

COUNTDOWN TO 2015

Working Group on Coverage Indicators Meeting Summary

UNICEF Headquarters
New York City

13-14 September 2007
Henry Labouisse Hall (Thursday)
UN Church Center (Friday)

Meeting objectives:

- Review and reconfirm indicators currently monitored by the Countdown to 2015 effort
- Review indicators proposed for inclusion in the Countdown to 2015 effort
- Review approach for classifying progress toward the coverage goals, and set out initial proposal for classifying progress in 2008 Report
- Provide update on related child survival monitoring and evaluation initiatives
- Review plans for equity analysis in Countdown

Thursday, 13 September 2007

Welcome and Introductions

Tessa Wardlaw (UNICEF) opened the meeting by reviewing the overall meeting objectives (see above), and describing the overall context for this meeting. It was noted that the outcomes of this meeting would provide direct and important input to the Countdown 2008 report, which is expected to receive great attention from a wide ranging audience.

Some exciting developments in child survival were also noted, including the long-term decline in the global number of under-five deaths to below 10 million, which is an important milestone in child survival. There has also been a wealth of new data that has become available in recent years that allows for a new and more comprehensive assessment of child survival intervention coverage. These data have been analyzed for the upcoming World Fit for Children Commemorative Session (December 2007) – and show some positive and exciting improvements in a number of child survival areas. These data will also be used for the Countdown Report analyses.

Brief History of the Countdown Effort

Jennifer Bryce (Johns Hopkins University) provided a brief overview of the history of the Countdown effort. The first Countdown conference was held in London in December 2005, with the intention of having a series of conferences which would take place every two years. The aim of these conferences is to hold countries accountable for progress in the coverage of interventions that have a proven impact on child and newborn survival – as a stepping stone to achieving MDG 4. The scope of the Countdown effort was subsequently expanded to also include reducing maternal mortality.

The first Countdown conference generated excitement at the global, regional and country levels. For example, Senegal held its own “Country Countdown” in 2006. Planning for the next

Countdown conference is now starting up again, with the expectation of holding the conference in April-May 2008.

Brief updates on plans for other Countdown 2008 work

Health systems – Ties Boerma (WHO) provided an update on plans for analyses of health systems and whether parts of the ongoing work could potentially be included in the Countdown 2008 Report. There is currently a working group that includes Health Metrics Network, WHO, GAVI, The World Bank and The Global Fund that is providing guidance to countries on what is needed to monitor the strength of health system, and to work with countries to implement monitoring efforts using these core indicators. There will be another meeting in early 2008 to develop draft guidance on this issue.

For the Countdown Report, there are a number of indicators of health system strength for which there is data currently available (e.g. health spending per capita or health worker density). It would also be good to mention the ongoing interagency work described above, but would not recommend including a summary measure of health systems in the Countdown 2008 Report.

Health policies – Bernadette Daelmans (WHO) provided an update on work to date on health policy indicators that could be included in the Countdown Report 2008. In addition to the policy indicator reported in the previous Countdown report, other indicators that could be considered include (1) policy (e.g. zinc policies) (2) financing (e.g. out-of-pocket expenditure as % of private expenditure on health or government health spending per capita) (3) human resources (e.g. health worker density). For the Countdown Report 2008, we could either use data that are currently available from WHO and other agencies, or perhaps commission additional analyses specifically related to monitoring policies for the Countdown initiative.

It was noted that the Countdown should monitor ORS policies, and particularly whether countries are promoting low-mortality ORS. The Countdown should also monitor maternal health policies in addition to child health policies.

Financial flows – Flavia Bustreo (PMNCH) provided an update on work to date on financial flows information. The London School of Hygiene and Tropical Medicine (LSHTM) took the lead on this work, and published a paper based on the first set of analyses conducted. This paper aimed to determine the amount of donor assistance directed specifically to child and maternal health. We could consider including these results in the Countdown Report for the 60 priority countries. However, the group has not been active recently but there is interest from LSHTM to continue with these types of analyses. PMNCH plans to commission work that builds on the previous analysis, and will meet with LSHTM colleagues in the near future. It was noted that this is very important work, but the OECD/DAC database is incomplete and/or inaccurate for some donors, and we would need to ensure that we are using the best possible estimates.

Background on previous Child Survival Indicator meeting and update on data availability

Tessa Wardlaw (UNICEF) provided an overview of the history of the Countdown indicators, data availability for the current Countdown monitoring effort and some recent and important findings from analyses of these data for the World Fit for Children Commemorative Session.

The coverage indicators monitored by the Countdown effort were originally based on the UNICEF/WHO Child Survival Survey-based Indicators meeting in June 2004, which set out to develop a minimum set of core indicators to monitor interventions identified by the Lancet Series

on Child Survival. Since 2005, the Countdown has expanded its focus to also include maternal and newborn health, but note that many indicators for monitoring these additional areas were already included in the 2005 Report.

It was also noted that a wealth of new data has become available through household surveys conducted in recent years, notably through MICS and DHS. These data have been incorporated into the UNICEF global databases, which will be the key data source for coverage indicators monitored by the Countdown. These data have also been used for the analyses included in the World Fit for Children Statistical Review, which will be released at the Commemorative Session in December 2007. These analyses show increases in coverage, particularly across sub-Saharan Africa, for a number of child survival interventions, such as vitamin A supplementation, insecticide-treated net use and exclusive breastfeeding.

Presentation on background paper for Indicator Review Meeting

Stacey Gage (Tulane University/MEASURE Evaluation) provided a brief overview of the background paper that was prepared for this meeting. This purpose of the paper was to review any methodological issues with these indicators as a basis upon which the working group could make decisions as to whether they should be included in the Countdown effort. The paper also reviewed the approach for classifying progress toward coverage targets, and the thresholds used for such classifications. It is important to note that this background paper pulled together the most recent work on maternal and newborn indicators, as presented in last year's conference in London, as well as drew on discussions with Joy Lawn and Carinne Rosmans, among others.

The paper set out the criteria for inclusion of indicators in the Countdown effort, as follows:

- Indicators monitoring interventions with internationally-accepted and peer-reviewed evidence of having a direct impact on reducing maternal, child and newborn mortality
- Indicators monitoring interventions judged to be feasible and affordable for delivery at high levels of population coverage in low-income countries.
- Statistically sound, internationally comparable indicators with data available at the national level and for a large number of the 60 Countdown priority countries
- Data are easily understood and interpreted by policymakers and program managers
- Data are collected regularly through high-quality national-level household surveys and other sources, where relevant.
- To the extent possible, use of long-standing, well-known indicators harmonized with other global monitoring efforts

Review of existing indicators and proposed indicators for inclusion in Countdown effort

The matrix below provides a brief summary of the indicators included in the Countdown effort, and those proposed for inclusion in Countdown monitoring. The matrix summarizes whether indicators have satisfied criteria for inclusion in the Countdown effort, as well as the overall recommendation of the working group based on the discussion during the meeting.

Indicator	INTERVENTION CRITERIA		INDICATOR CRITERIA		DATA AVAILABILITY		Comment	Working Group Recommendation
	Internationally accepted (peer-reviewed) evidence of direct impact on mortality?	Feasible/affordable for delivery at universal coverage levels in the 60 priority countries?	Reliable and comparable across countries and time?	Clear and easy to interpret by policymakers and program managers?	Nationally-representative data collected regularly in most of the 60 countries?	Trend data available among most 60 priority countries?		
PREVENTION AND IMMUNIZATION								
Vitamin A supplementation	Yes	Yes	Yes	Yes	Yes	Yes [1999 and 2005]	Suggest monitoring receipt of 2 doses in addition to current indicator.	WG agreed to report on both indicators (at least one dose; 2 doses). WG recommended that further work be conducted on household survey-based methods for data collection. Suggested that vitamin A supplementation be promoted for inclusion in child health cards.
Use of improved drinking water sources	Yes	Yes	Yes	Yes	Yes	Yes [1990 and 2004]	No suggested changes	WG agreed to maintain this indicator Estimates for 1990 and 2004 to be used in Countdown Report 2008; updated estimates will not be available in time for inclusion in report.
Use of improved sanitation facilities	Yes	Yes	Yes	Yes	Yes	Yes [1990 and 2004]	No suggested changes	WG agreed to maintain this indicator Estimates for 1990 and 2004 to be used in Countdown Report 2008; updated estimates will not be available in time for inclusion in report.
ITN usage for malaria	Yes	Yes	Yes	Yes	Yes	Yes [around 2000 and 2005]	No suggested changes	WG agreed to maintain this indicator WG suggested that the Malaria Monitoring and Evaluation Reference Group (MERG) review issue of monitoring populations at risk, where malaria is a sub-national issue
Immunization (measles, DPT3, Hib coverage, PCV)	Yes	Yes	Yes	Yes	Yes	Yes (not Hib) [1990-present]	No suggested changes	WG agreed to maintain immunization indicators. WG suggested monitoring, as a policy issue, whether countries are promoting PCV immunization. This would replace Hib immunization as a policy issue. It was noted that SAGE would provide guidance on PCV immunization measurement issues, and the indicator should be considered for inclusion in the next Countdown report.
CASE MANAGEMENT								
Careseeking for	Yes	Yes	Yes	Yes	Yes	Yes	No	WG agreed to maintain indicator, and to use term

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suspected pneumonia						[around 2000 and 2005]	suggested changes	"suspected pneumonia"
Antibiotic use for suspected pneumonia	Yes	Yes	Yes (some data quality issues)	Yes	Yes	Limited	No suggested changes; wealth of new data available; review needed of validity of mothers' responses	WG agreed to maintain indicator, and to use term "suspected pneumonia" WG suggested that further work be conducted on the recall Issue for this treatment indicator
ORT (ORS, RHF, Increased fluids) with continued feeding for diarrheal diseases	Yes	Yes	Yes (some data quality issues]	No	Yes	Limited	No suggested changes; further discussion of issues needed	WG agreed to maintain this indicator
Antimalarial treatment	Yes	Yes	Yes	Yes	Yes	Yes [around 2000 and 2005]	No suggested changes	WG agreed to maintain this indicator WG suggested that Malaria Monitoring and Evaluation Reference Group (MERG) review issue of how to report on effective anti-malarial medicines, rather than any anti-malarial medicine.
Cotrimoxazole prophylaxis for HIV exposed children (proposed)								No decision
Proposed additional case management indicator								
Zinc for	Yes	Yes	Further work	Further work	Further work	Further work	Proposed for	WG suggested indicator be considered for inclusion in next

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<i>diarrheal diseases (proposed indicator)</i>			<i>needed on indicator development</i>	<i>needed on indicator development</i>	<i>needed on indicator development</i>	<i>needed on indicator development</i>	<i>further discussion</i>	Countdown report, and recommended that this indicator be collected through MICS4 and DHS. Indicator definition needs further methodological development.
NUTRITION								
Exclusive breastfeeding (0-5 mos)	Yes	Yes	Yes	Yes	Yes	Yes [around mid-1990s - 2006]	No suggested changes	WG agreed to maintain this indicator.
Complementary feeding (6-9 months)	Yes	Yes	Yes	Yes	Yes	Yes [around mid-1990s - 2006]	No suggested changes	WG agreed to maintain this indicator. Suggested further discussions on breastfeeding indicator development, and to use new reference standards, if possible.
Continued feeding (20-23 months)	Yes	Yes	Yes	Yes	Yes	Yes [around mid-1990s - 2006]	No suggested changes	WG agreed to <u>drop</u> this indicator from Countdown monitoring
Underweight prevalence	Yes	Yes	Yes	Yes	Yes	Yes [around 1990-2006]	No suggested changes	WG agreed to maintain this indicator, although not a coverage indicator per se.
Stunting prevalence	Yes	Yes	Yes	Yes	Yes	Yes [around 1990-2006]	No suggested changes; use latest available data only	WG agreed to maintain this indicator, although not a coverage indicator per se.
Wasting prevalence	Yes	Yes	Yes	Yes	Yes	Yes [around 1990-2006]	No suggested changes; use latest available data only	WG agreed to maintain this indicator, although not a coverage indicator per se.
MATERNAL AND NEWBORN SURVIVAL								
Skilled attendant at birth	Yes	Yes	Yes	Yes	Yes	Yes [around	No suggested	WG agreed to maintain this indicator

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						1995 and 2005]	changes	
Antenatal care	Yes	Yes	Yes	Yes	Yes	Yes [around 1995 and 2005]	No suggested changes; add four or more ANC visits indicator in addition to current indicator	WG agreed to monitor both indicators: "at least one visit" and "four or more visits"
Neonatal tetanus protection	Yes	Yes	Yes	Yes	Yes	Yes [2000-2006]	No suggested changes	WG agreed to maintain this indicator Need to correct indicator definition in background paper to match standard definition.
Early initiation of breastfeeding	Yes	Yes	Yes	Yes	Yes	Limited	No suggested changes	WG agreed to maintain this indicator
Postnatal visit within 3 days of birth (outside health facility)	Limited	For further discussion	For further discussion	Yes	Limited	Limited	Need further discussion of timing of visit after birth (e.g. 2 or 3 days), and absence of quality measure for what happens during visit	WG agreed to maintain this indicator, although further guidance will be provided on the issue of timing of visit (e.g. 2 days or 3 days after birth)
HIV+ pregnant women receiving ARVs for PMTCT	Yes	Yes	Yes	Yes	Yes	Yes (issues of comparability over time; 2004 to present)	No suggested changes; issues of comparability over time due to different numerator	WG agreed to maintain this indicator

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							and denominator data sources	
Proposed additional maternal and newborn indicators								
Unmet need for family planning (proposed indicator)	Yes	Yes	No	No	Limited (DHS and RHS only)	Limited (issues in comparability over time)	Proposed indicator for further discussion	WG agreed to include both indicators: unmet need for family planning and contraceptive prevalence rate
C-section rate among rural population (proposed indicator)	Yes	No	No	No	No	Limited (issues of comparability over time)	Proposed indicator for further discussion	WG agreed to include this indicator along with the rural/urban breakdown. Need to review data availability and sample size issues, and consider including in MICS4
IPTp for malaria	For further discussion	Yes (only for select countries with IPT policies in place)	Yes (wealth of new, comparable data available)	Yes	Yes (only for select countries with IPT policies in place)	Limited	Proposed indicator for further discussion	WG agreed to include this indicator. Confirm standard indicator definition with Malaria Monitoring and Evaluation Reference Group (MERG)
Institutional deliveries (proposed indicator)	Yes (highly correlated with skilled delivery care)	No	Yes	Yes	Yes	Limited	Proposed indicator for further discussion; high correlation with skilled attendant at birth	This indicator will not be included in Countdown.

Friday, 14 September 2007

Review of equity analyses

Cesar Victora provided an update on work related to tracking equity in coverage, and noted that it is important to include a measure of equity in the Countdown effort. Some work has already been conducted in terms of looking at co-coverage of key child survival interventions (e.g. how many interventions does each child receive?). The analysis assessed data for about 30 countries and calculated how many interventions were received by each child, out of a possible 9 key interventions included in the analysis. This summary indicator (percentage of children receiving 6 or more interventions) was then assessed according to wealth index quintiles within countries. In addition, there was also an analysis of the correlation of this indicator (percentage of children receiving 6 or more interventions) with under-five mortality, and these measures were found to be closely associated.

In terms of next steps, need to incorporate new interventions into this analysis. It was also noted that this analysis could look at gender and urban/rural disparities as well. Finally it was noted that further work on this analysis would require time and funding, particularly if this work is needed in time for inclusion in the next Countdown report.

Coverage gap analyses

Ties Boerma (WHO) presented on a summary measure that assessed the overall gap in coverage between current levels and a target level (e.g. universal coverage) for a series of child and maternal health indicators. The current analysis looks at the overall coverage gap across five maternal and child health intervention areas. It was noted that this summary measure correlates closely with under-five mortality, although there is a time lag issue with mortality estimates that complicates the interpretation of such a correlation. This measure is also correlated with other health system performance measures, such as health worker density.

It was noted that an advantage of this measure is that it is easily computed and comprehensible. In addition, a wide variety of data sources could be used and since it is an overall average across indicators included in the composite measure, some indicators could be omitted for some countries and the summary measure could still be computed. Finally, it was also noted that a similar approach has been used in order to generate a results-based financing indicator to assess program performance.

There needs to be further discussion of whether such an analysis would be available in time for inclusion in the Countdown report, and what further work would be needed for this.

Child survival impact model

Bob Black (Johns Hopkins) provided an update on the status of the child survival impact model. This model allows users to predict the impact of a range of child survival interventions on under-five mortality by linking coverage information with an estimate of each intervention's efficacy. Based on these inputs, the model is able to predict the proportionate reduction in under-five mortality due to increasing coverage of key child survival interventions from a baseline value to a target level.

In terms of next steps in the development of this model, there is a need to review child mortality intervention effectiveness and to review maternal mortality interventions. In addition, further work is needed to refine the software. There is also a need to refine the costing/budgeting tool, and it is expected that this portion of the model will be available by Q3 2008. A beta version of this model has now been circulated for testing by a select group of reviewers.

Well-performing countries analysis

Edilberto Loaiza (UNICEF) provided an update on the analysis of well-performing countries in terms of under-five mortality reductions. The aim of this analysis is to determine how these countries achieved these reductions in order to provide lessons for countries not making significant progress in reducing under-five mortality. It was noted that this is difficult and complex work in terms of integrating programmatic inputs with statistical analyses, and accounting for issues of time lag in the under-five mortality estimates.

The analysis includes countries with two recent DHS surveys that have achieved at least a 15 per cent reduction in under-five mortality. The first part of the analysis is descriptive in nature, and reviews contextual variables and analyzes data on programmatic variables as potential factors for success in these countries. Multivariate analysis is now being conducted to determine the net effect of program variables on under-five mortality by controlling for different variables. It was noted that this analysis would be supplemented by visits to these countries to review preliminary results and to agree on programmatic and contextual variables. The aim is to present results from this analysis at the time of the Child Survival Conference.

It was noted that this is a difficult analysis given the time lag issue with mortality estimates, while most other indicators are current status measures. It is also important to incorporate information in the analysis as to whether the country is a high- or low-level mortality, and also disparities within the country in terms of mortality levels. In addition, information would also be needed regarding compositional changes within the country (e.g. fertility declines or changing educational levels). Finally, it is also important that this work is harmonized with other studies looking at similar issues, such as the analysis taking place in Tanzania.

Classification of countries' progress toward coverage targets

Jennifer Bryce (Johns Hopkins University) provided background on how the Countdown 2005 classified countries in relation to their progress toward coverage targets. It was noted that countries were classified into three categories: "on track", "watch and act", and "high alert". Thresholds for these three categories were based on internationally-agreed targets, where available. When no global target was available, thresholds were based on the relative coverage levels for each indicator across the 60 priority countries.

This quick and straightforward method for classifying progress was feasible given the time constraints for preparing the previous Countdown report. However, an improved method is needed for this next Countdown report. One suggested alternative was to include information on both trends over time and absolute levels in classifying countries' progress toward coverage targets, and examples of how this was done for MDG indicators were provided in the background paper.

It was noted that country-level assessments of progress was not conducted for the previous Countdown report, and analysis was only conducted across the 60 priority countries. There was some discussion of

whether such classifications' were necessary, if this analysis should be omitted from the report or whether the analysis should be limited to only select indicators (such as MDG indicators or those with high impact on child mortality). It was also noted that it is important to look at trends in these indicators, but again perhaps it is not necessary to classify countries according to their progress toward coverage targets.

Country profiles

A proposal for a re-designed Countdown country profile was circulated to the working group for their review and feedback. It was agreed that a professional graphic designer should be hired to design the profile, and that this work would be coordinated by the Countdown core group at their next meeting. Some specific comments on the proposed profile included:

- Profile should be no longer than two pages
- Include policy and equity information (around one-half page or less)
- Include demographic information in first section
- Include neonatal mortality rate and maternal mortality rate in first section
- Include pie charts for under-five deaths by cause as well as maternal deaths by cause
- If include MDG chart for under-five mortality, the line should not be straight but curvilinear
- Omit iodized salt consumption, as does not impact child mortality
- Use line graphs rather than bar charts to provide better picture of time period for trends
- Combine immunization indicators into one chart
- If indicator is included in chart, no need to also include data in text near chart
- Add additional indicators based on this working group meeting
- Shorten the "about the data" section

Summary and Workplan

The meeting reviewed indicators for inclusion in the Countdown effort, and the matrix included in this meeting summary provides the overall outcome of those discussions, including the working group recommendations. In addition, the working group identified areas where further work is needed, as follows:

1. Further technical work

- Equity analyses (Working Group on Equity Analyses)
- Well-performing countries (UNICEF and partners)
- Child survival impact model (Johns Hopkins University)
- Indicator development
 - Vitamin A supplementation and household survey-based data collection methods (UNICEF)
 - Antibiotic use for pneumonia and recall issue (Johns Hopkins University)
 - PCV coverage (SAGE; Johns Hopkins University)
 - Malaria indicators (Malaria MERG)
 - Cotrimoxazole prophylaxis (HIV/AIDS MERG)
 - Zinc for diarrheal diseases (Johns Hopkins University)
 - Breastfeeding indicators – e.g. dietary diversification (WHO)
 - Anthropometric indicators and new reference standards (WHO/UNICEF)
 - Post-natal visit – define 2 or 3 days (Saving Newborn Lives and UNICEF)

2. Countdown profiles – Countdown Core Group will lead the effort to contract a graphic designer to improve the design of the profiles. The data used for coverage indicators in the profiles will be obtained from the UNICEF global databases, and UNICEF will produce the profiles once the design is finalized.

3. Compilation of coverage data for Countdown report – UNICEF will compile the data for coverage indicators that will be included in the Countdown report.

List of Participants

Ties Boerma	WHO
Elizabeth Mason	WHO (unable to attend)
Bernadette Daelmans	WHO
Anuraj Shankar	WHO
Tessa Wardlaw	UNICEF
Werner Schultink	UNICEF
Peter Salama	UNICEF
Nancy Ferreri	UNICEF
Anastasia Gage	Tulane University/MEASURE Evaluation
Robert Black	Johns Hopkins University
Jennifer Bryce	Johns Hopkins University
Linda Bartlett	Johns Hopkins University (IMMPACT)
Cesar Victora	University of Pelotas, Brazil
Fred Arnold	Measure DHS/Macro International
Trevor Croft	Blancroft International
Stein-Erik Kruse	NORAD
Joy Lawn	Save the Children (unable to attend)
Simon Cousens	London School of Hygiene and Tropical Medicine (unable to attend)
Anne Tinker	Save the Children (unable to attend)
Jeffrey Mecaskey	Save the Children
Flavia Bustreo	PMNCH
Wendy Graham	University of Aberdeen
Carine Ronsmans	London School of Hygiene and Tropical Medicine (unable to attend)
Leslie Elder	Saving Newborn Lives
Kate Kerber	Saving Newborn Lives
Stan Bernstein	UNFPA
Vincent Fauveau	UNFPA