



EXECUTIVE SUMMARY

TRACKING PROGRESS IN MATERNAL, NEWBORN & CHILD SURVIVAL

The 2008 Report

INTRODUCTION TO THE COUNTDOWN

Recent years have brought both technical progress and increased political commitment to global public health and nutrition. There is growing recognition, however, that overcoming the remaining challenges facing mothers and children – and reaching the Millennium Development Goals (MDGs) – will require radical changes to the scale and scope of effective strategies. This is where the *Countdown* comes in.

Countdown to 2015 is a collaborative effort to track progress in maternal, newborn and child survival in high mortality countries. Involving a range of institutions and individuals, it highlights the progress, obstacles and solutions to achieving MDGs 4 (child survival) and 5 (maternal health).

The second in a series of reports, *Countdown* 2008 is based primarily on data drawn from national surveys and global databases. It measures coverage of basic health services proven to reduce maternal and child mortality. It also assesses the strength of health systems, the status of policies related to maternal, newborn and child health and how equitably health services are distributed. A special issue of the medical journal The Lancet with *Countdown* findings was released in April 2008. This summary is based both on the report and accompanying journal issue.

"... the Countdown to 2015 highlights the progress, obstacles and solutions to achieving the health-related Millennium Development Goals..."



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GOALS OF THE COUNTDOWN

- Summarise, synthesize and disseminate the best and most recent information on country-level progress towards high, sustained and equitable coverage with health interventions to save women and children
- Take stock of progress in maternal, newborn and child survival
- Call on governments, development partners and the broader community to be accountable wherever progress for women and children is lacking
- Identify obstacles to progress
- Propose new actions to achieve Millennium
 Development Goal (MDG) 4 on reducing child mortality
 and MDG 5 on improving maternal health.



KEY MESSAGES FROM THE 2008 REPORT

- Many countries have made rapid progress in preventing childhood illness, but vital clinical care for women and children lags behind. There is a striking contrast between gains in vaccination, vitamin A supplementation and malaria prevention and "missed opportunities" to ensure women give birth with skilled care, mothers and babies receive postnatal care and children with pneumonia or diarrhoea receive treatment.
- A functioning continuum of care can ensure no one falls through the cracks. To achieve the Millennium Development Goals for child and maternal health, women and children must have access to a range of health interventions in different settings (home, clinics, hospitals) and at different times in life.
- Investment in life-saving services during the period before pregnancy and through two years of age is critical to maternal, newborn and child survival.

 We must prioritize this window of time if we are to save the lives of the most vulnerable.
- Governments and partners must urgently address undernutrition. Undernutrition accounts for more than a third of all child deaths annually and as many as 20 percent of maternal deaths. Health and nutrition are deeply intertwined, and must be prioritized in combination.
- To reduce inequalities, health services must be targeted to the poorest. In all countries, poor families are missing out twice, on skilled care at birth and on care for newborns and children who are ill. Countries and partners must do more to systematically ensure that the poorest have access to services.
 - "A functioning continuum of care can ensure no one falls through the cracks"

- Investment and political commitment translate directly into lives saved. Official development assistance (ODA) for maternal, newborn and child health increased 64 percent from 2003-2006, mostly for programmes to prevent childhood diseases. This investment has resulted in impressive gains in coverage, notably to boost immunization levels and prevent malaria. Nonetheless, health systems for maternal, newborn and child health remain grossly under-funded, and funding varies dramatically from year to year. Additional investments are needed.
- If maternal, newborn, and child survival is the destination, we need reliable data to guide our action. Without reliable and frequent data collection and analysis, national governments and their partners are constrained in their ability to direct resources and expertise where it is most needed. Data availability has increased dramatically since 2005, but gaps remain.



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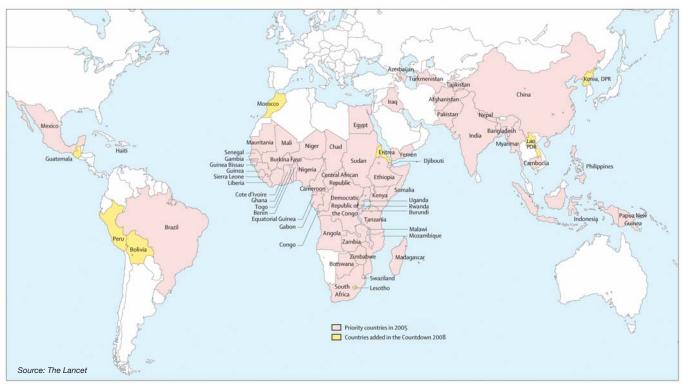
COUNTDOWN TO 2015: FOCUS ON 68 PRIORITY COUNTRIES

How were the 68 Countdown countries identified?

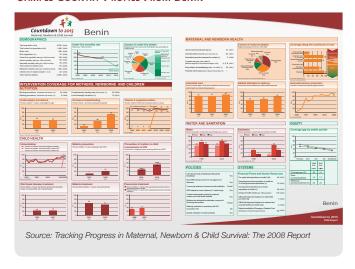
The *Countdown* prioritizes 68 countries which together account for 97% of maternal, newborn and child deaths worldwide each year.







SAMPLE COUNTRY PROFILE FROM BENIN



What does the Countdown measure?

The *Countdown* tracks coverage data for 22 health interventions which have been proven to reduce mortality among mothers, newborns and children. In addition to coverage trends, the *Countdown* measures funding for maternal, newborn and child health and nutrition, equity in coverage and selected health systems policies which can heavily influence care.

How is a country's progress determined?

Each of the 68 *Countdown* priority countries is represented by a country profile summarizing all the available data.



WHICH COUNTRIES ARE MAKING PROGRESS?

Progress towards MDGs 4 and 5 varies among countries. The *Countdown* reports on some important milestones. For example, China – the most populous country – is on track to meet child survival goals for the first time. Several countries in East Africa report reductions in child mortality – building momentum towards the MDGs.

Yet even as the total number of child deaths has dropped, the proportion of child deaths occurring in sub-Saharan Africa continues to rise. This region now accounts for half of all global child deaths, followed by South Asia. Similarly, half of all maternal deaths take place in sub-Saharan Africa, while South Asia accounts for 45 percent.

Factors such as limited funding for health services, armed conflict, and a high HIV burden have contributed to stagnating or deteriorating progress in maternal, newborn and child survival. Inequities in reaching all members of the population – both rich and poor – have also limited progress.

PROGRESS TOWARDS MDG 4: Cut the under-five mortality rate by two-thirds by 2015

- 16 of the 68 *Countdown* priority countries were on track to reach the MDG4 goal on child survival.
- 26 of the 68 *Countdown* priority countries made insufficient progress in reducing child mortality, and another 26 made no progress at all.

- 12 African nations have seen an increase in child mortality since 1990, mostly as a result of HIV epidemics and conflict.
- Almost 40% of under-five deaths globally occur in the first month of life 4 million a year. There has been less progress in reducing these newborn deaths and more focused attention is required.

PROGRESS TOWARD MDG 5: Reduce maternal mortality by three quarters and achieve universal access to reproductive health by 2015

- The maternal mortality ratios for the 68 *Countdown* priority countries are grouped into the categories of very high, high, moderate or low.
- 56 of the 68 countries had high or very high maternal mortality ratios.
- Only 3 countries had low maternal mortality ratios (Azerbaijan, China, and Mexico).
- The lifetime risk of dying as a result of pregnancy or childbirth complications varies widely, from 1 in 7 in Niger, to 1 in 1300 in China.
- The demand for contraceptive services exceeds the supply in nearly half of the priority countries.

COUNTDOWN PRIORITY COUNTRIES MAKING GOOD PROGRESS TOWARDS MILLENNIUM DEVELOPMENT GOAL 4, MILLENNIUM DEVELOPMENT GOAL 5 OR BOTH

Summary of Progress	Good progress towards Millennium Development Goal 4 and Millennium Development Goal 5	Good progress towards Millennium Development Goal 4 but not Millennium Development Goal 5	Good progress towards Millennium Development Goal 5 but not Millennium Development Goal 4
Number of countries	10	6	2
Countries	Bolivia, Brazil, China, Egypt, Guatemala, Mexico, Morocco, Peru, the Philippines, Turkmenistan	Bangladesh, Eritrea, Haiti, Indonesia, Lao People's Democratic Republic, Nepal	Azerbaijan, Tajikistan
Source: Tracking Progress in Maternal, Newborn & Child Survival: The 2008 Report			

TRACKING COVERAGE FOR LIFE-SAVING INTERVENTIONS



THREE STEPS TO SAVE THE LIVES OF WOMEN AND THEIR NEWBORNS

Millennium Development Goal 5 calls for universal access to reproductive health and a 75 per cent reduction in maternal mortality between 1990 and 2015. A three-pronged strategy is key to the accomplishment of the goal:

- All women must have access to reproductive health care, including contraception to enable them to control the number and spacing of their children
- All pregnant women must have access to skilled care at the time of birth, including timely access to quality emergency obstetric care if needed
- All women and newborns must have access to postnatal care soon after delivery

In addition, women's empowerment, like keeping adolescent girls in school, stopping child marriages and delaying the first pregnancy have a great impact on maternal and newborn survival.

Progress in Prevention: Many countries are making progress in coverage, especially in preventing illness - including major killers such as measles and malaria. Examples of progress include:

- Immunization: The Countdown's highest levels of coverage are for four life-saving vaccinations: Hib3 for prevention of meningitis (85% coverage), immunization for neonatal tetanus (81% coverage), DPT3 diphtheria, pertussis, and tetanus (81% coverage) and measles immunization (80% coverage).
- Vitamin A Supplementation: Many priority countries have made remarkable progress in improving vitamin A coverage. From 2003-2005, the number of countries achieving 80% of two-dose coverage nearly doubled. Eight sustained coverage rates greater than 80%.
- Insecticide-treated Mosquito Nets (ITNs): International funding for malaria prevention has shot up over the past decade. In most of the Countdown priority countries with endemic malaria, the percentage of children sleeping under ITNs has increased. While ITN coverage has tripled since 2000 in some countries, the pace must accelerate to reach the Roll Back Malaria targets.

Missed opportunities to provide critical services and **treatment:** Treatment for potentially fatal illnesses and other vital health services still fail to reach the majority of women and children. These services are dependent on strong health systems that can provide 24-hour care within the community, at health clinics, and through a functioning referral system when more serious intervention is necessary.

• Family planning, skilled birth attendants, and postnatal care: Access to reproductive health services is crucial to improve women's survival: maternal deaths could be slashed



"About half of all women still go through childbirth without access to skilled care or emergency obstetric services..."

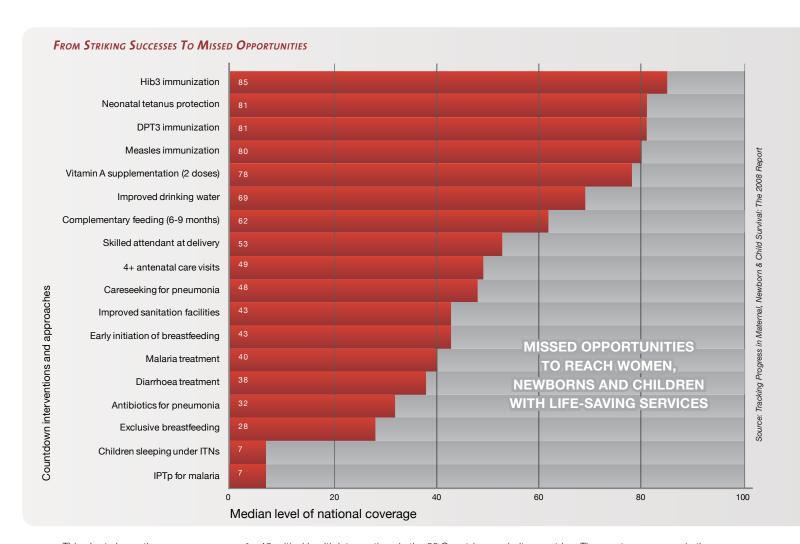


by a third through effective family planning, for example. About half of all women still go though childbirth without access to skilled care or emergency obstetric services in the 68 *Countdown* priority countries.

• Treatment of pneumonia and diarrhoea: Together, pneumonia and diarrhoea account for over a third of all under-five deaths, yet coverage rates for the use of antibiotics and oral rehydration therapy (ORS) are low in the priority countries. In the case of pneumonia, governments have been slow to adopt a policy authorizing and training community health workers to identify and manage uncomplicated cases. To date, only 18 of the 68 Countdown priority countries have empowered community

health workers to act. Half of the priority countries have adopted the suggested policy of providing the new ORS formula and zinc supplementation for diarrhoea.

• Undernutrition: Governments need to accelerate nutrition action in most *Countdown* countries. The average level of exclusive breastfeeding for infants remains unacceptably low at 28%. At least 20% of children are moderately or severely underweight in almost half of the 68 *Countdown* priority countries.



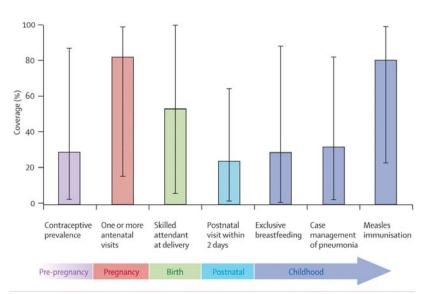
This chart shows the average coverage for 18 critical health interventions in the 68 Countdown priority countries. The empty grey space in the chart represents the women, newborns, and children who are missing out on this life-saving care.

COVERAGE ACROSS THE CONTINUUM OF CARE: HIGHS AND LOWS

The continuum of care for maternal, newborn and child health includes integrated health service delivery throughout the lifecycle, from adolescence to pregnancy, childbirth, the postnatal period and childhood. This care is provided by families and communities, through outpatient and outreach services, and through clinics and other health facilities. To save the most lives, linkages among the time periods and places for care giving are crucial - a key finding of the *Countdown* report.



THE CONTINUUM OF CARE HIGHS AND LOWS OF CARE THROUGHOUT THE LIFE CYCLE



Source: The Lancet

Coverage estimates for interventions across the continuum of care in the 68 priority countries (2000-6)

High coverage of care throughout the continuum of care is important to save the lives of women, newborns and children.

This figure shows the average coverage of care during key time periods (pre-pregnancy, pregnancy, birth, the postnatal period and childhood). The chart highlights the highs and lows of care throughout the lifecycle - a rollercoaster of ups and downs as opposed to the consistent high coverage needed. The thin black bars represent the huge variations in coverage which exist between countries.

The figure also identifies three priority coverage gaps in the continuum of care:

- 1. Family planning services: As shown by the low use of modern contraceptives, only one third of women in the 68 *Countdown* priority countries are using a modern contraceptive method.
- 2. Skilled care at during and after childbirth: Only around half of women and newborns are receiving care from a skilled health care provider at the time of birth. Care for mothers and infants after birth, in the critical postnatal period is even lower, an important missing link in the continuum of care.
- 3. Clinical care for sick children: Only about one-third of children with pneumonia the biggest single killer of children receive the right treatment.



CLOSING THE COVERAGE GAP: TARGETING THE POOREST

Reduce Inequalities

The *Countdown* report indicates large disparities in access to needed health care services across regions and among priority countries. The heavy concentration of maternal and child death in sub-Saharan African and South Asia is a reflection of this inequity in service. Inequities in access to coverage are also prevalent within the priority countries. Reducing both types of disparities – between and within countries – is crucial for achieving the health-related Millennium Development Goals.

Creating health policies for women and children

Clear laws and policies are essential to support the delivery of maternal, newborn and child health interventions. These policies are a key building block of a well functioning health system - to manage and finance health services, and ensure that there are enough qualified health care providers. Currently few *Countdown* countries have a comprehensive set of such policies in place to increase access to maternal, newborn and child health services.

"While some countries have made progress in closing the gap, it is still too wide and deserves urgent attention..."

To capture coverage disparities the 2008 Countdown report uses a new measure, the 'coverage gap', which represents the percentage of the target population not receiving critical services such as immunization, maternal and newborn care, family planning and treatment of child illness. This 'coverage gap' measure can serve as a powerful tool to raise awareness levels of the magnitude of inequities between and within countries including which services are least equitably distributed, and what groups are missing out.

The 'coverage gap' analysis showed that in general:

- Wealthier populations have greater access to key interventions than poor ones
- In several *Countdown* priority countries, the gap in coverage between the richest and poorest segments of the population is threefold
- The greatest inequities in service fall into the category of maternal and newborn care. There are also large disparities between those who have access to family planning, and those who do not
- By contrast, access to immunizations is far more equitable, regardless of the person's socioeconomic status.



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FUNDING FOR MATERNAL, NEWBORN AND CHILD HEALTH

Donor Assistance For Maternal, Newborn And Child Health in 2006 (US\$, Thousands)

Donor	Contribution	
World Bank	725,490	
United States	692,535	
GFATM	326,963	
United Kingdom	325,216	
European Commission	288,205	
GAVI	178,454	
Japan	148,994	
Canada	104,313	
Netherlands	85,784	
Germany	,	
Sweden	84,835	
UNICEF	84,308 82,314	
Australia	76,576	
Spain	60,303	
Norway	47,767	
Belgium	32,889	
Ireland	28,615	
Denmark	26,773	
Switzerland		
	21,981 14,783	
Luxembourg Finland	14,703	
France	8,698	
	,	
New Zealand	6,947	
Greece	6,445	
Austria	5,905	
Portugal	2,509	
Italy	Not available	
UNAIDS	Not available	
UNFPA	Not available	
Total	US\$ 3,481,703	

Source: The Lancet

Overall funding from donor governments has increased significantly in recent years, reaping benefits for maternal, newborn and child health. Total ODA (official development assistance) to maternal, newborn and child health programmes increased by 64%, from US\$2.1 billion in 2003 to almost US\$3.5 billion in 2006.

"Investment and political commitment translate directly into lives saved."

The increased funding has been allocated in particular to preventive programmes, notably immunization. As the *Countdown* reports, this additional funding has had a dramatic impact on raising coverage levels - proof that investment and political commitment translate directly into lives saved.

From 2003-2006 funding for child health rose from an average of US\$4 to US\$7 per child in the 68 *Countdown* priority countries, while disbursements for maternal and newborn health increased from \$7 per live birth to \$12.

Countries with the highest child mortality rates and lowest national income received more funding per child. However, donor support for maternal and newborn health programmes was not similarly targeted to countries with the most maternal deaths.

In 21 out of the 68 *Countdown* priority countries, domestic expenditures on health are less than US\$45 per person, a threshold below which it is difficult to ensure access to basic services. As a result, health expenses are passed directly on to households. Faced with heavy out-of-pocket expenses, many families either avoid seeking care altogether, or risk impoverishment when they do so.

That is why ODA is so important. Yet ODA funding is unpredictable from year to year. This impairs governments' efforts to plan and implement health service delivery across the continuum of care.

Long-term, predictable funding commitments to maternal, newborn and child health services are therefore critical ingredients for successful programming. Even with the 64% increase in funding, the total amount of aid for maternal, newborn and child health-related activities represents just 3% of total development assistance disbursements. The US\$3.5 billion for maternal, newborn and child health remains far below the total funding needs of the 68 *Countdown* priority countries.



CALL TO ACTION - LEAD THE CHANGE FOR WOMEN AND CHILDREN

WHAT CAN GOVERNMENTS DO?

- ► Establish a national plan to scale up maternal, newborn and child health, making basic services available to all.
- Invest in strengthening health systems by implementing the continuum of care for maternal, newborn and child health.
- ► Increase coverage of key interventions and services, ensuring these reach the poor and underserved.
- Focus on the priority period within the continuum of care, from pre-pregnancy through 24 months this period is crucial for the health of both mother and child.
- ► Collect timely data on interventions to help guide national programming and prevent bottlenecks in service.

WHAT CAN PARLIAMENTARIANS DO?

- Allocate sufficient funding for equitable health services.
- Monitor delivery of health services in their constituencies.
- ► Empower women to make healthcare decisions for themselves and their children.
- Implement legislation that supports women to make their own family planning choices.
- Adopt the International Code of Marketing of Breastmilk Substitutes and ratify the ILO Maternity Protection Convention 183.
- ► Support laws against child marriage and promote socioeconomic alternatives which enable impoverished families to avoid marrying off their young daughters.

DESIGN CREDITS: EDDY HILL DESIGN AND MAXIME HERR

ADDITIONAL GRAPHS: CONTRIBUTED BY THE LANCET, FROM COUNTDOWN SPECIAL ISSUE

COVER PHOTOGRAPH CREDITS

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WHAT CAN DONORS DO?

- ► Ensure adequate, predictable, long-term aid flows for maternal, newborn and child health, and nutrition.
- Focus development assistance on the highest burden countries, particularly in sub-Saharan Africa and South Asia.
- ► Coordinate donor efforts to boost the impact of aid delivered, guided by country priorities.
- ► Invest in better data collection and implementation of research findings.

WHAT CAN CIVIL SOCIETY DO?

- ► Monitor local access to essential services.
- ► Promote political commitment and accountability.
- Advocate for long term, predictable donor funding.
- Demand that national governments increase investment in maternal, newborn and child health.
 Support their efforts to provide services equitably.



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