

FACT SHEET

PROGRESS IN REACHING MILLENNIUM DEVELOPMENT GOALS (MDGs) 4 & 5

- Encouraging signs are seen in saving the lives of mothers, newborns and children, as revealed in the 2008 "*Countdown to 2015 for Maternal, Newborn & Child Survival*" report, which measures coverage of essential health care services in 68 countries. These countries account for 97% of global maternal and child deaths.
- Amongst the 68 priority countries, 16 are "on track" to reach the MDG 4 for reducing child mortality—a 50% increase since 2005. These countries are Bangladesh, Bolivia, Brazil, China, Egypt, Eritrea, Guatemala, Haiti, Indonesia, Lao People's Democratic Republic, Mexico, Morocco, Nepal, Peru, the Philippines and Turkmenistan.
- It is much harder to predict if countries are "on track" for MDG 5 for improving maternal health because countries have limited data on maternal deaths. Only 3 countries (Azerbaijan, China and Mexico) have "low" maternal mortality ratios.
- Eighteen countries showed good progress towards MDG 4, MDG 5, or both. 10 demonstrated progress towards both MDGs. These countries are Bolivia, Brazil, China, Egypt, Guatemala, Mexico, Morocco, Peru, the Philippines and Turkmenistan.

KEY CHALLENGES

- The great majority of the priority countries (50 of 68) are making inadequate progress towards both MDGs--a call for massive global efforts.
- Twenty-six of the 68 priority countries (38%) are making insufficient progress and another 26 (38%) are making no progress towards MDG 4. Twelve countries (Botswana, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Kenya, Lesotho, South Africa, Swaziland, Zambia and Zimbabwe) had increased child mortality rates since 1990.
- A large majority of the priority countries (82% or 56 countries) had either "high" or "very high" rates of maternal mortality.
- The lifetime risk of maternal death ranges from 1 in 7 in Niger to 1 in 1300 in China (a more than 160-fold difference) across the priority countries.
- Progress in reaching MDGs 4 and 5 will also depend on the global progress in tackling under-nutrition--an underlying cause of 3.5 million child deaths annually, and at least 35% of disease burden in under fives and 20% of maternal mortality. In 33 of the 68 priority countries, at least 20% of children are either moderately or severely underweight.
- Africa is where the biggest proportion of deaths occur, half of all maternal and child deaths, amongst only 11% of world population.

COVERAGE GAP IN CONTINUUM OF CARE FOR MOTHERS AND CHILDREN

- Maternal, newborn and child health services should include interventions along the *continuum of care* from before pre-pregnancy to early childhood period and provided at home, community and clinics.
- Coverage of different interventions is highly uneven across the priority countries. Interventions that can be routinely scheduled, such as vaccinations and pre-birth visits by pregnant women, have much higher coverage than those that need functional health systems and 24-hour "on demand" availability such as skilled and emergency care at birth and care for ill newborn babies and children.

- From key interventions across the *continuum of care*, only vaccinations and vitamin A supplementation have coverage rates over 75%: Hib3 (85%), neonatal tetanus (83%), DPT3 (81%), measles (80% coverage), and vitamin A 2-dose coverage (78%).
- However, treatment of pneumonia, diarrhea and malaria, that together cause more than 50% of child deaths in most sub-Saharan countries, reaches less than 40% of children who can benefit. Combined with under-nutrition, these three diseases caused 17 million child deaths during 2000-2003.
- Coverage of skilled care attendance and postnatal care for mothers and newborns is very low in most priority countries. Majority of maternal deaths occur during childbirth and in the early days afterwards, and three-quarters of newborn deaths occur in the first week of life – up to half (2 million) on the first day. Also only 29% of women who desire family planning can actually get it.
- Findings from 54 of the 68 priority countries show that on average 43% of mothers, babies and children have access to only four of the essential interventions.
- Coverage of basic health services is lowest among the poorest in all the priority countries, and in some countries such as India, Peru and the Philippines the gap between rich and poor is as high as three fold. The poorest families miss out twice: on safe childbirth and care for ill children.

STRONGER HEALTH SYSTEMS AND SOUND POLICIES KEY

- Countries need much stronger health systems to deliver 24 hour "on demand" services. However, 79% of countries (54 out of 68) face critical shortages of health workers to deliver basic maternal, newborn and child continuum of care.
- Countries need better policies and plans. To date, none of the countries have ratified the most recent maternity protection convention by ILO. And less than 50% of countries (31) reported having national implementation plans for maternal, newborn and child health that have been costed.
- Countries need quality data evidence to improve policies. Only 23 out of 68 countries reported having a policy on the notification of maternal deaths. Lack of data on newborn and stillbirths are still hindering development of adequate responses to reduce deaths.
- Huge financial burden is placed on women and children due to high out-of-pocket payments in 59 priority countries with available data, causing a major barrier to seeking health care and often leading to catastrophic results for families.

SIGNIFICANT FUNDING INCREASE NEEDED

- Donor funding for maternal, newborn and child health has risen from \$2.1 billion to \$3.5 billion between 2003 and 2006. Both multilateral and bilateral donors increased their contribution on average by 57%, and disbursements from global health initiatives rose by almost 200%.
- However, an ever sharper annual increase is required to fill in the gap for the US\$10 billion additionally needed to scale up maternal, newborn and child health interventions.
- Most donor assistance is delivered through specific projects and only 5% has been dedicated to general budget support and health sector support in recipient countries. Two thirds of the funds go to child health, immunization being the major activity.
- Donor assistance has been highly unpredictable and variable between years, which makes planning and implementation difficult for countries. Developing countries need coordinated, predictable and long-term donor commitments.