Roadmap for action

Key actions	2026	2027	2028	2029	2030
Finalized and approved AAR	■				
Initiated and completed legal reforms	■	■			
Developed costed strategic & action plan	■				
Launched BDRIS modernization	■	■			
Rolled out health-led registration nationally		■	■	■	
Completed digital modernization	■	■			
Institutionalized dashboard-driven performance management	■	■	■	■	■
Strengthened ORG institutional capacity	■	■	■	■	■

Expected results by 2030

1.

80% → **100%**
2027 2030
Birth registration completeness

2.

80% → **100%**
2027 2030
Death registration completeness

3.

At least 90% of birth and 80% of deaths registered
within the legal 45-day timeframe

4.

The gender gap in death registration is significantly reduced

5.

Routine annual publication of CRVS-based vital statistics is institutionalized

6.

A fully interoperable CRVS–National ID–Statistics ecosystem
is established to enable seamless data exchange and life-cycle population management

7.

BDRIS is strengthened into a modern, user-friendly, and service-oriented platform
that supports efficient registration and improved public service delivery

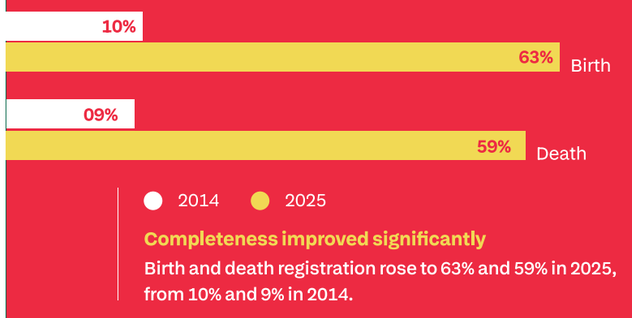
This policy brief draws on findings from the recent Assessment, Analysis, and Redesign (AAR) of Bangladesh's Civil Registration and Vital Statistics (CRVS) system. Conducted through a participatory process, the assessment applied the CRVS Systems Improvement Framework, using business process mapping and the CRVS-System Analysis and Redesign (CRVS-SAR) tool to identify performance gaps across client- and service provider–centric outcomes. It reviewed progress in digitalization, institutional coordination, and linkages with the national identity system, while identifying gaps in completeness, equity, and timeliness of vital event registration. The brief highlights priority policy areas to enable a more proactive and inclusive CRVS system, improving service delivery and strengthening vital statistics for evidence-based governance and public health.

Since 2014, Bangladesh has achieved several key system milestones, including the establishment of the Office of the Registrar General (ORG), nationwide deployment of the Birth and Death Registration Information System (BDRIS), linkage of birth registration with the National Identity system, and the expansion of Medical Certification of Cause of Death (MCCD) and Verbal Autopsy (VA) systems.



Policy priorities for advancing a modern, proactive and inclusive Civil Registration and Vital Statistics system in Bangladesh.

Current status



Completeness improved significantly
Birth and death registration rose to 63% and 59% in 2025, from 10% and 9% in 2014.

Gender gap in death registration persists
64% of registered deaths are male versus 36% female, indicating structural and socio-cultural barriers to female death registration.

Birth registration timeliness remains weak
Only 9% of births are registered within 45 days, while around 80% occur after one year, reflecting a backlog-driven system.

Vital Strategies | Bloomberg Philanthropies | DATA FOR HEALTH INITIATIVE

Photo credit: Juan Arredondo

Key system bottlenecks

1. Access & service delivery

Health–CRVS integration remains inconsistent, with manual declaration requirements placing the onus on families. Multiple visits are common, and burial/cremation processes are not yet integrated into death notification.

2. Processes & documentation

Workflows are documentation-heavy and do not distinguish clearly between timely and delayed cases. Informal data-entry practices, registrar absenteeism, and unnecessary procedural requirements delay approvals and increase applicant burden.

3. Digital & ICT systems

While BDRIS is operational nationwide, system complexity, limited user interface optimization, and lack of automated notifications reduce efficiency. Interoperability is limited, and dashboards are not fully configured for real-time management.

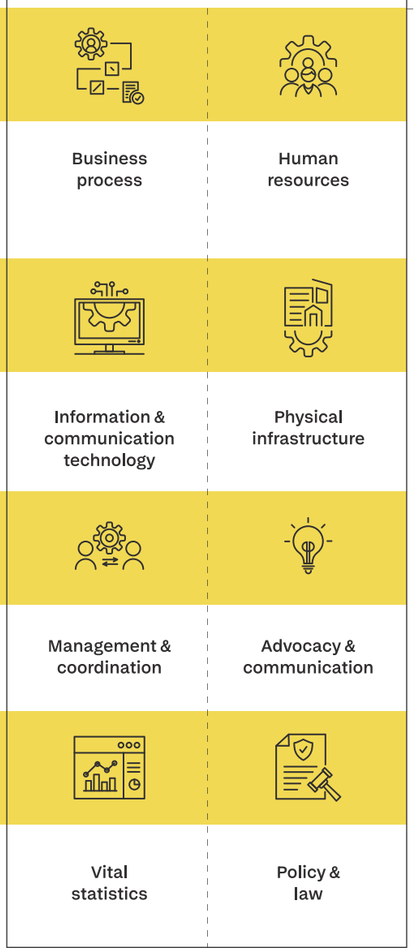
4. Governance & monitoring

Coordination at district level is irregular, and monitoring focuses on completeness rather than timeliness or quality. Supervision lacks standardized tools and systematic follow-up, with no routine tracking of errors or centre performance.

5. Vital statistics & cause of death

Delays in ORG–Bangladesh Bureau of Statistics (BBS) data exchange hinder routine statistics production. Limited ICD coding capacity, incomplete MCCD coverage in private facilities, and quality gaps in MCCD and verbal autopsy affect mortality data reliability.

The reform agenda is structured around eight Action Areas



Priority recommendations from the AAR

1. Institutionalize a proactive, health-led model

a. Legally designate all health facilities as authorized informants, so that births and deaths occurring on their premises can be registered directly based on standardized facility declarations without requiring
b. separate family applications.
Institutionalize issuance of birth certificates prior to discharge to ensure immediate legal documentation of
c. newborns and prevent delays in registration.
Complete death registration and issue certificates at the time of release of the body to provide timely legal

2. Assisted registration for home events

a. Formally authorize community health workers to initiate and submit birth declarations for home deliveries on behalf of families to ensure early capture of events.
b. Institutionalize immunization contacts (e.g., BCG visits) as structured safety-net mechanisms to identify and register unreported births within the legal timeframe.
c. Designate religious leaders and village police as recognized death-notification and facilitation agents for home deaths to improve completeness and timeliness.
d. Integrate urban burial and cremation facilities into the civil registration workflow as formal notification and verification points.

3. End-to-end digital and remote services

a. Enable secure end-to-end remote submission of registration applications without mandatory in-person visits.
b. Introduce legally valid, digitally signed and downloadable certificates accessible through secure online platforms.
c. Implement automated SMS and digital status notifications to inform applicants of application progress and certificate availability.
d. Strengthen interoperability between BDRIS, the National Identity system, and the Bangladesh Bureau of Statistics to ensure seamless data exchange.
e. Develop real-time performance dashboards for

4. Simplify and streamline workflows

a. Delegate authority for timely birth and death registration approval to Union Parishad Administrative Officer to reduce administrative bottlenecks.
b. Clearly differentiate procedural requirements for timely, late, and delayed registrations to encourage compliance within the legal timeframe.
c. Remove unnecessary documentary preconditions and redundant verification steps that delay processing.
d. Eliminate dependency on informal intermediaries for data entry by strengthening publicly governed assisted digital service

5. Strengthen governance, monitoring and accountability

a. Institutionalize structured monitoring and accountability mechanisms across national and subnational levels.
b. Configure BDRIS dashboards to systematically track timeliness, data quality, certificate issuance, and operational performance indicators.
c. Standardize supervision and review processes and link key performance indicators to Governance Performance Monitoring Systems.
d. Establish functional grievance redress and client feedback systems to strengthen transparency and continuous improvement.

6. Strengthen vital statistics & cause of death data

a. Fully operationalize ORG–BBS data exchange protocols to produce routine, timely quality CRVS-based vital statistics.
b. Expand MCCD coverage to private health facilities and strengthen compliance monitoring.
c. Accelerate the national transition to ICD-11 and reinforce centralized mortality coding capacity.
d. Strengthen quality assurance and supervision mechanisms for Verbal Autopsy implementation.

Key messages

1. Move information, not people

Shift from family-driven reporting to institution- and system-enabled registration so that people are not required to travel repeatedly to complete registration. Births and deaths can be captured at the point of occurrence through health facilities, community actors, and funerary services wherever relevant.

2. Simplify reporting burden

Reduce documentation requirements and unnecessary procedural barriers that delay registration and disproportionately affect vulnerable populations.

3. Prioritize timeliness over backlog

Refocus administrative attention on registering current events within legal timelines rather than managing large volumes of delayed registrations. Institution-led registration, simplified procedures and documentation requirements, and improved inter-personnel communication will help ensure timely registration.

4. Strengthen data for governance

Enable seamless data flows between civil registration, health, statistical, and national identity systems to improve vital statistics, identity management, and service delivery. Using death registration data to update identity records will support more accurate population data for planning and public programmes.