

The Countdown Report: Data, Methods & Country Profiles

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Purpose of Session Present findings of Countdown 2012 Report

- 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

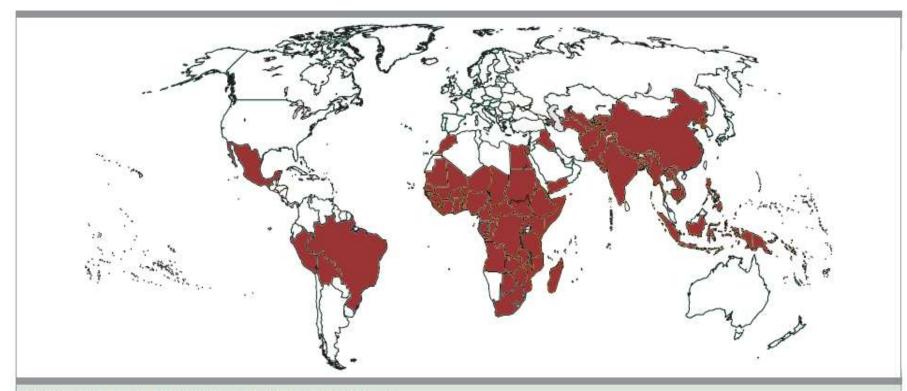
Data Collection

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



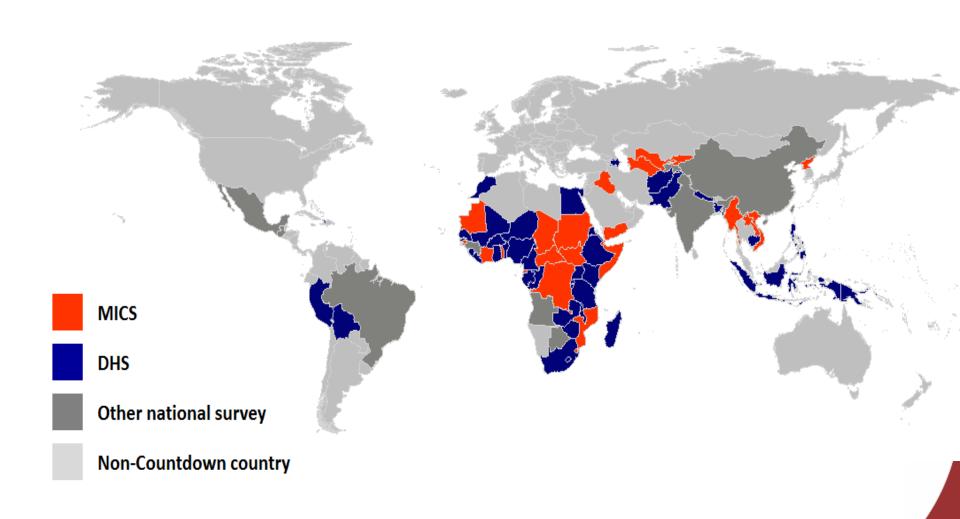


Sources of data

- 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 Countdown Monitoring





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 (www.childinfo.org)
- 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
- Present 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) (2011 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

Hote: Based on 2005 WHO self-

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

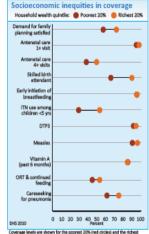
to appropriate health provider

receiving antibiotics

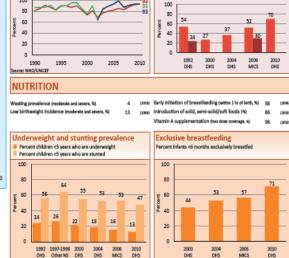
urce: MMEIG 2002

Note: MDG target calculated by Countdown to 2015

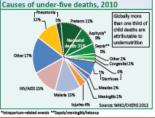
EQUITY

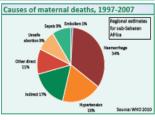




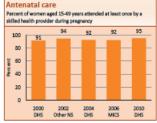


DEMOGRAPHICS



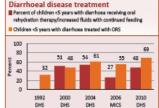


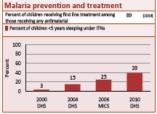
MATERNAL AND NEWBORN HEALTH



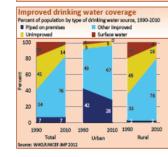


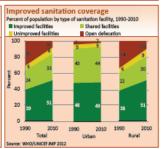
CHILD HEALTH





WATER AND SANITATION



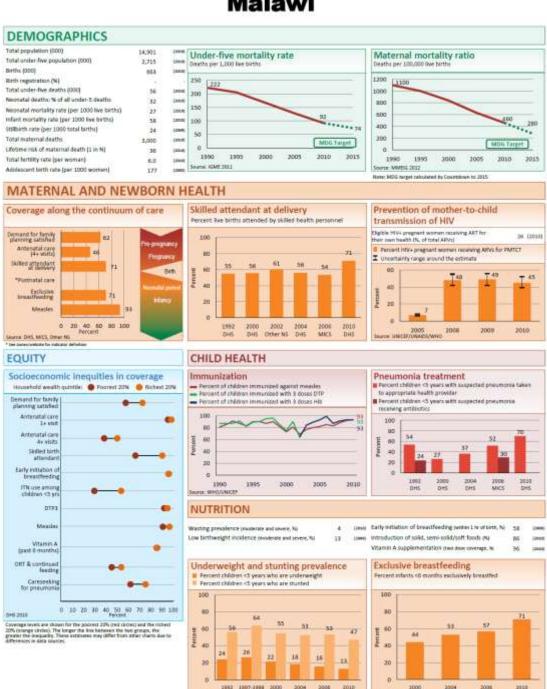


POLICIES

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	Partial
Pneumococcal vaccine	Yes

	SYSTEMS AND FINA	NCIN	IG
	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
0	Per capita total expenditure on health (int)	56	(200
	General government expenditure on health as % of total government expenditure (%)	14	(Dee
	Out-of-pocket expenditure as % of total expenditure on health (%)	11	(Ixe
	Official development assistance to child health per child (US\$)	24	(100
	Official development assistance to maternal and neonatal health per live birth (US\$)	78	(100

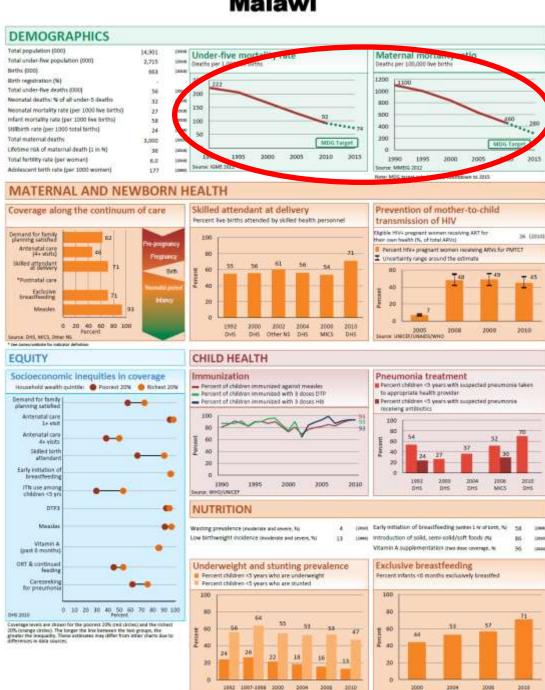




Other NE 0110

First Page

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



Other ME 0110

First Page

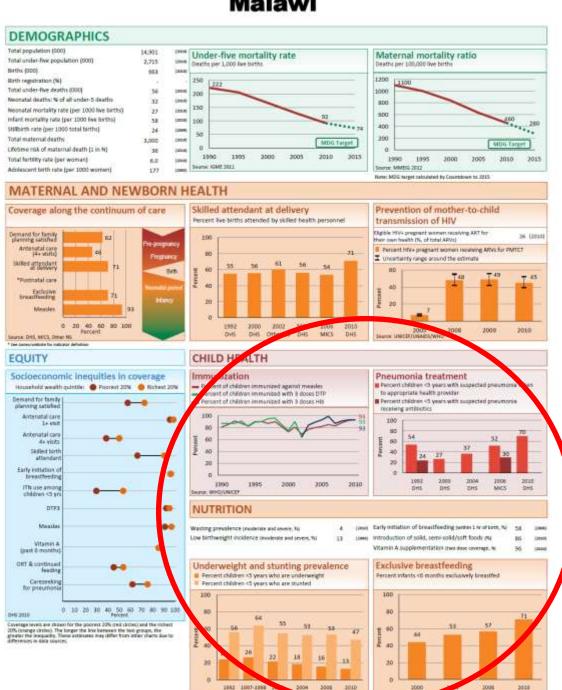
Good progress in reducing under-five & maternal mortality, but overall rates still too high



Other ME 040

First Page

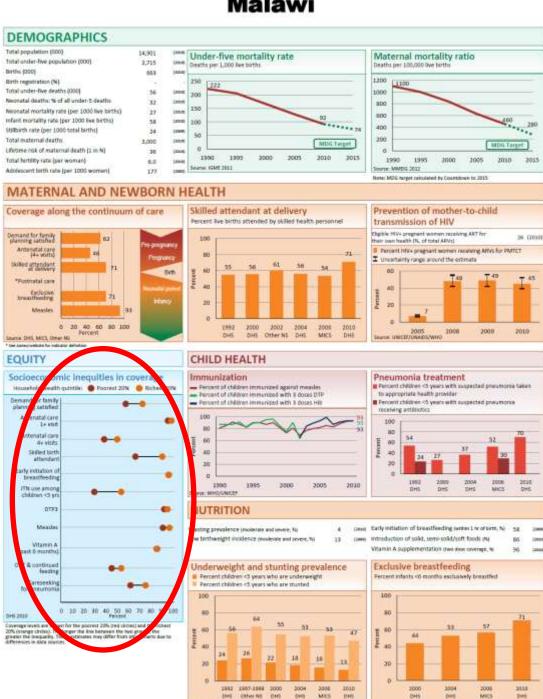
- Variable coverage along the continuum of care
- Increases in skilled attendant at delivery
- Progress overall in **PMTCT**



Other NE

First Page

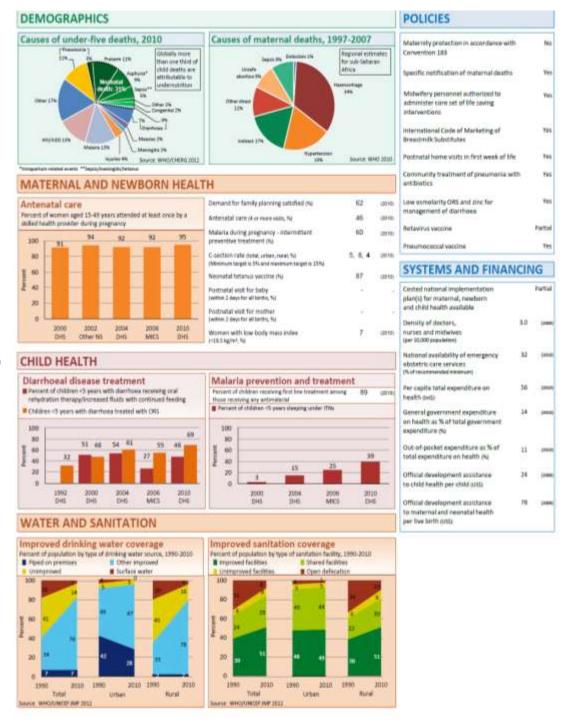
- Reduction in underweight and stunting prevalence
- High but variable immunization coverage
- Recent increases in pneumonia care seeking & increase but low coverage in pneumonia treatment



First Page

Relatively equitable coverage found for many coverage indicators

- Demographics with causes of child an maternal deaths (con't)
- Maternal and Newborn Health (con't)
- Child Health (con't)
- Water and Sanitation
- Policies
- Systems & Financing





 What are leading causes of child deaths?

Neonatal - 31%

Malaria – 13%

HIV/AIDS – 13%

Pneumonia – 11%

Diarrhoea – 7%

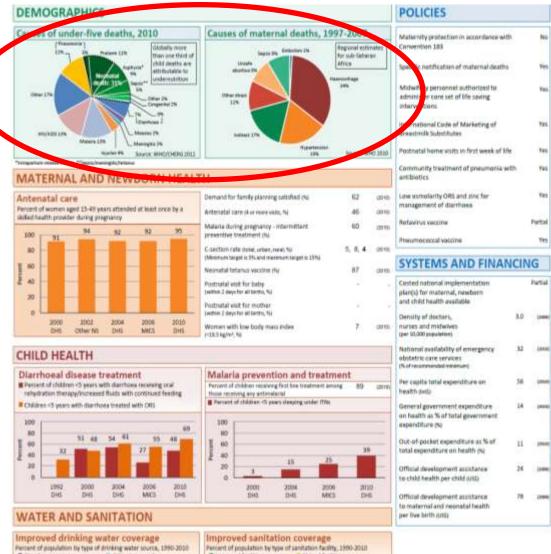
Undernutrition is a major underlying cause of child deaths

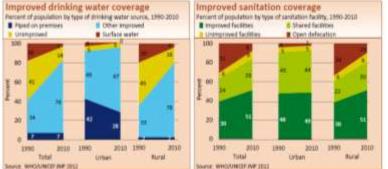
 What are leading causes of maternal deaths?

Haemorrhage - 34%

Hypertension – 19%







- Consistent high coverage of antenatal care
- Variable progress in diarrhoea treatment with ORS with continued feeding
- Increases in diarrhoea treatment with ORS
- Increases in coverage of children sleeping under ITNs but still low



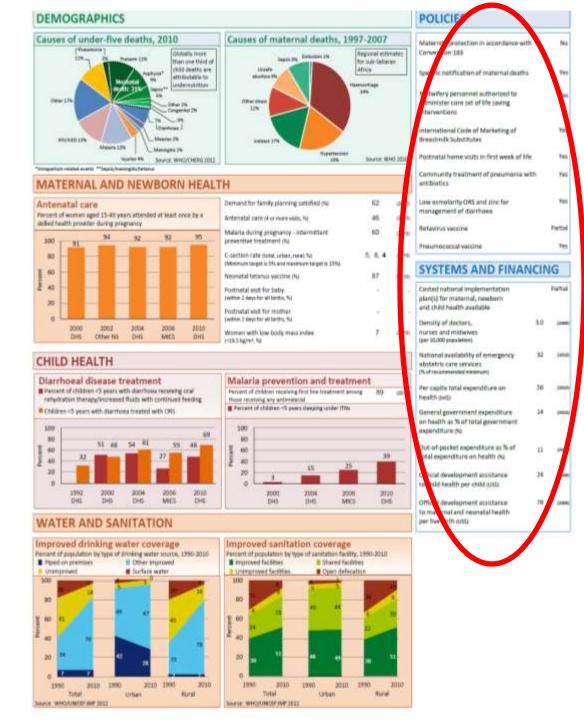


- Overall increases in use of improved drinking water source
 - More improvement in rural areas than urban areas
- Overall increases in use of improved sanitation
 - More improvement seen in rural areas than urban areas
- Open defecation
 - 10% in rural areas still practice open defecation





Critical determinants
 of coverage across
 the continuum of
 care such as
 development of
 national policies and
 systems and external
 resource flows







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

