



The Countdown Report: Findings

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Presentation Outline

1. Progress toward MDG 4 and 5
2. Coverage: gains, gaps, inequities, challenges
3. Determinants of coverage
4. Context matters
5. Accountability now for RMNCH





Section 1:

PROGRESS TOWARD MDG 4 AND MDG 5

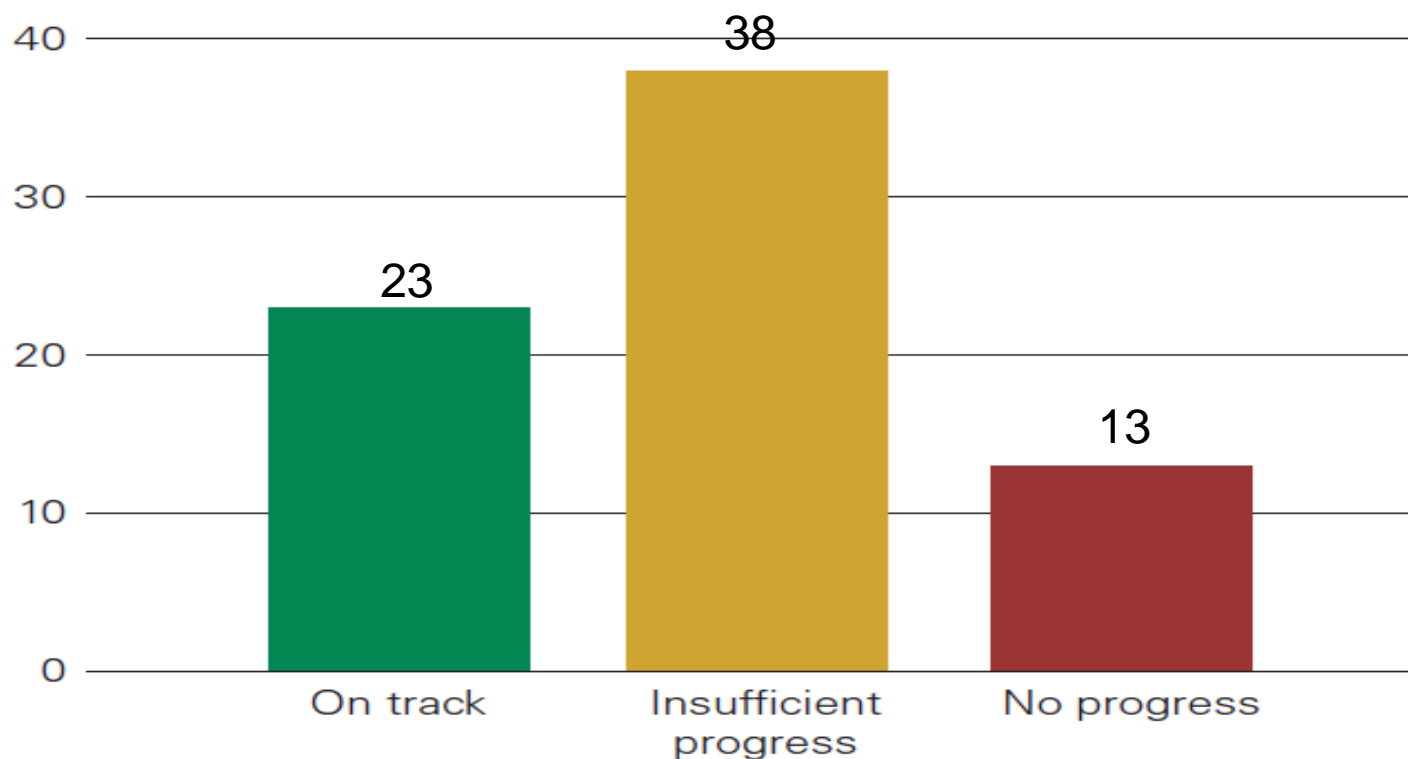


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FIGURE 3

Progress towards Millennium Development Goal 4 in *Countdown* countries

Number of *Countdown* countries

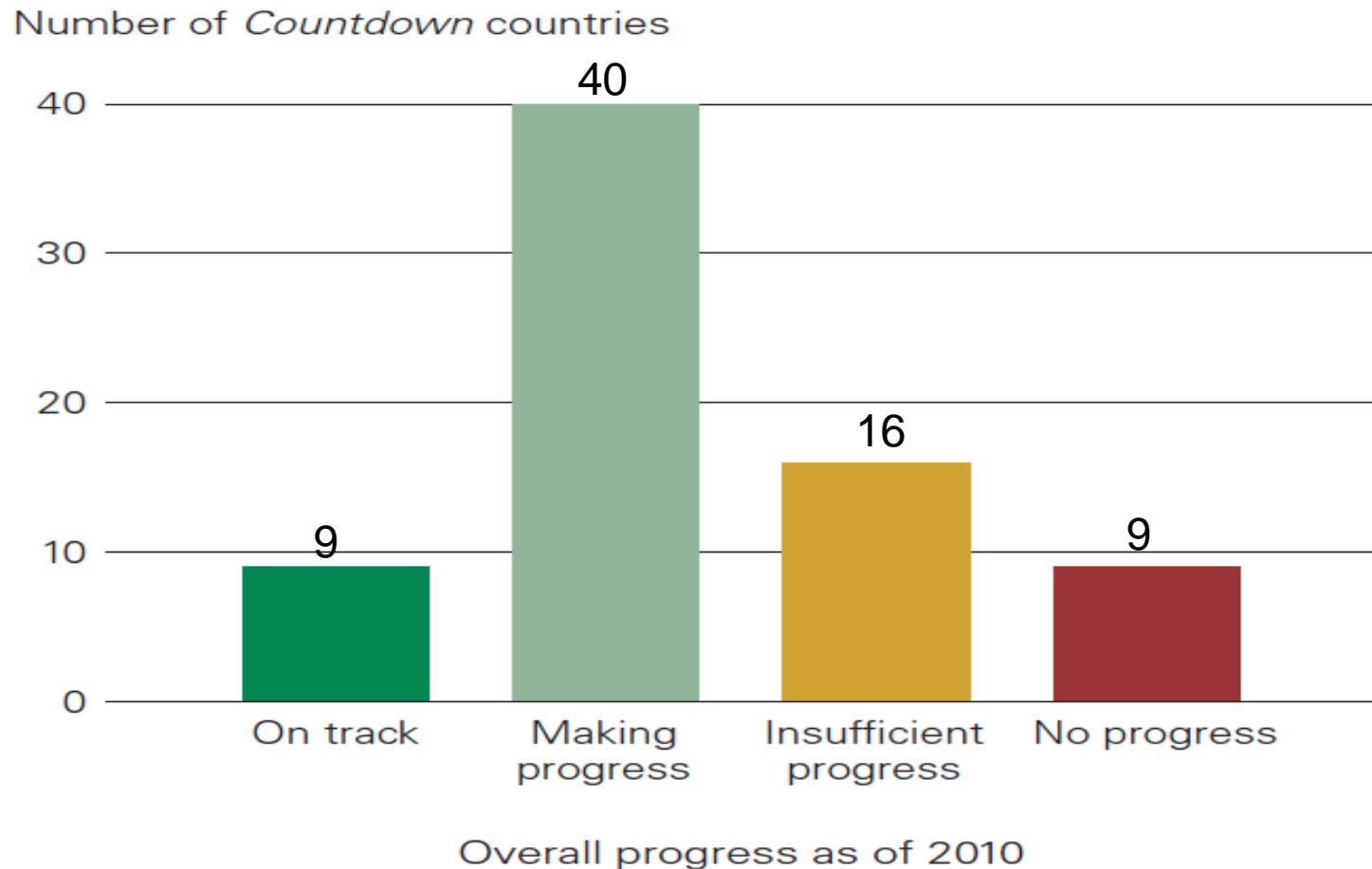


Overall progress as of 2010

Source: *Countdown to 2015* analysis based on UNICEF, WHO, World Bank and UNDESA 2011.

FIGURE 4

Progress towards Millennium Development Goal 5 in *Countdown* countries



Source: *Countdown to 2015* analysis based on WHO, UNICEF, UNFPA and World Bank 2012.



Section 2:

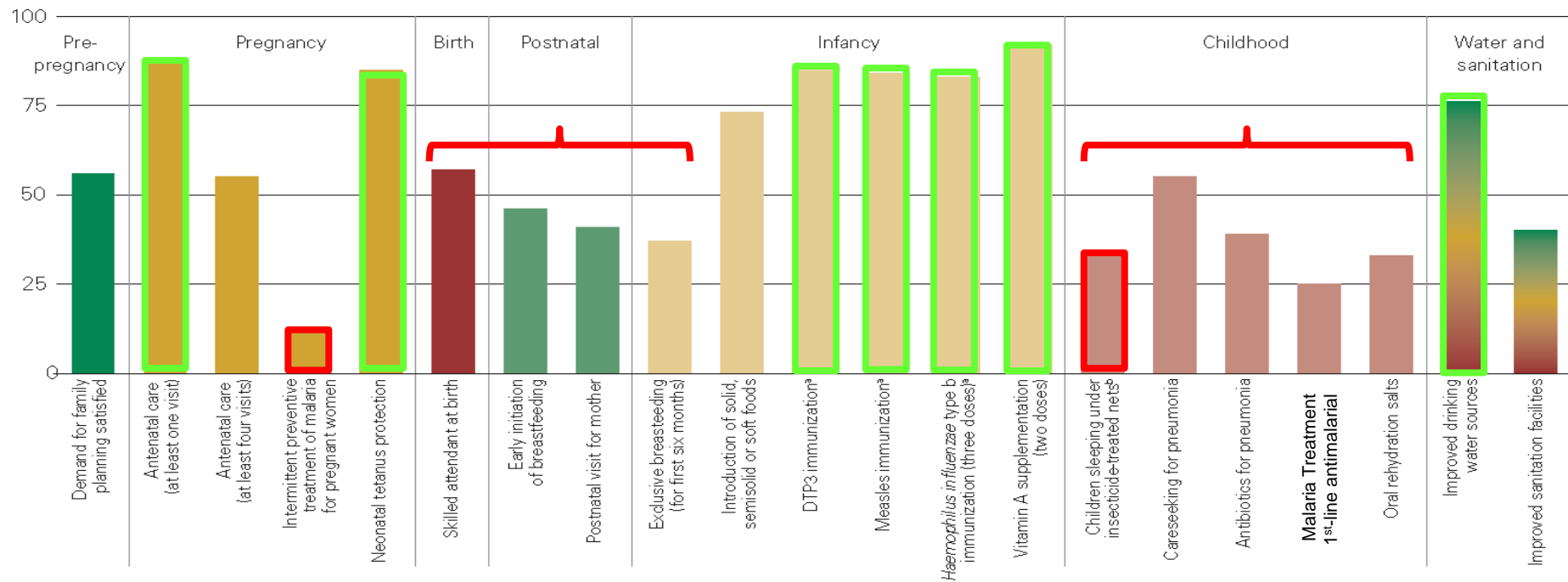
COVERAGE: GAINS GAPS, INEQUITIES, CHALLENGES



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Variable coverage across the continuum of care

Median national coverage of selected *Countdown* interventions, most recent year since 2006 (%)



a. Data are for 2010.

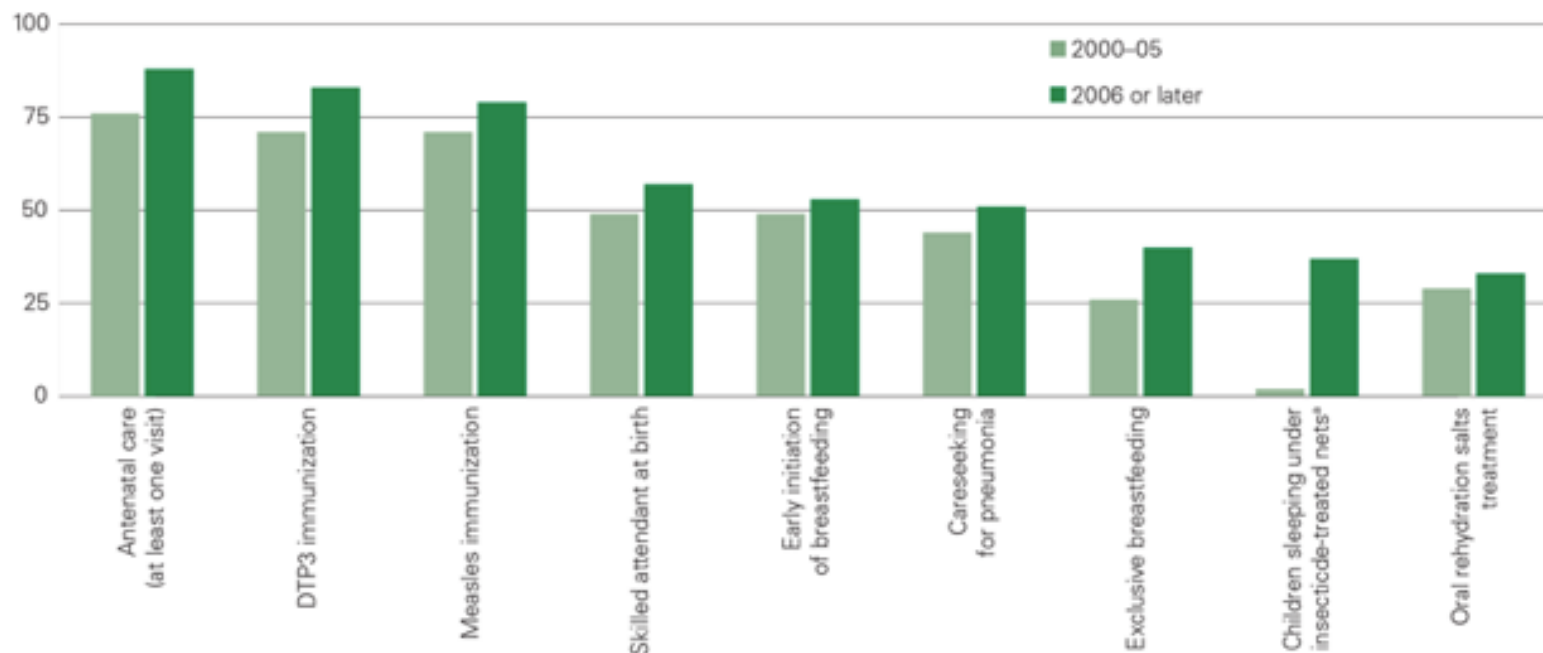
b. Analysis is based on countries with 75% or more of the population at risk of *p. falciparum* transmission.

Source: Immunization rates, WHO and UNICEF; postnatal visit for mother, Saving Newborn Lives analysis of Demographic and Health Surveys; improved water and sanitation, WHO and UNICEF Joint Monitoring Programme 2012; all other indicators, UNICEF global databases, April 2012, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

Most interventions have seen progress in coverage since 2000

Most interventions have seen progress in coverage since 2000

Median national coverage of selected Countdown interventions, 2000–05 and most recent year since 2006 (%)



a. Data are for 26 countries with data available for both time periods and with at least 75% of the population at risk of *p. falciparum* transmission.

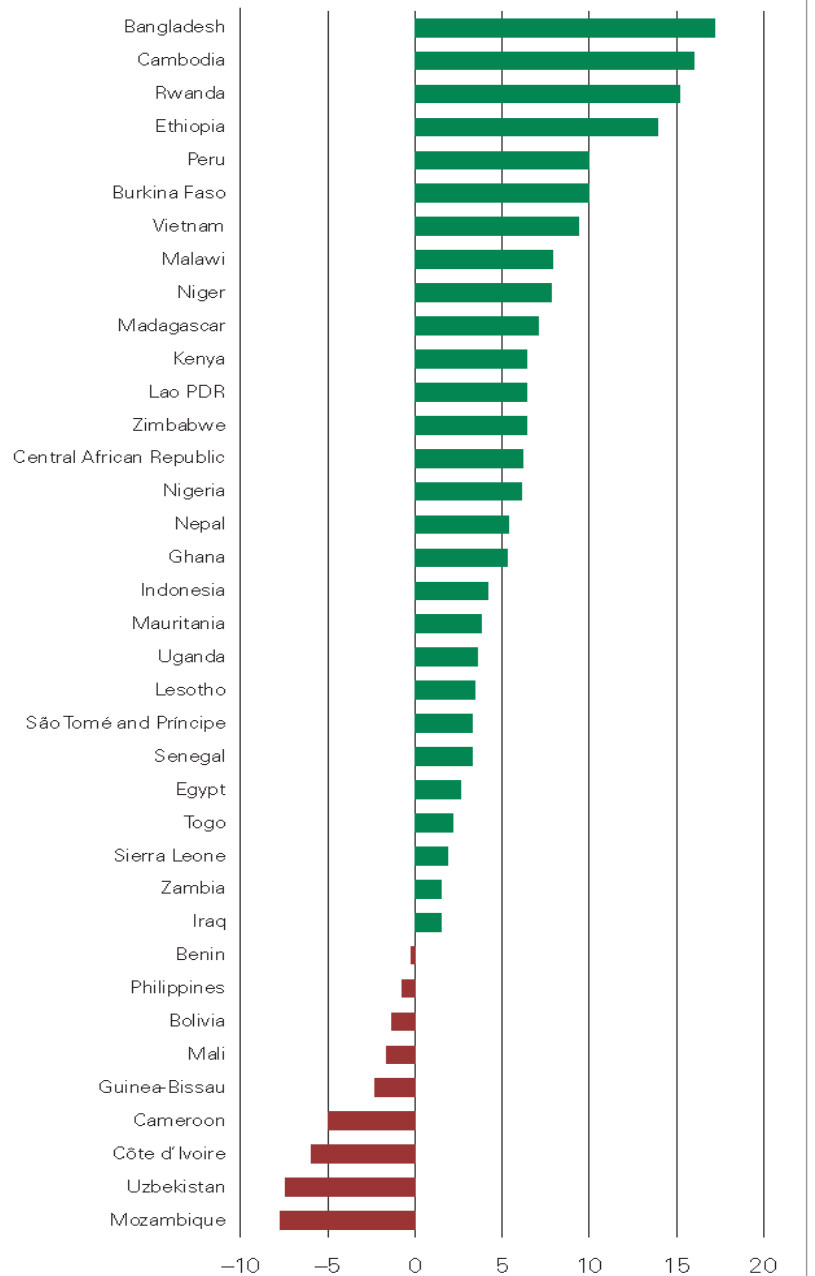
Source: UNICEF global databases, April 2012, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

But some countries are doing very well, and in others coverage has actually declined



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Change in composite coverage indicator over about five years

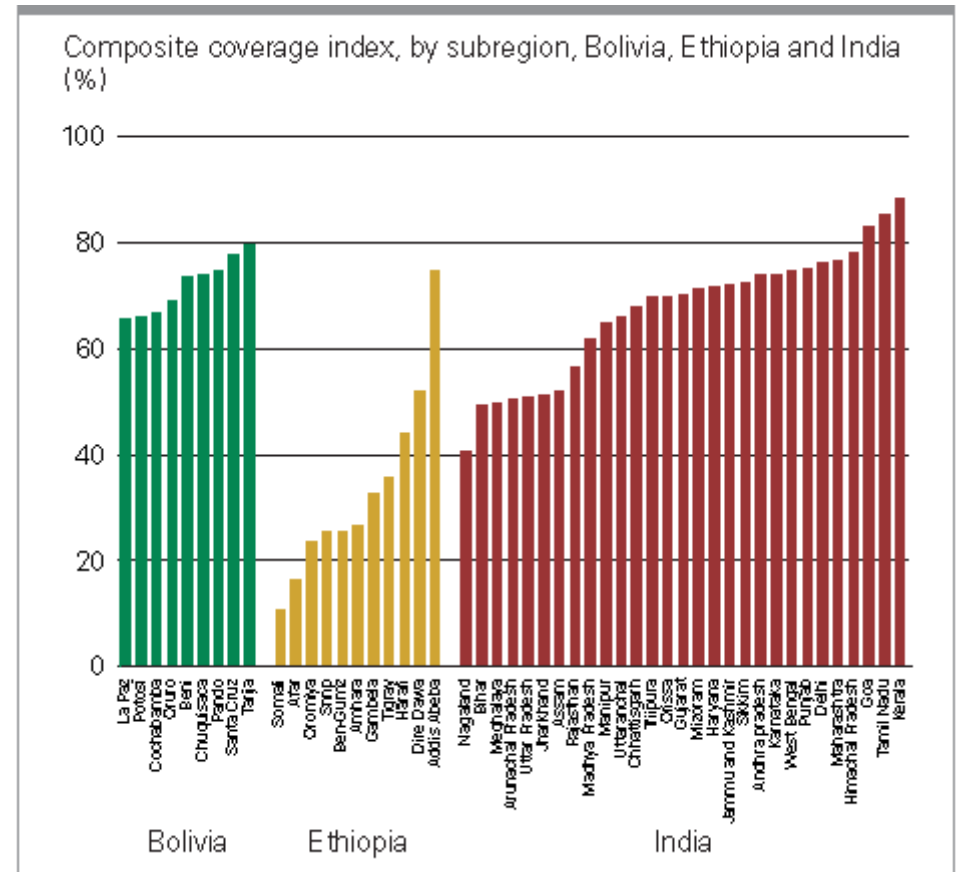


Equity in coverage

Variation by indicator

- Coverage always higher for richer households
- But inequities are greatest for interventions that require a strong health system (e.g., skilled attendant at birth)

Subnational variation

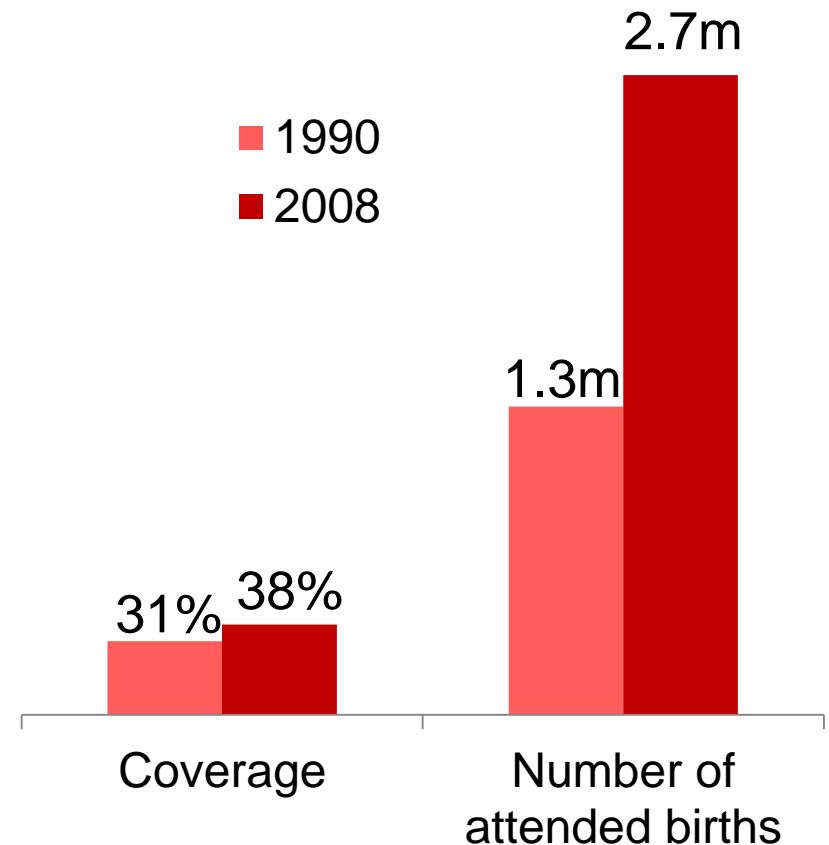


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Accounting for population growth

- Populations are growing, especially in SSA and MENA regions
- Stable coverage means reaching more people!
- In Nigeria, an exploding population means modest gains in coverage mean huge gains in numbers reached

Skilled attendant at birth, Nigeria





Section 3:

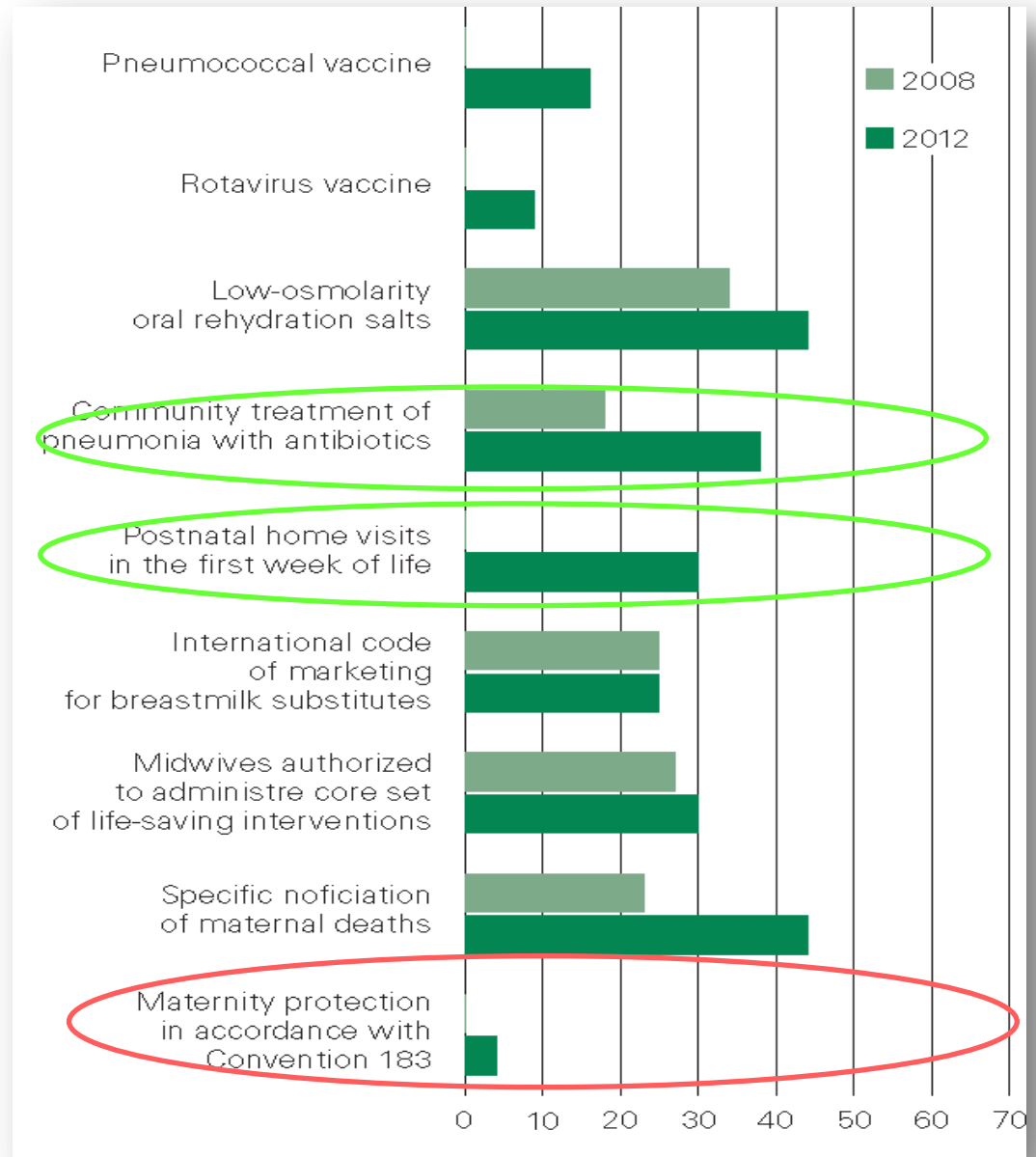
DETERMINANTS OF COVERAGE

Countdown countries with policy, 2008 & 2012

Progress in
supportive
policies
across the
continuum of
care



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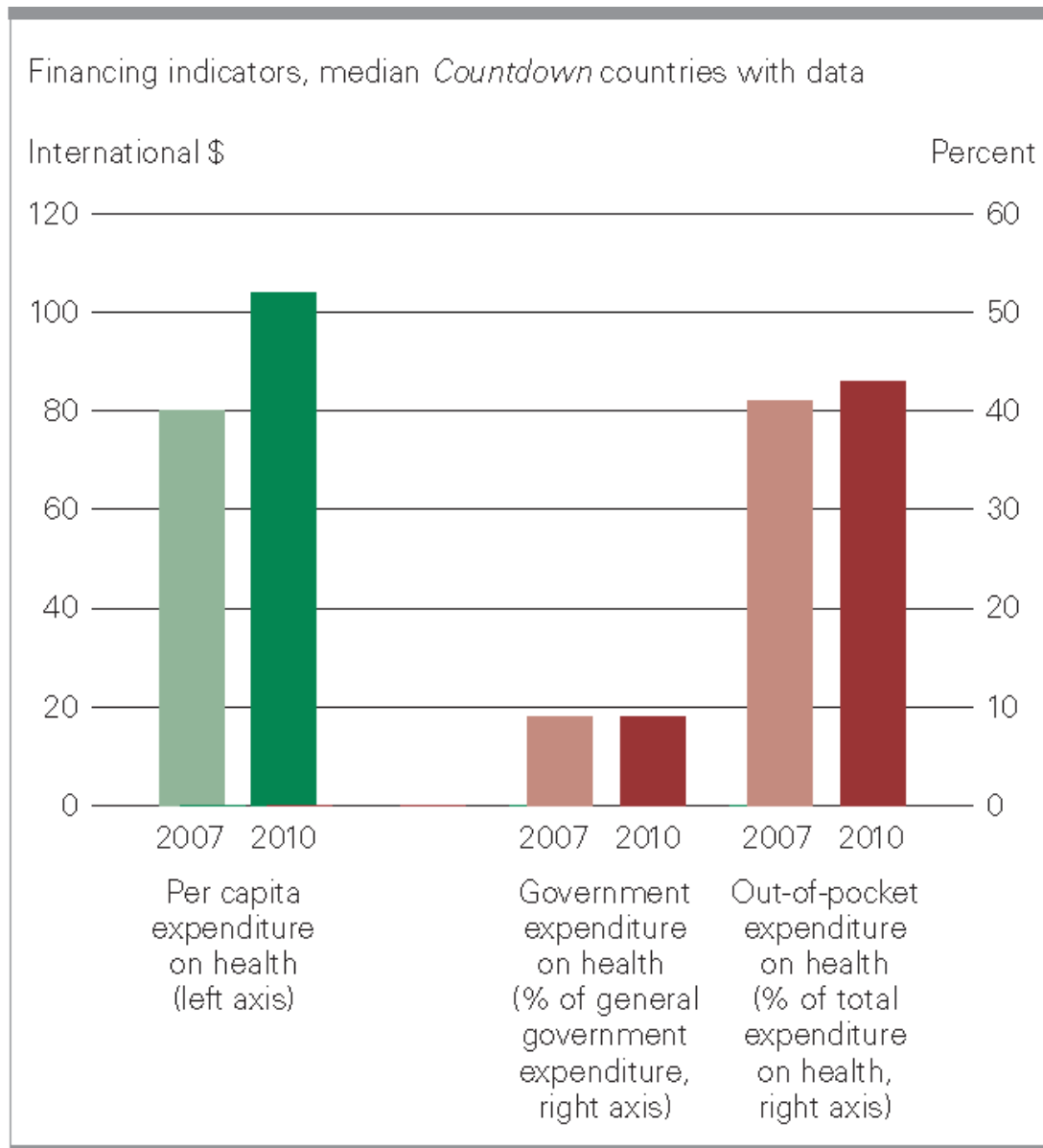


Crisis in human resources

- 53 of 75 Countdown countries have a severe shortage of health workers*
- Available health workers often have skill mix that does not match service needs
- Distribution of skilled workers inequitable, with fewer in remote rural areas
- Innovative approaches needed and being tried in many Countdown settings

*aggregate density of physicians, nurses and midwives below 2.3 per 1,000

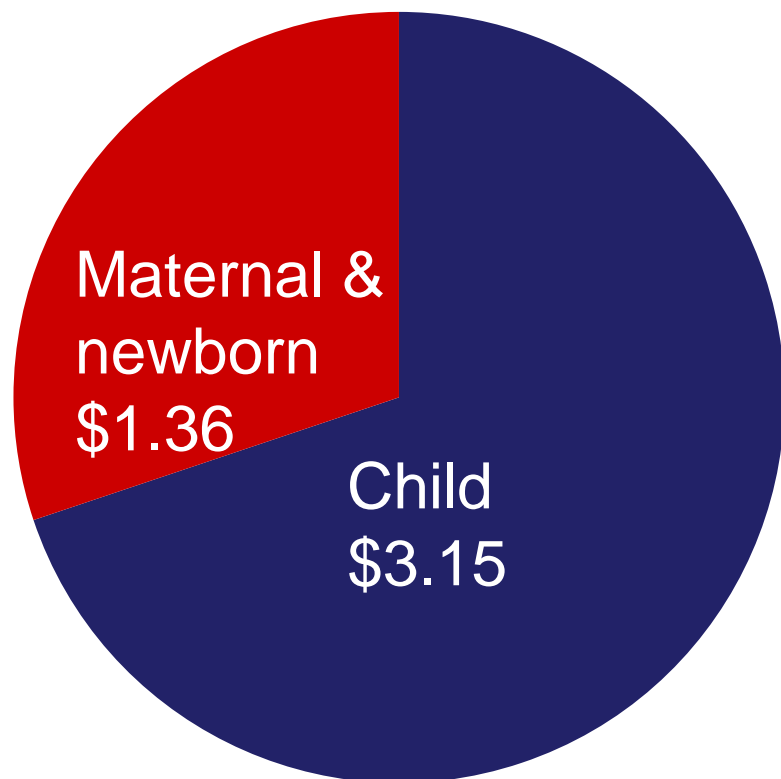
National
resource
investments in
RMNCH remain
too low



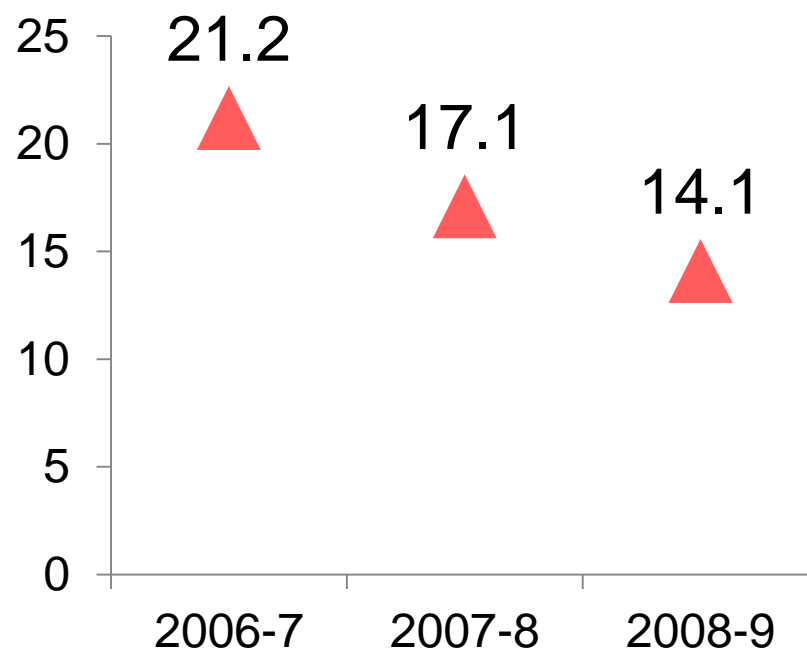
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ODA to RMNCH continues to increase, but has slowed

2009: total \$4.5 billion



% increase in ODA, by year





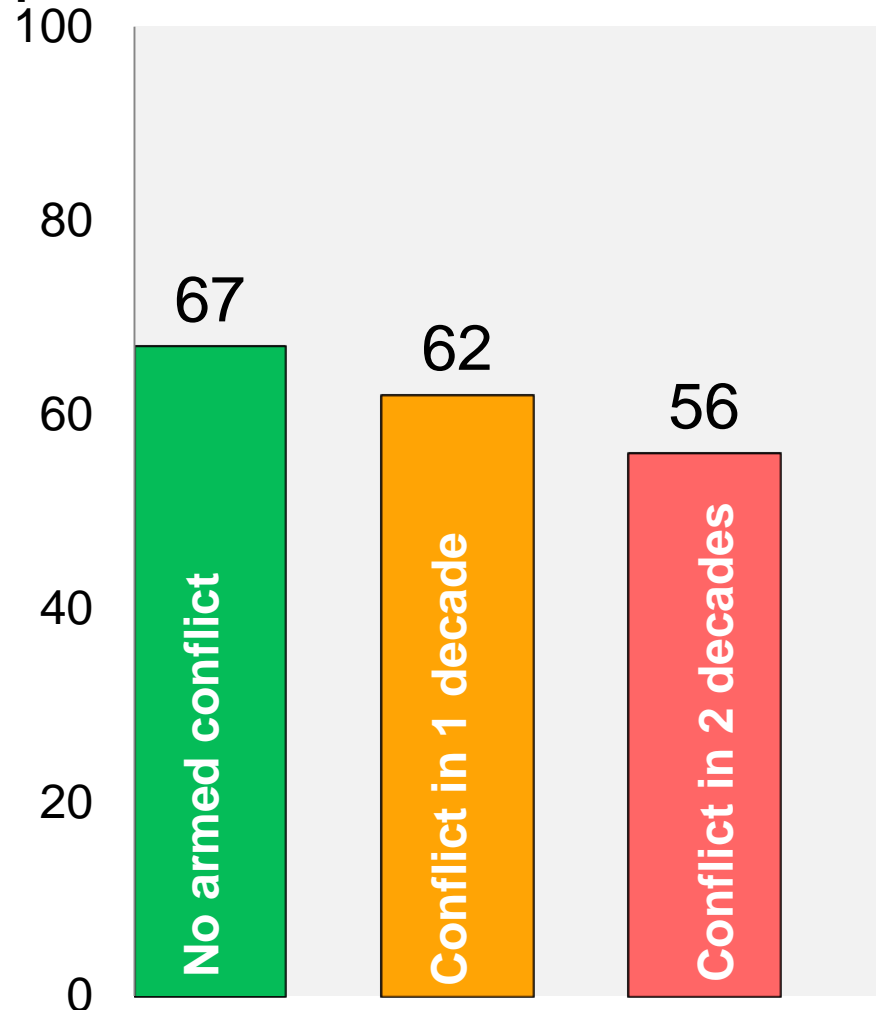
Section 4:

CONTEXT MATTERS

Conflict prevents progress in achieving high and equitable coverage

- Conflict is a major threat to RMNCH
- War is associated with lower coverage levels and more inequitable coverage
- Countries at war also affect their neighbors

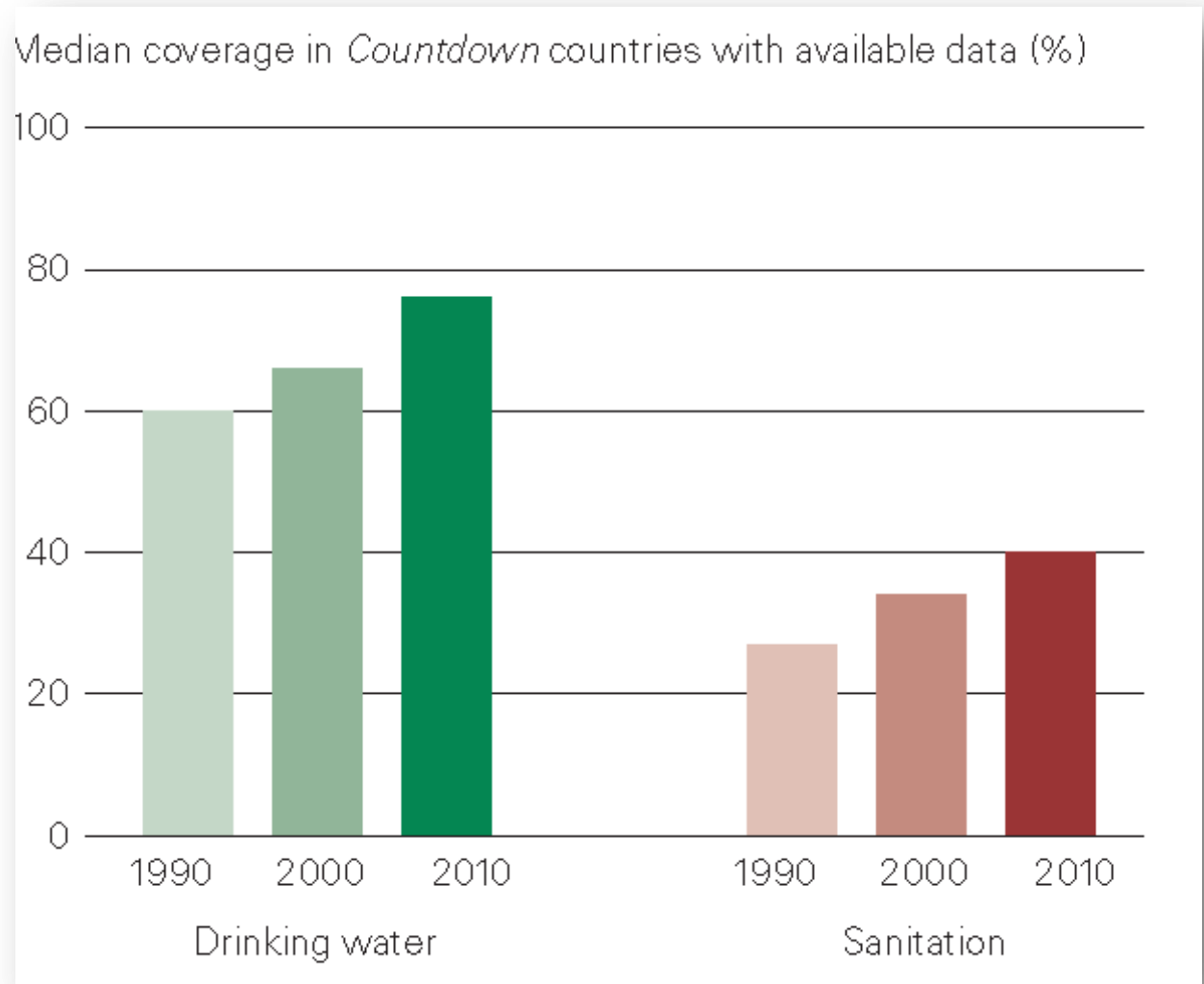
Median score on coverage index by presence of armed conflict, 1991 – 2010



Source: Uppsala Conflict Data Program and Countdown analyses

Progress in water and sanitation

Good news!
23 countries
have met the
MDG target on
drinking water!



Source: WHO and UNICEF Joint Monitoring Programme on Water Supply and Sanitation 2012



Section 3:

ACCOUNTABILITY NOW FOR RMNCH

Action:

INVEST in saving women's and children's lives

- Advocate for increased funding
- Support increased access to essential interventions
- Encourage alignment and harmonization
- Reduce out-of-pocket spending for health
- Support research on what works



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Action:

IMPLEMENT strategies to increase evidence-based decision making

- Strengthen use of available data
- Build better data systems, including periodic household surveys
- Monitor inequities and quality and develop local strategies to address problems



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Action:

INFORM and *COMMUNICATE* to build and sustain partnerships

- Focus on who needs to do what, by when
- Work across sectors
- Work within existing national planning and development process
- Stimulate global policy dialogue on sustainable development for RMNCH



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Action:

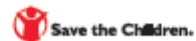
REFUSE COMPLACENCY

- Make noise for women and children!





THE LANCET



Thank you