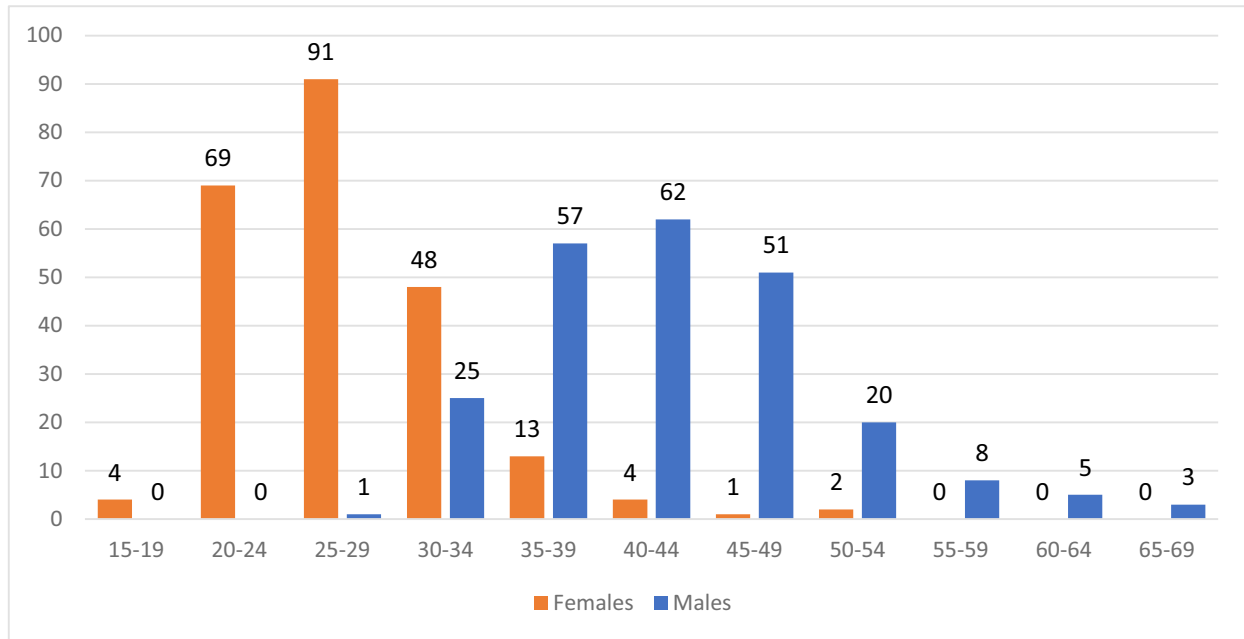
Figure 5.3 Trends in the Registration of divorces and nullifications by year, 2019– 2022



Source: Ministry of Home Affairs

Figure 5.4 below shows the number of registered divorces by age group for both males and females. Females divorce at a younger age than males, whereas more males divorce at an older age as indicated by the graph in Figure 5.4 below. Age in which the highest number of registered divorces (91) were in the age group 25-29 years for females and 40-44 for males (62).

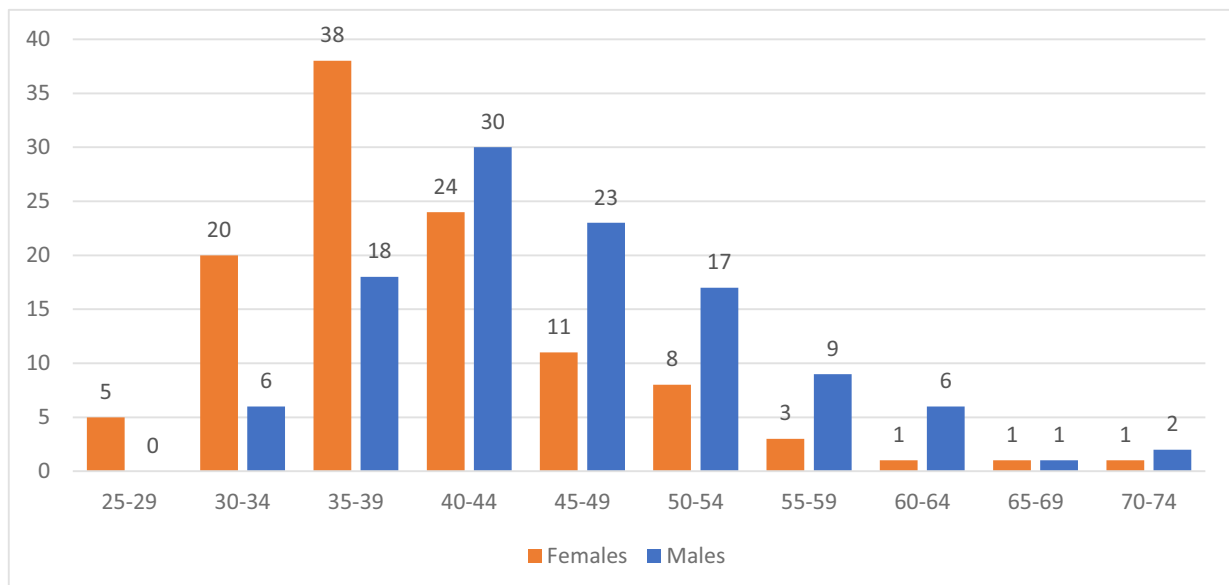
Figure 5.4: Registered divorces by sex and age group, 2022



Source: Ministry of Home Affairs

Figure 5.5 below shows the number of registered nullifications by age group for both males and females. The age group 35-39 years for females has the highest number of nullifications (38) whereas for the male counterpart it is the age group 40-44 years (30). Female nullifications are highest in the age group of 35-39 years and below while males are at the highest from the age group of 40-44 years and above.

Figure 5.5: Registered nullifications by sex and age group, 2022



Source: Ministry of Home Affairs

## Chapter 6: Registration of deaths

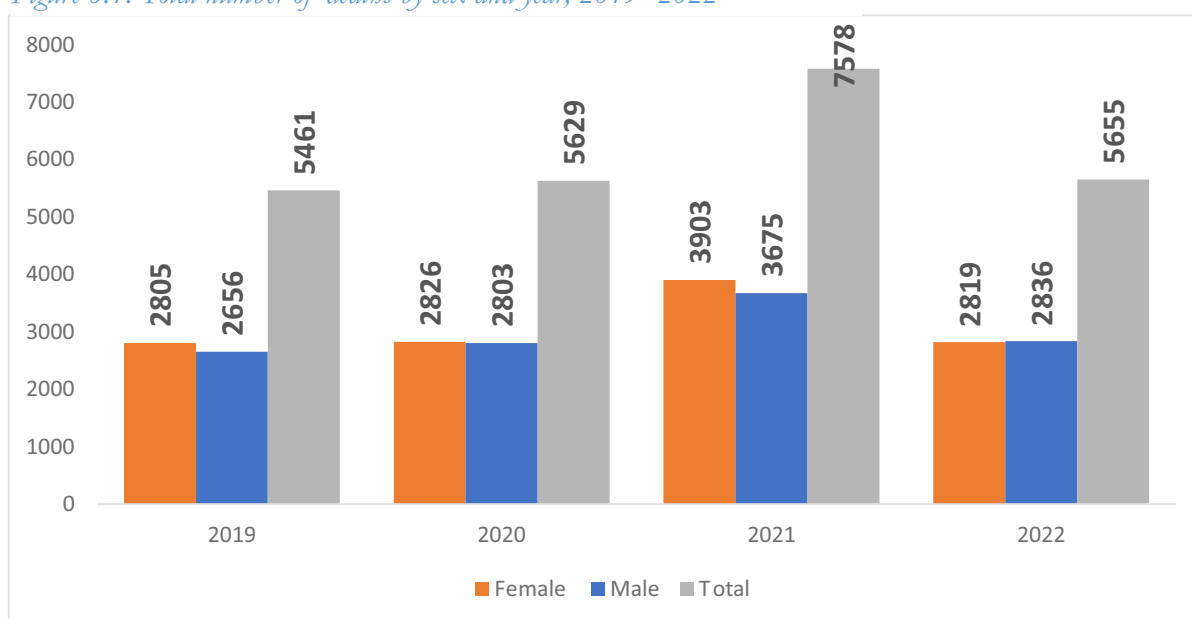
### 6.1. Introduction

This chapter covers the number and proportions of registered deaths in the country that occurred in the year 2022. The data shows trends between 2019 and 2022 and disaggregated by demographic and geographic factors such as age, sex and place of registration.

### 6.2. Registration of deaths

Among the people who died in 2022, a total of 5,655 deaths were registered. There has been a 25% decrease of registered deaths in 2022 compared to year 2021. The year 2021 recorded the highest number of death registrations (7,578) compared to years 2016, 2020 and 2022.

Figure 6.1: Total number of deaths by sex and year, 2019- 2022



Source: Ministry of Home Affairs

Table 6.1 below shows the distribution of deaths by age group. A steady increase in the number of registered deaths across from the age groups 5-9 up to 80+ years was observed in year 2022. The highest number of registered deaths is from the age groups 80+ with 996 deaths while the least number of registered deaths is from age group 5-9 years with 47 deaths.

Table 6.1: Deaths by age group, 2022

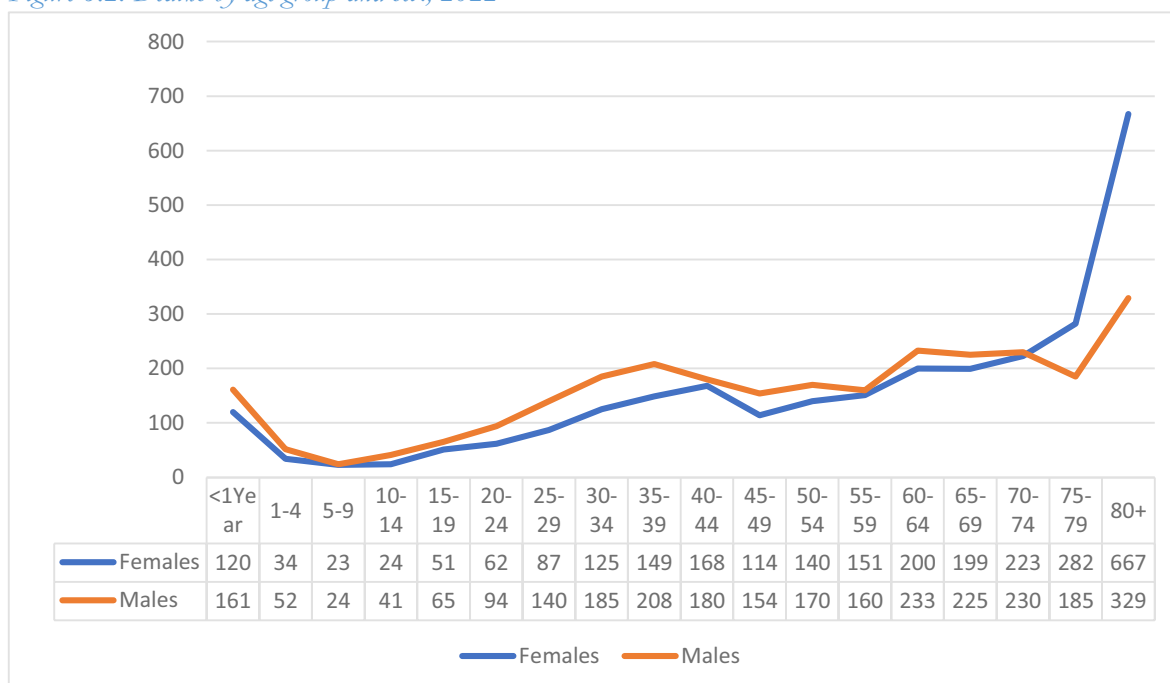
Age Group	Number of deaths	Percentages
0-27 Days	83	1%
28 Days – 11 months	198	4%
1-4	86	2%
5-9	47	1%
10-14	65	1%
15-19	116	2%

Age Group	Number of deaths	Percentages
20-24	156	3%
25-29	227	4%
30-34	310	5%
35-39	357	6%
40-44	348	6%
45-49	268	5%
50-54	310	5%
55-59	311	5%
60-64	433	8%
65-69	424	7%
70-74	453	8%
75-79	467	8%
80+	996	18%
<b>Grand Total</b>	<b>5655</b>	<b>100%</b>

Source: Ministry of Home Affairs

Figure 6.2 below shows the distribution of registered deaths by age groups and sex. This trend shows that males are leading in the number of deaths in almost all the age groups whilst females are at the highest from the age groups 75-79+.

Figure 6.2: Deaths by age group and sex, 2022

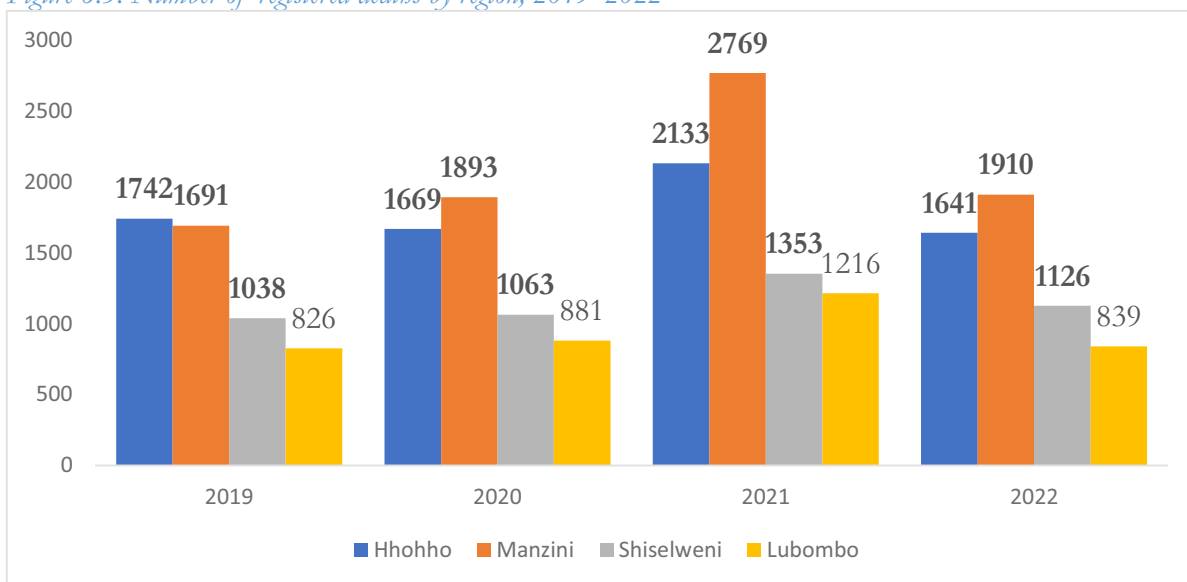


Source: Ministry of Home Affairs

### 6.3. Death registration by region

Figure 6.3 above shows the comparison of death registrations from year 2019 to 2022 by region. The Manzini region (1,910) has the most registered deaths and Lubombo (839) has the least death registration in 2022.

Figure 6.3: Number of registered deaths by region, 2019- 2022



Source: Ministry of Home Affairs

### 6.4. Completeness in death registration

Completeness in death registration is an indicator that is used to measure the extent to which current deaths that occurred in the year 2022 were captured by the civil registration system. The 2017 Population and Housing Census Projections projected 10 246 deaths for the year 2020.

Completeness in death registration was calculated as;

$$\frac{\text{Number of registered current deaths in the year}}{\text{Projected Number of deaths for the year}} \times 100$$

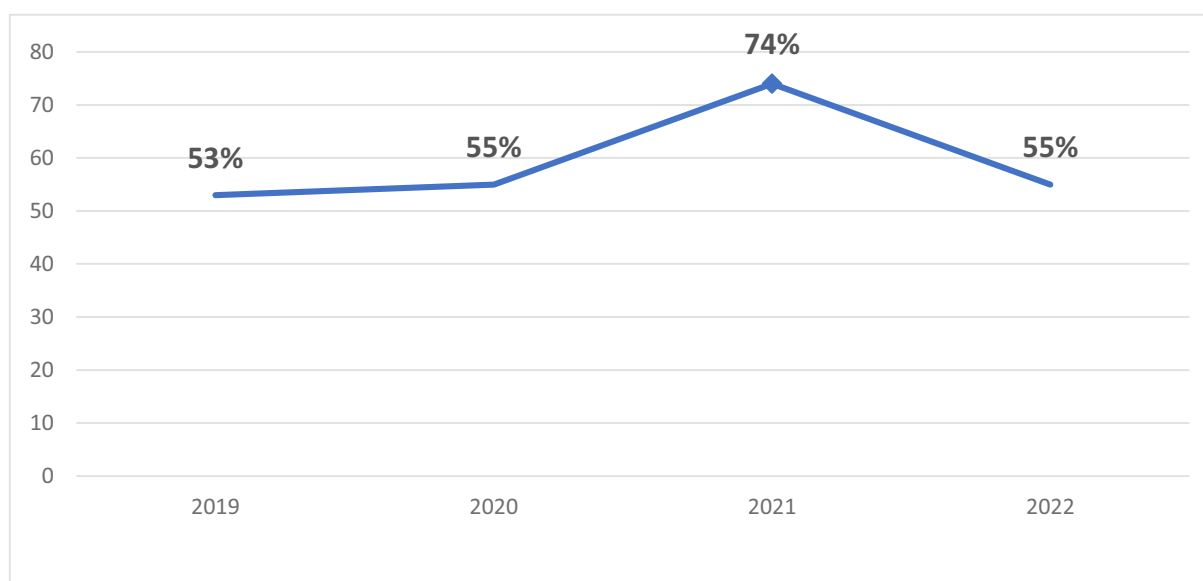
$$\frac{(5655)^6}{(10339)^7} \times 100$$

Figure 6.4 on the next page shows that the achieved level of completeness in death registration is 55 percent for the year 2022, and this is a slightly negative change when compared with that from previous year 2021.

6 This is the number of current deaths (death events that were registered within 60 days of occurrence) as per the MOHA

7 This is the projected number of deaths for the year 2022 according to the “Based on the 2017 Eswatini Population and Housing Census”

Figure 6.4: Completeness in death registration, 2019 - 2022



Source: Ministry of Home Affairs

### 6.5. Deaths by place of occurrence

A total of 2,888 deaths occurred at the health facility while 2,767 occurred outside the health facility. Out of the total deaths registered in 2022, 2.5% occurred outside the country and South Africa accounts for 98.5% of those deaths. Most of the registered deaths occurred in within the health facility setting, including those deaths that occurred outside the country as shown in Table 6.2 below.

Table 6.2: Number of registered deaths by country of death according to place of occurrence, 2022

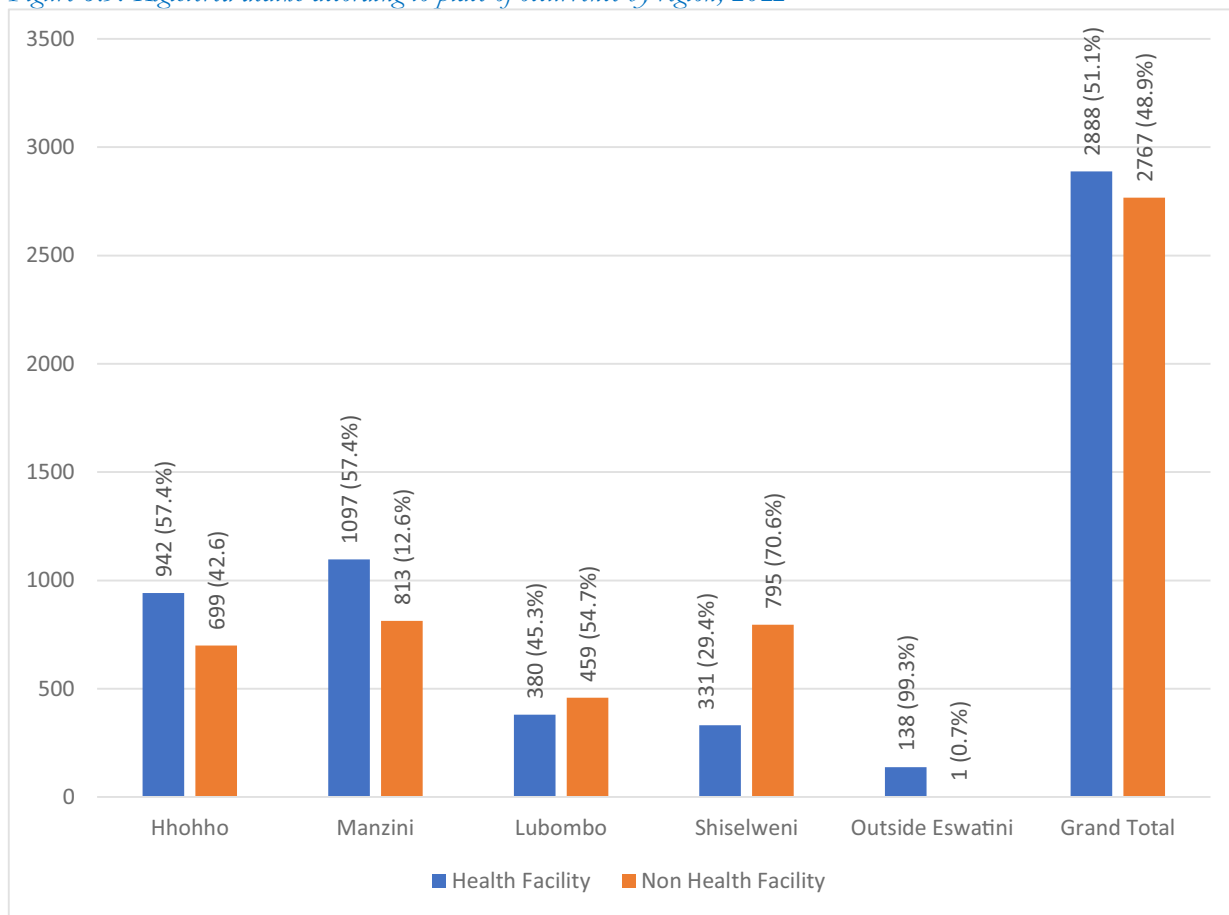
Country of death	Place of occurrence		Total
	Health Facility	Non-Health Facility	
<b>Botswana</b>	1	0	1
<b>Eswatini</b>	2750	2766	5516
<b>Portugal</b>	1	0	1
<b>South Africa</b>	136	1	137
<b>Grand Total</b>	2888	2767	5655

Source: Ministry of Home Affairs



The figure 6.5 below shows that 51.1% of the registered deaths were facility-based. The Manzini region registered 57.4% of those deaths and Shiselweni region recorded 29.4% the least number of registered deaths.

Figure 6.5: Registered deaths according to place of occurrence by region, 2022

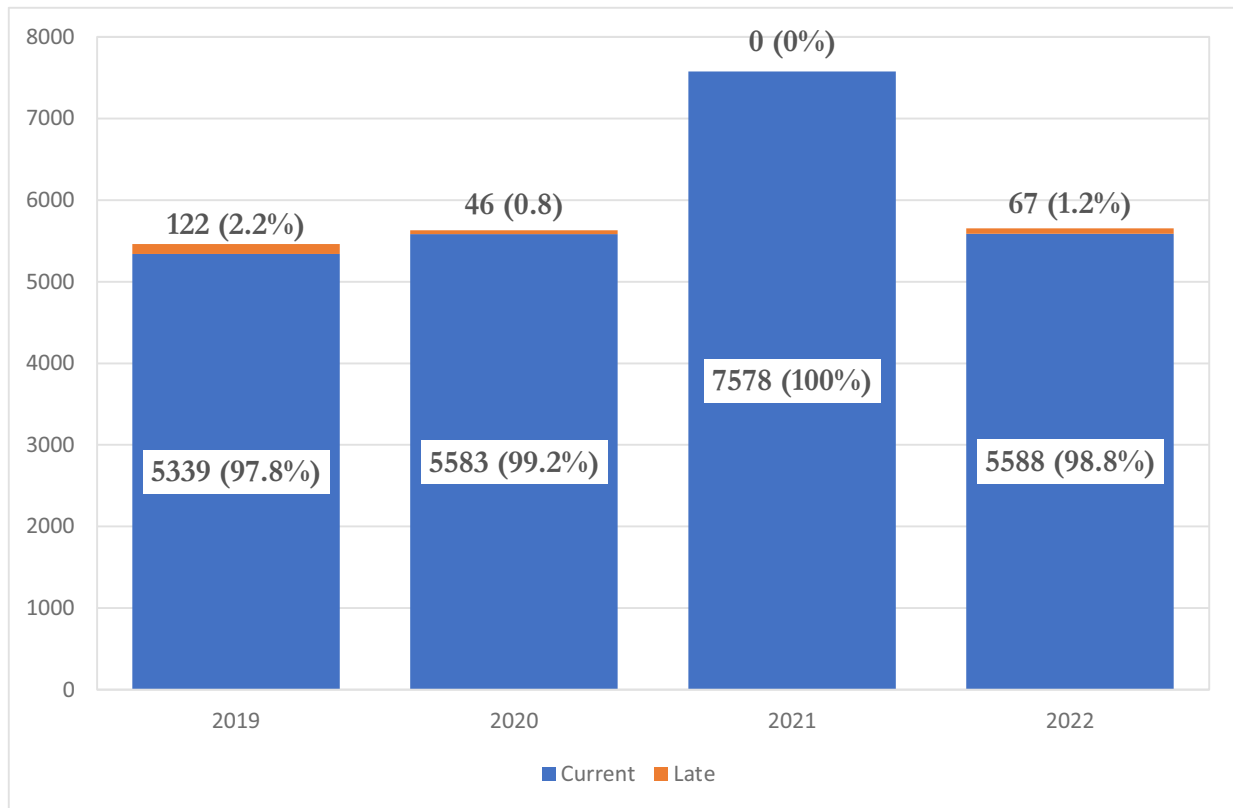


Source: Ministry of Home Affairs

### 6.6. Timeliness

Figure 6.4 below shows a relative consistency in the timeliness of death registrations for the past four years. In the year 2021, out of all the deaths registered, 100% of the deaths were registered within 60 days of occurrence, whereas in the year 2022 a slight decrease to 98.7% is observed

Figure 6.6: Total death registrations by timeliness, 2019- 2022



Source: Ministry of Home Affairs

## Chapter 7: Causes of Death

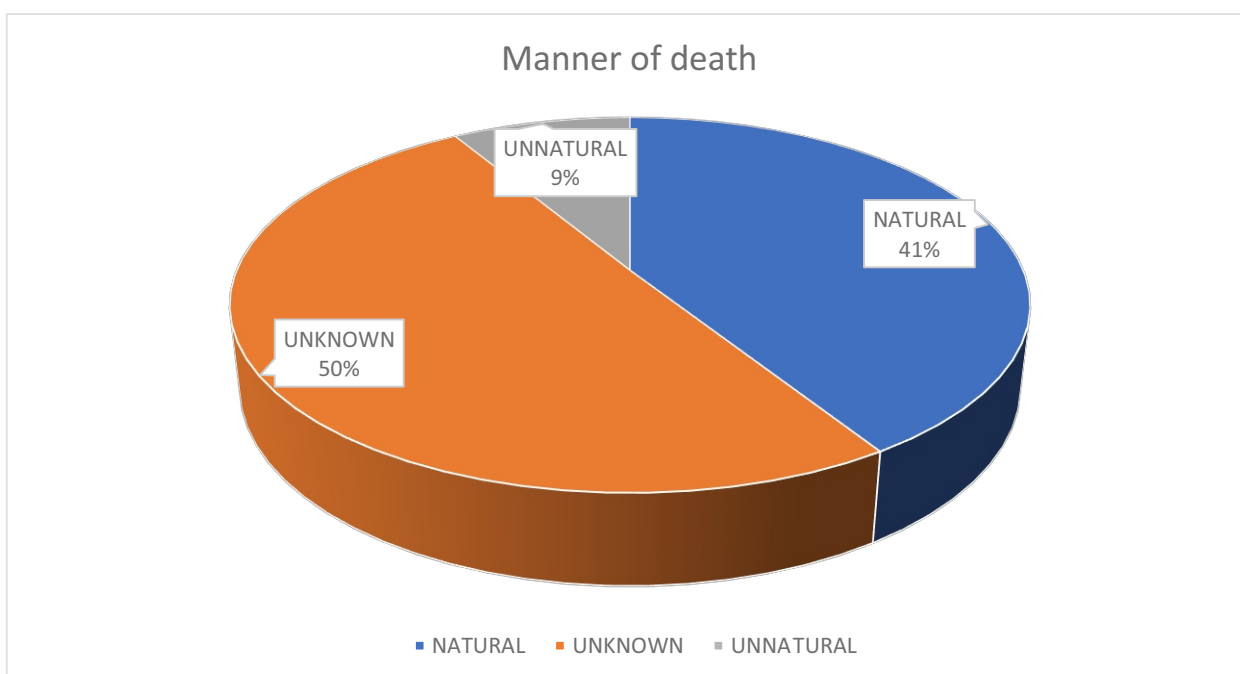
### 7.1. Introduction

This chapter focusses on the deaths of individuals that died in the year 2022 and were also registered in that same year. This chapter further dissects the causes of deaths by geographical location and by gender.

### 7.2 Manner of death

There was a total of 5655 deaths registered by the CRD in the year 2022, of which 50% were recorded as unknown, 41% as natural death<sup>8</sup>, and 9% were recorded as unnatural deaths<sup>9</sup> as depicted by figure 7.1 below. The 50% recorded as unknown were non-hospital deaths implying that some of these deaths were community deaths.

Figure 7.1: Manner of death



Source: Ministry of Home Affairs

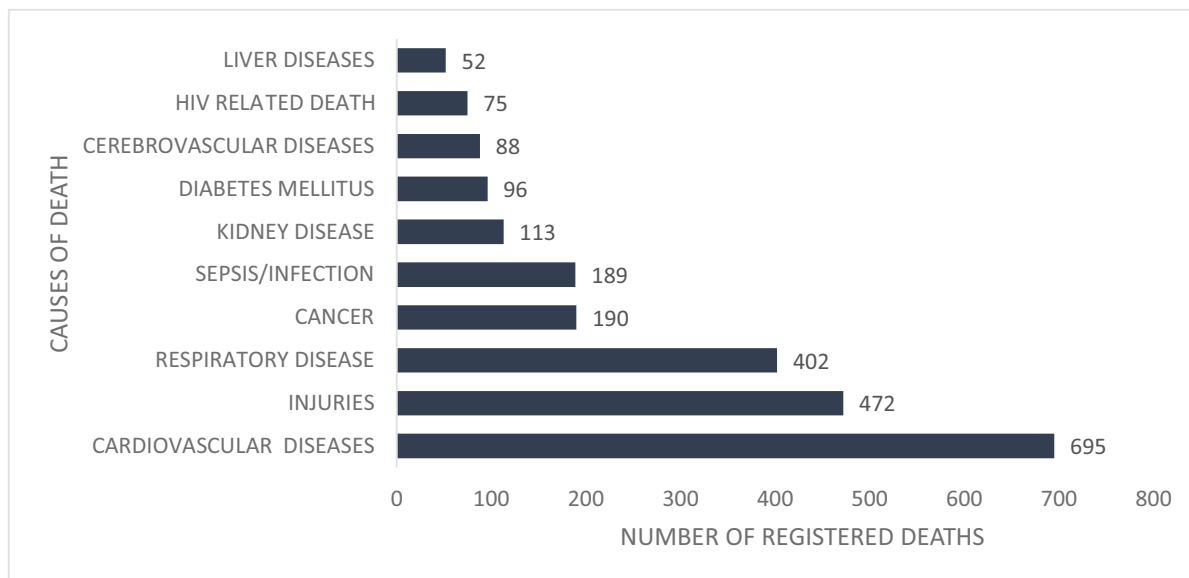
### 7.3 Leading causes of death

According to Figure 7.2 below, among deaths that occurred in health facilities, cardiovascular diseases were the most prevalent cause of death recording 12.3% registered deaths, followed by injuries at 8.3%, whereas respiratory diseases accounted for 7.1% of deaths. The causes of death were categorized in specific groups which is included as Annexure A (Cause of death Categories).

<sup>8</sup> Natural deaths are deaths that occur due to internal factors (diseases) that caused the body to shut down or old age

<sup>9</sup> Unnatural deaths are deaths that occur due to external factors such as accidents, violence, poisoning or suicides –  
Data Source MOHA

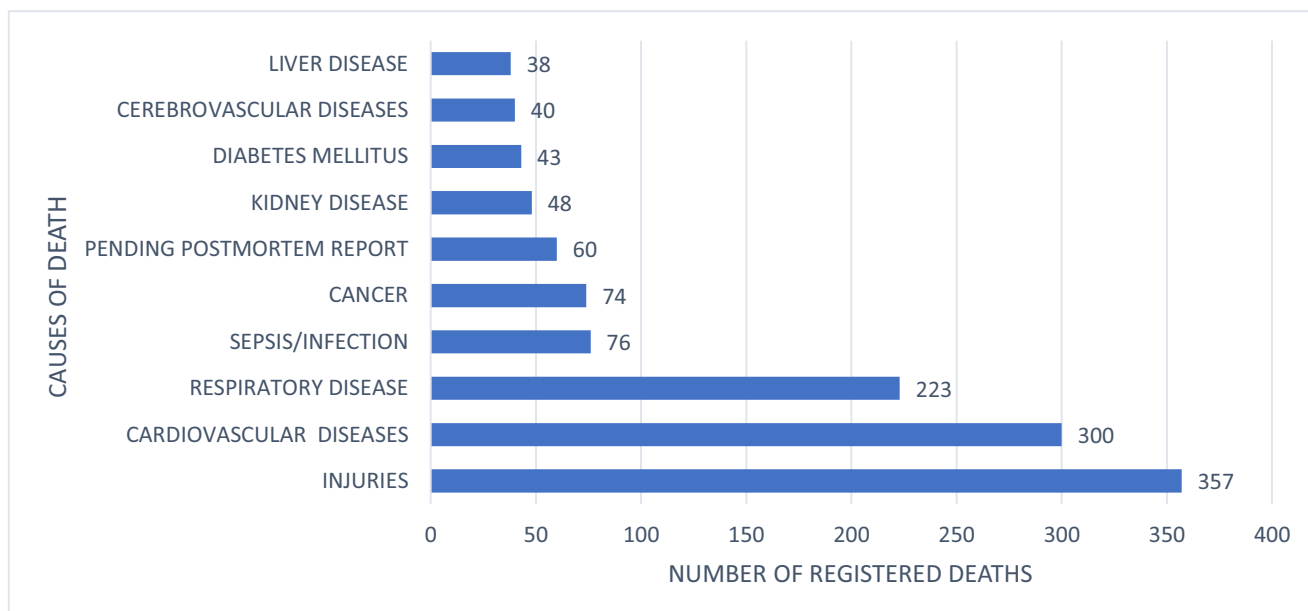
Figure 7.2: Top 10 leading causes of death, 2022



Source: Ministry of Home Affairs

Among the 5,655 total registered deaths, 2,819 were males and 2,836 were females. Disaggregation by sex, injuries were the leading cause of death for males with 12.7%. The liver disease with 38 deaths was also among the top 10 leading causes of death for males.

Figure 7.3: Top 10 causes of death among males, 2022



Source: Ministry of Home Affairs

According to figure 7.3 below cardiovascular diseases were the leading cause of death for the female population reporting 395 deaths.

Figure 7.4: Top 10 causes of death among females, 2022



Source: Ministry of Home Affairs

Table 7.1 below shows the causes of death by age group. Injuries were the leading cause of death from 1 to 44 years, whilst cardiovascular disease is common amongst the age group 45 years and above.

Table 7.1: Leading causes of death by age group, 2022

Age Groups	Disease/cause of death	Total Deaths
0 – 27 Days	Respiratory Disease	22
28 – 11 Months	Respiratory Disease	23
1-4yrs	Injuries	10
5-9yrs	Injuries	13
10-14yrs	Injuries	12
15-19yrs	Injuries	32
20-24yrs	Injuries	50
25-29yrs	Injuries	72
30-34yrs	Injuries	61
35-39yrs	Injuries	68
40-44yrs	Injuries	52
45-49yrs	Cardiovascular Diseases	39
50-54yrs	Cardiovascular Diseases	35
55-59yrs	Cardiovascular Diseases	43
60-64yrs	Cardiovascular Diseases	77

Age Groups	Disease/cause of death	Total Deaths
65-69yrs	Cardiovascular Diseases	69
70-74yrs	Cardiovascular Diseases	64
75-79yrs	Cardiovascular Diseases	67
80+	Cardiovascular Diseases	119

Source: Ministry of Home Affairs

#### 7.4. Top 5 causes of death for the under 5-year-olds.

The total number of registered deaths of under 5-year-olds was 367. The most prevalent cause of death was the respiratory disease with 49 deaths, followed by cardiovascular diseases with 35 deaths. Sepsis/infection were among the top 5 leading cause of death with 31 deaths as shown in figure 7.5 below.

Figure 7.5: Top 5 causes of death for under 5 years, 2022



Source: Ministry of Home Affairs

Table 7.2 below shows the cause of death for children aged less than 1 year. Respiratory diseases are the major causes of death for children less than a year old, while cardiovascular diseases were the second leading cause of death for this age group as shown in the table 7.2 below.

Table 7.2 Causes of death for children aged less than 1 year, 2022

Top 5 causes of death	Age	Top 5 causes of death	Age
	0 – 27 Days		28 Days – 11 Months
Respiratory Disease	22	Respiratory Disease	23
Neonatal Death	14	Cardiovascular Diseases	17
Cardiovascular Diseases	11	Injuries	6
Sepsis/Infection	5	Gastroenteritis	6

Top 5 causes of death	Age	Top 5 causes of death	Age
	0 – 27 Days		28 Days – 11 Months
Other Gastrointestinal Diseases	2	Sepsis/Infection	4

Source: Ministry of Home Affairs

### 7.5. Leading causes of death by region of residence

Table 7.3 below shows the leading causes of death registered in the four regions. Respiratory disease was recorded as the leading cause of death in the Hhohho and Shiselweni regions with 149 and 84 deaths respectively. Cardiovascular diseases were the leading causes of death in the Manzini and Lubombo regions with 354 and 149 deaths respectively. Injuries 42 accounted for most of the deaths that occur outside the country followed by respiratory with 21 deaths.

Table 7.3: Top 10 causes of death by region of residence, 2022

Rank	Hhohho (1641 total deaths)		Manzini (1910 total deaths)		Shiselweni (1126 total deaths)		Lubombo (839 total deaths)		Outside Eswatini (139 total deaths)	
	Condition	No	Condition	No	Condition	No	Condition	No	Condition	No
1	Respiratory Disease	149	Cardiovascular Disease	354	Respiratory Disease	84	Cardiovascular Disease	149	Injuries	42
2	Injuries	143	Diseases	164	Cardiovascular disease	49	Injuries	73	Respiratory Disease	21
3	Cardiovascular	124	Injuries	106	Injuries	49	Respiratory Disease	42	Cardiovascular Disease	19
4	Cancer	86	Respiratory Disease	72	Kidney Disease	27	Sepsis/Infection	21	Cancer	12
5	Sepsis/Infection	70	Sepsis/Infection	68	Sepsis/Infection	16	Diabetes Mellitus	10	Sepsis/Infection	10

Source: Ministry of Home Affairs

### 7.6. Communicable and Non-Communicable Diseases

The rise of NCDs challenges the traditional methods for calculating life expectancy and adult mortality from census data, which may be less reliable as the models used in many of these calculations do not sufficiently account for the high proportion of premature adult deaths<sup>10</sup>. Causes of death were classified into communicable, non-communicable diseases, and injuries.

The top 5 leading conditions in communicable diseases include respiratory diseases with a total of 402 deaths. For non-communicable diseases, cardiovascular diseases was the leading causes with a total of 695 deaths followed by cancer, 190 deaths. Multiple injuries and head injuries accounts for 147 and 49 deaths respectively as shown in Table 7.4 below.

<sup>10</sup> Data Analysis and Report Writing for Civil Registration based Vital Statistics, Pacific Community, 2016

Table 7.4: Top 5 causes by Communicable disease, non-Communicable disease and Injury type, 2022

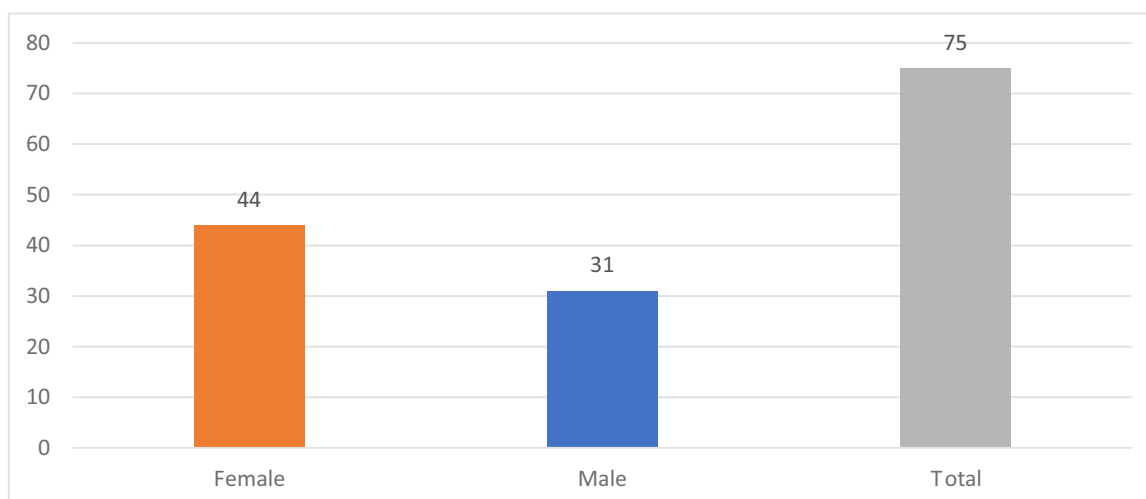
Rank	Communicable	Total	Non-Communicable	Total	Injury	Total
1	Respiratory Disease	402	Cardiovascular disease	695	Multiple Injuries	147
2	HIV related deaths	75	Cancer	190	Head Injury	49
3	Tuberculosis	52	Kidney Diseases	189	Gunshot	42
4	Covid-19	29	Sepsis/Infection	113	Injuries	40
5	Liver disease (Hepatitis)	7	Diabetes Mellitus	96	Stab Wound	32

Source: Ministry of Home Affairs

### 7.7 Registered HIV related deaths

The total number of HIV related deaths registered in 2022 was 75. Females accounted for 58.7% of these deaths whilst males accounted for 41.3% as shown in Figure 7.6 below.

Figure 7.6: HIV Related deaths by sex, 2022



Source: Ministry of Home Affairs

The highest number of female deaths were observed from the age group between 40-44 years, whereas the highest number of male deaths were from the age group 30-34 years as shown in the table below.

Table 7.5: HIV Related deaths by sex and age group, 2022

Age group (Years)	Female	Male	Total	Percentage
<1	1	0	1	1%
1-4	0	0	0	0%
5-9	0	0	0	0%
10-14	0	0	0	0%
15-19	0	0	0	0%
20-24	2	0	2	3%

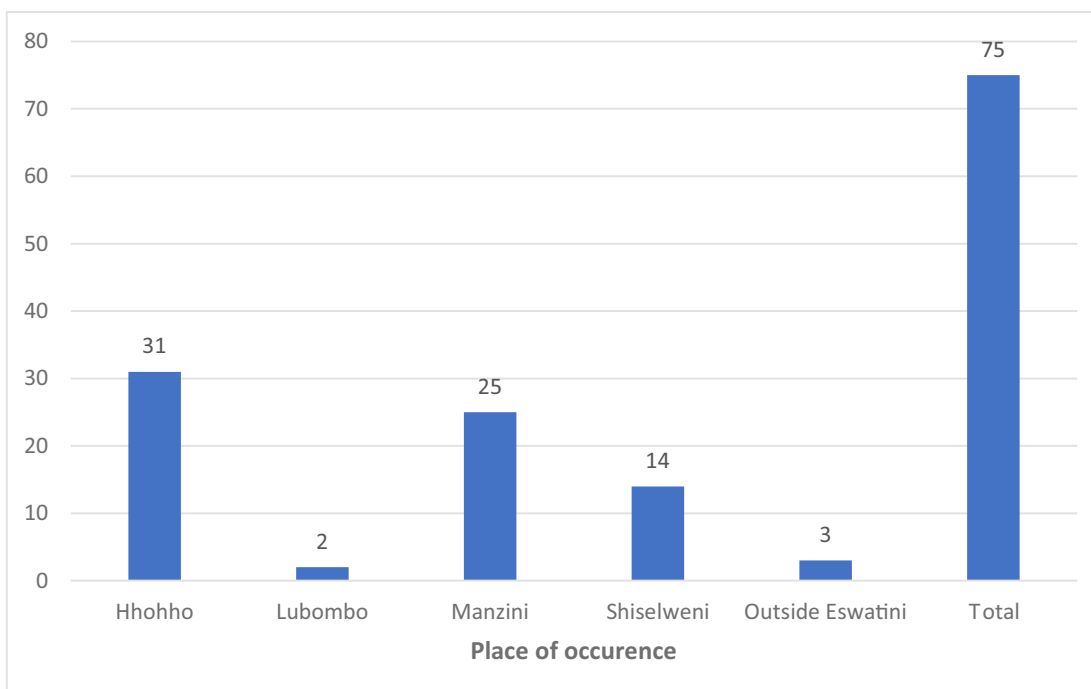


Age group (Years)	Female	Male	Total	Percentage
25-29	4	3	7	9%
30-34	6	5	11	15%
35-39	6	4	10	13%
40-44	7	4	11	15%
45-49	2	3	5	7%
50-54	6	4	10	13%
55-59	1	3	4	5%
60-64	1	2	3	4%
65-69	3	3	6	8%
70-74	3	0	3	4%
75-79	2	0	2	3%
80+	0	0	0	0%
<b>Total</b>	44	31	75	100%

Source: Ministry of Home Affairs

The Hhohho region had the highest number of HIV related deaths 31 (41.3%) when compared to the other regions. There were also HIV related deaths registered to have occurred outside the country at 3 (4%), as seen in Figure 7.7 below.

Figure 7.7: Registered HIV related deaths by death place region, 2022

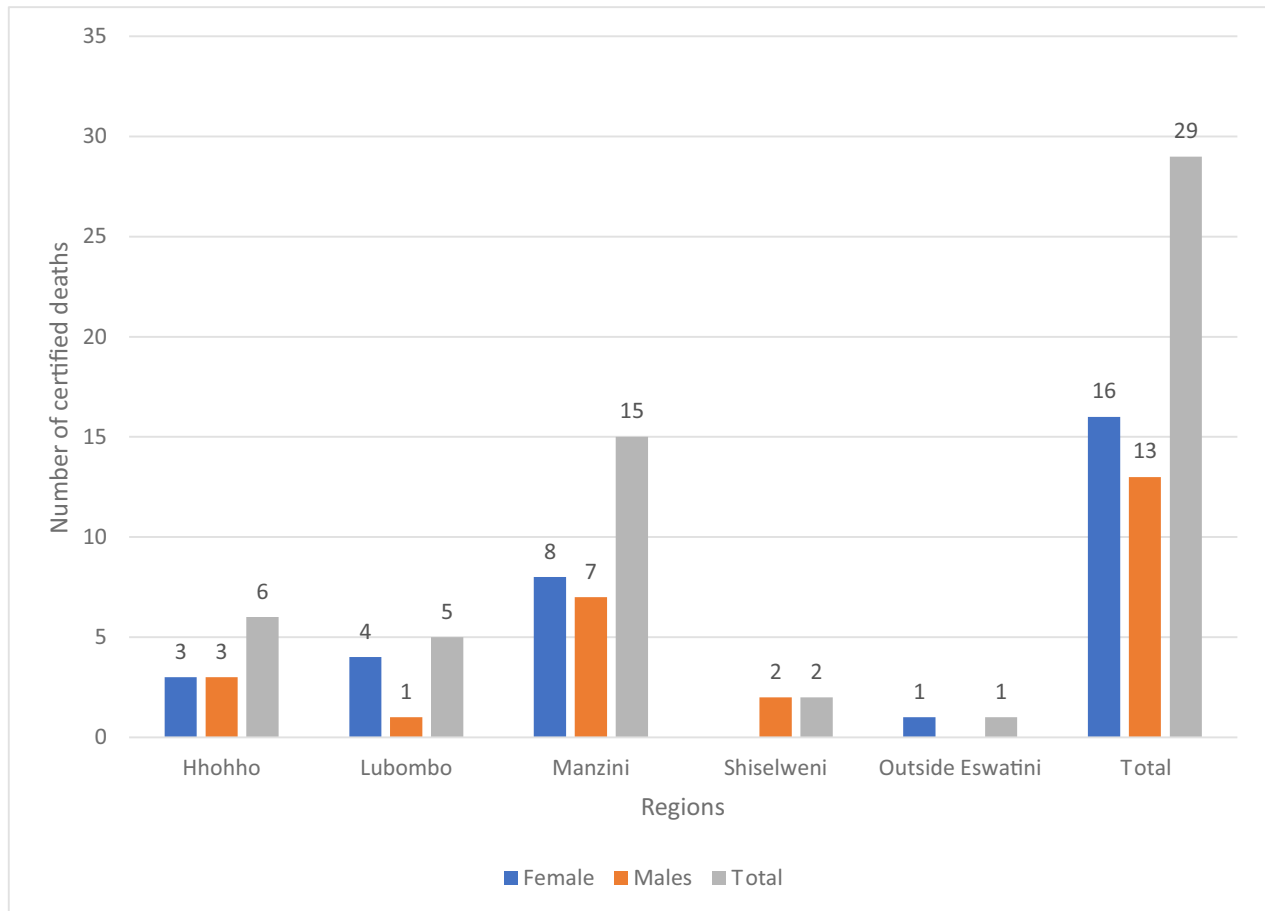


Source: Ministry of Home Affairs

### 7.8 COVID-19 related deaths

A total number of 29 deaths were registered as COVID-19 related deaths in 2022. From Figure 7.8, COVID 19 related deaths were most common amongst females than males. Manzini region had the greatest number of COVID 19 deaths (15) followed by Hhohho with 6 (21%) death registrations.

Figure 7.8: COVID-19 deaths by region and sex, 2022



Source: Ministry of Home Affairs

## Chapter 8 Limitation of the Report

### 8.1 Limitations of the Report

- a. The medical certificate of the cause of death used to collect data from health institution deaths is not aligned with the international medical certificate of death, therefore is not formulated to capture cause of death information and the underlying cause of death in accordance with ICD11 instructions (The country is transitioning from ICD 9 to ICD 11).
- b. The reported cause of death information (ICD 9 standard) has been sourced from MoH hence MoHA through the guidance of CSO had to categorize it for better analysis.
- c. About 50% of registered deaths were non-facility deaths where the underlying causes of death was documented as unknown.
- d. There is no legislation compelling all health institution to share data with the Ministry of Health thus data from health institutions is incomplete.
- e. The report does not disaggregate births as facility and non-facility.
- f. Timely births registration remains low. As such CRVS report may not be used effectively to estimate the key demographic indicators such as Total Fertility Rate, Adolescent Birth Rate, Crude Birth Rate etc.
- g. Due to lack of system interoperability between the Ministry of Justice and the Ministry of Home Affairs, divorces and nullification data is not captured timely.
- h. Registration of current births remains low due to lack of birth registration within the health institutions.
- i. An improvement to the system to register perinatal is required. There is currently gross under reporting of perinatal deaths as parents do not register births at home affairs, which is underestimates the total number of deaths registration for babies less 12 months.

## Chapter 9: Conclusion and recommendations

### 9.1 Conclusion

A well developed and functioning civil registration system guarantees the registration of all vital events including births, deaths and issuance of relevant certificates as proof of such registration. Registration of these vital events promotes efficient government planning, effective use of resources and aid, and more accurate monitoring of progress towards achieving the SDGs.

Findings from the report indicate some improvements from previous years as well as highlighting gaps that needs to be addressed in the collection and compilation of vital statistics, such as the level of completeness and timeliness. Although a significant improvement in the total registration of both births and deaths has been reported, the country still needs improvements on timely registration of marriages, divorces and annulments. There are also discrepancies in recorded and registered vital events, and this may largely be due to existing system gaps between MoH, MoHA and MoJCA.

### 9.2 Recommendations

#### 9.2.1 Birth and death registration

- i. The country should introduce verbal autopsy (VA) for deaths that occurred at community level as a method of gathering information about symptoms and circumstances for a deceased individual to determine their causes of death, through collection of health information and a description of events prior to death from conversations or interviews with a person or persons closer with the deceased.
- ii. Develop and operationalize mandatory institutional policies that require the relevant health workers to certify deaths.
- iii. Develop and operationalize a mandatory policy to enforce reporting of community deaths before burial, and engage funeral parlours to ensure dead bodies are released with MCCoD.
- iv. Advocate for facility-based registration and certification of births to respond to timely birth registrations.
- v. Strengthen capturing of deaths for accurate reporting of number of deaths occurring at facility level.
- vi. The coordination between ministries (MoHA, MoH, MoJCA and MTAD) and community leadership should be strengthened, so that vital statistics from the civil registration system are the optimal source of information to base decision-making and planning.
- vii. The Ministry of Home Affairs should strengthen its advocacy programs on the importance of timely registration of vital events.
- viii. Civil education on the importance of birth registration should be a permanent feature of the CRVS Programme.
- ix. The Ministry of Health should continue to advocate for the Public Health Bill to be approved.
- x. Birth registration should be rolled out to all health facilities with maternity units and a mechanism should be put in place to ensure that no new-born baby leaves the facility without being registered and issued with a birth certificate.
- xi. Birth registration should be mandatory for all new-born babies delivered within or away from the health facility.
- xii. The Ministry of Home Affairs should hasten the systems integration with MoH for registration of births and deaths at health facilities to improve registration completeness.

- xiii. Advocate for budget allocation to improve the functioning of Civil registration. This will include deploying Civil registration points to be closer and easily accessible (less than 30 km radius at community level) and introduce mobile registration services.

#### 9.2.2 Causes of death

- i. There is an urgent need to build capacity on verbal autopsy for deaths occurring outside health facilities to reduce deaths with unknown causes of death.
- ii. Advocate for MoH to certify deaths that occurred within 24 hours of admission at health facilities.

#### 9.2.3 Marriage and divorce

- i. The coordination between ministries (MoHA and MoJCA) should be strengthened, to ensure vital statistics from civil registration system is the optimal source of information for reporting, decision-making and planning.
- ii. Improve system interoperability between the Ministry of Justice and Constitutional Affairs and the Ministry of Home affairs for the ease of registration for marriages and divorces.
- iii. The Ministry of Home Affairs should strengthen its advocacy programs on the importance of timely registration of vital events.
- iv. The CRD office should participate in training and gazetting of intended marriage officers to improve the registration of marriages and timeliness.
- v. Intensify civil education to sensitize public on the importance of marriage and divorce registrations.
- vi. Make it mandatory for all divorcees and nullifications to be registered with the CRD once an order has been issued.

## CRVS in Pictures



Her Royal Highness with representative of both the CRVS Steering Committee and Technical Working Group during the launch of the CRVS Strategic document and Annual Vital Statistics Report 2021



Trainers of Trainers on proper documentation of causes of death using the International Classification of Death version eleven (ICD 11)



Onsite training on the proper documentation on the causes of death using the ICD 11 as part of capacity building on medical doctors

## Annex 1

### A. Cause of Death Classifications

#### **UNKNOWN**

---

CERTIFIED DEAD  
 CERTIFIED DEAD ON ARRIVAL AT HOSPITAL  
 COULD NOT BE DETERMINED  
 DEAD ON ARRIVAL  
 DIED ON THE SPOT  
 FOUND DEAD  
 UNDETERMINED  
 UNKNOWN

#### **CARDIOVASCULAR DISEASES**

---

ACUTE CONGESTIVE CARDIAC FAILURE  
 ACUTE CORONARY ARTERY DISEASE  
 ACUTE CORONARY SYNDROME  
 ACUTE HEART FAILURE  
 ACUTE INTRACRANIAL HAEMORRAGE  
 ACUTE MYOCARDIAL INFRACTION  
 ACUTE MYOCARDIAL LIYARATION  
 ACUTE MYOCARDITIS  
 ARTHRITIS HYPERTENSION  
 CARDIAC ARREST  
 CARDIAC ARREST SECONDARY TO PULMONARY EMBOLISM  
 CARDIAC ASTHMA  
 CARDIAC COMPLICATIONS  
 CARDIAC FAILURE  
 CARDIAC SUDDEN DEATH  
 CARDIAC TAMPONADE  
 CARDIOGENIC SHOCK  
 CARDIOMYOPATHY  
 CARDIOMYOPATHY AND NEPHROPATHY  
 CARDIOPULMONARY  
 CARDIOPULMONARY ARREST  
 CARDIOPULMONARY FAILURE  
 CARDIOPULMONARY INSUFFICIENCY  
 CARDIORESPIRATORY  
 CARDIORESPIRATORY ARREST  
 CARDIORESPIRATORY DISTRESS  
 CARDIORESPIRATORY FAILURE  
 CARDIOVASCULAR ACCIDENT  
 CARDIOVASCULAR ACCIDENT (SEPSIS)  
 CARDIOVASCULAR ARREST  
 CARDIOVASCULAR DISEASE  
 CHRONIC CARDIAC FAILURE



CHRONIC HYPERTENSION  
CIRCULATORY FAILURE  
CONGESTIVE CARDIAC ARREST  
CONGESTIVE CARDIAC FAILURE  
CONGESTIVE HEART FAILURE  
CVA HAEMORRHAGIC  
DECOMPENSATED CARDIAC FAILURE  
DECOMPENSATED CCF  
DECOMPENSATED HEART FAILURE  
DILATED CARDIOMYOPATHY AND CARDIAC FAILURE  
DISEASE OF VASCULAR SYSTEM  
END STAGE HEART DISEASE  
FATAL MYOCARDIAL INFARCTION  
HEART ATTACK  
HEART ATTACK (MYOCARDIAL INFARCTION)  
HEART DISEASE  
HEART FAILURE  
HEART FAILURE AND HYPERTENSION  
HYPERTENSION  
HYPERTENSION AND DIABETES MELLITUS  
HYPERTENSION AND DIABETIES  
HYPERTENSION CHROME  
HYPERTENSIVE AND ENCEPHALOPATHY  
HYPERTENSIVE EMERGENCY  
HYPERTERNSION AND RENAL FAILURE  
HYPOTENSION  
IDIOPATHIC MYOCARDITIS  
INTRAOPERATIVE CARDIAC ARREST  
MASSIVE HEART ATTACK WITH ASPIRATION  
MASSIVE MYOCARDIAL INFARCTION  
MITRAL VALUE DISEASE PROSTHETIC VALUE  
MITRAL VALVE  
MYOCARDIAL INFARCTION  
SHOCK  
SUDDEN ACUTE DEATH  
SUDDEN CARDIAC ARREST

**RESPIRATORY DISEASE**

---

A.R.D.S.  
ACUTE ASPIRATION TRACHEOBRONCHITIS  
ACUTE ASTHMATIC ATTACK  
ACUTE PULMONARY  
ACUTE PULMONARY EDEMA  
ACUTE RESIRATORY FAILURE  
ACUTE RESPIRATORY

ACUTE RESPIRATORY SYNDROME  
 ACUTE RESPIRATORY ARREST  
 ACUTE RESPIRATORY DISTRESS  
 ACUTE RESPIRATORY DISTRESS HYPOXIA  
 ACUTE RESPIRATORY DISTRESS SYNDROME  
 ACUTE RESPIRATORY DISTRESS SYNDROME SHOCK  
 ACUTE RESPIRATORY DISTRESS SYNDROME  
 ACUTE RESPIRATORY FAILURE  
 ACUTE RESPIRATORY SYNDROME  
 ACUTE RESPIRATORY SYNDROME  
 ARDS  
 ARNEA OF PREMATURITY  
 ASPIRATION  
 ASTHMA  
 BILATERAL PNEUMONIA  
 BRONCHO PNEUMONIA  
 BRONCHOPNEUMONIA  
 BRONCHOPNEUMONIA RESPIRATORY DISTRESS  
 CARDIAC ARREST  
 CARDIORESPIRATORY  
 CARDIORESPIRATORY ARREST  
 CARDIORESPIRATORY FAILURE  
 CHRONIC OBSTRUCTIVE AIRWAY DISEASE  
 CHRONIC OBSTRUCTIVE AIRWAYS DISEASE  
 CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
 CHRONIC PULMONARY DISEASE  
 CHRONIC RESPIRATORY DISTRESS  
 CIRCULATORY SHOCK  
 COMA AND RESPIRATORY DISTRESS  
 COPD ARDS  
 CVA ASPIRATION PNEUMONIA  
 FILNATIC LUNG  
 HYPOSTATIC PNEUMONIA  
 HYPOXIA  
 LOWER RESPIRATORY TRACT INFECTION  
 LRTI  
 MASSIVE ASPIRATION AND CARDIAC ARREST  
 MECONIUM ASPIRATION (BIRTH ASPHYXIA)  
 METABOLIC ACIDOSIS RESPIRATORY FAILURE  
 MULTILABER PNEUMONIA WITH BILATERD PLEURAL EFFUSION  
 OBSTRUCTIVE PULMONARY DISEASE  
 PERINATAL ASPHYXIA  
 PERSISTENT HYPOXIA  
 PNEUMOCYSTIS CARINII  
 PNEUMOCYSTIS JIROVECII PNEUMONIA

PNEUMONIA  
PNEUMONIA CHRONIC EUFAULA  
PNEUMONIA WITH RESPIRATORY DISTRESS  
PULMONARY ARREST  
PULMONARY CRYPTOCOCCOSIS  
PULMONARY EDEMA  
PULMONARY EDEMA / CONGESTIVE SHOCK  
PULMONARY EMBOLISM  
PULMONARY FAILURE  
PULMONARY VEIN  
PULOMONARY EDEMA  
RESPIRATORY ACIDOSIS  
RESPIRATORY ARREST  
RESPIRATORY DEPRESSION  
RESPIRATORY DISEASE  
RESPIRATORY DISTRESS  
RESPIRATORY DISTRESS ANAEMIA  
RESPIRATORY DISTRESS ASPIRATION PNEMONIA  
RESPIRATORY DISTRESS HEART FAILURE  
RESPIRATORY DISTRESS SEVERE ANAEMIA  
RESPIRATORY DISTRESS SYNDROME  
RESPIRATORY FAILURE  
RESPIRATORY FAILURE (PNEUMONIA)  
RESPIRATORY FAILURE AND RENAL FAILURE  
RESPIRATORY FAILURE SECONDARY TO BRAIN DEATH.  
RESPIRATORY FAILURE SECONDARY TO CARDIAC ASTHMA  
RESPIRATORY FAILURE WITH CARDIAC ARREST  
RESPIRITORY FAILURE  
RIGHT SIDED LOBAR PNEUMONIA  
SEVERE ACUTE RESPIRATORY DISTRESS  
SEVERE ASPHYXIA  
SEVERE ASTHMA ATTACK  
SEVERE BRONCHO PNEUMONIA  
SEVERE HYPOXIA  
SEVERE LOWER RESPIRATORY INFECTION  
SEVERE PERINATAL ASPHYXIA  
SEVERE PNEUMONIA  
SEVERE PNUEMONIA  
SEVERE PULMONARY EDEMA  
SEVERE RESPIRATION  
SEVERE RESPIRATORY ACIDOSIS  
SEVERE RESPIRATORY DESTRESS  
SEVERE RESPIRATORY DISEASE  
SEVERE RESPIRATORY DISTRESS  
SEVERE RESPIRATORY DISTRESS SYNDROME

SEVERE RESPIRATORY DISTRESS SYNDROME  
 SEVERE RESPIRATORY INFECTION  
 SEVERE VITAL PREUMONIA  
 UPPER RESPIRATORY FAILURE  
 VIRAL PNEUMONIA

## **INJURIES**

---

4TH DEGREE BURNS  
 ABDOMINAL INJURIES  
 ACCIDENT  
 ACUTE ISONIAZID POISONING,(PARASUICIDE)  
 ASPHYXIA DUE TO HANGING  
 BLEEDING  
 BLUNT FORCE HEAD AND CHEST INJURIES/CAR ACCIDENT  
 BLUNT FORCE HEAD INJURIES  
 BLUNT FORCE TO THE HEAD  
 BLUNT NECK  
 BRAIN INJURY  
 BURN FORCE TRAUMA  
 BURN WOUNDS  
 BURNS  
 CHOKING WITH FOOD  
 CONSTRICTION OF NECK  
 CUT THROAT  
 CUT THROAT INJURY  
 DEPRESSED SKULL FRACTURES FRONTAL BONE AND BRAIN  
 DROWNING  
 EAR INJURY LETFSIDE  
 ELECTROCUTION  
 EXTENSIVE BURNS  
 FIREARM IJURIES INVOLVED HEART AND LEFT LUNG  
 FIREARM INJURIES  
 FIREARM INJURIES INVOLVED LEFT-LUNG AND HEART  
 FIREARM INJURY TO NECK AND HEAD  
 FIREARM WOUND TO ABDOMEN  
 FOREIGN BODY INHALATION  
 FRACTURE DISLOCATION VETEBRAE  
 FRACTURE THIGH LEFT  
 FRONTOTEMPORAL  
 GUN FIRE WOUND  
 GUN SHOT INJURY IN BOTH LUNGS  
 GUN SHOT TO THE HEAD  
 GUN SHOT WOUND  
 GUN SHOT WOUNDS  
 HAEMORRHAGE AS A RESULT OF PENETRATING INJURIES LEFT SIDE

HAEMORRHAGE AS A RESULT OF PENETRATING INJURIES OF HEART  
HAEMORRHAGE AS A RESULT OF PENETRATING INJURY  
HAEMORRHAGE AS A RESULT OF PENETRATING INJURY ON LEFT LUNG  
HAEMORRHAGE AS A RESULT OF PENETRATING INJURY ON RIGHT LUNG  
HAEMORRHAGE AS A RESULT OF PENETRATION INJURY  
HAEMORRHAGE AS RESULT OF PENETRATING INJURY  
HAEMORRHAGE AS RESULT OF PENETRATING INJURY ON NECK  
HAEMORRHAGE AS RESULT OF PENETRATING INJURY ON NECK AND CHEST  
HAEMORRHAGE AS RESULT OF TRAUMATIC LIVER RAPTURE  
HANGING  
HEAD INJURIES  
HEAD INJURY  
HEAD INJURY OF MOTOR VEHICLE  
HEAD INJURY WITH FRACTURE  
HEAD INJURY WITH FRACTURE CERICAL VERTEBRA  
HYPOXIA SECONDARY TO DROWNING IN WATER  
INJURIES  
INJURY  
INTRACRANIAL BLEEDING  
INTRACRANIAL HAEMORHAGE  
INTRACRANIAL HEMORRHAGE  
LEFT LEG FRACTURE  
LIGHTNING  
LIVER INJURY  
MAJOR BURNS  
MOTOR VEHICLE ACCIDENT  
MULTIPLE BLUNT FORCE INJURIES  
MULTIPLE FIREARM INJURIES  
MULTIPLE INJURES  
MULTIPLE INJURIES  
MULTIPLE RIB FRACTURES  
MULTIPLE STAB WOUNDS  
MULTIPLE STAB WOUNDS ON THE HEAD  
MULTIPLE STAB WOUNDS WITH SPINAL INJURY  
MULTIPLE WOUNDS  
PELVIS TRAUMA  
PENETRATING INJURIES TO THE RIGHT LUNG  
POSTMORTEM FINDINGIS (DRAWN IN WATER CANAL)  
PRESSURE OVER NECK  
SEVERE AXONAL INJURY  
SEVERE CHEST INJURY  
SEVERE HEAD INJURY  
SEVERE SPINAL INJURY  
SNAKE BITE  
STAB WOUND TO ABDOMEN

STAB WOUNDS  
 STAB WOUNDS TO CHEST  
 STAB WOUNDS TO THE NECK  
 STRICKEN BY LIGHTNING  
 SUFFOCATION  
 SUICID BY GUNSHOT  
 SUICIDE  
 THIRD DRECRE BURNS  
 TRAUMATIC AMPUTATION  
 TRAUMATIC BRAIN INJURY  
 TRAUMATIC HEAD INJURY  
 TRAUMATIC INTRACRANIAL  
 TRAUMATIC INTRACRANIAL HAEMORRHAGE

### **SEPSIS/INFECTION**

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BRAIN STEM PATHOLOGY  
 CANDIDA ENDOCARDITIS  
 DELOCALIZED INFECTION  
 DISEASE OF THE ORAL CAVITY  
 DRAIN ABSCESS  
 EXTENSIVE GLUETAL DECUBITUS  
 FUNGAL SEPSIS  
 GANGRENOUS RIGHT LOWER EXTERMITES  
 HYPOGLYCEMIA SECONDARY TO SEPTIC SHOCK  
 INTRA ABDOMINAL INFECTION  
 METABOLIC SEPSIS  
 NEONATAL SEPSIS  
 PANCREATIC ABSCESS  
 PERIANAL ABSCESS  
 PERITONITIS  
 SEPSIS  
 SEPSIS ACUTE GASTRITU  
 SEPSIS AND ACUTE KIDNEY INJURY  
 SEPSIS AND ANAEMIA  
 SEPSIS AND PNEUMONIA  
 SEPSIS IN SEPTIC SHOCK  
 SEPSIS SECONDARY PRESSURE SORES  
 SEPSIS SECONDARY TO FOOT GANGRENE  
 SEPSIS WITH SEPTIC SHOCK  
 SEPSIS WITH SEVERE METABOLIC ACIDOSIS  
 SEPSIS, PLEURO PNEUMONIA  
 SEPSIS, UROSEPSIS  
 SEPSIS/KIDNEY FAILURE  
 SEPTACAEMIA  
 SEPTIC ABORTION

SEPTIC BED SORES  
SEPTIC CHOCK  
SEPTIC DIABETIC FOOT  
SEPTIC HYPOVOLOGEMIC  
SEPTIC HYPOVOREMIC SHOCK  
SEPTIC LEG ULCER  
SEPTIC PRESSINE SORES, DIABETES MELLITUS  
SEPTIC PRESSURE ULCER  
SEPTIC SEVERE SHOCK  
SEPTIC SHOCK  
SEPTIC SHOCK STROKE  
SEPTIC SHOCK SYNDROME  
SEPTIC STROCK  
SEPTICAEMIA  
SEPTICEMIA  
SEPTICEMINE  
SEPTICIMIA  
SEPTICT SHOCK  
SEPTISEMIC SHOCK  
SEVERE HYPERTENSION SEPSIS  
SEVERE SEPSIS  
SEVERE SEPSIS HYPERTENSION  
SEVERE SEPSIS WITH MULTI ORGAN FAILURE.  
SEVERE SEPTICEMIA  
UNCONTROLABLE SEPSIS  
UROSEPSIS

**KIDNEY DISEASE**

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ACUTE KIDNEY DISEASE  
ACUTE KIDNEY FAILURE  
ACUTE KIDNEY INJURY  
ACUTE KIDNEY INJURY ON CHRONIC KIDNEY DISEASE  
ACUTE KIDNEY INJURY SECONDARY TO SEPSIS  
ACUTE KINDEY FAILURE  
ACUTE ON CHRONIC KIDNEY DISEASE  
ACUTE RENAL FAILURE  
AKI  
BILATERAL HYDRONEPHROSIS  
CHRONIC KIDNEY DISEASE  
CHRONIC KIDNEY FAILURE  
CHRONIC KIDNEY INJURY  
CHRONIC RENAL DISEASE  
CHRONIC RENAL FAILURE  
CONVULSIONS SECONDARY TO ELECTROLYTE IMBALNCE  
ELECTROLYTE IMBALANCE

END STAGE RENAL  
 END STAGE RENAL DISEAS  
 END STAGE RENAL DISEASE  
 END STAGE RENAL FAILURE  
 ESRD  
 ESRD WITH UREMIC ENCEPHELOPETHY  
 KIDNEY FAILURE  
 KIDNEY INJURY  
 METABOLIC COMPLICATIONS OF CHRONIC KIDNEY DISEASE  
 NEPHROTIC SYNDROME  
 OBSTRUCTIVE UROPATHY  
 RENAL DISEASE  
 RENAL FAILURE  
 RENAL FAILURE AND ANAEMIA  
 RENAL IMPAIEMENT  
 RENAL IMPAIRMENT  
 RENAL INJURY  
 SEVERE ACUTE RENAL FAILURE  
 SEVERE ELECTROLYTE IMBALANCE HYPOPLYCEMIA  
 URAEMIA  
 UREMIA (SEVERE RENAL FAILURE)  
 UREMIC ENCEPHALOPATH SEPSIS  
 UREMIC ENCEPHALOPATHY  
 UREMIC ENCEPHIROPATHY  
 UREMIC SYNDROME

## **CANCER**

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ABDOMINAL MASS  
 ABDOMINAL TUMOR  
 ADBOMINAL LYMPHOMA  
 ADENOCARCINOMA OF STOMACH  
 ADVANCE CERVICAL CANCER  
 ADVANCE ENDOMETRIAL CARCINOMA  
 ADVANCED BREAST CANCER  
 ADVANCED CANCER  
 ADVANCED CANCER OF BREAST  
 ADVANCED CARCINOMA OF THE OESOPHAGUS  
 ADVANCED CEREBRAL CANCER  
 ADVANCED CERVICAL CANCER  
 ADVANCED ENDOMETRIAL CANCER  
 ADVANCED HEPATOCELLULAR CARCINOMA  
 ADVANCED LUNG CANCER  
 ADVANCED NEUROENDOCRINE CANCER  
 ADVANCED OVARIAN CARCINOMA WITH METASTASIS  
 ADVANCED PROSTATE CANCER



ADVANCED TERMINAL CANCER  
AUSTRIC CANCER  
BLADDER CANCER  
BRAIN CANCER  
BRAIN METASTATIC  
BRAIN TUMOR  
BREAST AND COLON CARCINOMA  
BREAST CANCER  
BURKITT'S LYMPHOMA  
CACX 111B  
CANCER  
CANCER OF CERVIX  
CANCER OF PROSTATE  
CANCER OF THE BLADDER  
CANCER OF THE BREAST  
CANCER OF THE CERVIX  
CANCER OF THE LIVER  
CANCER OF THE PROSTATE  
CARCINOMA  
CEREBELLUM TUMOR  
CERVICAL CANCER  
CHRONIC MYELOID LEUKEMIA  
DISSEMINATED KAPOSI SARCOMA  
ENDOMETRIAL CANCER  
EOSOPHAGEAL CANCER  
GASTRIC CANCER  
GASTRIC COMPLICATION WITH METASTASIS  
GASTROINTESTINAL MALIGNANCY  
HEPATOCELLULAR CARCINOMA  
HILAR CHOLANGIOCARCINOMA  
HIP MALIGNANCY  
HODGKIN  
INTRA ABDOMINAL MALIGNACY  
KAPOSI SARCOMA  
LEFT DENIAL CORNER WITH LUNG METASTASIS  
LUNG CANCER  
LYMPHOMA  
MALIGNANCY  
MALIGNANT LUNG  
MALIGNANT MELANOMA  
MALIGNANT NEOPLASTIC  
MALIGNANT PLEURAL EFFUSION  
MASSIVE OVARIAN  
MESENTERIC TUMOUR  
METASTASIS

METASTATIC (STAGE IV) HEPATIC CARCINOMA  
 METASTATIC ADENOCARCINOMA  
 METASTATIC BREAST CANCER  
 METASTATIC CANCER  
 METASTATIC CANCER OF THE CERVIX  
 METASTATIC DISEASE  
 METASTATIC ENDOMETRIAL CANCER  
 METASTATIC LUNG CANCER  
 METASTATIC MELIGNANT TUMOUR  
 METASTATIC PANCREATIC  
 MULTINODULAR HEPATOCELLULAR CARCINOMA  
 MULTIPLE MYELOMA  
 NASOPHARYNGEAL CANCER  
 NEPHROBLASTOMA-METASTATIC  
 NON HODGKINS LYMPHOMA  
 OVARIAN CANCER  
 OVARIAN MALIGNANCY  
 PANCREATIC CANCER WITH METASTASIS  
 PANCREATIC HEAD CARCINOMA  
 PANCREATIC TUMOR  
 PROSTATE CANCER  
 SEPSIS/GASTRIC CANCER  
 SQUAMOUS CELL CARCINOMA  
 STAGE 4 LUNG CANCER  
 STAGE IV PROSTATE CANCER  
 THYROID CANCER  
 TUMOUR LYSIS SYNDROME

#### **COVID-19**

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ACUTE RESPIRATORY COVID  
 ACUTE RESPIRATORY DISTRESS ( COVID 19)  
 ACUTE RESPIRATORY DISTRESS SYNDROME ( COVID 19)  
 ACUTE RESPIRATORY DISTRESS SYNDROME (CORONAVIRUS)  
 ACUTE RESPIRATORY DISTRESS SYNDROME (COVID-19)  
 ACUTE RESPIRATORY DISTRESS SYNDROME SECONDARY TO COVID 19  
 ACUTE RESPIRATORY DISTRESS SYNDROME SEVERE COVID-19  
 ACUTE RESPIRATORY FAILURE (C0VID-19)  
 ACUTE VIRAL MYOCARDITIS CORONA VIRUS INFECTION  
 CARDIO RESPIRATORY (COVID-19)  
 CARDIORESPIRATORY ARREST (COVID-19)  
 CARDIORESPIRATORY FAILURE (COVID -19)  
 CORONA VIRUS  
 CORONA VIRUS DISEASE  
 CORONA VIRUS DISEASE AND PNEUMONIA  
 CORONA VIRUS RELATED COMPLICATIONS

COVID-19  
COVID-19 AND PNEUMONIA  
COVID-19 AND PNEUMONIA COMPLICATED WITH RESPIRATORY DISTRES  
COVID-19 AND SEVERE DISEASE  
COVID-19 AND SHOCK  
COVID-19 COMPLICATIONS  
COVID-19 INFECTION  
COVID-19 POSITIVE  
COVID-19 RELATED COMPLICATIONS  
COVID-19 SEQUELE  
DIABETES MELLITUS (COVID-19)  
HYPERTENSION (COVID-19)  
PNEUMONIA (COVID 19)  
RENAL FAILURE D.M HYPERGLYMIG COVID 19  
RENAL FAILURE(COVID 19)  
RESPIRATORY ARREST COVID 19  
SARS  
SARS COVID-19  
SARS-CO-2 PNEUMONIA  
SEVERE ANAEMIA AND RESPIRATORY FAILURE COVID -19 SUSPECT  
SEVERE ARDS (COVID -19)  
SEVERE COVID-19  
SEVERE PNEUMONIA ( COVID-19)  
SEVERE PNEUMONIA (CORONAVIRUS)  
SEVERE PNEUMONIA (COVID-19)  
SEVERE PNEUMONIA-SARS COV 2  
SUSPECTED COVID-19 CASE

#### **CEREBROVASCULAR DISEASES**

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ACUTE CEREBROVASCULAR ACCIDENT  
ACUTE HAEMORRHAGIC STROKE  
BRAIN STEM STROKE  
CCM  
CELEBROVASCULAR ACCIDENT  
CEREBRAL HAEMORRHAGE  
CEREBRAL HYPOXIA  
CEREBRO VASCULAR ACCIDENT  
CEREBROVASCULAR  
CEREBROVASCULAR ACCIDENT  
CEREBROVASCULAR ACCIDENT (STROKE)  
CEREBROVASCULAR ACCIDENT C.V.A (STROKE)  
CEREBROVASCULAR DISEASE  
CEREBROVASCULAR HAEMORRHAGE  
CHRONIC HEART FAILURE IN PULMONARY CEREBRO VASCULAR ACCIDENT  
CVA

CVA HAEMORRHAGIC  
 CVA WITH ASPIRATION PNEUMONIA  
 HAEMORRHAGIC CEREBROVASCULAR ACCIDENT  
 HEMORRHAGIC CEREBROVASCULAR ACCIDENT  
 HEMORRHAGIC STROKE  
 HYDROCEPHALUS  
 ISCHAEMIC STROKE  
 NEUROCYSTICERCOSIS  
 RECURRENT CVA  
 RIGHT SIDED STROKE  
 RUPTURED ANEURYSM  
 STROKE  
 SUBARACHNOID HEMORRHAGE  
 VASCULAR ACCIDENT

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#### **NATURAL CAUSES**

NATURAL DEATH

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#### **TUBERCULOSIS**

DISERMINATED TUBERCULOSIS  
 DISSEMINATED TB  
 DISSEMINATED TUBERCOLOSIS  
 DISSEMINATED TUBERCOLUSIS  
 DISSEMINATED TUBERCULOSIS  
 EXTRA PULMONARY TUBERCULOSIS  
 MILIARY TUBERCULOSIS  
 PLEURAL EFFUSION TUBERCULOSIS  
 POST PTB  
 PULMONARY AND EXTRA PULMONARY TUBERCULOSIS  
 PULMONARY TB  
 PULMONARY TUBECULOSIS  
 PULMONARY TUBERCOLOSIS  
 PULMONARY TUBERCULOSIS  
 SHOCK AND EXTRACT PULMONARY TUBERCOLOSIS  
 TB MANINGTIS  
 TUBERCULOS MENINGITIS  
 TUBERCULOSIS  
 TUBERCULOSIS ABDOMEN  
 TUBERCULOSIS MENINGITIS

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#### **UNNATURAL CAUSES**

PENDING REPORT OF CHEMICAL ANALYSIS OF BLOOD  
 PENDING REPORT OF THE CHEMICAL EXAMINATION  
 UNNATURAL DEATH

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#### **LIVER DISEASE**

ACUTE LIVER FAILURE  
 CHRONIC LIVER DISEASE

DRUG INDUCED HEPATITIS  
DRUG INDUCED HEPATITIS ANAEMIA  
END STAGE LIVER DISEASE  
END STAGE LIVER FAILURE  
FULMINANT LIVER FAILURE  
HEPATIC ENCEPHALOPATHY  
HEPATIC FAILURE  
HEPATITIS  
HEPATITIS B  
HEPATITIS B CO-INFECTED  
HEPATOTOXICITY  
LIVER FAILURE  
LIVER AND RENAL FAILURE  
LIVER CIRRHOSIS  
LIVER DISEASE  
LIVER ENCEPHALOPATHY  
LIVER FAILURE  
LIVER FAILURE 2ND DEGREE TO CHOLESTATIC JAUNDICE

**DIABETES MELLITUS**

---

ACIDOKETOSIS COMA  
AUTO-IMMUNE HYPOGLYCEMIA  
DIABETES  
DIABETES AND HYPERTENSION  
DIABETES MELLITUS  
DIABETES NUTRITION  
DIABETIC  
DIABETIC COMA  
DIABETIC KETOACIDOSIS  
DIABETIC KETOACIDOSIS WITH SEPSIS  
DIABETIC TYPE 2  
HYPERGLYCEMIA  
HYPERGLYCEMIA DIABETIC KETOACIDOSIS  
HYPERTENTION DIABETES  
HYPOGLYCEMIA  
HYPOGLYCEMIC COMA  
SEVERE DIABETES  
SEVERE HYPOGLYCEMIA  
SEVERE METABOLIC ACIDOSIS

**PENDING POSTMOTERM REPORT**

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PENDING ANALYSIS  
PENDING MEDICO LEGAL INVESTIGATION  
PENDING REPORT  
PENDING REPORT OF CHEMICAL ANALYSIS  
PENDING REPORT OF THE CHEMICAL EXAMINATION

PENDING REPORT OF THE CHEMICAL EXAMINATION OF BLOOD  
 POSTMOSTEM FINDINGS  
 RESERVED PENDING ANALYSIS  
 RESERVED PENDING OF THE CHEMICAL EXAMINATION OF THE BLOOD  
 RESERVED PENDING REPOORT OF CHEMICAL ANALYSIS  
 RESERVED PENDING REPORT  
 RESERVED PENDING REPORT CHEMICAL ANALYSIS OF BLOOD  
 RESERVED PENDING REPORT OF CHEMICAL ANALYSIS  
 RESERVED PENDING REPORT OF CHEMICAL ANALYSIS BLOOD  
 RESERVED PENDING REPORT OF CHEMICAL ANALYSIS OF BLOOD  
 RESERVED PENDING REPORT OF CHEMICAL ANLYSIS  
 RESERVED PENDING REPORT OF THE CHEMICAL EXAMINATION  
 RESERVED PENDING REPORT OF THE CHEMICAL EXAMINATION OF BLOOD  
 RESERVED PENDING REPORT,CHEMICAL ANALYSIS OF BLOOD  
 RESERVED PENDING REPORTOF CHEMICAL ANALYSIS  
 RESERVED,CHEMICAL REPORT OF THE BLOOD SAMPLE PRESERVED  
 RESERVED,PENDING REPORT OF THE BLOOD SAMPLE PRESEVED  
 RESEVERD PENDING REPORT OF CHEMICAL ANNALYSIS OF BLOOD

#### **HIV RELATED DEATH**

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ADVANCED HIV DISEASE  
 ADVANCED HIV RETROVIRAL DISEASE  
 ADVANCED RETRO VIRAL DISEASE  
 ADVANCED RETROVIRAL DISEASE  
 ADVANCED RETRO -VIRAL DISEASE  
 ADVANCED RETROVIRAL DISEASE AND MENINGITIS  
 ADVANCED RETROVIROS DISEASE  
 ADVANCED RVD  
 ADVANCED RVD DISSEMINATED TB  
 END STAGE RDV DISEASE  
 HIV  
 HIV ENCEPHALITIS  
 IMMUNE SUPPRESSION  
 IMMUNOSUPPRESSION  
 IRIS  
 LIVER CIRRHOSIS AND RVD  
 R V D  
 RETOVIRAL DISEASE  
 RETRO VIRAL DISEASE  
 RETROVIRAL DISEASE  
 RVD DEFAULTER  
 RVD ENCEPHALOPATHY  
 SEVERE GASTROENTERITIS ON ART  
 SEVERE IMMUNO SUPPRESSION  
 SEVERE IRIS

TB AND HIV RECENTLY

**ANAEMIA**

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ANAEMIA  
ANAEMIA SECONDARY TO PEPTIC ULCER DISEASE  
ANAEMIC SHOCK  
CHRONIC ANAEMIA  
OBSTRUCTIVE UROPATHY SEVERE ANEMIA  
SEVERE ANAEMIA  
SEVERE ANAEMIA AND SUSPECTED MALIGNANCY  
SEVERE ANAEMIA WITH METABOLIC ACIDOSIS  
SEVERE CHRONIC ANAEMIA

**MENINGITIS**

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ACUTE BACTERIAL MENINGITIS  
ACUTE BACTERIAL MENINGITIS TO SEREVE CEREBRAL EDEMA  
ACUTE MENINGITIS  
BACTERIAL MENINGITIS  
CRYPTOCOCCAL DISEASE  
CRYPTOCOCCAL MENINGITIS  
MENINGITIS  
MENINGOENCEPHALITIS

**HYPOVOLEMIC SHOCK**

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DEHYDRATION  
DEHYDRATION AND ELECTROLYTES IMBALANCE  
FEVER DEHYDRATED  
FLUID OVERLOAD  
GASTROENTERITIS AND HYPOVOLEMIC SHOCK  
HEMORRHAGE ARREST  
HEMORRHAGIC SHOCK  
HYPOOSMOLAR CRIVE  
HYPOTENSION HYPOVOLEMIC SHOCK  
HYPOVOLEMIA  
HYPOVOLEMIC SHOCK  
SEVERE ACUTE DEHYDRATION  
SEVERE DEHYDRATION  
SEVERE DEHYDRATION AND ELECTROLYTES IMBALANCE  
SEVERE FLUID AND ELECTROLYTES IMBALANCE  
SEVERE FLUID AND ELECTROLYTES IMBALANCE AND SEVERE ANEMIA

**GASTROENTERITIS**

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2ND DEGREE DYSENTERY  
ACUTE GASTRISIS  
ACUTE GASTROENTERITIS  
CHRONIC GASTROENTERITIS  
DIARRHEA  
DYSENTERY

GASTRITIS  
 GASTROENTERITIS  
 GASTROENTERITIS WITH SEVERE DEHYDRATION  
 GASTROESOPHAGEAL  
 PARTIAL INTESTINAL OBSTRUCTION/DIARRHEA  
 PULMONARY AND GASTROVASCULAR COMPLICATIONS  
 SEVERE GASTRITIS  
 SEVERE GASTROENTERITIS

#### **OTHER GASTROINTESTINAL DISEASES**

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ABDOMINAL DISTENTION  
 ACUTE ABDOMEN  
 ASCITIS CHRONIC CONSTIPATION  
 BOWEL OBSTRUCTION  
 CHRONIC INTESTINE  
 CHRONIC PEPTIC  
 DECUBITUS ULCERS  
 DEEP SACRAL PRESSURE ULCER AND HIGH PRESSURE ULCERS  
 DISEASE OF DIGESTIVE SYSTEM INTESTINAL OBSTRUCTION  
 EPIGASTRIC MASS PETIC UCLER DISEASE  
 ESOPHAGEAL CANDIDIASIS  
 GASTROINTESTINAL TRACT DYSMOTILITY (CONGENITAL)  
 HYPOKALEMIA  
 INTESTINAL OBSTRUCTION  
 ISCHAEMIC COLITIS  
 OESOPHAGEAL  
 PEPTIC ULCER DISEASE  
 PERFORATED PEPTIC ULCER  
 UPPER GASTROINTESTINAL  
 UPPER GASTROINTESTINAL BLEEDING  
 UPPER GATROINTESTINAL TRAC BLEEDING  
 UPPER INTESTINAL HAMENAYHE

#### **MULTIPLE ORGAN FAILURE**

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MODS  
 MULTI ORGAN FAILURE  
 MULTI ORGAN FAILURE AND HYPOVOLEMIC SHOCK  
 MULTI-ORGAN DYSFUNCTION SYNDROME WITH BRAINSTEM DEATH  
 MULTIPLE ORGAN DYSFUNCTION SEPTIC SHOCK  
 MULTIPLE ORGAN DYSFUNCTION SYNDROME  
 MULTIPLE ORGAN FAILURE  
 MULTIPLE ORGAN FAILURE DUE TO SHOCK

#### **INTERNAL INJURIES**

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BLEEDING LIVER  
 BRAIN EDEMA  
 GASTROINTESTINAL BLEEDING



GASTROINTESTINAL HAEMORRHAGE  
INTERNAL INJURIES  
RAPTURE JUGULAR VEIN

**NEUROLOGICAL DYSFUNCTION**

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EPILEPSY  
EPILEPSY WITH BREAKTHROUGH SEIZURES (STATUS EPILEPSY)  
EPILEPTIC SEIZURES  
MULTIPLE BRAIN CYSTS  
NEUROLOGICAL DYSFUNCTION  
SEIZURE ATTACH  
SEIZURE DISORDER  
SEIZURE DISORDER & HYPERGLYCAEMIA  
SEIZURES IN TRAUMATIC BRAIN INJURY  
SEVERE NEUROPATHY  
TRANSVERSE MYELITIS

**BLOOD DISEASE**

---

DEEP VEIN THROMBOSIS  
DISSEMINATED INTRAVASCULAR COAGULATION  
ICH BICYTOPENIA  
LEUKEMIA  
SEVERE BICYTOPENIA  
SEVERE PANCYTOPENIA  
SEVERE THROMBOCYTOPENIA  
THROMBO EMBOLIC DISEASE  
THROMBO EMBOLISM  
THROMBOCYTOPENIA

**NEONATAL DEATH**

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CONGENITAL ANOMALY  
FETAL DISTRESS  
HYALINE MEMBRANE DISEASE  
MULTIPLE CONGENITAL MALFORMATION  
NEONATAL ENCEPHALOPATHY  
PREMATURITY AT 27 WEEKS  
PREMATURITY FROM FIVE MONTHS  
PRETERM,VERY LOW BIRTH WEIGHT  
SUDDEN INFANT DEATH SYNDROME

**LUNG DISEASE**

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CHRONIC LUNG DISEASE  
CHRONIC LUNG INFECTION  
CHRONIC LUNG INTESTINAL DISEASE  
LUNG INFECTION  
PLEURAL EFFUSIONS  
SILICOSIS  
SPONTANEOUS PNEUMOTHORAX

## B. How CRVS Supports SDGs

No Poverty		
Target	Role of CRVS	Data Needed
1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.	Access to social protection systems is generally predicated on a 'legal identity' – and thereby contingent on birth registration.	<ul style="list-style-type: none"> <li>▪ Birth registration completeness</li> </ul>
1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance.	Ownership, access to banking, and inheritance are difficult without recognized identity documents – while inheritance is greatly simplified through formal death registration procedures that support the deceased person's assets to be legally transferred. However registration is frequently not as complete for women as for men, and may largely exclude other vulnerable populations.	<ul style="list-style-type: none"> <li>▪ Birth and death registration completeness – disaggregated by sex, region (central vs outer islands) and other vulnerable groups (possibly single mothers, ethnicity etc. depending on the local setting)</li> </ul>
1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.	While planning for disaster response requires local area population data (by age and sex where possible), access to post disaster payments, services and support, and the ability to access one's own assets, often relies on adequate identity documents. These may also play an important role in reuniting families after a major event. CRVS systems must be able to respond to events and quickly replace lost or destroyed records.	<ul style="list-style-type: none"> <li>▪ CRVS back-up storage capacity / systems</li> <li>▪ Ability of the CRVS system to respond to an emergency and re-issue critical identity documents</li> </ul>
No Hunger		
Target	Role of CRVS	Data Needed

2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.	In order to monitor infant nutrition – number of births is needed as a denominator.	<ul style="list-style-type: none"> <li>▪ Number of births</li> </ul>
2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.	As for 2.1, measurement for this target requires, as a denominator, the number of pregnancies (estimated by the number of births) and number of infants and children.	<ul style="list-style-type: none"> <li>▪ Number of births</li> </ul>
<b>Good Health and Well-being</b>		
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	Direct measurement of this target.	<ul style="list-style-type: none"> <li>▪ Deaths due to maternal causes (deaths by cause – ICD summary tabulation list)</li> <li>▪ Number of births</li> </ul>
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births.	Direct measurement of this target.	<ul style="list-style-type: none"> <li>▪ Deaths by age (&lt;28 days, &lt;1 year and &lt;5 years)</li> <li>▪ Number of Births</li> </ul>
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	A key measurement of the impact of these epidemic diseases is the number of deaths that are attributed to them.	<ul style="list-style-type: none"> <li>▪ Deaths by cause (ICD summary tabulation list)</li> </ul>
<b>Target</b>	<b>Role of CRVS</b>	<b>Data needed</b>
3.4 By 2030, reduce by one third premature mortality	Direct measurement of premature mortality related to	<ul style="list-style-type: none"> <li>▪ Deaths by cause (ICD summary tabulation list) –</li> </ul>

<p>from non-communicable diseases through prevention and treatment and promote mental health and well-being.</p>	<p>NCDs. Deaths must be reported by age if we are to develop an indication of ‘premature deaths’ that is relevant to Pacific countries.</p> <p>There is also a suggestion to measure deaths due to suicide as an important indicator of mental health and well-being.</p>	<p>disaggregated by age group and sex</p> <ul style="list-style-type: none"> <li>▪ Life expectancy (calculated by deaths by age group and population)</li> </ul>
<p><b>3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents.</b></p>	<p>Direct measurement of this target. As deaths due to external causes (such as traffic accidents) tend to occur disproportionately in younger adults – this measure has more value if examined by age group.</p>	<ul style="list-style-type: none"> <li>▪ Deaths by cause (ICD summary tabulation list) – by age group</li> </ul>
<p><b>3.7 Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.</b></p>	<p>Changes in the number of deaths and the causal patterns of death are a critical surveillance tool to be able to identify (and subsequently respond to) emerging health concerns.</p>	<ul style="list-style-type: none"> <li>▪ Deaths by cause (ICD summary tabulation list) – by age group, sex, and geographic sub-region</li> </ul>
<b>Quality Education</b>		
<p><b>Target</b></p>	<p><b>Role of CRVS</b></p>	<p><b>Data needed</b></p>
<p><b>4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.</b></p>	<p>Access to school (and more critically – subsequent acknowledgement of academic achievements) generally requires a formal identity or birth certificate.</p>	<ul style="list-style-type: none"> <li>. Birth registration coverage by age 5 – by sex and geographical sub-region)</li> </ul>
<p><b>4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.</b></p>		<ul style="list-style-type: none"> <li>. Birth registration coverage by age 5 – by sex and geographical sub-region)</li> </ul>

<p>4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university.</p>		<ul style="list-style-type: none"> <li>Birth registration coverage by age 5 – by sex and geographical sub-region)</li> </ul>
<p>4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.</p>	<p>As for 4.1 – Children of single mothers, those raised by extended family (through informal adoption), minorities, and those from outer islands may be less likely to have a formal identification from a birth certificate. Even where these children have been able to access school; there are known instances of children being forced to ‘drop out’ early as they cannot sit required progression exams without a birth certificate.</p>	<ul style="list-style-type: none"> <li>Birth registration coverage by age 5 – by sex and geographical sub-region, as well as by other vulnerable groups where possible).</li> <li>Late registration procedures are accessible to all</li> </ul>
<b>Gender Equality</b>		
<b>Target</b>	<b>Role of CRVS</b>	<b>Data needed</b>
<p>5.1 End all forms of discrimination against all women and girls everywhere.</p>	<p>Birth registration, and subsequently a legal identity, is central to ensuring social inclusion – such as access to services, participation in government, education, etc. It is essential that birth registration</p>	<ul style="list-style-type: none"> <li>Birth registration – completeness by sex</li> </ul>
<p>5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.</p>	<p>Women and girls who have a legal identity and are formally recognised are better protected from trafficking and other forms of exploitation.</p>	<ul style="list-style-type: none"> <li>Birth registration – completeness by sex</li> <li>Age at marriage – by sex</li> </ul>
<p>5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.</p>	<p>Accurate and universal birth registration is essential to accurately monitoring age at marriage and preventing early marriage (in line with national legislation).</p>	<ul style="list-style-type: none"> <li>Birth registration – quality and completeness</li> <li>Age at marriage – by sex</li> </ul>
<b>Reduced Inequalities</b>		

Target	Role of CRVS	Data needed
<b>10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies.</b>	In addition to the basic population data required to address this target; orderly migration relies on adequate identity documentation and the security (veracity) of this information – in order to ensure confidence between countries that ID documentation is reliable. Strong CRVS systems (that record all births and deaths) provide the foundation for such a national system.	<ul style="list-style-type: none"> <li>▪ Registration completeness for births and deaths</li> <li>▪ Procedures for verifying identity documents and evidence for registration are in place</li> </ul>
<b>Peace, Justice and Strong Institutions</b>		
Target	Role of CRVS	Data needed
<b>16.1 Significantly reduce all forms of violence and related death rates everywhere.</b>	Direct measurement of this indicator – through cause-specific mortality rates. The mode of death in deaths due to external causes – that is whether the injury or external cause was due to an accident, homicide or assault, or self-inflicted, is generally poorly recorded in the region; with medical certification and autopsy / investigation procedures requiring strengthening.	<ul style="list-style-type: none"> <li>▪ Deaths by cause (ICD summary tabulation list) – by sex and age group</li> </ul>
<b>16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children.</b>	Children who have a legal identity and are formally recognized are better protected from trafficking and other forms of exploitation. In addition, the causes of death amongst children are a critical outcome measure for this target.	<ul style="list-style-type: none"> <li>▪ Birth registration coverage (especially for girls) – by age 12 months</li> <li>▪ Cause of death distribution in children (Summary ICD tabulation by gender and age group)</li> </ul>
<b>Partnerships for the Goals</b>		
Target	Role of CRVS	Data needed
<b>17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and Small Island Developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and</b>	CRVS is an essential part of a national statistical system and is critical for generating timely, continuous data on births and deaths, and subsequently population measures such as fertility and mortality. A high level of completeness (nearly 100% for births and >80% for deaths) is required in order for data generated from CR to be considered reliable for statistical purposes without substantial	<ul style="list-style-type: none"> <li>▪ Birth and death registration coverage (within 12 months of the event)</li> <li>▪ Publication schedule for vital statistics data derived from CRVS</li> </ul>

<p><b>other characteristics relevant in national contexts.</b></p>	<p>correction. Collections should also be representative of the population.</p>	
<p><b>17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries.</b></p>	<p>As for 17.18.</p>	<ul style="list-style-type: none"> <li>▪ Birth and death registration coverage (within 12 months of the event)</li> <li>▪ Publication schedule for vital statistics data derived from CRVS</li> </ul>

*Source: "Transforming our world: the 2030 Agenda for Sustainable Development". United Nations – Sustainable Development knowledge platform. Retrieved 23 August 2015*

# Vital Statistics Report 2022