



## **Countdown to 2015 : Report at PMNCH Board Meeting**

**Geneva, June 1, 2011**

**An evolution  
from child survival  
to the continuum of care**

Pre-pregnancy

Pregnancy

Birth

Postnatal

Childhood

# What does *Countdown* do?

- Tracks country-level coverage for interventions proven to reduce maternal, newborn and child mortality and associated indicators for
  - Policies and health system strength
  - Financial flows
  - Equity
- Analyzes country-level trends and recommends actions to accelerate progress
- Identifies knowledge and data gaps
- Promotes accountability for progress

# Who is *Countdown*?

1. Individuals: scientists/academics, policymakers, public health workers, communications experts, teachers...
2. Governments: MNC policymakers, members of Parliament...
3. Organizations: NGOs, UN agencies, donors, medical journals...



# Countdown Principles

## ***1. Based on scientific evidence***

All Countdown work reflects an effort to report on the best available data, collected with care and reported in ways that are fully transparent and permit replication of all analyses and results.

## ***2. Focused on strengthening country programs.***

Representatives of countries are involved in the decision-making processes of Countdown, including the selection of priority research topics and strategies for advocacy and accountability.

## ***3. Respects and holds accountable all partners who adhere to its principles.***

There is one set of rules that applies to all. Where gaps in evidence or disappointing outcomes are found, they are reported fully in the spirit of a multi-disciplinary “community of interest” with the shared mission of reducing MNC mortality.

# What “set” of interventions?

**All** interventions must have evidence of:

- Effectiveness
  - Feasibility
    - Affordability
      - Availability

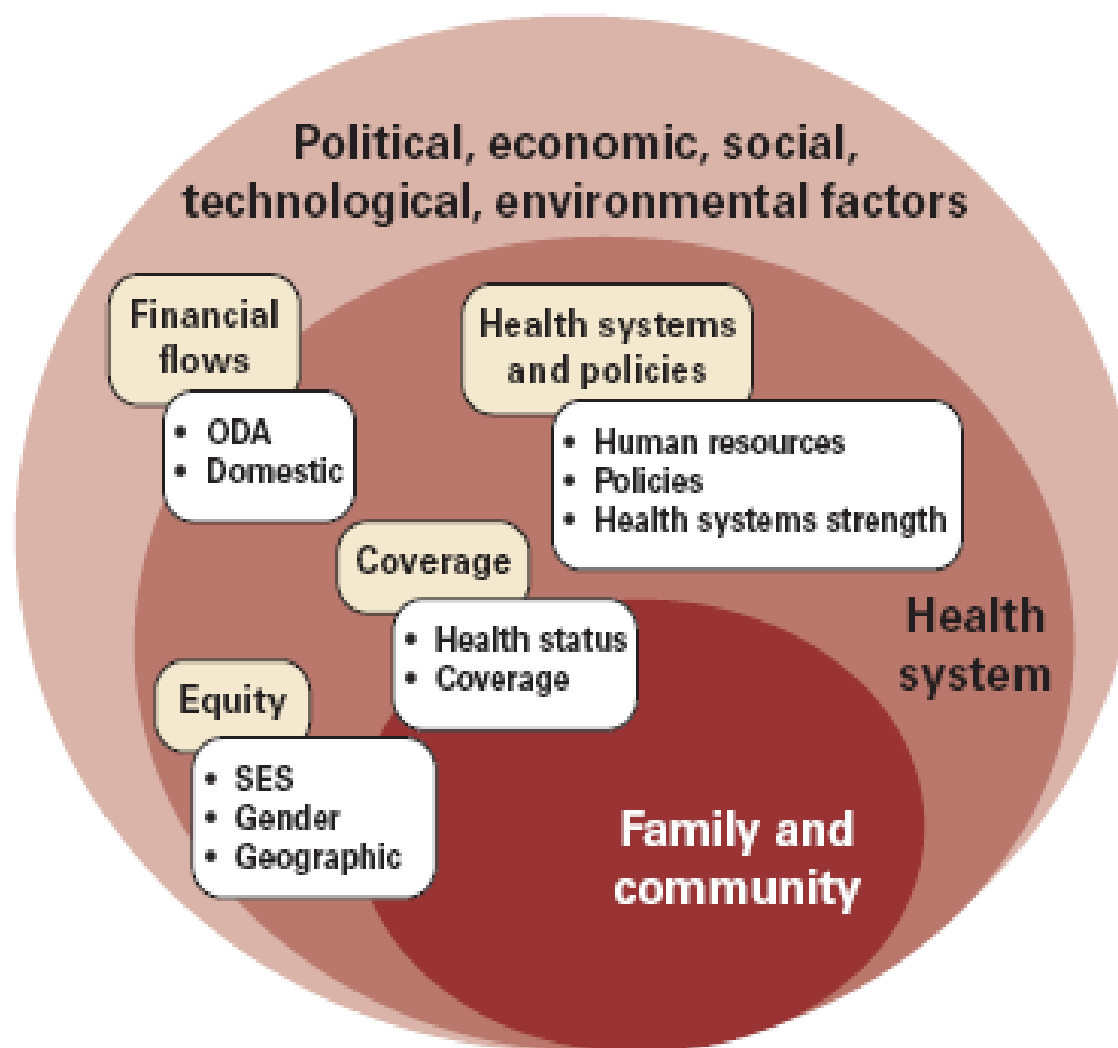
**Plus** indicators of coverage that are available in and comparable across the majority of Countdown countries

# Countdown Management Structure



\* Consisting of the 2 coordinating committee co-chairs, 2 co-chairs from the technical sub-committee, 2 co-chairs from the advocacy sub-committee, and 1 co-chair from each of the 4 technical working groups.

# Countdown data bases







## Neonatal, postneonatal, childhood, and under-5 mortality for 187 countries, 1970–2010: a systematic analysis of progress towards Millennium Development Goal 4

*Julie Knoll Rajaratnam, Jake R Marcus, Abraham D Flaxman, Haidong Wang, Alison Levin-Rector, Laura Dwyer, Megan Costa, Alan D Lopez, Christopher J L Murray*

### Summary

*Lancet* 2010; 375: 1988–2008

Published Online

May 24, 2010

DOI:10.1016/S0140-

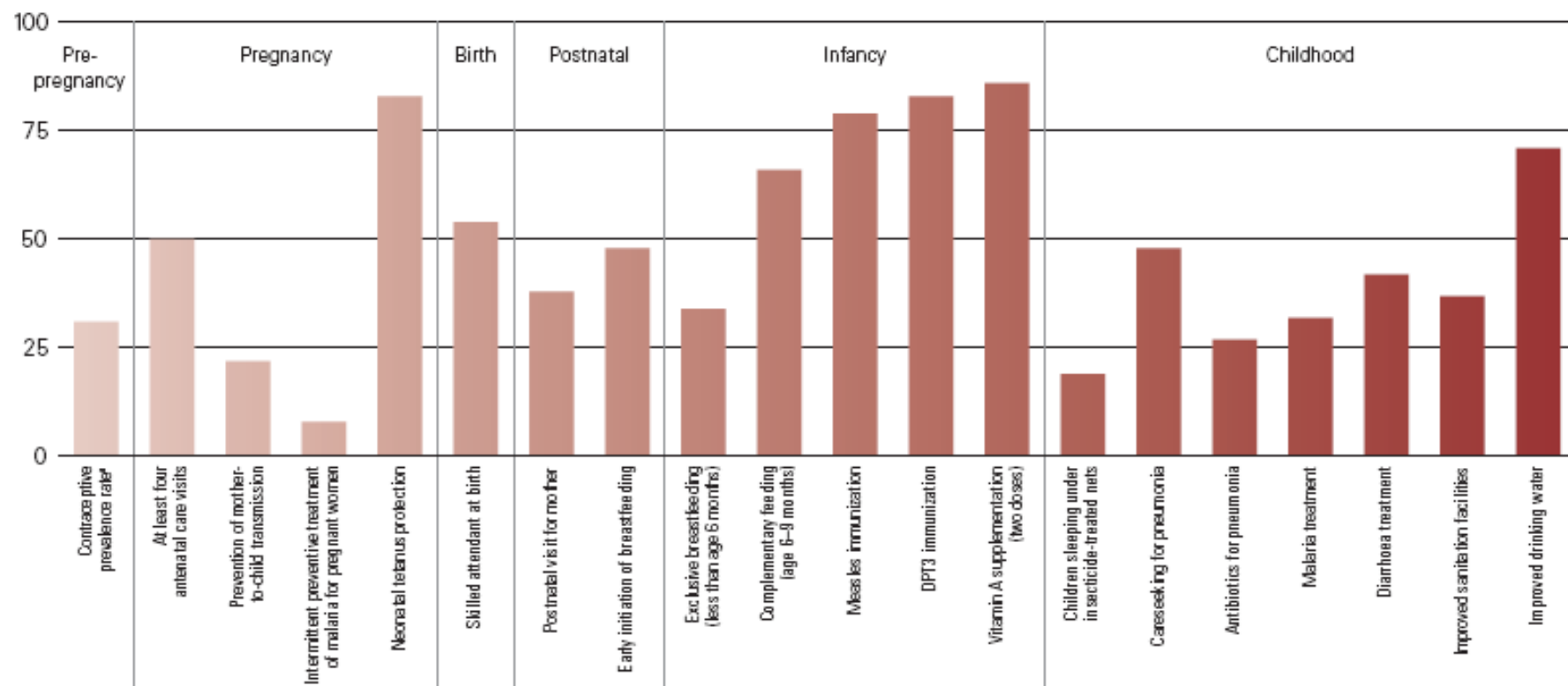
**Background** Previous assessments have highlighted that less than a quarter of countries are on track to achieve Millennium Development Goal 4 (MDG 4), which calls for a two-thirds reduction in mortality in children younger than 5 years between 1990 and 2015. In view of policy initiatives and investments made since 2000, it is important to see if there is acceleration towards the MDG 4 target. We assessed levels and trends in child mortality for 187 countries

**COUNTDOWN TO 2015**  
**DECADE REPORT (2000–2010)**  
*with country profiles*

*Taking stock of maternal, newborn and child survival*

# Key graphics for advocacy

Median national coverage of interventions across the continuum of care for 20 *Countdown* interventions and approaches in *Countdown* countries, most recent year since 2000 (%)



**What's new?**

## Countdown planning since June 2010

- Accelerating the work plan (meeting Jan 2011)
- Addition of new indicators (e.g. Stillbirths)
- Cross cutting analysis
- Country level profiles with sub-national information
- Intervention coverage/effective interventions?
- Engagement in the working groups leading up to the Accountability Commission Report
- Countdown Meeting 2012 & Coordinating Committee meeting July 2011 (Geneva)

## New Countdown elements for 2012

- Updated estimates for maternal mortality & cause of deaths
- New coverage estimates for many countries drawing on recent national surveys (74 countries).
- First results from in-depth analyses conducted by all technical working groups.
- Findings from cross-cutting analyses addressing priority questions.
- New ODA estimates for maternal, newborn and child health for 2008, financing for family planning, and domestic spending on maternal, newborn and child health for African and Asian *Countdown* countries.

## Guiding Principles for Country-Level Countdowns

***Focus on data quality and data for action:*** emphasis on bringing together relevant data on coverage for proven MNCH interventions and determinants of coverage, with quality review and improvement over time.

***Continuum of care:*** bringing together reproductive, maternal, neonatal, child health and nutrition.

***Alignment with country processes:*** build upon national M&E processes that countries have established to M&E progress, emphasis subnational data for action.

***Balance between country participation and independence:*** driven by country needs but conducted in a manner that involves independent technical experts and wider civil society to drive accountability.

***Comparable but flexible approaches:*** uses a core of standard indicators and measurement tools, with appropriate country adaptations.

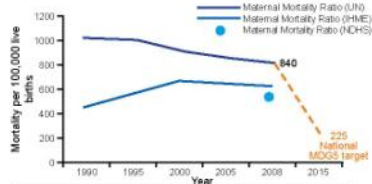
***Capacity building and health information system strengthening:*** systematic involvement of country institutions.

***Adequate funding:*** sufficient support available to ensure a successful Countdown process, including the uptake of findings and conclusions into national policies and plans.



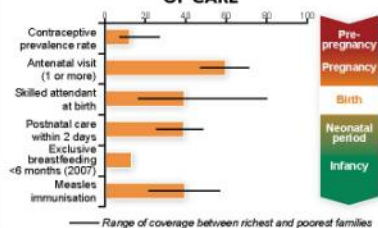
**Abia State**

### NATIONAL PROGRESS TO MDG5 AND REPRODUCTIVE HEALTH



Total fertility rate	4.4
Adolescents who have begun childbearing (%)	13
Female genital cutting (%)	55
Unmet need for family planning (%)	18
C-section rate (%)	3.1

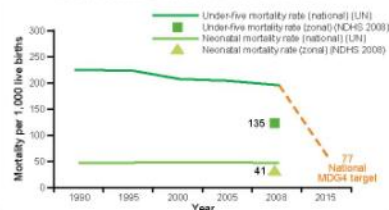
### COVERAGE ALONG THE CONTINUUM OF CARE



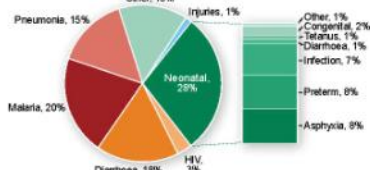
### BIRTHS AND DEATHS

Population (2006)	4,254,000
Annual births (2006)	170,000
Neonatal mortality rate per 1000 live births (zonal)	41
Annual number of neonatal deaths	6,800
Under-five mortality rate per 1000 live births (zonal)	135
Annual number of under-five deaths	23,000
Maternal mortality ratio per 100,000 live births (national)	545
Annual number of maternal deaths	930

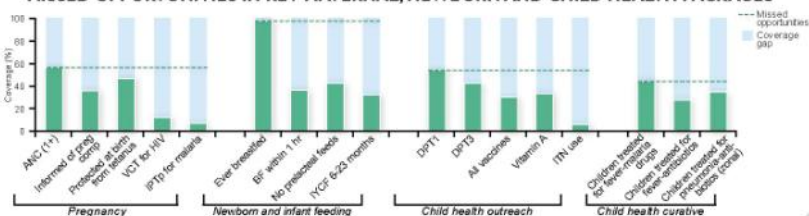
### NATIONAL PROGRESS TO MDG4



### CAUSES OF NEONATAL AND UNDER-FIVE MORTALITY



### MISSED OPPORTUNITIES IN KEY MATERNAL, NEWBORN AND CHILD HEALTH PACKAGES



### HEALTH SYSTEMS

Health information: Birth registration (%)	56
Human resources: Nurses and midwives / community health officers (per 10,000 pop)	1.7 / 0.5
Governance and leadership: IMNCH strategy launched	Yes
Financing for health: IMNCH strategy costed	Yes
Medicines and equipment: Indicator TBD	TBD

### MATERNAL, NEWBORN AND CHILD LIVES SAVED AT 90% COVERAGE

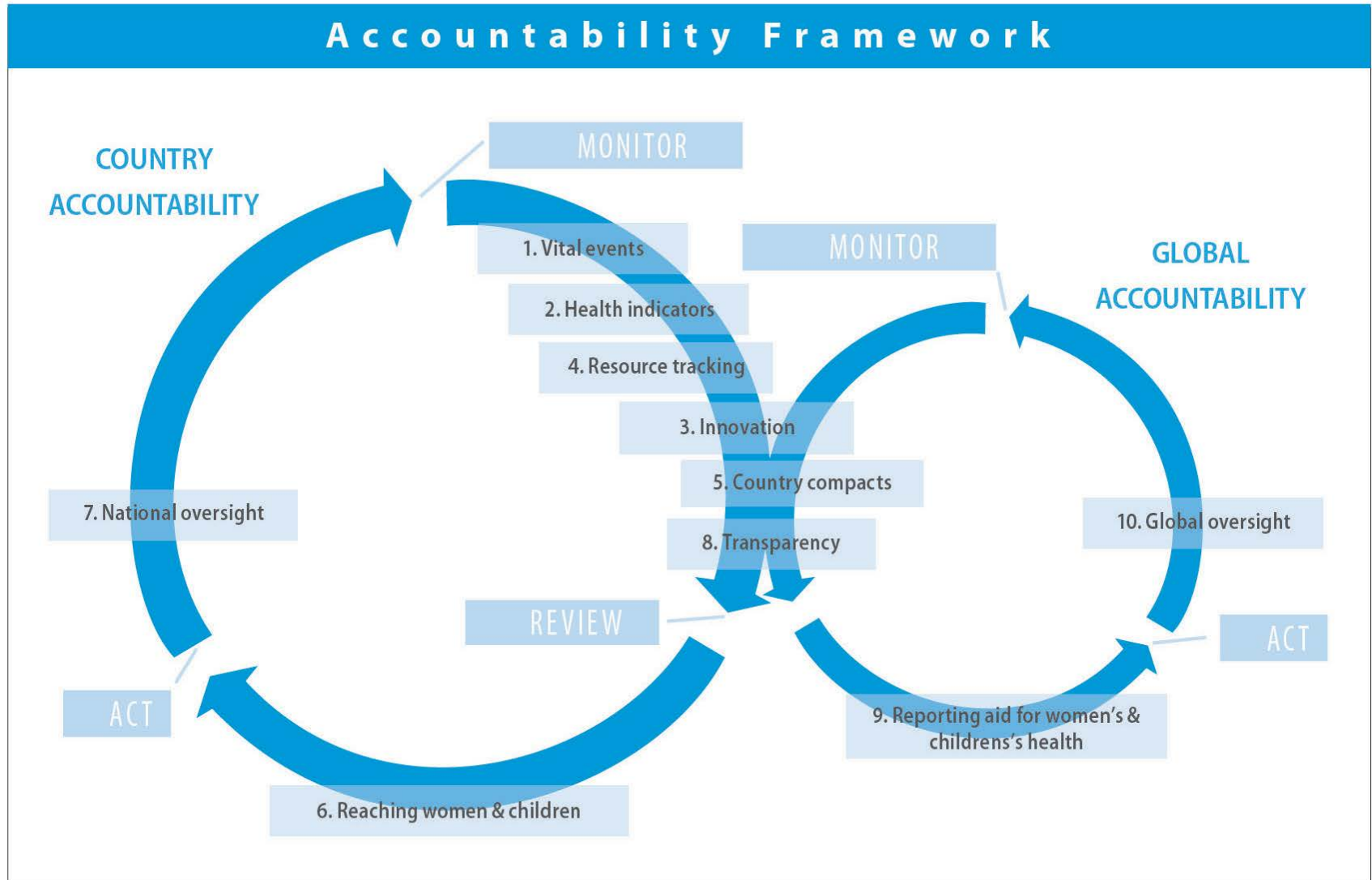
% maternal lives saved	TBD
Number of maternal lives saved	TBD
% neonatal lives saved	TBD
Number of neonatal lives saved	TBD
% post-neonatal child lives saved	TBD
Number of post-neonatal child lives saved	TBD

## Revised state MNCH profiles include:

- **Demographics** (population, annual births, numbers and rates of newborn, child and maternal deaths)
- **Progress to MDG 5 and reproductive health** (TFR, adolescent marriage, FGC, unmet need for family planning, c-section rate)
- **Progress to MDG 4**
- **Coverage along the continuum of care** (with range of coverage among poorest / richest quintiles)
- **Missed opportunities** for care during pregnancy, newborn and infant feeding, child health outreach and child health curative packages
- **Health systems** (information, human resources, governance, financing, medicines and equipment)
- **Maternal, newborn and child lives saved at 90% coverage of MNCH interventions**

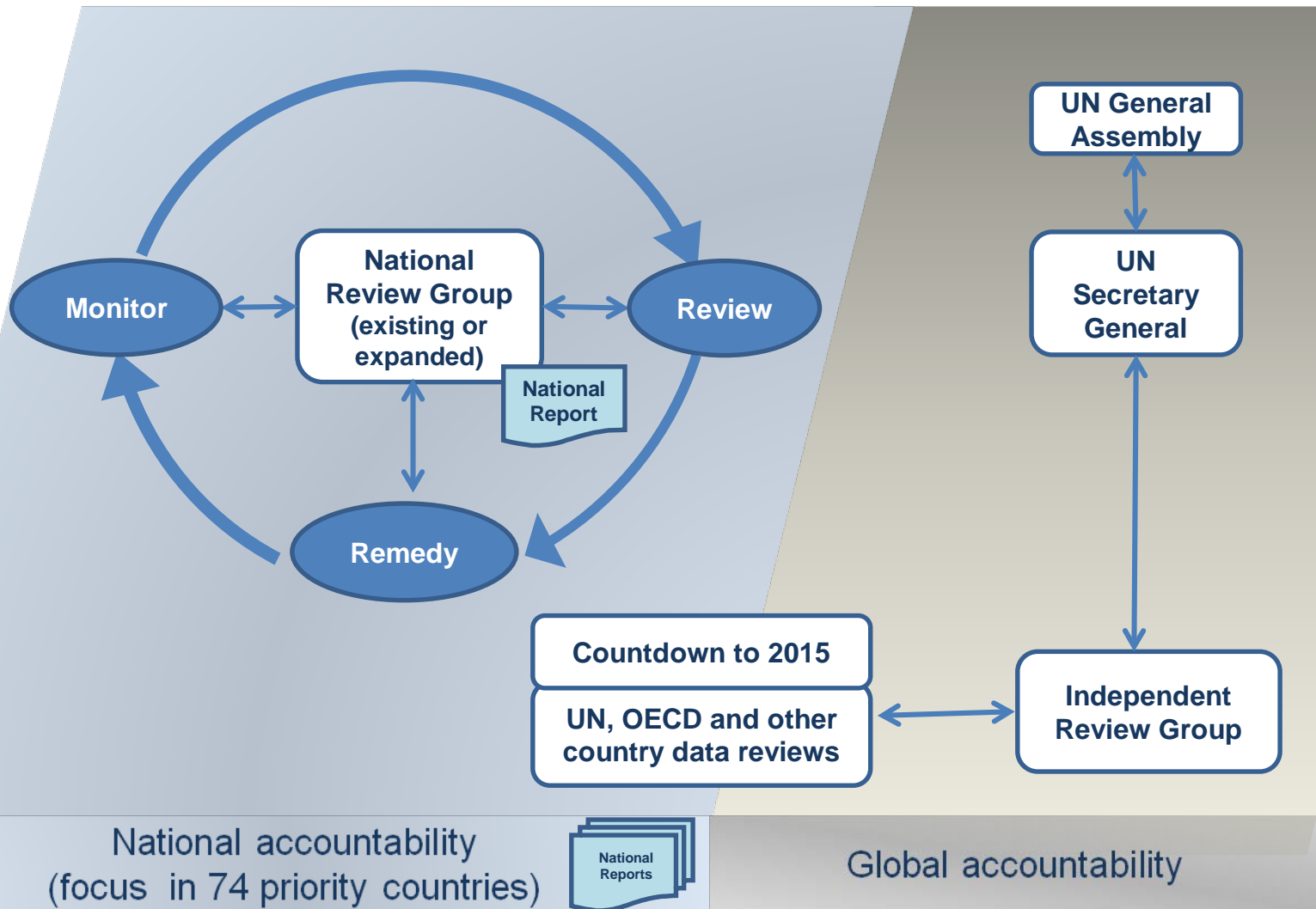


# Accountability Framework





# Commission for Women and Children's Health Accountability framework



# Challenges

1. Communication & coordination
2. Resource mobilization, diversification & allocation
3. Scientific development and expansion of outputs
4. Linkage to the Commission for Information & Accountability's Recommendations and iERG
5. Focus on country and regional action (engaging new & key players)