

Mortality and Coverage:

Where are we in 2010?

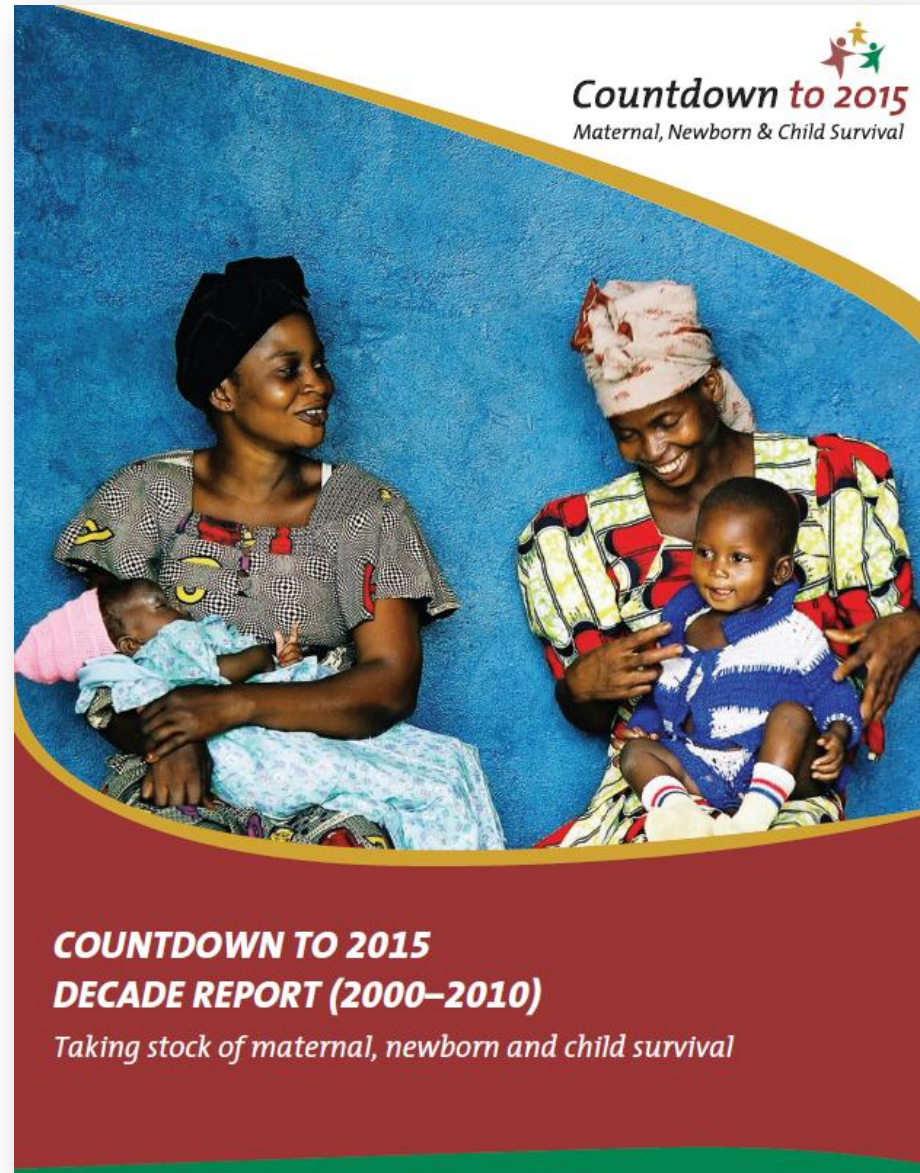
(Part II)

Presented by:

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Presentation Outline

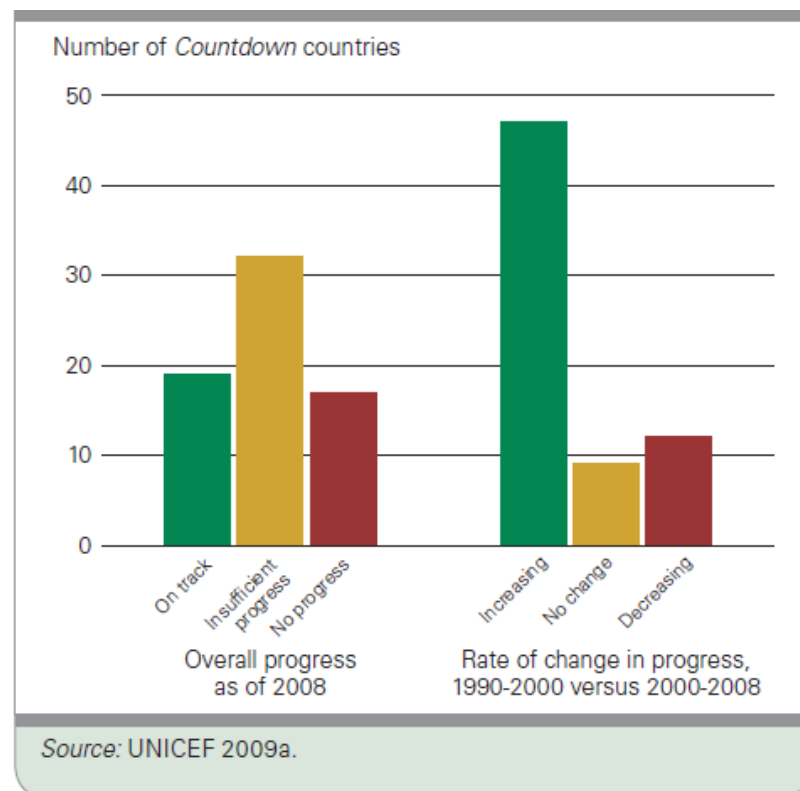
1. Mortality and undernutrition
2. Progress in coverage for effective interventions
3. Action NOW to increase coverage

Section 1:

MORTALITY AND UNDERNUTRITION

MDG4: Child Survival Status

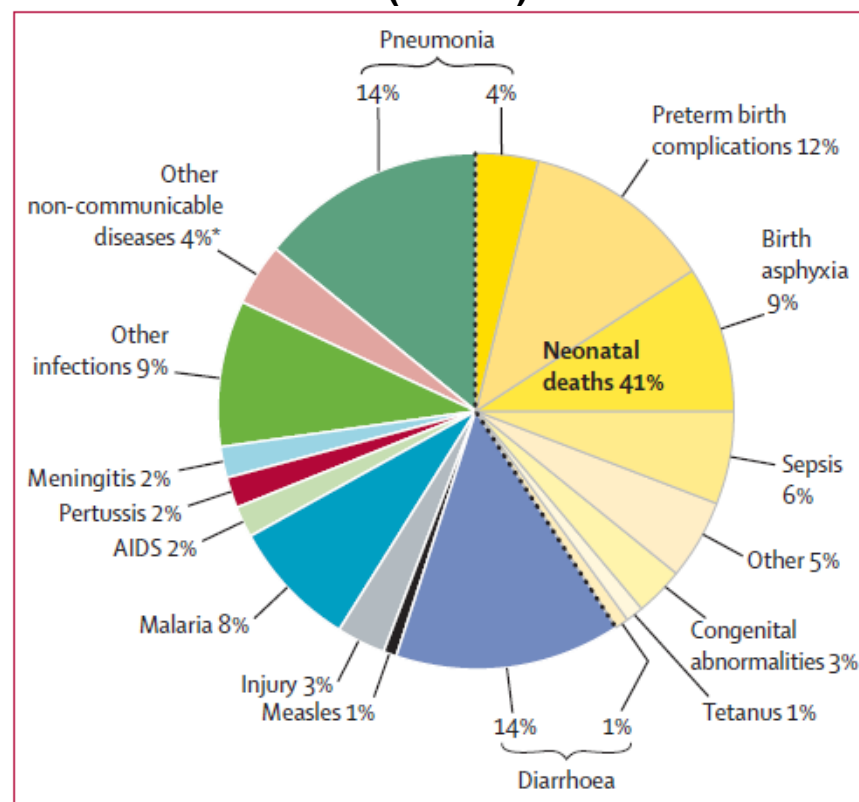
- Good news! 19 of 68 Countdown countries on track to achieve MDG4
- 17 countries have reduced child mortality by at least 50%
- 47 countries have accelerated progress since 2000



MDG4: Child Survival Status

- Much work remains: mortality declines have slowed in 12 countries
- Pneumonia, diarrhea and malaria remain the largest killers
- Neonatal deaths are more than 40% of all under-five deaths
- Undernutrition contributes to 1/3 of child deaths

**Causes of under-five deaths
(Global)**



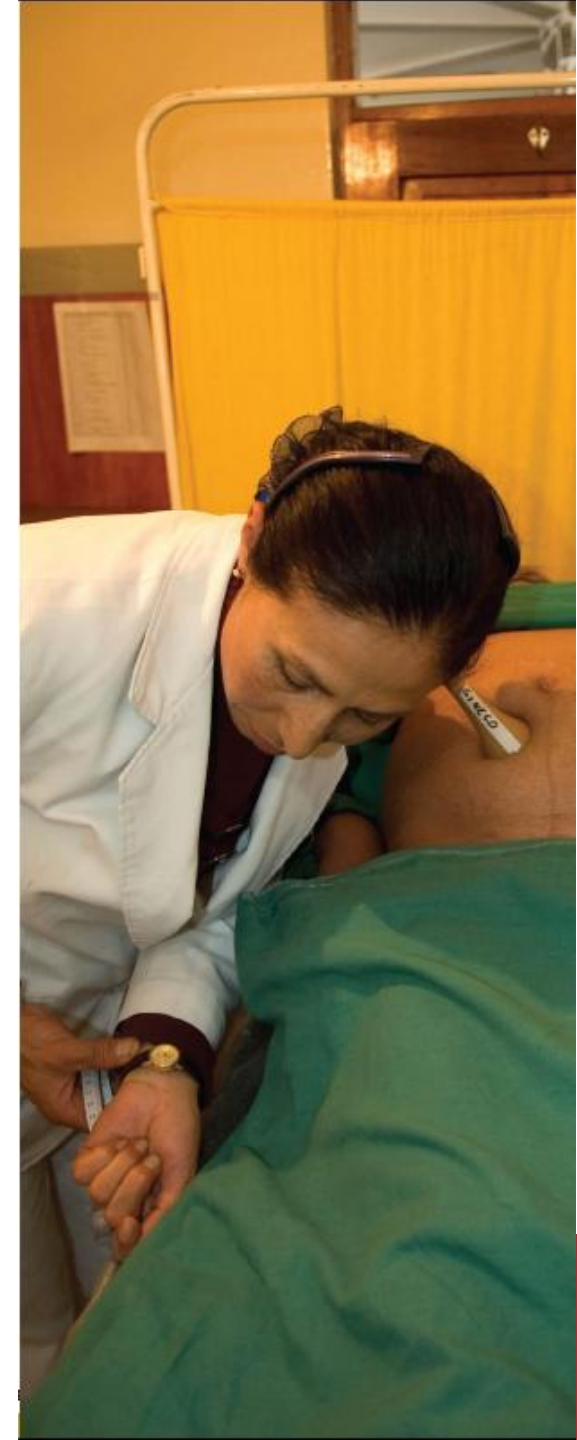
Source: Black RE, Cousens S, Johnson HL et al., Global, regional and national causes of child deaths in 2010. *Lancet* 2010: On line publication, 12 May 2010.

Two-thirds of the world's stunted children live in just 10 Countdown countries

Country	Stunting prevalence (%)	Number of stunted children (millions, 2008)	% of developing world total in 2008 (195.1 million)
India	48	60.8	31.2
China	15	12.7	6.5
Nigeria	41	10.2	5.2
Pakistan	42	9.9	5.1
Indonesia	37	7.7	3.9
Bangladesh	43	7.2	3.7
Ethiopia	51	6.8	3.5
Congo, DR	46	5.3	2.8
Philippines	34	3.6	1.9
UR of Tanzania	44	3.4	1.7
Total			65.5

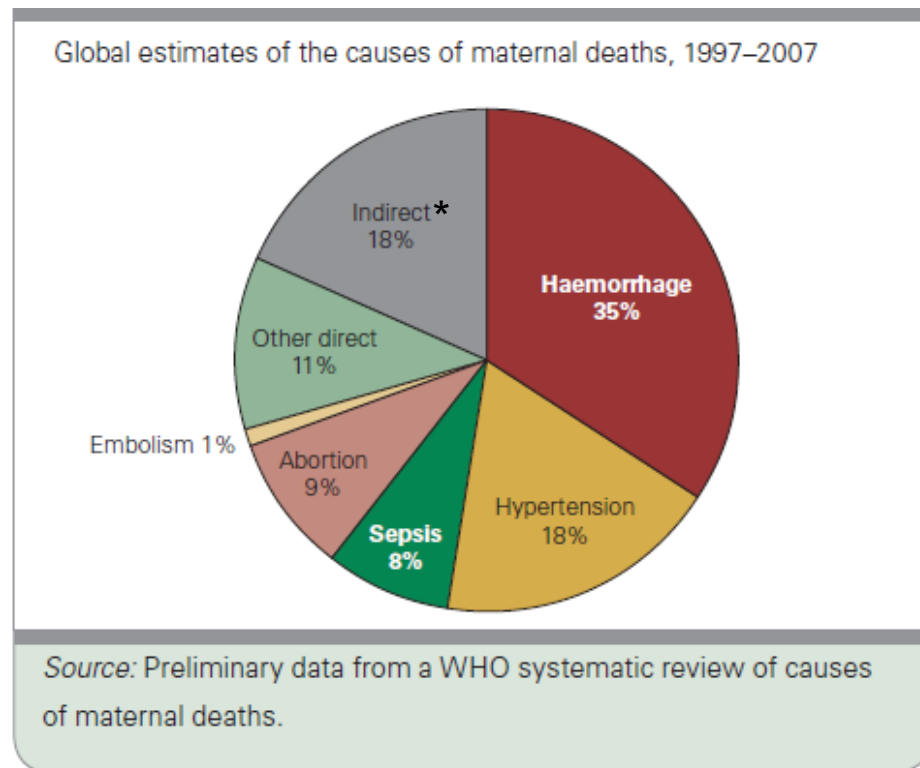
MDG5: Improve Women's Health

- Good news! Studies suggest progress in reducing maternal mortality
- But progress is insufficient to achieve MDG5, especially in sub-Saharan Africa
- And for every woman who dies there are 20 who suffer injuries, infection and disability



MDG5: Improve Women's Health

- Most deaths occur around the time of childbirth
- Leading cause of maternal death is postpartum haemorrhage; these deaths are largely preventable through skilled care at childbirth



*Indirect causes include deaths due to conditions such as malaria, HIV/AIDS and cardiac diseases.

Counting deaths is important...

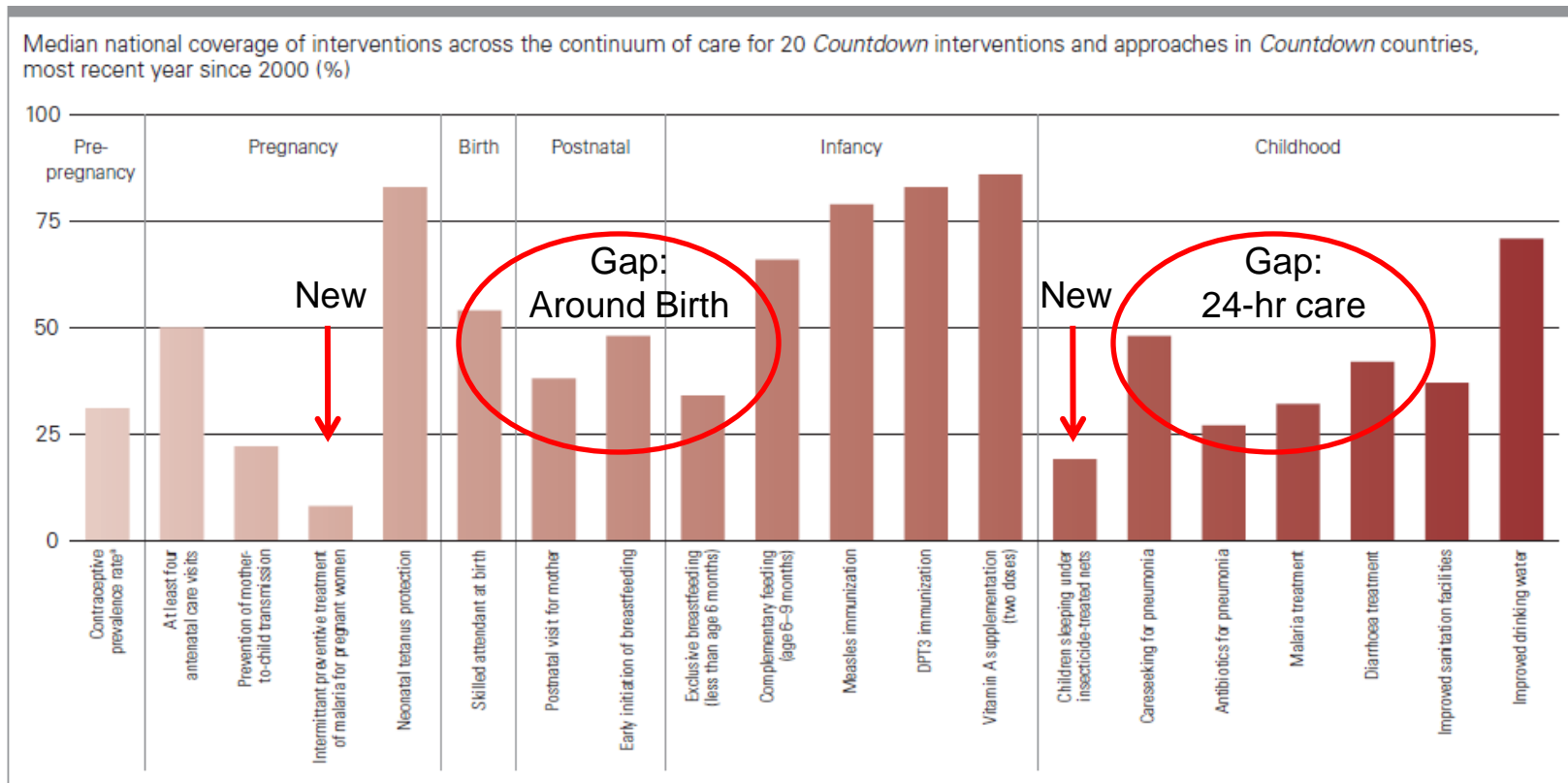
but ***preventing*** deaths
by achieving
high, sustained and equitable coverage
is even more important –

and is the focus of ***Countdown***

Section 2:

PROGRESS IN COVERAGE FOR EFFECTIVE INTERVENTIONS

Variable coverage across the continuum of care

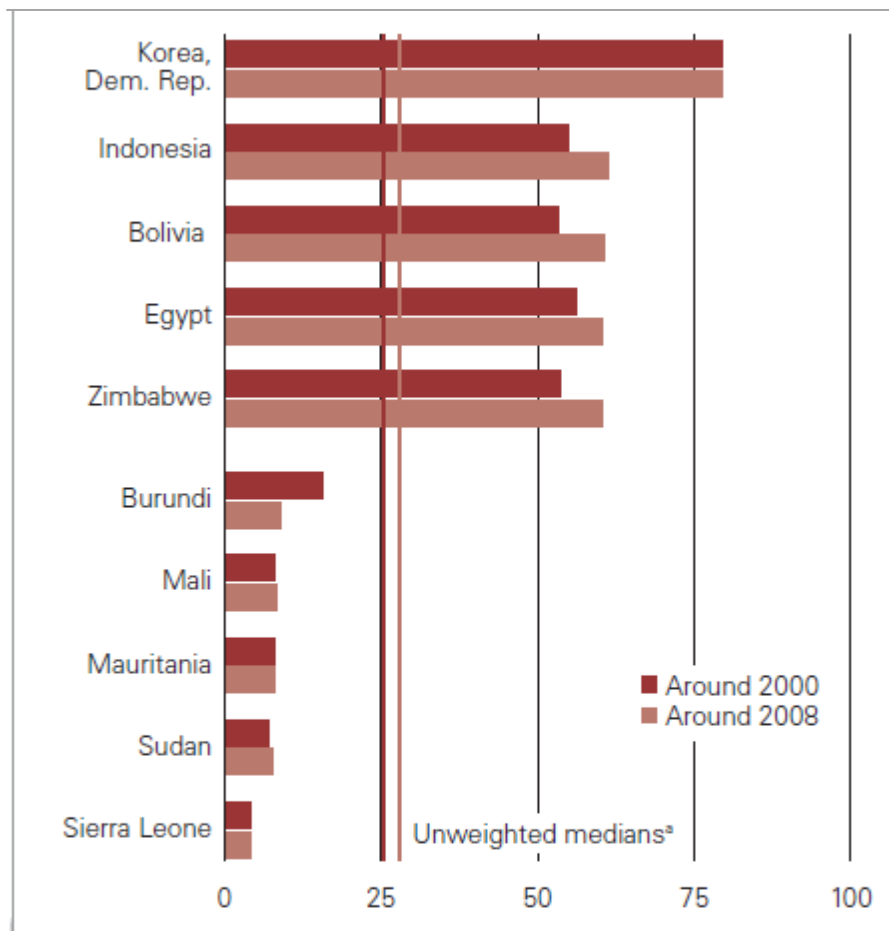


a. Target coverage value is not 100%.

Source: Prevention of mother-to-child transmission of HIV/AIDS, UNICEF, Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO; immunization rates, WHO and UNICEF; postnatal visit for mother, Saving Newborn Lives analysis of Demographic and Health Surveys; improved water and sanitation, WHO and UNICEF Joint Monitoring Programme 2010; all other indicators, UNICEF Global Databases, November 2009, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

Mixed progress in family planning coverage since 2000

Trends in contraceptive prevalence rates for countries with highest and lowest rates around 2008.



a. Refers to unweighted median of 42 Countdown countries with data available for both time periods.

Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national household surveys.

Antenatal care can save lives

- IF visits are used to provide effective interventions
- Median coverage for 4+ antenatal care visits is 50%, ranging from 6% in Somalia to 89% in Brazil
- In 15 Countdown countries with HIV prevalence $\geq 5\%$, 9 showed major increases in coverage for PMTCT between 2006 and 2008

Variable progress in the proportion of women attended by a skilled provider during childbirth.

The remarkable progress made in some countries can serve as an example for others.

18 points



23 points



21 points

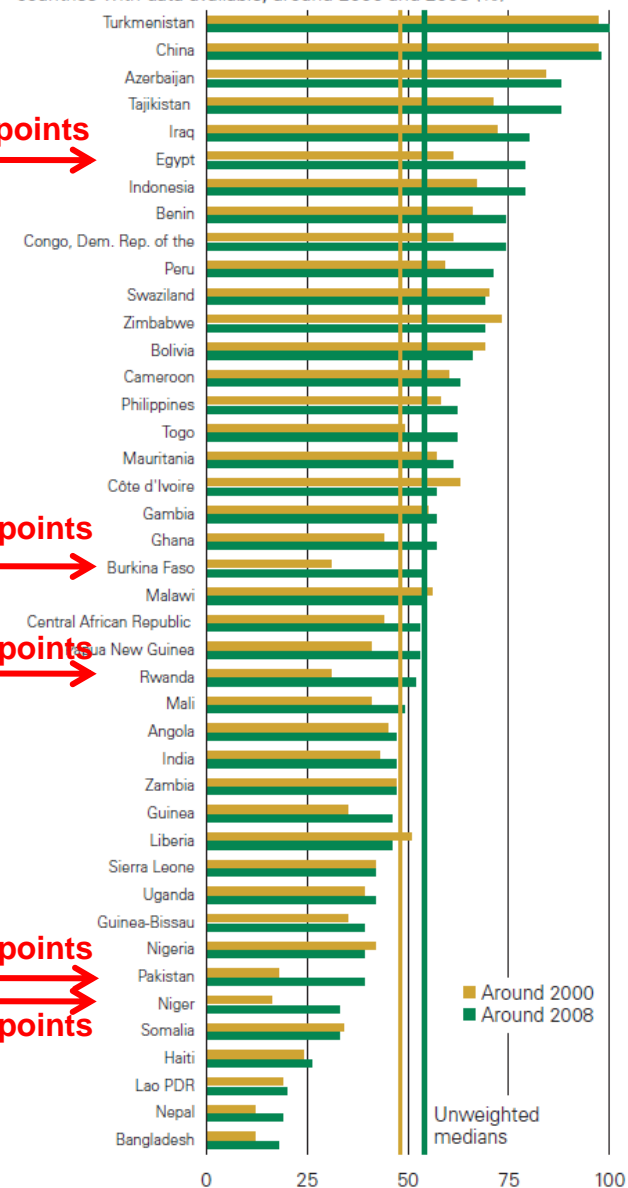


21 points



17 points

Coverage of live births attended by a skilled health worker, Countdown countries with data available, around 2000 and 2008 (%)



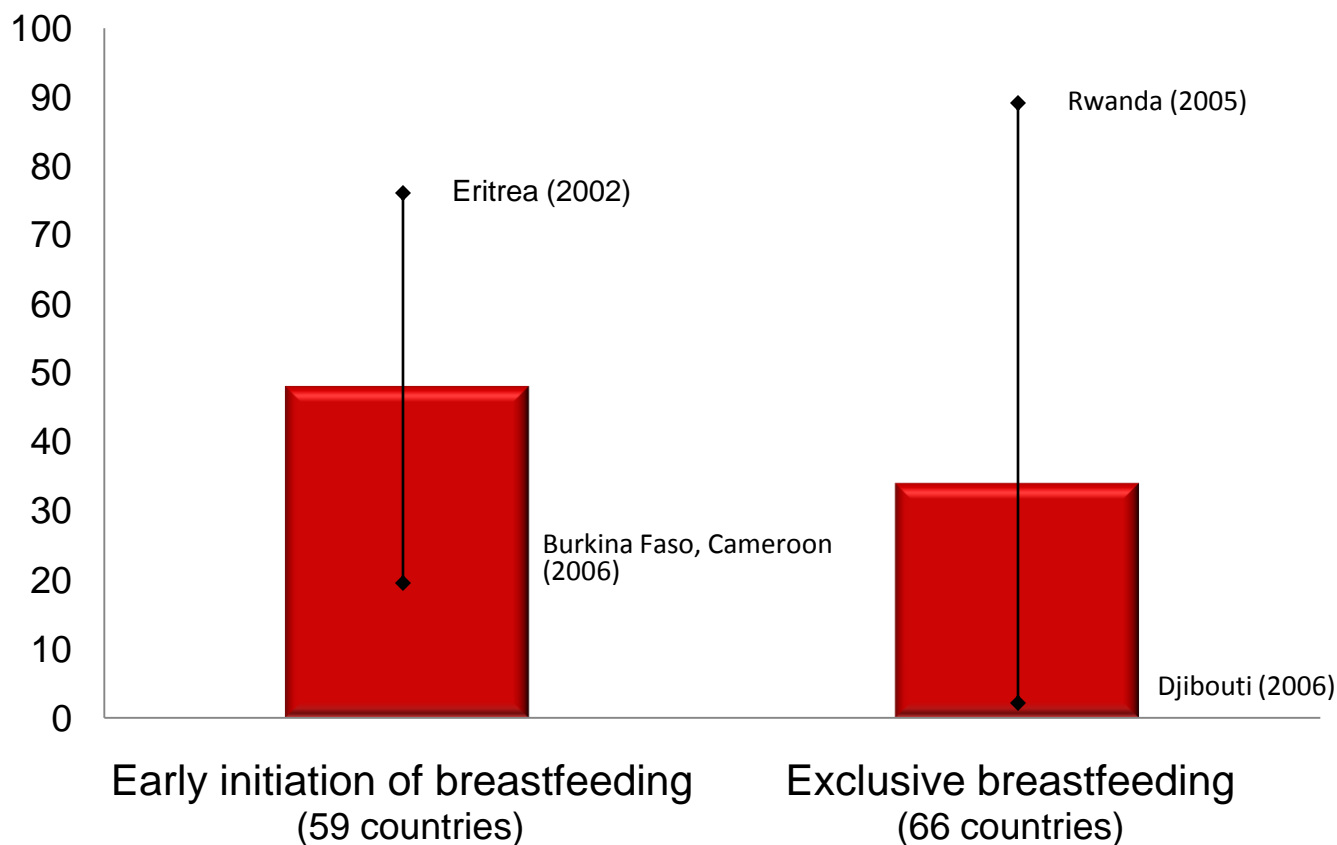
Source: UNICEF Global Databases, November 2009, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national household surveys.

Low caesarean section rates indicate limited access to emergency obstetric care

- 33 of the 51 countries with data since 2000 have rural C-section rates below 5%
- Burkina Faso, Chad, Ethiopia and Niger have rates below 1%
- Emergency C-sections now provided free of charge in more countries

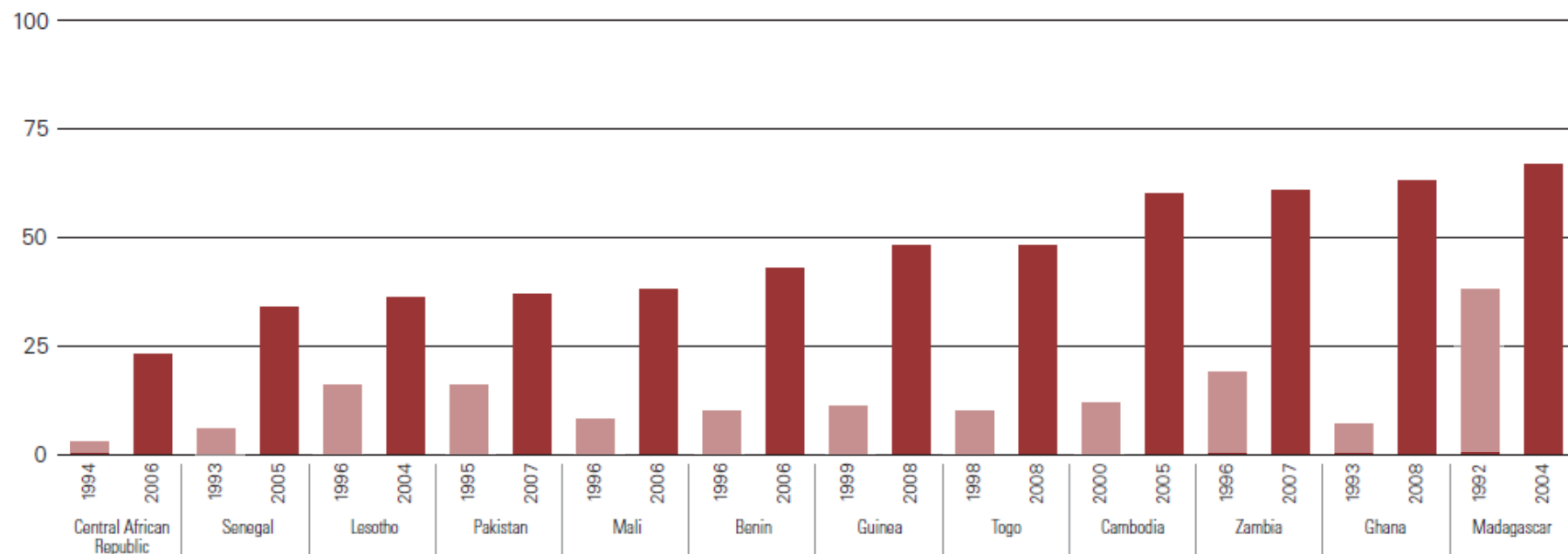
Exclusive breastfeeding is a major contributor to child survival

Median rates of exclusive breastfeeding, most recent estimate since 2000



...and experience in *Countdown* countries shows rates *can* be increased

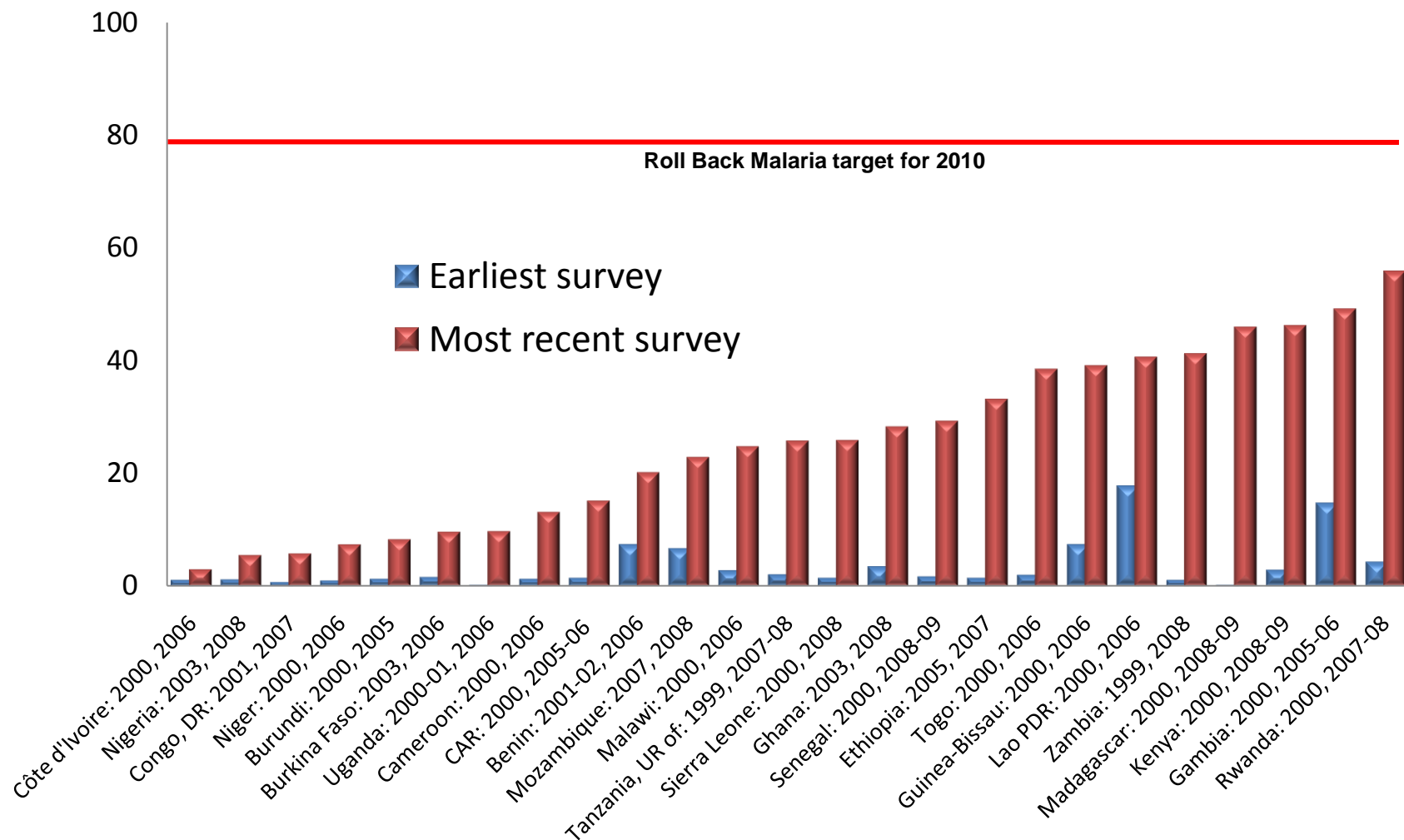
Share of infants under the age of six months who are exclusively breastfed, *Countdown* countries that have increased rates of exclusive breastfeeding among infants less than age 6 months 20 percentage points or more (%)



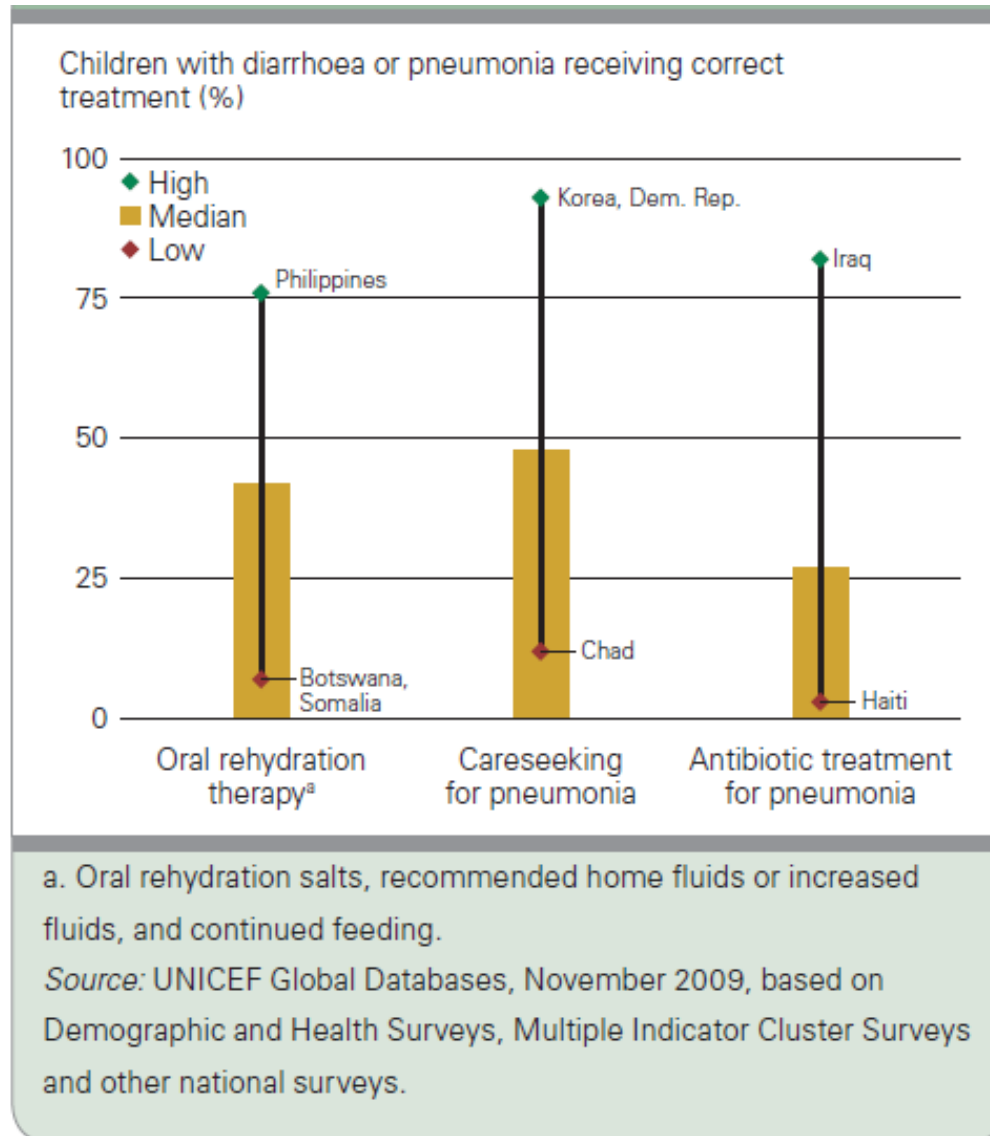
Source: UNICEF Global Databases, November 2009, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

Some Countdown countries show rapid progress in preventing malaria through use of insecticide-treated nets

Percentage of children under age five sleeping under an insecticide-treated net the night before the survey, earliest and most recent estimates for Countdown countries with endemic malaria and two surveys

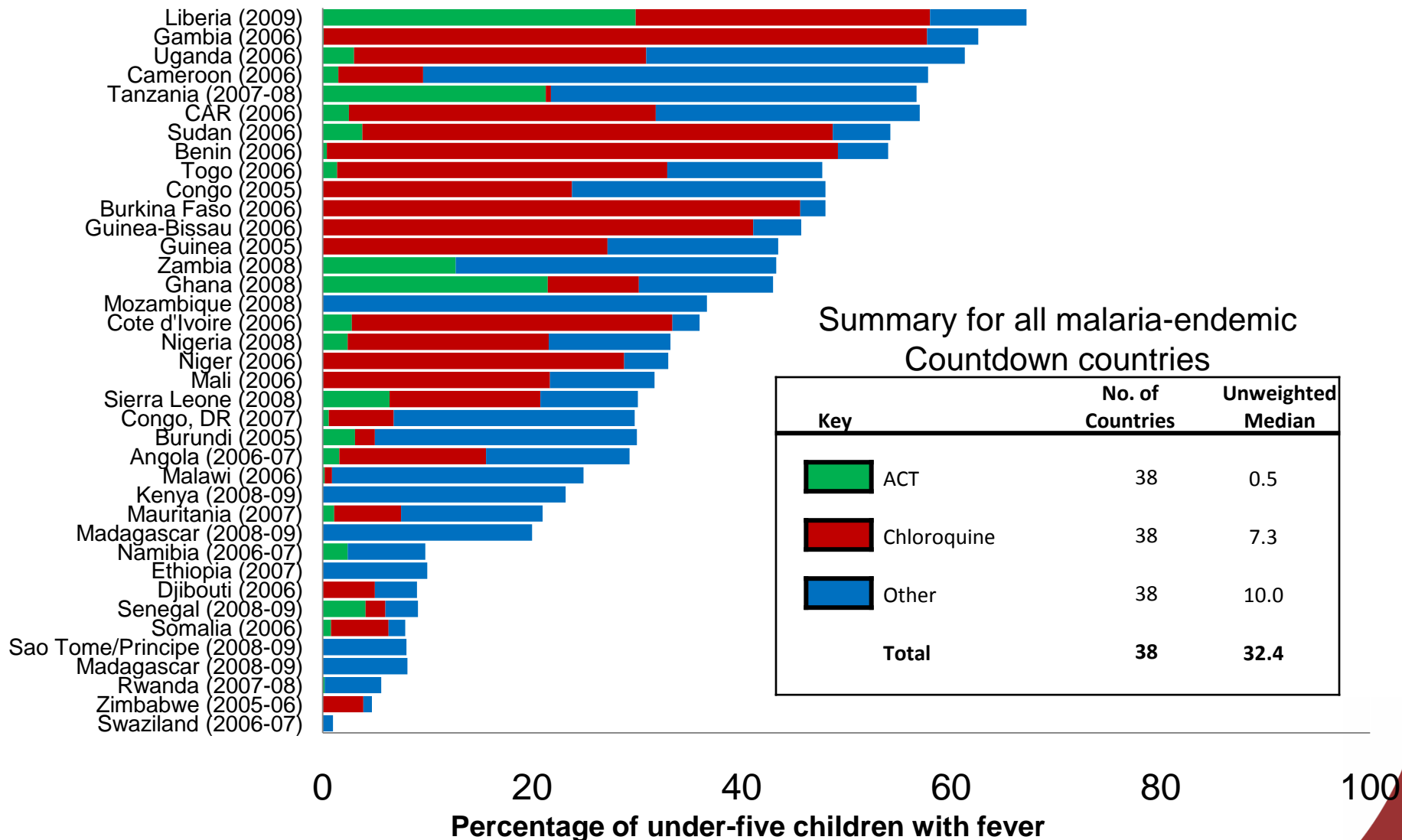


Too few children with diarrhoea or pneumonia are receiving correct treatment



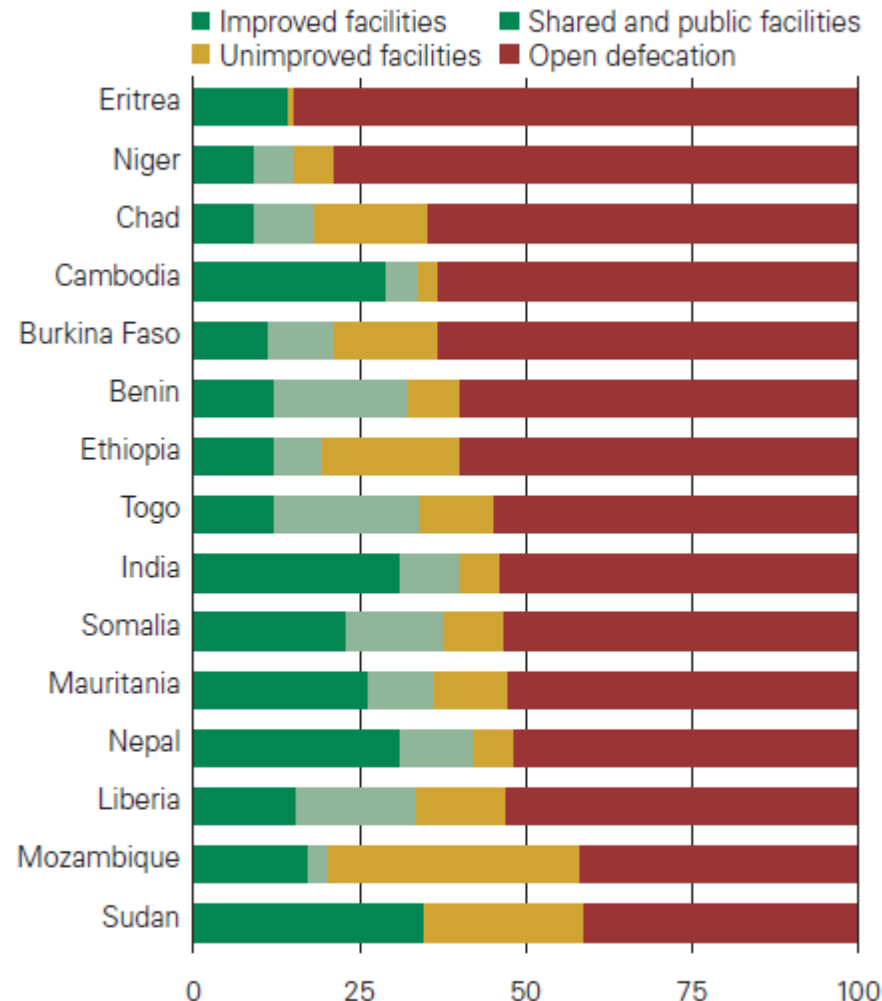
Saving lives from malaria requires the right medicine!

Proportion of children under five with fever receiving antimalarial treatment, by type of treatment



Open defecation increases the risk of diarrhoeal disease, and is common in some Countdown countries

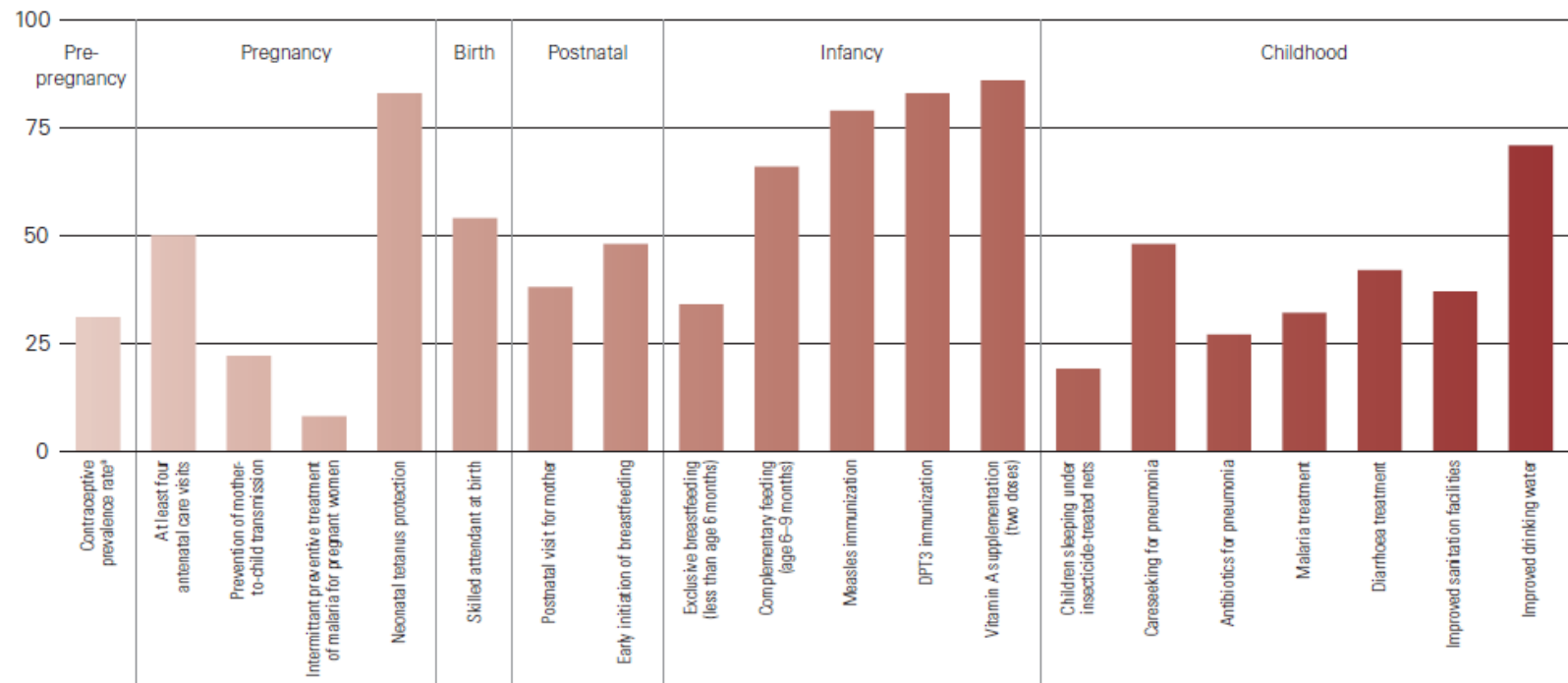
Share of the population reporting open defecation, 15 Countdown countries with the highest share (%)



Source: WHO–UNICEF Joint Monitoring Programme for Water Supply and Sanitation 2010.

Together, we can do better

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



a. Target coverage value is not 100%.

Source: Prevention of mother-to-child transmission of HIV/AIDS, UNICEF, Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO; immunization rates, WHO and UNICEF; postnatal visit for mother, Saving Newborn Lives analysis of Demographic and Health Surveys; improved water and sanitation, WHO and UNICEF Joint Monitoring Programme 2010; all other indicators, UNICEF Global Databases, November 2009, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

Section 3:

ACTION NOW TO INCREASE COVERAGE

Action:

Quantify the coverage gaps

- Track progress regularly
- Country by country
- Across the continuum of care



Action:

Deliver interventions close to home

- Push delivery toward the community while improving access to all levels of care
- Maintain and improve service quality
- Focus resources on proven interventions with high impact on mortality



Action:

Address barriers to high, sustained and equitable coverage

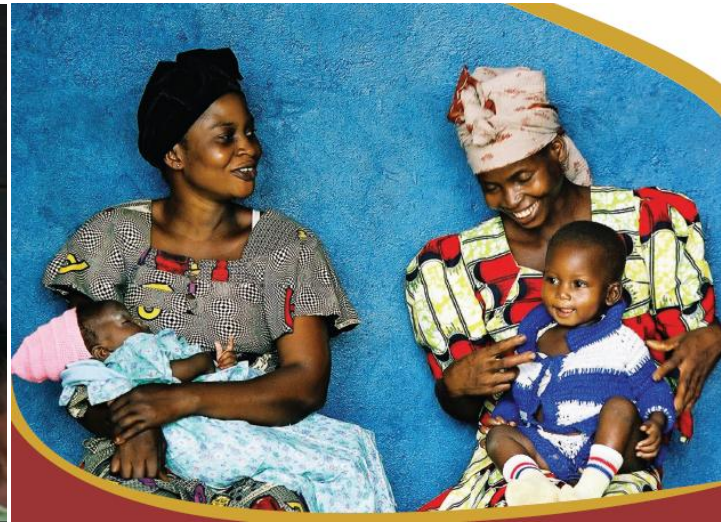
- Strengthen health systems and policies
- Increase financial flows and targeting
- Identify and redress inequities



Action:

Refuse complacency

- “Stay the course” in child survival
- Make delivery safe for mothers and newborns
- Re-energize family planning as a right of every woman



The country profiles tell the real story



Countdown:
Harnessing the power
of good, recent,
country-specific information.

Benin

Countdown to 2015
2010 Report

Countdown to 2015

Maternal, Newborn & Child Survival



THE LANCET



BILL & MELINDA GATES foundation



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