Countdown to 2015
Maternal, Newborn & Child Survival

Countdown 2010 Report

OUTLINE AND KEY MESSAGES

COUNTDOWN 2010 REPORT		
Section	**Pages**	**Content**
Front matter	1	Front cover (start front and back cover early)
	2	Inside page –Map of Countdown countries and example profile
	3	Inside facing page – key messages and action points
	4,5	Countdown methods and data sources
Situation Assessment	6,7and 8	Progress towards MDG 4 and 5: Figures and chart by country
	9	Direct causes of child and maternal deaths – pie charts and text on measurement challenges with maternal mortality
	10	Social determinants of MNCH; Box on undernutrition
Coverage overview by continuum of care	11 and 12	Continuum of care overview (median coverage of 19 interventions across the CoC), spotlight on progress and gaps in coverage; focus on service contact points and opportunities for service integration and scaling up
Coverage changes, innovations and challenges	13 to 22 (9 pages)	Countdown 2010 coverage results organized in keeping with the components of the MNCH consensus statement: • Every pregnancy planned – adolescence and family planning • Every birth safe – skilled delivery and EmOC • Every newborn and child healthy – (prevention and curative) ANC, PNC, NNT, immunization, vitamin A, ITNs, treatment of childhood illnesses, PMTCT; • Box on community case management
Health systems and policies	23 and 24	Health system cross cutting issues – contents organized by the 6 building block framework
Equity and health systems reform	25 -26	Equity analysis of 38 countries with a DHS and 2 case studies of Countdown countries where national reforms have successfully reduced inequities
Financing	27 and 28	Financial gap analysis based on 2 scenarios of projected trends in ODA and domestic spending on MNCH, trends in ODA for MNCH from 2003-2007, trends in ODA for family planning
Action Now	29 and 30	Actions for countries and programs, actions for leaders
Back page	31	References, Credits
TOTAL	**31**	

Key Messages:

HEALTH STATUS

- Accelerating progress toward MDG4 – 19 countries on track and 47 with accelerated mortality declines since 2000.
- Still, each year 8.8 million children die before their fifth birthday.
- 41% of all child deaths are newborns, dying in the first month of life and closely linked to maternal health.
- Pneumonia and diarrhoea remain the single largest killers of children. More than one third of all child deaths are attributable to undernutrition.
- Adolescent reproductive health is an essential part of the continuum of care and reducing pregnancies to adolescents requires improved family planning programs.
- New data expected on maternal mortality.

COVERAGE GAINS AND GAPS

- Important to examine progress at country level; use of medians hides huge variations.
- Some countries have made rapid progress, demonstrating what is possible. Many countries are lagging behind.
- Sustained high coverage for interventions delivered vertically at prescheduled times (vaccinations, vitamin A supplementation); little progress in those that need to be available on demand (treatment of childhood illnesses, caesarean sections).
- Gaps in the delivery of proven interventions at existing contact points with the health system (antenatal, delivery, and postnatal care).
- Rapid gains in relatively new interventions such as ITNs and PMTCT.

HEALTH SYSTEMS AND COUNTRY INNOVATIONS

- Investing in health systems is critical to improve service delivery across phases of life and places of care giving.
- Task shifting to mid- and lower -level health workers can contribute to increasing coverage and reducing inequity.
- Investments in education, and strategies to develop an appropriate skills mix and improve motivation, deployment and retention of the health work force are essential to address the shortage and inequitable distribution of health workers.
- Progress towards universal access is possible with pre-payment and risk pooling financing mechanisms.

- Implementation of evidence-based policies improves access to and quality of essential MNCH services.
- Reliable and timely evidence and information, including vital registration and death audits, are necessary for effective health system stewardship.
- Investment in quality equipment, medical supplies and infrastructure is necessary for improved delivery and quality of MNCH services.

EQUITY

- Intervention coverage, in every country analyzed with a DHS, is substantially higher among mothers and children from rich families than in those from poor families.
- Countries with similar levels of overall coverage often differ in terms of progress in reaching the most vulnerable. For example, Guatemala and Zambia both have an overall coverage index of 59%. However, in Guatemala mothers and children from the poorest families show only 38% coverage whereas in Zambia this coverage is 55%.
- Countries with small gaps in coverage for proven interventions between the rich and the poor like Bangladesh, Brazil, Egypt, Swaziland and Zambia need to be studied to understand how they reduced inequities.
- The degree of inequities varies by intervention type, with larger gaps in services that are provided in health facilities (e.g., delivery care) than those that can be delivered at community level (e.g., vaccines).

FINANCING

- Estimates of the financing gap to achieve universal coverage with the full package of Countdown interventions show that considerable additional external resources and greater political commitment to MNCH are needed. If current funding trends continue, the financing gap will amount to USD$61billion between 2008 and 2015. If governments and the donor community reach all their public commitments during this time interval, the gap will be lower but still substantial at USD$22 billion.
- ODA for MNCH has been increasing since 2003 in the Countdown countries. However, ODA to MNCH only accounted for 3.7% of total ODA to the Countdown countries over the time period 2003-2007. In 2007, 4.6% of total ODA was allocated to MNCH in the 68 countries, and 31% of all ODA for health was allocated to MNCH.
- ODA is not always targeted to the poorest countries or the countries with the greatest need for services. Filling funding gaps for MNCH may require improvements in donor allocation practices.
- ODA for family planning declined slightly during 2003-2007.
- Although ODA is important, national resources are a much larger share of the funding for MNCH. Tracking government and non-governmental spending at country level is essential for policy-makers to follow progress in making adequate resources available for women and children.