



Countdown to 2015

Maternal, Newborn & Child Survival

Building a Future for Women and Children

The 2012 Report



Acknowledgements

Countdown would like to thank the following:

UNICEF/Statistics and Monitoring Section for use of global databases, preparation of country profiles and inputs to, and review of, report text. Particular recognition goes to David Brown, Danielle Burke, Xiaodong Cai, Liliana Carvajal, Elizabeth Horn-Phathanothai, Priscilla Idele, Rouslan Karimov, Mengjia Liang, Rolf Luyendijk, Colleen Murray, Khin Wityee Oo, Chiho Suzuki and Danzhen You.

University of Pelotas colleagues Andrea Damaso and Giovanny França for their inputs to the equity analyses.

The PMNCH secretariat for convening meetings and teleconferences for the Countdown and PMNCH colleagues Dina El Hussein for providing administrative support and Henrik Axelson, Lori McDougall and Shyama Kuruvilla for their contributions to the report.

Amani Siyam from WHO (HQ), Thomas H. H. Walter from the University of Technology Berlin, Fekri Dureab from the WHO Yemen country office

and Carmen Dolea for their inputs to the health systems and health policies analyses.

Steve Hodgins, Cindy Berg, Andre Lalonde, Cherrie Evans, Wendy Graham and Claudia Hanson for their inputs on the quality of care panel. The PMNCH for convening a meeting on quality of care.

Robert E. Black at Johns Hopkins University for his inputs into the nutrition and cause of child death analyses.

Lale Saye and Iqbal Shah from WHO for their inputs to the maternal mortality and causes of maternal death analyses.

Nancy Terreri for her contributions to the report.

Nuriye Ortayli from UNFPA for inputs to the family planning analyses.

The Bill and Melinda Gates Foundation, the World Bank and the Governments of Australia, Canada, Norway, Sweden and the United Kingdom for their support for *Countdown to 2015*.



Building a future for women and children

In the five minutes it takes to read this page, 3 women will lose their lives to complications of pregnancy or childbirth, 60 others will suffer debilitating injuries and infection due to the same causes, and 70 children will die, nearly 30 of them newborn babies. Countless other babies will be stillborn or suffer potentially long-term consequences of being born prematurely. The vast majority of these deaths and disabilities are preventable.

During these same five minutes, however, countless lives will be saved. A baby, fed only breastmilk for her first six months of life, will avoid diarrhoeal disease. Another will survive pneumonia because he received appropriate antibiotics. A child will avoid malaria because she sleeps under an insecticide-treated net. Another, exposed to measles, will not succumb to disease because he has been vaccinated. An adolescent, not yet physically, emotionally or financially ready to have a child, will receive family planning services, including counselling to prevent unintended pregnancy; a new mother will choose to delay her next pregnancy until a safer time. A pregnant, HIV-positive woman will receive treatment that protects her health and that of her baby. An expectant mother, at a routine antenatal care visit, will receive treatment for the high blood pressure that can threaten her life; another will give birth at a health facility where skilled birth attendants save her life when she experiences postpartum bleeding; yet another will receive antenatal corticosteroids to develop her baby's lungs to ensure a better chance of survival. And a newborn and her mother will receive lifesaving treatment for infection within the first week after birth.

The countdown to the 2015 Millennium Development Goal deadline is a race against time, a race to add to the list of lives saved and subtract from the tally of maternal, newborn and child deaths. Each life saved creates infinite possibilities—for a healthy, productive individual; for a stable, thriving family; for a stronger community and nation; for a better world. And

interventions that improve maternal, newborn and child health and nutrition contribute to a future generation of healthier, smarter and more productive adults.

This report highlights country progress—and obstacles to progress—towards achieving Millennium Development Goals 4 and 5 to reduce child mortality and improve maternal health (box 1). *Countdown to 2015* focuses on evidence-based solutions—health interventions proven to save lives—and on the health systems, policies, financing and broader contextual factors that affect the equitable delivery of these interventions to women and children. *Countdown* focuses on data, because building a better future and protecting the basic human right to life require understanding where things stand right now and how they got to where they are today. And *Countdown* focuses on what happens in countries—where investments are made or not made, policies are implemented or not implemented, health services are received or not received and women and children live or die.

BOX 1

News in the 2012 report

- Status report on mortality and nutrition.
- Evidence on the scale of preterm birth and stillbirths.
- Changes in coverage of interventions.
- Detailed equity analysis.
- A focus on the determinants of coverage.
 - Policy, financial and systems inputs needed for progress.
 - Population growth and political conflict as key challenges.
- Milestones—what does success look like?
- How to read and use the country profiles.
- *Countdown* moving forward to 2015.
 - Quality of care.
 - Country-level engagement.



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Countdown headlines for 2012: saving the lives of the world's women, newborns and children



Maternal and child survival: progress, but not enough . . .

- Maternal mortality has declined dramatically, but faster progress is needed.
- Maternal deaths have dropped from 543,000 a year in 1990 to 287,000 in 2010.
- Only 9 *Countdown* countries are on track to achieve Millennium Development Goal 5; 25 have made insufficient or no progress.
- Maternal mortality is concentrated in Sub-Saharan African and South Asian countries: an African woman's lifetime risk of dying from pregnancy-related causes is 100 times higher than that of a woman in a developed country.
- Child mortality is down sharply, but more needs to be done.
- Deaths among children under age 5 worldwide have declined from 12 million a year in 1990 to 7.6 million in 2010.
- Only 23 *Countdown* countries are on track to achieve Millennium Development Goal 4; 13 have made little or no progress.
- Despite recent improvements, pneumonia and diarrhoea still cause more than two million deaths a year that could be avoided by available preventive measures and prompt treatment.
- Newborn survival is improving too slowly, and stillbirths, especially intrapartum stillbirths, and preterm births need urgent attention.
- 40% of child deaths occur during the first month of life.

- More than 10% of babies are born preterm, a figure that is rising, and complications due to preterm birth are the leading cause of newborn deaths and the second leading cause of child deaths.
- *Countdown* countries that have successfully reduced neonatal mortality—such as Bangladesh, Nepal and Rwanda—offer models for improving newborn survival.
- Most *Countdown* countries face a severe nutrition crisis.
- Undernutrition contributes to more than a third of child deaths and to at least a fifth of maternal deaths.
- In the majority of *Countdown* countries, more than a third of children are stunted; stunting is most common among poor children.

Coverage: gains, gaps, inequities, challenges

- Bangladesh, Cambodia, Ethiopia and Rwanda, countries that have rapidly increased coverage for multiple interventions across the continuum of care, offer lessons for countries with slower or more uneven progress.
- High coverage levels for vaccines (over 80% on average across all *Countdown* countries) and rapid progress in distribution of insecticide-treated nets show what is possible with high levels of political commitment and financial resources.
- Progress is much slower, and inequities in coverage much wider, for skilled attendant at birth and other interventions that require a strong health system. New approaches are needed that improve the quality of services, bring services closer to home and expand access to essential care.

- There are wide ranges in coverage across the *Countdown* countries for many interventions. Coverage of demand for family planning satisfied, for example, ranges from 17% in fragile states such as Sierra Leone to 93% in Vietnam and Brazil and 97% in China. Countries with high coverage of specific interventions show what can be achieved with the right policies, adequate investments, appropriate implementation strategies and strong demand.
- To increase coverage, the volume of services provided must grow at a faster pace than the population. Nigeria, for example, has seen the number of births grow from 4.3 million in 1990 to 6.1 million in 2008, with 7 million projected in 2015. Although the country has doubled the number of births attended by a skilled health care provider since 1990, coverage has increased only 8%.
- The Millennium Development Goal 7 target for access to an improved drinking water source has been achieved globally and in 23 *Countdown* countries; progress in access to an improved sanitation facility is lagging. For both interventions the need is most pronounced in rural areas.
- Poor people have less access to health services than richer people, and geographic and urban-rural inequities also exist in many countries, highlighting the importance of digging deeper into subnational data to support effective planning and resource allocation according to need.
- In most countries a severe disease episode or a major pregnancy or childbirth complication can push families into financial catastrophe: in all but 5 *Countdown* countries out-of-pocket payments for health services account for 15% or more of health expenditure.
- 53 *Countdown* countries continue to experience a severe shortage of health workers.
- Countries with high-intensity conflicts have lower coverage and higher inequity and mortality.
- Providing broader access to education, expanding opportunities for girls and women, reducing poverty and improving living conditions, and respecting human rights, including eliminating violence against women, can improve health and reduce mortality.

Making good on commitments

Countries and their partners have pledged to work together to meet Millennium Development Goals 4 and 5. There is still time. *Countdown* data show that by transforming commitment into action, rapid progress is possible. To build a better future for women and children, we all must keep our promises. Millions of women's and children's lives depend on it.

Countries must continue to:

Context matters: supportive policies, adequate financing, sufficient human resources and peace

- Countries such as Ghana, Malawi, Lao People's Democratic Republic and Tanzania have achieved results through innovative human resources policies such as task shifting. Other countries need to follow this lead.
- Official development assistance for maternal, newborn and child health in *Countdown* countries has increased steadily over the past decade, accounting for around 40% of official development assistance for health that *Countdown* countries received in 2009, but the rate of increase appears to be slowing.
- Though domestic health funding is essential, 40 *Countdown* countries devote less than 10% of government spending to health.
- Implement costed national health plans that emphasize service integration and include programmes for reproductive, maternal, newborn and child health.
- Strengthen health information systems, including vital registration systems and national health accounts, so that timely, accurate data can inform policies and programmes.
- Increase domestic funding allocations for and expenditures on health.
- Build the numbers, motivation and skill mix of the health workforce.
- Analyse subnational data to identify gaps and inequities and to monitor and evaluate programmes and policies.
- Develop strategies to rapidly address nutrition shortfalls and increase coverage of essential

health interventions across the full continuum of care, especially for the poor.

All stakeholders must continue to:

- Advocate for sufficient funding for reproductive, maternal, newborn and child health.
- Undertake research to develop the evidence on effective interventions and innovative strategies for service delivery.

- Support country efforts to implement innovative strategies that increase access to timely, equitable and high-quality care.

Together we can:

- Demand accountability and act accountably.
- Build a better future for millions of women and children.





Countdown to 2015: tracking progress, fostering accountability



Countdown to 2015 is a global movement to track, stimulate and support country progress towards achieving the health-related Millennium Development Goals, particularly goals 4 (reduce child mortality) and 5 (improve maternal health; box 2). Since 2005 *Countdown* has produced periodic reports and country profiles on key aspects of reproductive, maternal, newborn and child health, achieving global impact with its focus on accountability and use of available data to hold stakeholders to account for global and national action.

Countdown to 2015:

- Focuses on coverage levels and trends of interventions proven to improve reproductive, maternal, newborn and child health as well as critical determinants of coverage: health systems functionality, health policies and financing.
- Examines equity in coverage across different population groups within and across *Countdown* countries.
- Uses these data to hold countries and their international partners accountable for progress in reproductive, maternal, newborn and child health (box 3).
- Supports country-level countdowns to promote evidence-based accountability (see concluding section for a description of country-level *Countdown* activities).

Countdown includes academics, governments, international agencies, professional associations, donors and nongovernmental organizations, with *The Lancet* as a key partner.

Countdown focuses on countries

Countdown tracks progress in the 75 countries where more than 95% of all maternal and

child deaths occur (map 1) and produces country profiles and reports to be used by all stakeholders—internationally and at the country level—to advocate for action on reproductive, maternal, newborn, and child health.

The number of *Countdown* countries has increased, reflecting an evolution from a child survival initiative to a movement supportive of the continuum of care and responsive to the global accountability agenda. *Countdown* countries are selected primarily based on burden of maternal, newborn and child mortality, taking into consideration both numbers and rates of death. Details on the country selection process for this and previous *Countdown* cycles are available at www.countdown2015mnch.org.

Countdown is more than tracking coverage of interventions!

Countdown gathers and synthesizes data on coverage of lifesaving interventions across the continuum of care from pre-pregnancy and childbirth through childhood up to age 5, highlighting progress and missed opportunities. Coverage is defined as the proportion of individuals needing a health service or intervention who actually receive it. *Countdown* also tracks key determinants of coverage in countries—equity patterns across population groups, health system functionality and capacity, supportive health policies and financial resources for maternal, newborn and child health.

Figure 1 shows the overarching conceptual framework of *Countdown*, illustrating the links between coverage and its determinants as well as the broader contextual factors that affect maternal, newborn and child survival. *Countdown* is engaging in cross-cutting research to answer questions from countries and their partners in response to previous *Countdown* reports and profiles about the ingredients needed for success in achieving high, sustained and equitable

Countdown and the accountability agenda

At a September 2010 UN General Assembly summit to assess progress on the Millennium Development Goals, Secretary-General Ban Ki-moon launched the Global Strategy for Women's and Children's Health, an unprecedented plan to save the lives of 16 million women and children by 2015.¹ This was followed by the establishment of the Commission on Information and Accountability for Women's and Children's Health, which was charged with developing an accountability framework to monitor and track commitments made to the Global Strategy. In May 2011 the Commission released *Keeping Promises, Measuring Results*,² which drew on advice from *Countdown* members and other technical experts to identify a set of core indicators³ that enable stakeholders to track progress in improving coverage of interventions across the continuum of care and resources for women's and children's health. The report urged that all coverage data be disaggregated by key equity considerations. In September 2011 the UN Secretary-General appointed the independent Expert Review Group to report annually on progress in implementing the Commission's recommendations on reporting, oversight and accountability in the 75 priority countries.

Countdown to 2015 has contributed significantly to this accountability framework. In November 2011 *Countdown* collaborated with the Health Metrics Network in developing *Monitoring Maternal, Newborn and Child Health: Understanding Key Progress Indicators*,⁴ which summarizes the key opportunities for and challenges to effective monitoring of the core indicators identified by the Commission. In March 2012 *Countdown* published *Accountability for Maternal, Newborn and Child Survival: An Update of Progress in Priority Countries*,⁵ which featured country profiles customized to showcase the commission indicators. That publication was launched at the 126th Assembly of the Inter-Parliamentary Union,

in Kampala, Uganda, where a historic resolution on the role of parliaments in addressing key challenges to securing the health of women and children was unanimously adopted.⁶ *Countdown* partners have also collaborated with a wide range of other global health initiatives—including the International Health Partnership,⁷ the GAVI Alliance⁸ and the Global Fund to Fight AIDS, Tuberculosis and Malaria, among others—on developing a common, harmonized conceptual framework⁹ for monitoring and evaluating results.

Countdown is committed to deepening its engagement in the accountability agenda through:

- *Countdown* profiles focused on the Commission indicators, updated annually with new data and results.
- Special analyses to address accountability questions and inform the independent Expert Review Group.
- Country-level *Countdown* processes that include national consultations, workshops or publications and use *Countdown* data and methodological approaches (see concluding section).

Notes

1. See www.everywomaneverychild.org for up-to-date information on commitments to the Global Strategy.
2. Commission on Information and Accountability for Women's and Children's Health 2011.
3. The core Commission indicators for results are a subset of the *Countdown* indicators and are included in the country profiles; see annexes A and B for definitions.
4. *Countdown to 2015*, Health Metrics Network, UNICEF and WHO 2011.
5. *Countdown to 2015* 2012.
6. IPU 2012.
7. Boerma and others 2010.
8. GAVI Alliance 2010.
9. Bryce and others 2011.

intervention coverage. This research aims to expand the evidence base on effective delivery strategies for increasing coverage that take into consideration critical health policy and systems, political, economic, financial, environmental and social factors. Recognizing that effective coverage depends on service quality, *Countdown* is expanding efforts to examine barriers and facilitating factors to improving the quality of care.

Equity in coverage, a central component of the *Countdown* conceptual framework, is highlighted throughout this report. The Commission on Accountability for Women's and Children's Health's *Keeping Promises, Measuring Results*,¹ emphasizes disaggregating all coverage data by key equity considerations to assess progress. National-level aggregate statistics often hide important within-country inequities that countries must address to achieve the health

BOX 3**Countdown addresses multiple Millennium Development Goals**

- Millennium Development Goal 4 to reduce child mortality.
- Millennium Development Goal 5 to improve maternal health.
- Millennium Development Goal 1 to eradicate extreme poverty and hunger, specifically by addressing nutrition with a focus on infant and young child feeding.
- Millennium Development Goal 6 to combat HIV/AIDS, malaria and other diseases.
- Millennium Development Goal 7 to ensure environmental sustainability, through tracking access to an improved water source and an improved sanitation facility.
- See www.un.org/millenniumgoals/ for more information on the Millennium Development Goals.

Millennium Development Goals and universal coverage.

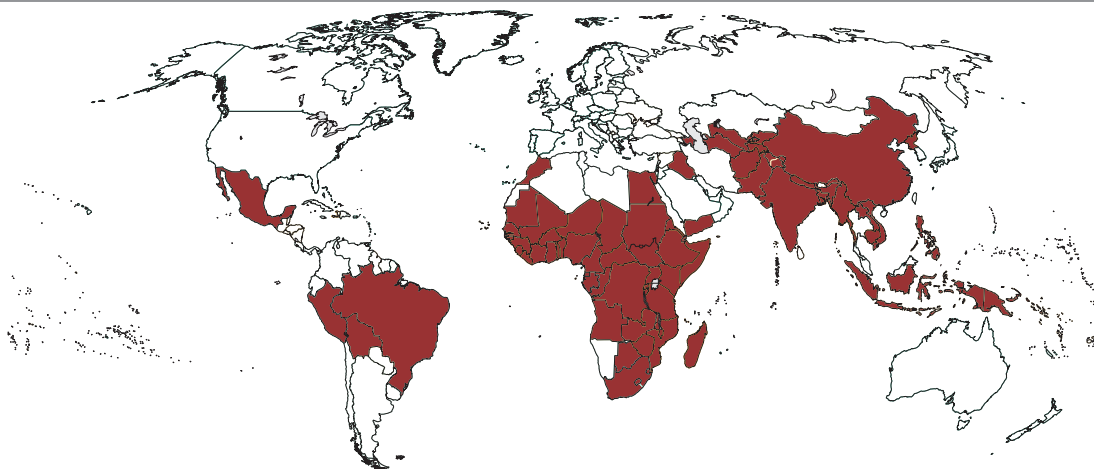
Countdown reviews, analyses and compiles statistics on reproductive, maternal, newborn and child health by child gender, household wealth quintile, maternal education, urban-rural residence and region of the country and produces scientific publications with these results.² Detailed equity profiles for each country are available at www.countdown2015mnch.org.

Countdown data sources and methods

Building on others' work, *Countdown* aims to make data on coverage levels and trends, equity, health policies and systems, and financial resources for maternal, newborn and child health readily accessible. The data for the coverage indicators, publicly available at www.childinfo.org, come mostly from household surveys (box 4). The two main surveys used to collect nationally representative data for reproductive, maternal, newborn and child health in the *Countdown* countries are U.S. Agency for International Development–supported Demographic and Health Surveys and United Nations Children's Fund (UNICEF)–supported Multiple Indicator Cluster Surveys. These surveys also provide estimates of coverage by household wealth, urban-rural residence, gender, educational attainment and geographic location.

The *Countdown* profiles reflect the estimates available for each country. Missing values and data that are more than five years old indicate an urgent need for concerted action to increase data collection efforts so that timely evidence is available for policy and programme development.

The most important criterion for including an intervention or approach in *Countdown* is internationally accepted (peer-reviewed) evidence demonstrating that it can reduce mortality among mothers, newborns or children under age 5. *Countdown* coverage indicators must also produce results that are nationally representative,

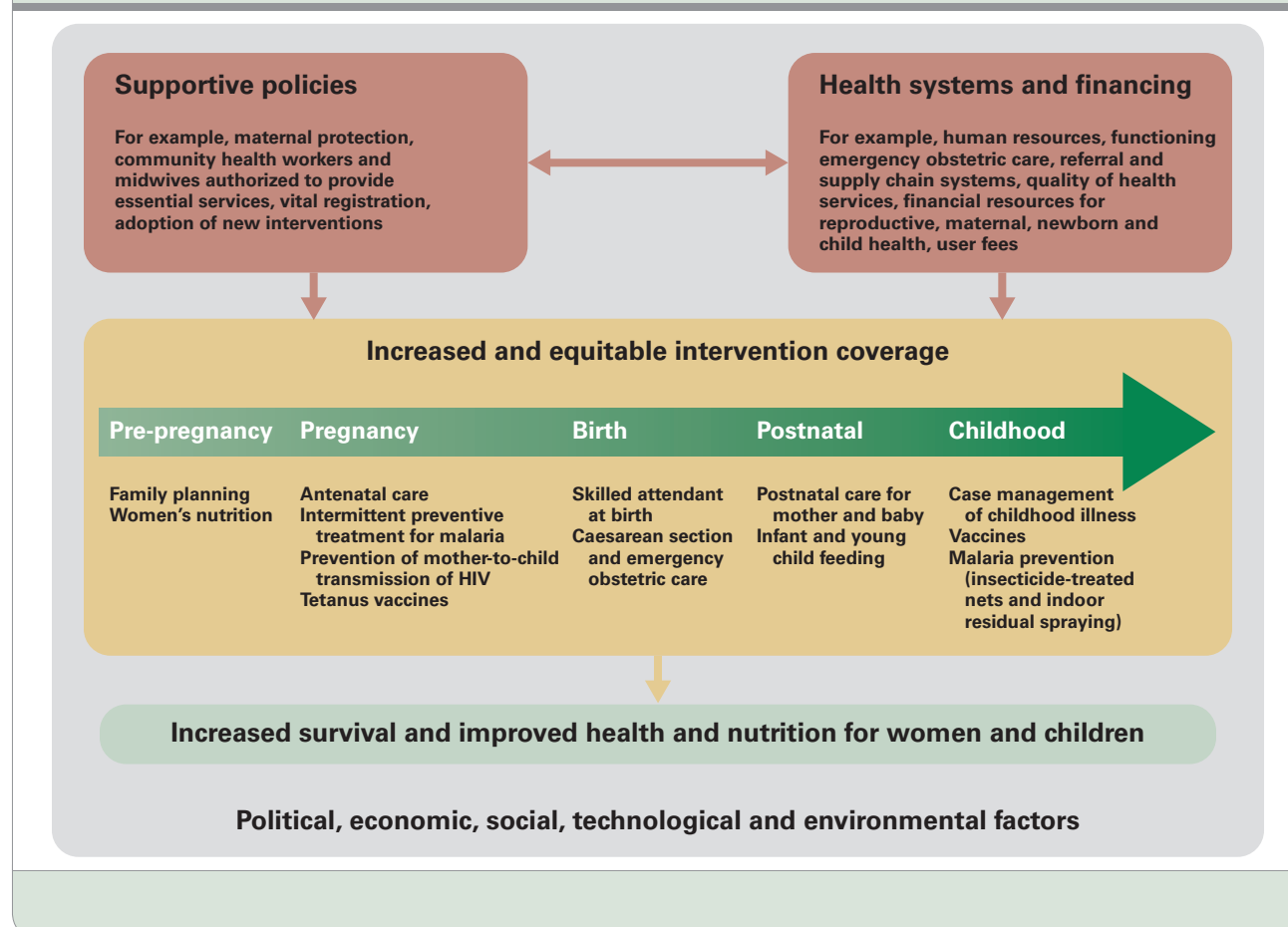
MAP 1**The 75 Countdown Priority countries**

reliable and comparable across countries and time, clear and easily interpreted by policymakers and programme managers, and available regularly in most *Countdown* countries. The full list of *Countdown* indicators, data sources and methods used to select the indicators, collect the health policy and health systems data, and calculate the equity and financing measures are available at www.countdown2015mnch.org.

Data quality control is a critical component of *Countdown* technical output. *Countdown* works

closely with UNICEF and many other groups responsible for maintaining global databases and conducts additional quality checks to ensure consistency and reliability. *Countdown's* technical tasks are carried out by working groups in four areas—coverage, equity, health systems and policies, and financing—and by an overarching scientific review group. They work together to ensure data quality and analytic rigour. A detailed description of *Countdown's* organizational structure is available at www.countdown2015mnch.org.

FIGURE 1
Summary impact model guiding Countdown work



BOX 4

Sources of country-level *Countdown* data

National health information systems encompass a broad range of data sources essential for planning and for routine monitoring and evaluation, including censuses, household surveys, health facility reporting systems, health facility assessments, vital registration systems, other administrative data systems and surveillance. Concerted efforts are needed to strengthen health information systems across the 75 *Countdown* countries to increase the availability of reliable and timely data (see table).¹

The preferred source for mortality data is high-quality vital registration with complete reporting of deaths and accurate attribution of cause of death. However, only around a third of *Countdown* countries have birth registration coverage over 75%, and around 14% have death registration coverage over 50%. Since 2000 only 16% of countries have been able to generate cause of death information from a civil registration system for more than 50% of deaths, well below the level required for producing reliable cause of death information. Mortality data in *Countdown* countries are also collected through surveys or censuses. More than half of *Countdown* countries conducted such surveys for child mortality during 2000–06 and 2007–11, but less than a fifth did so for maternal mortality (see table), hampering country ability to assess mortality levels and trends.

Given weak vital registration systems and the lack of other nationally representative sources of mortality data, mortality levels in most *Countdown* countries are derived from model-based estimates that use data from several sources, including vital registration, household surveys, censuses, and other studies. Country-specific estimates of neonatal and under-five mortality are produced by the United Nations Inter-agency Group for Child Mortality Estimation.² Country-specific causes of neonatal and child death profiles are from national estimates calculated by the Child Health Epidemiology Reference Group with the World Health Organization (WHO). Maternal mortality ratios are from the Maternal Mortality Estimation Inter-agency Group.³ Global and regional cause of maternal death profiles are produced through a WHO systematic review process.

Intervention coverage responds more quickly to programmatic changes than does mortality and should be measured more frequently to promote evidence-based decisionmaking. Only 29 *Countdown* countries

(39%) conducted a household survey during 2009–11, and 21 of them (28%) had also conducted a previous survey during 2006–08. Facility reports can provide estimates for some coverage indicators, but data quality is often a problem in *Countdown* countries, and these estimates are not nationally representative.

Data availability in *Countdown* countries

Topic	Period	Number of countries	Share of <i>Countdown</i> countries (%)
<i>Coverage of civil registration</i>			
Births (more than 75%)	2005–10	23	31
Deaths (more than 50%)	2005–10	10	14
Cause-of-death (more than 50%)	2000–10	12	16
<i>Data collection (at least one in period)</i>			
Child mortality	2007–11	43	58
	And during 2000–06	41	55
Maternal mortality	2007–11	12	16
	And during 2000–06	8	11
Reproductive, maternal, newborn and child health intervention coverage	2009–11	28	38
	And during 2006–08	20	27

Accurate, timely and consistent data are crucial for countries to effectively manage their health systems, allocate resources according to need and ensure accountability for delivering on commitments to women, newborns and children. Enhancing country capacity to monitor and evaluate results is a core *Countdown* principle and central to the accountability agenda. Achieving this goal requires a long-term approach with short-term milestones. Recommended actions include⁴:

- Developing a harmonized programme of household health surveys.
- Investing in vital registration systems and routine information systems.
- Evaluating information and communication technologies to improve data collection.
- Building country capacity to monitor, review and act on available data.

Country-level countdown processes can contribute to building this capacity (see concluding section).

Notes

1. Health Metrics Network and WHO 2011.
2. UNICEF, WHO, World Bank, UNDESA 2011.
3. UNICEF, WHO, World Bank, UNDESA 2012.
4. Countdown to 2015, Health Metrics Network, UNICEF, WHO 2011.

The *Countdown* country profile: a tool for action



Countdown country profiles present in one place the best and latest evidence to assess country progress in improving reproductive, maternal, newborn and child health (figure 2). The two-page profiles in this report are updated every two years with new data and analyses. *Countdown* has also committed to annually updating the core indicators selected by the Commission on Information and Accountability for Women's and Children's Health.

Reviewing the information

The first step in using the country profiles is to explore the range of data presented: demographics, mortality, coverage of evidence-based interventions, nutritional status and socioeconomic equity in coverage. Key questions in reviewing the data include:

- Are trends in mortality and nutritional status moving in the right direction? Is the country on track to achieve the health Millennium Development Goals?
- How high is coverage for each intervention? Are trends moving in the right direction towards universal coverage? Are there gaps in coverage for specific interventions?
- How equitable is coverage? Are certain interventions particularly inaccessible for the poorest segment of the population?

Identifying areas to accelerate progress

The second step in using the country profiles is to identify opportunities to address coverage gaps and accelerate progress in improving coverage and health outcomes across the continuum of care. Questions to ask include:

- Are the coverage data consistent with the epidemiological situation? For example:

- If pneumonia deaths are high, are policies in place to support community case management of pneumonia? Are coverage levels low for careseeking and antibiotic treatment for pneumonia, and what can be done to reach universal coverage? Are the rates of deaths due to diarrhoea consistent with the coverage levels and trends of improved water sources and sanitation facilities?
- In priority countries for eliminating mother-to-child transmission of HIV, are sufficient resources being targeted to preventing mother-to-child transmission?
- Does lagging progress on reducing maternal mortality or high newborn mortality reflect low coverage of family planning, antenatal care, skilled attendance at birth and postnatal care?
- Do any patterns in the coverage data suggest clear action steps? For example, coverage for interventions involving treatment of an acute need (such as treatment of childhood diseases and childbirth services) is often lower than coverage for interventions delivered routinely through outreach or scheduled in advance (such as vaccinations). This gap suggests that health systems need to be strengthened, for example by training and deploying skilled health workers to increase access to care.
- Do the gaps and inequities in coverage along the continuum of care suggest prioritizing specific interventions and increasing funding for reproductive, maternal, newborn and child health? For example, is universal access to labour, delivery and immediate postnatal care being prioritized in countries with gaps in interventions delivered around the time of birth?

FIGURE 2
Sample country profile

Intervention coverage

These charts show most recent coverage levels and trends for selected reproductive, maternal, newborn and child health interventions.

Key population characteristics

These indicators provide information for understanding country contexts and challenges to scaling up essential interventions.

Impact: under-five mortality rate and maternal mortality ratio

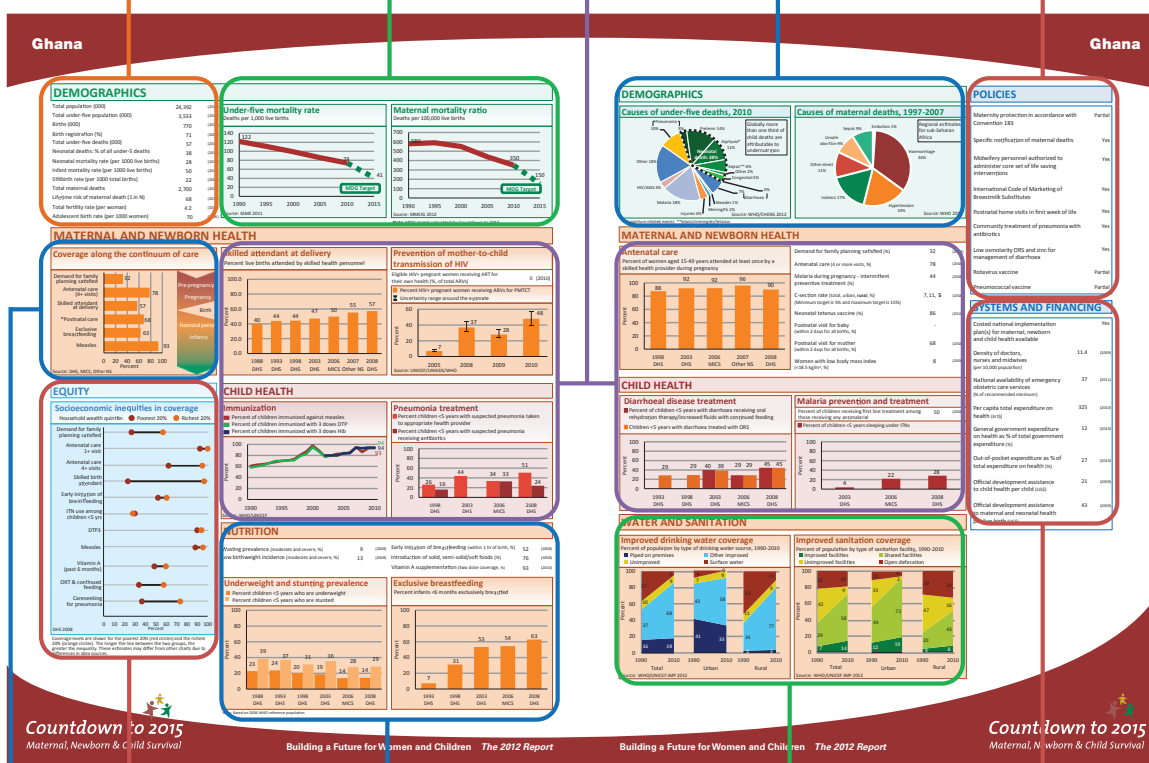
These charts display trends over time, reflecting progress towards reaching the Millennium Development Goal 4 and 5 targets.

Cause of death

Provides information useful for interpreting the coverage measures and identifying programmatic priorities.

Policies

These indicators show progress in country adoption of supportive policies for the introduction and implementation of essential interventions.



Equity in coverage

Socioeconomic inequities in coverage highlight the need for concerted efforts to improve coverage among the poorest.

Nutrition

Undernutrition contributes to at least a third of all deaths among children under age 5 globally.

Water and sanitation

Water and sanitation from improved sources are essential for reducing transmission of infectious disease.

Health systems and financing

These indicators provide information about health system capacity and available financing needed for scaling up interventions.

Continuum of care

Gaps in coverage along the continuum of care from pre-pregnancy and childbirth through childhood up to age 5 should serve as a call to action for a country to prioritize these interventions.