

Data, Methods & Country Profiles

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Purpose of Session

- I. Background to
 Countdown Monitoring
 Data and methods
 Country profiles
- II. Countdown Report Findings







Outline

- Steps for effective global monitoring
- Overview of what Countdown monitors
- Data sources
- Countdown profiles



Effective global monitoring requires quality at each step

Global Reporting

Reports, profiles, websites etc.

Analysis

UN Agencies, Interagency Groups, Research groups etc.

Compilation and Quality Assurance

(Maintenance of global databases)
UN Agencies, Interagency Groups

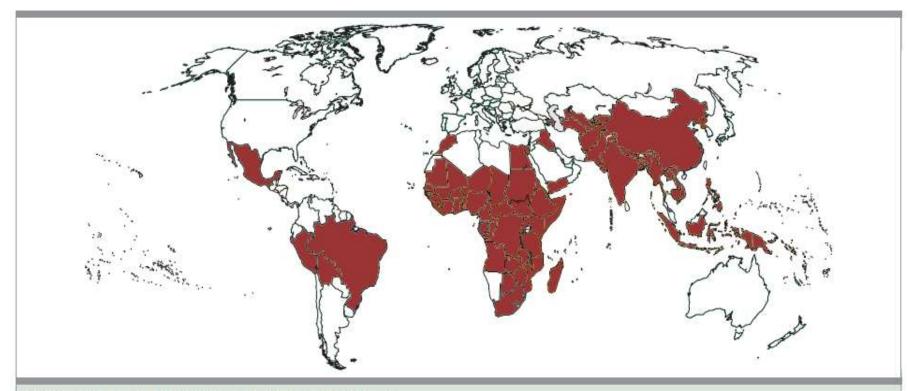
Data Collection

Household surveys for coverage indicators



Countdown 75 Priority Countries

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



Source: Authors' compilation based on information supplied in text.



What does the Countdown monitor?

- Progress in coverage for critical interventions across reproductive, maternal, newborn & child health continuum of care
- Health Systems and Policies important context for assessing coverage gains
- Financial flows to reproductive, maternal, newborn and child health
- Equity in intervention coverage





Selection of coverage indicators

- Indicators selected using objective criteria:
 - Harmonized with other monitoring efforts (e.g. MDGs)
 - Clear evidence of direct impact on child, newborn and maternal survival
 - Easily understood by policy makers/program managers





Sources of data

- Global monitoring requires standardized data that allows for comparisons between countries and over time
- Population based household surveys
 - UNICEF-supported MICS
 - USAID-supported DHS
 - Other national-level household surveys (MIS, RHS and others)
 - Provide disaggregated data by household wealth, urban-rural residence, gender, educational attainment and geographic location
- Interagency adjusted estimates
 U5MR, MMR, immunization, water/sanitation
- Other data sources (e.g. administrative data, country reports on policy and systems indicators, country health accounts, and global reporting on external resource flows etc.)

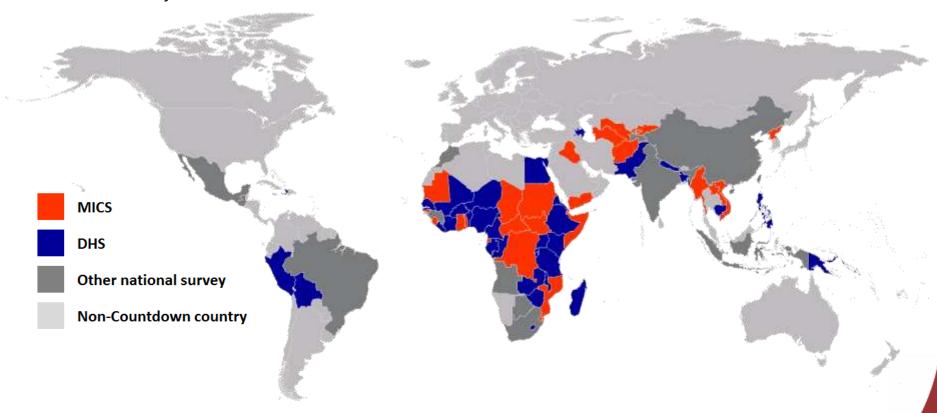


Data for 2013 Countdown Monitoring

Most recent data sources for Countdown countries:

MICS, DHS, other national surveys

Based on data for Skilled Attendance at Birth





Data compilation

- Countdown data compiled from a wide range of sources
- Coverage data largely from UNICEF global databases
 - UNICEF global databases updated annually using rigorous data quality review procedures (<u>www.childinfo.org</u>)
- Data on policies and systems from WHO, ILO, OECD and other organizations
- Equity data analysis by Pelotas University (Brazil) based on data from MICS and DHS





Country Profiles





Country Profiles

- Central part of Countdown monitoring effort
- Brings together latest coverage data and other key information (e.g. policies) in one reference document
- Presents current situation and rate of progress
- Highlights gaps and areas needing attention



Malawi Malawi

DEMOGRAPHICS Total population (000) 14.901 Under-five mortality rate Maternal mortality ratio Total under-five population (000) 2,715 Deaths per 1,000 live births Deaths per 100,000 live births Births (000) (3011 663 1200 Birth registration (%) Total under-five deaths (000) 1000 56 Neonatal deaths: % of all under-5 deaths 32 (2011 800 Neonetal mortality rate (per 1000 live births) 150 (3018) 27 600 Infant mortality rate (per 1000 live births) (918) 100 58 280 *****74 400 Stillbirth rate (per 1000 total births) 24 (300) 200 Total maternal deaths (2018) 3,000 MDG Target MDG Target Ufetime risk of maternal death (1 in N) 36 (3011 1990 1995 2010 1990 1995 2005 2010 Total fertility rate (per woman) 6.0 (3010)

MATERNAL AND NEWBORN HEALTH



Adolescent birth rate (per 1000 women)



CHILD HEALTH

Percent of children immunized against measles

Percent of children immunized with 3 doses Hib

Percent of children immunized with 3 doses DTP



Percent children <5 years with suspected pneumonia taken

Percent children <5 years with suspected pneumonia

Pneumonia treatment

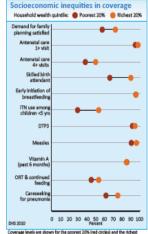
to appropriate health provider

receiving antibiotics

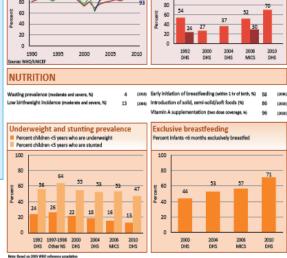
urce: MMEIG 2002

Note: MDG target calculated by Countdown to 2015

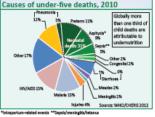
EQUITY

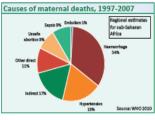




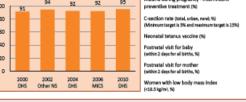


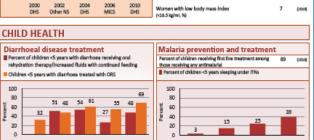
DEMOGRAPHICS





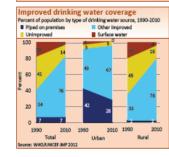
MATERNAL AND NEWBORN HEALTH Demand for family planning satisfied (%) Antenatal care Percent of women aged 15-49 years attended at least once by a Antenetal care (Antenes viola, 50 skilled health provider during pregnancy Malaria during pregnancy - intermittent 100 preventive treatment (%) C-section rate (total urban, rural: %)

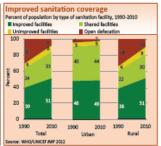






WATER AND SANITATION





POLICIES

(1000)

(1000)

60

87

Maternity protection in accordance with Convention 183	No
Specific notification of maternal deaths	Yes
Midwifery personnel authorized to administer core set of life saving interventions	Yes
International Code of Marketing of Breastmilk Substitutes	Yes
Postnatal home visits in first week of life	Yes
Community treatment of pneumonia with antibiotics	Yes
Low osmolarity ORS and zinc for management of diarrhoea	Yes
Rotavirus vaccine	Partfal
Pneumococcal vaccine	Yes

CVCTEMC AND FINANCING

	SYSTEMS AND FINANCING			
	Costed national implementation plan(s) for maternal, newborn and child health available		Partia	
•	Density of doctors, nurses and midwives (per 10,000 population)	3.0	(200	
	National availability of emergency obstetric care services (% of recommended minimum)	32	(100	
•	Per capita total expenditure on health (Int)	56	(200	
	General government expenditure on health as % of total government expenditure (%)	14	(200	
	Out-of-pocket expenditure as % of total expenditure on health (%)	11	tree	
	Official development assistance to child health per child (US\$)	24	(100	
	Official development assistance to maternal and neonatal health per live birth (US\$)	78	ре	



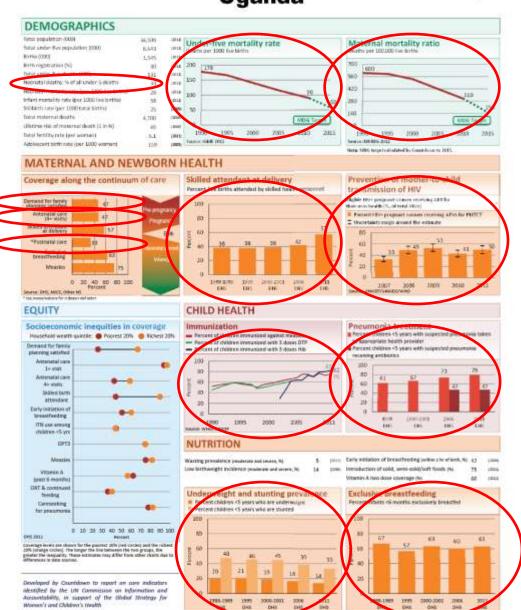


Core indicators identified by the Commission on Information and Accountability

- Maternal mortality ratio
- Under-five mortality rate, with the proportion of newborn deaths
- Children under five years of age who are stunted
- Demand for family planning satisfied (met need for contraception)
- Antenatal care coverage (at least four visits during pregnancy)
- Antiretroviral prophylaxis among HIV-positive pregnant women to prevent mother-to-child transmission of HIV and antiretroviral therapy for HIV-positive pregnant women who are treatment-eligible
- Skilled attendant at birth
- Postnatal care for mothers and babies within two days of birth
- Exclusive breastfeeding for first six months of life
- Three doses of combined diphtheria-tetanus-pertussis (DTP3) immunization coverage
- Antibiotic treatment for pneumonia

Uganda

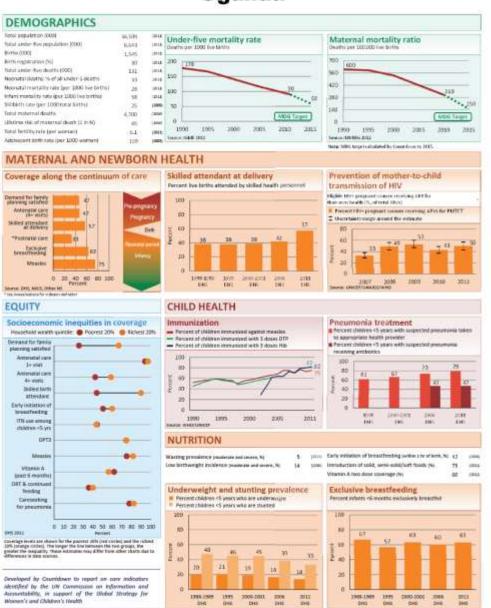
May 2013





Uganda

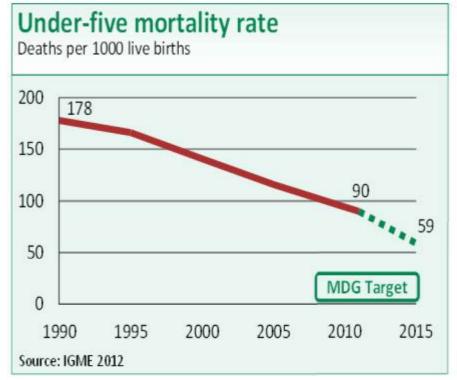
May 2013

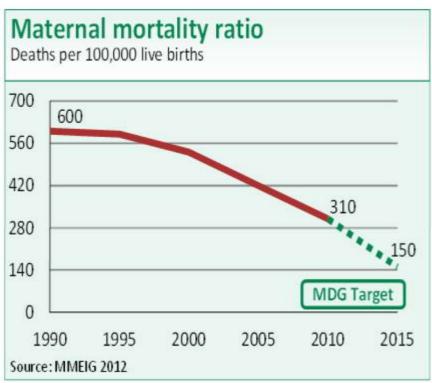


Profile

- Demographics, including mortality
- Maternal & Newborn Health, including Continuum of Care
- Equity
- Child Health
- Nutrition

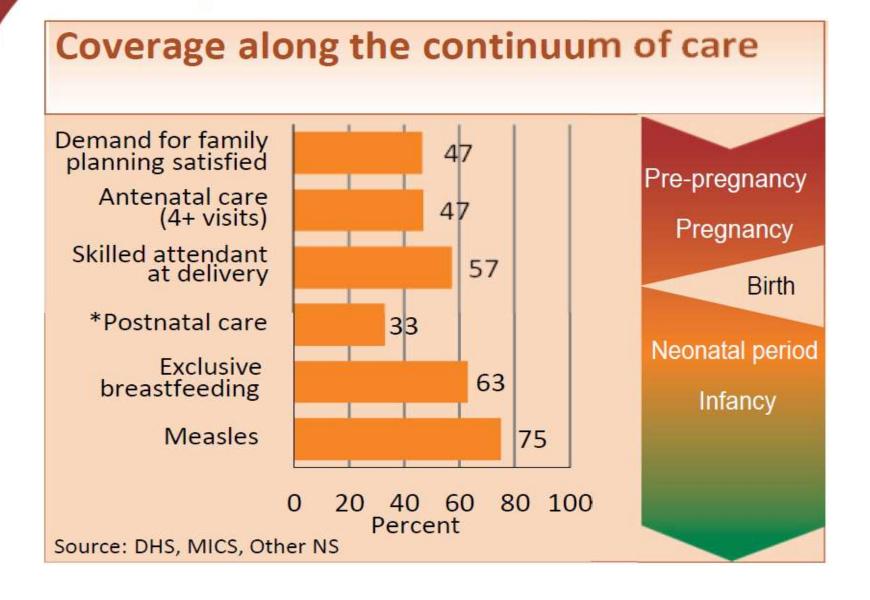






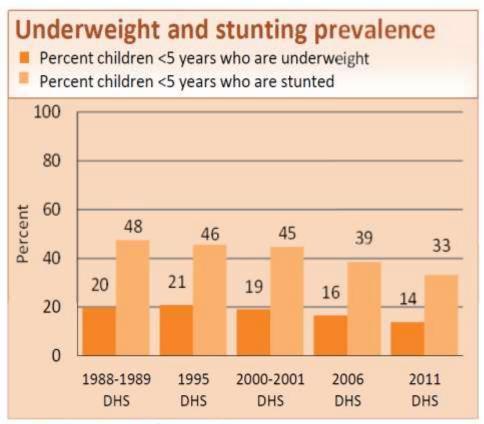
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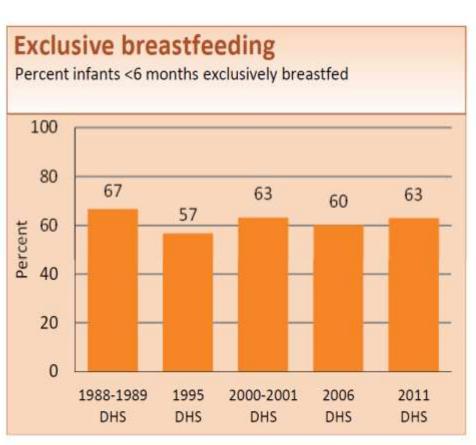
Good progress in reducing under-five & maternal mortality, but **overall rates still too high**



Variable coverage along the continuum of care



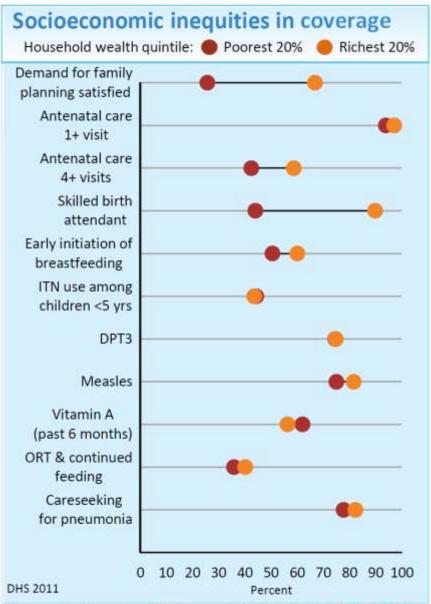




Note: Based on 2006 WHO reference population

Steady reduction in underweight and stunting prevalence and exclusive breastfeeding rates are relatively high but trend stagnating

EQUITY



Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

The narrow bars show relatively equitable coverage and the wide bars show inequitable coverage



Conclusion

- Countdown data powerful instrument for highlighting successes and identifying areas needing more attention
- Countdown provides the foundation for translating data into action!







Thank you

