

Annex A

About Countdown to 2015 for Maternal, Newborn and Child Survival

Countdown to 2015 for Maternal, Newborn and Child Survival is a global movement to track, stimulate and support country progress towards achieving the health-related Millennium Development Goals, particularly goals 4 (reduce child mortality) and 5 (improve maternal health). Established in 2003,⁴² *Countdown* includes academics, governments, international agencies, professional associations, donors, nongovernmental organizations and other members of civil society, with *The Lancet* as a key partner. Members of the *Countdown* community share a common goal of using data to increase accountability for women's and children's health. *Countdown* specifically focuses on tracking coverage of a core set of evidence-based interventions proven to reduce maternal, newborn and child mortality.

What *Countdown* does

Countdown produces periodic publications, reports and other materials on key aspects of reproductive, maternal, newborn and child health, using data to hold stakeholders to account for global and national action.⁴³ At the core of *Countdown* reporting are two-page country profiles, updated approximately every two years, that present key demographic, nutritional status and mortality statistics; coverage levels and trends for proven reproductive, maternal, newborn and child health interventions; and policy, health system, financial and equity indicators to enable assessment of country progress in improving reproductive, maternal, newborn and child health. *Countdown* plays a central role in the follow-up to the UN Secretary-General's Global Strategy for Women's and Children's Health by annually updating one-page profiles showcasing the 11 indicators selected by the Commission on Information and Accountability for Women's and Children's Health.⁴⁴ *Countdown* also prepares equity profiles highlighting disparities in coverage in each of the 75 priority countries.

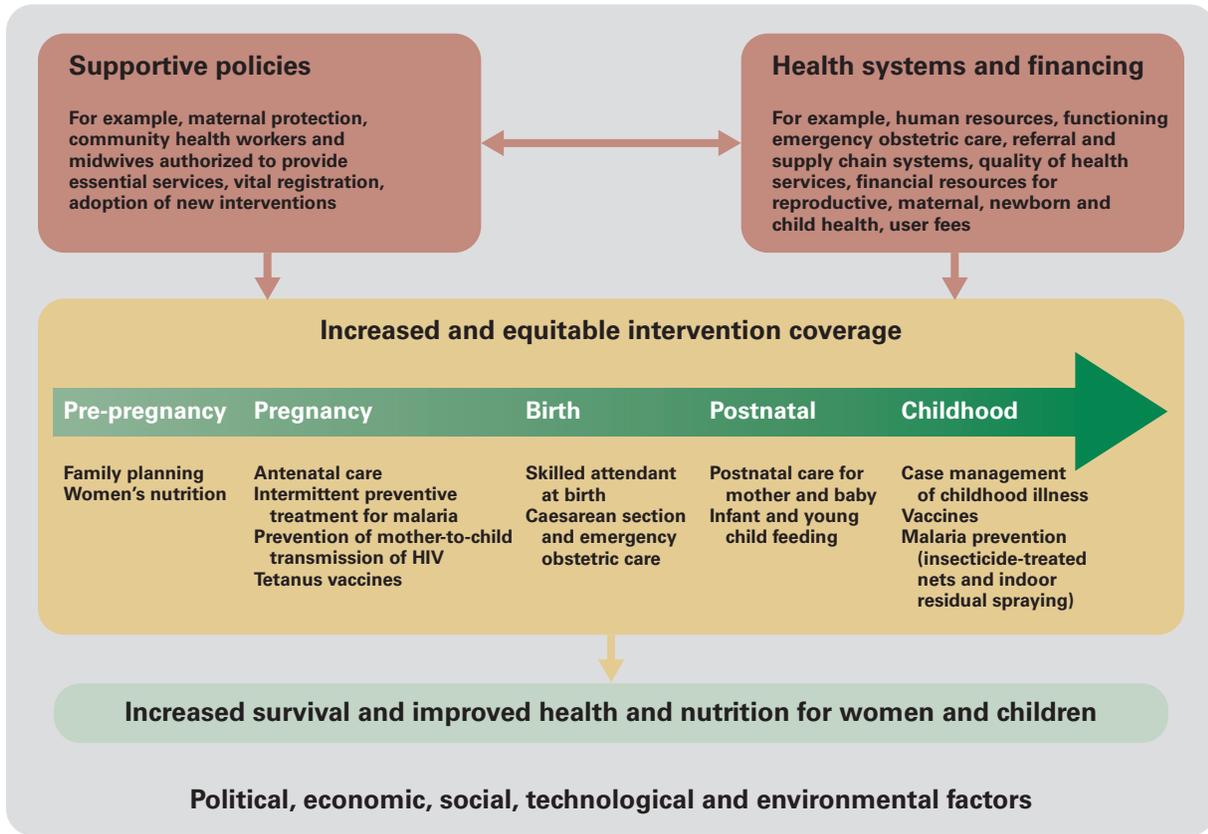
Countdown analyses are guided by a conceptual model (figure A1) consistent with the results-based evaluation framework for health systems strengthening that was developed by a working group of members from *Countdown*, the World Health Organization, the World Bank, the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria.⁴⁵ The model shows the range of indicators included in *Countdown's* four linked datasets on coverage, equity, policies and systems, and financial flows and illustrates possible pathways through which policy, systems and financing measures in a given context impact levels and trends in coverage of proven reproductive, maternal, newborn and child health interventions.

Countdown recognizes the paramount role of social, political, economic, cultural and environmental determinants in shaping population health. Many of these broader determinants influence health outcomes by increasing access, utilization and coverage with available life-saving interventions. Intervention coverage is thus the specific niche occupied by *Countdown* in the array of initiatives aimed at monitoring the Millennium Development Goals.

Countdown harnesses the global learning potential of its datasets through cross-cutting research and country case studies that allow for an in-depth exploration of the "how" and "why" of progress in reproductive, maternal, newborn and child health. These have been completed to date in Niger for child survival⁴⁶ and in Bangladesh for maternal survival,⁴⁷ with additional work nearing completion in Afghanistan, Pakistan, Ethiopia, Tanzania, Malawi and Peru.

FIGURE A1

Summary impact model guiding Countdown work



Annex B

Summary of *Countdown* data sources and analysis methods

Data sources

Most *Countdown* coverage, equity and nutrition data are from standardized, nationally representative household surveys, primarily Demographic and Health Surveys and Multiple Indicator Cluster Surveys. For national coverage estimates, *Countdown* reviews databases provided by stakeholder organizations, particularly the United Nations Children’s Fund but also the United Nations Population Division and Save the Children, and extracts the data for the 75 *Countdown* countries.

Cause of death profiles are abstracted from World Health Organization statistical databases based on work by the Child Health Epidemiology Reference Group. As in past *Countdown* reports, the child mortality estimates are based on the work of the UN Inter-agency Group for Child Mortality Estimation—led by the United Nations Children’s Fund and including the World Health Organization, the World Bank, the Population Division of the United Nations Department of Economic and Social Affairs and the United Nations Economic Commission for Latin America and the Caribbean Population Division—and are the official UN estimates for measuring progress towards Millennium Development Goal 4. The maternal mortality estimates are based on the work of an interagency group comprising the World Health Organization, the United Nations Children’s Fund, the United Nations Population Fund and the World Bank.

Data for the *Countdown* health systems and policies indicators are abstracted from global databases maintained by the World Health Organization and other groups such as the International Labour Organization, routine monitoring data from UN organizations, national service delivery surveys (for emergency obstetric care data) and surveys administered to government authorities by the World Health Organization with responses validated by UN agencies at the country level. *Countdown* financing data are abstracted from datasets maintained by the Development Assistance Committee of the Organisation for Economic Co-operation and Development.

Analysis methods

Countdown assesses progress at the country level, so it uses the country as the unit of analysis when summarizing results across databases. The summary measure used for the coverage indicators is the median, which gives each of the 75 *Countdown* countries equal weight, and the range, which illustrates the extent of variation across countries. *Countdown* coverage data are compiled and analysed by the Institute for International Programs at the Johns Hopkins University in collaboration with the Countdown Coverage Working Group and the United Nations Children’s Fund.

Summary estimates of coverage for 2014 include *Countdown* countries with available estimates for 2008–2012. A small number of data points for 2013 were available in time to be included in this report and are indicated in footnotes. To track coverage trends, subsets of countries with at least two data points for each indicator, one from 2000–2007 and one from 2008–2015, were used. The difference between the two summary point estimates were calculated for each indicator, as well as the proportion of the gap closed between the earlier estimate and 100% coverage.

Countdown tracks coverage (“the proportion of women and children in need of interventions who actually receive them”) in preference to measures of “effective coverage” that include estimates of intervention effectiveness, access, use and service quality. Effective coverage metrics are difficult to use in global monitoring because they typically require data that are rarely available in *Countdown* countries and sometimes rely on modelling procedures that must then be unpacked to guide decisionmaking.

Two summary metrics of coverage are used in presenting the results. The first, the Composite Coverage Index, is a weighted average of eight interventions and reflects the performance of each *Countdown* country in achieving coverage along the continuum of care.⁴⁸ The second, the co-coverage index, reflects the extent to which individual women and their children are receiving eight well established preventive interventions. These interventions have been available in most if not all countries—even the poorest—for at least a decade.⁴⁹

The equity analyses require that indicators be estimated for subgroups of the country population. Results are presented for selected individual coverage indicators as well as the two summary indices stratified by wealth quintiles.⁵⁰ Equity analyses are conducted by the International Center for Equity in Health at the University of Pelotas, Brazil, in collaboration with the *Countdown* Equity Technical Working Group.

Information on country-specific policies and systems indicators related to maternal and newborn health is reviewed and confirmed by technical staff at World Health Organization headquarters and country offices and maintained by the World Health Organization with inputs from the *Countdown* Health Systems and Policies Technical Working Group. The data on financial flows are compiled and analysed by a team at the London School of Hygiene and Tropical Medicine in collaboration with the *Countdown* Financial Flows Technical Working Group.

Additional information

Further detail on *Countdown's* data sources and methods are available in the published literature⁵¹ and on the *Countdown* website (www.countdown2015mnch.org). *Countdown* databases are publicly available for free through the *Countdown* website (<http://countdown2015mnch.org/about-countdown/countdown-data>).

Annex C

Country profile indicators and data sources, organized by order of presentation in the profile

Indicator	Data source	Global database
Demographics		
Demographics	Total population	United Nations Population Division
	Total under-five population	United Nations Population Division
	Births	United Nations Population Division
	Birth registration	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national household surveys, censuses and vital registration systems
	Total fertility rate	United Nations Population Division
	Adolescent birth rate	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys, civil registration systems and censuses
Child mortality	Total under-five deaths	The UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank)
	Neonatal deaths as a proportion of all under-five deaths*	The UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank)
	Neonatal mortality rate	The UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank)
	Infant mortality rate	The UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank)
	Under-five mortality rate*	The UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank)
	Causes of under-five deaths	World Health Organization, Child Health Epidemiology Reference Group, United Nations Children's Fund
	Stillbirth rate	Cousens and others 2011
Maternal mortality	Total maternal deaths	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank)
	Lifetime risk of maternal death	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank)
	Maternal mortality ratio (adjusted)*	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank)
	Causes of maternal deaths (regional)	World Health Organization
Maternal and newborn health		
Delivery care	Skilled attendant at delivery*	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys
AIDS	Pregnant women living with HIV receiving antiretroviral therapy for their own health*	Country reporting through the Global AIDS Response Progress Report and Universal Access joint reporting process by the World Health Organization, the United Nations Children's Fund and the Joint United Nations Programme on HIV/AIDS and UNAIDS Spectrum estimates
	Pregnant women living with HIV receiving antiretroviral drugs for prevention of mother-to-child transmission*	Country reporting through the Global AIDS Response Progress Report and Universal Access joint reporting process by the World Health Organization, the United Nations Children's Fund and the Joint United Nations Programme on HIV/AIDS and UNAIDS Spectrum estimates
Antenatal care	Antenatal care (at least one visit)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys
	Antenatal care (four or more visits)*	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys Demographic and Health Surveys, Reproductive Health Survey, other national surveys

Indicator		Data source	Global database
Demand for family planning satisfied	Demand for family planning satisfied*	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys	United Nations Population Fund
Intermittent preventive treatment of malaria during pregnancy	Intermittent preventive treatment of malaria during pregnancy	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Malaria Indicator Surveys, other national surveys	United Nations Children's Fund
Caesarean section	Caesarian section rate	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey, other national surveys	United Nations Children's Fund
Neonatal tetanus protection	Neonatal tetanus vaccine	Multiple Indicator Cluster Surveys, Demographic and Health Surveys	United Nations Children's Fund, World Health Organization
Postnatal care	Postnatal visit for baby*	Demographic and Health Surveys	Special data analysis by Saving Newborn Lives
Postnatal care	Postnatal visit for mother*	Demographic and Health Surveys	Special data analysis by Saving Newborn Lives
Body mass index	Women with low body mass index	Demographic and Health Surveys	Demographic and Health Surveys, STATCompiler (accessed March 2014)
Equity			
	Demand for family planning satisfied*	Multiple Indicator Cluster Surveys, Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
	Antenatal care (at least one visit)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
	Antenatal care (four or more visits)*	Multiple Indicator Cluster Surveys, Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
	Skilled attendant at delivery*	Multiple Indicator Cluster Surveys, Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
	Early initiation of breastfeeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
	ITN use among children < 5 years	Multiple Indicator Cluster Surveys, Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
	Three doses of combined diphtheria/tetanus/pertussis vaccine immunization coverage*	Multiple Indicator Cluster Surveys, Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
	Measles immunization coverage	Multiple Indicator Cluster Surveys, Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
	Vitamin A (past 6 months)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
	Oral rehydration therapy and continued feeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
	Careseeking for pneumonia	Multiple Indicator Cluster Surveys, Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
Child Health			
Immunization	Measles immunization coverage	World Health Organization and United Nations Children's Fund estimates of national immunization coverage	World Health Organization and United Nations Children's Fund estimates of national immunization coverage
	Three doses of combined diphtheria/tetanus/pertussis vaccine immunization coverage*	World Health Organization and United Nations Children's Fund estimates of national immunization coverage	World Health Organization and United Nations Children's Fund estimates of national immunization coverage
	<i>Haemophilus influenzae</i> type B immunization coverage	World Health Organization and United Nations Children's Fund estimates of national immunization coverage	World Health Organization and United Nations Children's Fund estimates of national immunization coverage
	Rotavirus vaccine coverage	World Health Organization and United Nations Children's Fund estimates of national immunization coverage	World Health Organization and United Nations Children's Fund estimates of national immunization coverage
	Pneumococcal conjugate vaccine coverage	World Health Organization and United Nations Children's Fund estimates of national immunization coverage	World Health Organization and United Nations Children's Fund estimates of national immunization coverage
Pneumonia treatment	Careseeking for symptoms of pneumonia	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys	United Nations Children's Fund
	Antibiotic treatment for symptoms of pneumonia*	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys	United Nations Children's Fund
Diarrhoeal disease treatment	Oral rehydration therapy and continued feeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys	United Nations Children's Fund
	Oral rehydration salts	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys	United Nations Children's Fund

Indicator		Data source	Global database
Malaria prevention and treatment	Children receiving first-line treatment among those receiving any antimalarial	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Malaria Indicator Surveys, other national surveys	United Nations Children's Fund
	Insecticide-treated net use	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Malaria Indicator Surveys, other national surveys	United Nations Children's Fund
Nutrition			
Anthropometry	Underweight prevalence	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys	United Nations Children's Fund, World Health Organization, World Bank
	Stunting prevalence*	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys	United Nations Children's Fund, World Health Organization, World Bank
	Wasting prevalence	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys	United Nations Children's Fund, World Health Organization, World Bank
Infant feeding	Early initiation of breastfeeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys	United Nations Children's Fund
	Exclusive breastfeeding rate (for first six months of life)*	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys	United Nations Children's Fund
	Introduction of solid, semi-solid and soft foods (ages 6–8 months)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys	United Nations Children's Fund
Low birthweight	Low birthweight incidence	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys, routine reporting	United Nations Children's Fund
Micronutrient supplementation	Vitamin A two dose coverage	United Nations Children's Fund	United Nations Children's Fund
Water and sanitation			
Water	Improved drinking water coverage	Joint Monitoring Programme for Water Supply and Sanitation (World Health Organization and United Nations Children's Fund)	Joint Monitoring Programme for Water Supply and Sanitation (World Health Organization and United Nations Children's Fund)
Sanitation	Improved sanitation coverage	Joint Monitoring Programme for Water Supply and Sanitation (World Health Organization and United Nations Children's Fund)	Joint Monitoring Programme for Water Supply and Sanitation (World Health Organization and United Nations Children's Fund)
Policies, systems and financing			
Policies	Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health
	Legal status of abortion	United Nations Population Division policy database	United Nations Population Division policy database http://esa.un.org/poppolicy/about_database.aspx (Accessed January 2014)
	Midwives authorized for specific tasks	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health
	Maternity protection (Convention 183)	International Labour Organization	International Labour Organization, NORMLEX Information System on International Labour Standards, at: https://www.ilo.org/dyn/normlex/en (Accessed March 2014)
	Maternal deaths notification	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health
	Postnatal home visits in first week after birth	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health
	Kangaroo mother care in facilities for low-birthweight and preterm newborns	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health
	Antenatal corticosteroids as part of management of preterm labour	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health
	International Code of Marketing of Breastmilk Substitutes	World Health Organization	World Health Organization and United Nations Children's Fund special data compilation
Community treatment of pneumonia with antibiotics	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health	

Indicator	Data source	Global database	
	Low-osmolarity oral rehydration salts and zinc for management of diarrhoea	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health
Systems	Costed national implementation plans for maternal, newborn and child health available	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health
	Reproductive lifesaving commodities in essential medicines list: emergency contraceptives, implants and female condoms	U.S. Agency for International Development Deliver Project and World Health Organization	Emergency contraceptives and implants information: U.S. Agency for International Development Deliver Project, http://deliver.jsi.com/dhome/whatwedo/commsecurity/csmeasuring/csindicators/csindicatordashboards (Accessed March 2014) Female condoms information: World Health Organization EML database www.who.int/medicines/publications/essentialmedicines (Accessed March 2014)
	Maternal lifesaving commodities in essential medicines list: oxytocin, misoprostol and magnesium sulfate	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health
	Newborn lifesaving commodities in essential medicines list: injectable antibiotics, antenatal corticosteroids, chlorhexidine and resuscitation equipment	World Health Organization and the Chlorhexidine Working Group	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health and the Chlorhexidine Working Group
	Child lifesaving commodities in essential medicines list: amoxicillin, oral rehydration salts and zinc	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health
	Density of doctors, nurses and midwives	World Health Organization	Global Health Observatory 2013
	National availability of emergency obstetric care services	Averting Maternal Death and Disability, United Nations Children's Fund, United Nations Population Fund	Averting Maternal Death and Disability, United Nations Children's Fund, United Nations Population Fund special data compilation
Financing	Per capita total expenditure on health	World Health Organization	Global Health Expenditure Database http://apps.who.int/gho/data/node.main.484?lang=en (Accessed February 2014)
	General government expenditure on health as % of total government expenditure	World Health Organization	Global Health Expenditure Database http://apps.who.int/gho/data/node.main.484?lang=en (Accessed February 2014)
	Out-of-pocket expenditure as % of total expenditure on health	World Health Organization	Global Health Expenditure Database http://apps.who.int/gho/data/node.main.484?lang=en (Accessed February 2014)
	Reproductive, maternal, newborn and child health expenditure by source	World Health Organization	World Health Organization
	Official development assistance to child health per child	Organisation for Economic Co-operation and Development's Development Assistance Committee	London School of Health and Tropical Medicine
	Official development assistance to maternal and neonatal health per live birth	Organisation for Economic Co-operation and Development's Development Assistance Committee	London School of Health and Tropical Medicine

* Indicators in bold are those recommended by the Commission on Information and Accountability for Women's and Children's Health. The commission indicator for under-five mortality includes the proportion of neonatal deaths, also tracked by *Countdown*.

Annex D

Definitions of *Countdown* coverage indicators

Intervention	Indicator definition	Numerator	Denominator
Maternal and newborn health			
Skilled attendant at delivery*	Percentage of live births attended by skilled health personnel	Number of women ages 15–49 with a live birth in the X years prior to the survey who were attended during delivery by skilled health personnel (doctor, nurse, midwife or auxiliary midwife)	Total number of women ages 15–49 with a live birth in the X years preceding the survey
Treatment of pregnant women living with HIV*	Percentage of eligible pregnant women with HIV who received antiretroviral therapy	Number of pregnant women living with HIV who are receiving lifelong antiretroviral therapy	Estimated number of pregnant women living with HIV ^a
Prevention of mother-to-child transmission of HIV	Percentage of pregnant women living with HIV who received most efficacious regimens of antiretrovirals to prevent mother-to-child transmission of HIV	Number of pregnant women living with HIV who received most efficacious regimens of antiretrovirals to prevent mother-to-child transmission of HIV	Estimated number of pregnant women living with HIV ^a
Antenatal care (at least one visit)	Percentage of women attended at least once during pregnancy by skilled health personnel	Number of women ages 15–49 who were attended at least once during pregnancy in the X years preceding the survey by skilled health personnel (doctor, nurse, midwife, or auxiliary midwife)	Total number of women ages 15–49 with a live birth in the X years preceding the survey
Antenatal care (four or more visits)*	Percentage of women attended four or more times during pregnancy by any provider	Number of women ages 15–49 who were attended four or more times during pregnancy in the X years preceding the survey by any provider	Total number of women ages 15–49 with a live birth in the X years preceding the survey
Demand for family planning satisfied*	Percentage of women ages 15–49, either married or in union, who have their need for family planning satisfied	Women who are married or in union and currently using any method of contraception	Women who are married or in union and who are currently using any method of contraception or who are fecund, not using any method of contraception but report wanting to space their next birth or stop childbearing altogether
Intermittent preventive treatment for malaria during pregnancy	Percentage of women who received intermittent preventive treatment for malaria during their last pregnancy	Number of women ages 15–49 at risk for malaria who received two or more doses of a sulfadoxine-pyrimethamine (Fansidar TM) to prevent malaria during their last pregnancy that led to a live birth	Total number of women ages 15–49 with a live birth in the X years preceding the survey
Caesarean section rate	Percentage of live births delivered by Caesarean section	Number of women ages 15–49 with a live birth in the X years preceding the survey delivered by caesarean section	Total number of women ages 15–49 with a live birth in the X years preceding the survey
Neonatal tetanus protection	Percentage of newborns protected against tetanus	Number of mothers with a live birth in the year prior to the survey who received two doses of tetanus toxoid vaccine within the appropriate interval prior to the infant's birth	Total number of women ages 15–49 with a live birth in the year prior to the survey
Postnatal care for mothers*^b	Percentage of mothers who received postnatal care within two days of childbirth	Number of women ages 15–49 who received postnatal care within two days of childbirth (regardless of place of delivery)	Total number of women ages 15–49 with a last live birth in the x years prior to the survey (regardless of place of delivery)
Postnatal care for babies*	Percentage of babies who received postnatal care within two days of childbirth	Number of babies who received postnatal care within two days of birth	Total number of last-born babies in the X years prior to the survey
Child health			
Measles immunization coverage	Percentage of infants immunized with measles-containing vaccine	Number of children ages 12–23 months who are immunized against measles	Total number of children ages 12–23 months surveyed
Three doses of combined diphtheria/pertussis/tetanus vaccine immunization coverage*	Percentage of infants who received three doses of diphtheria/pertussis/tetanus vaccine	Number of children ages 12–23 months receiving three doses of diphtheria/pertussis/tetanus vaccine	Total number of children ages 12–23 months surveyed
Three doses of <i>Haemophilus influenzae</i> type B immunization coverage	Percentage of infants who received three doses of <i>Haemophilus influenzae</i> type B vaccine	Number of children ages 12–23 months receiving three doses of <i>Haemophilus influenzae</i> type B vaccine	Total number of children ages 12–23 months surveyed
Careseeking for symptoms of pneumonia	Percentage of children ages 0–59 months with symptoms of pneumonia taken to an appropriate health provider	Number of children ages 0–59 months with symptoms of pneumonia in the two weeks prior to the survey who were taken to an appropriate health provider	Total number of children ages 0–59 months with symptoms of pneumonia in the two weeks prior to the survey
Antibiotic treatment for symptoms of pneumonia*	Percentage of children ages 0–59 months with symptoms of pneumonia receiving antibiotics	Number of children ages 0–59 months with symptoms of pneumonia in the two weeks prior to the survey receiving antibiotics	Total number of children ages 0–59 months with symptoms of pneumonia in the two weeks prior to the survey
Oral rehydration therapy and continued feeding	Percentage of children ages 0–59 months with diarrhoea receiving oral rehydration therapy and continued feeding	Number of children ages 0–59 months with diarrhoea in the two weeks prior to the survey receiving oral rehydration therapy (oral rehydration salts packet, pre-packaged oral rehydration salts fluid, recommended homemade fluid or increased fluids) and continued feeding	Total number of children ages 0–59 months with diarrhoea in the two weeks prior to the survey

Intervention	Indicator definition	Numerator	Denominator
Oral rehydration salts treatment	Percentage of children ages 0–59 months with diarrhoea receiving oral rehydration salts	Number of children ages 0–59 months with diarrhoea in the two weeks prior to the survey receiving oral rehydration salts	Total number of children ages 0–59 months with diarrhoea in the two weeks prior to the survey
First line antimalarial treatment	Percentage of children ages 0–59 months receiving first-line antimalarial treatment	Number of children ages 0–59 months who had a fever in the two weeks prior to the survey who received first line treatment according to national policy	Total number of children ages 0–59 months who had a fever in the two weeks prior to the survey who received any antimalarial drugs
Insecticide-treated net use	Percentage of children ages 0–59 months sleeping under an insecticide-treated mosquito net	Number of children ages 0–59 months sleeping under an insecticide-treated mosquito net the night before the survey	Total number of children ages 0–59 months surveyed
Nutrition			
Early initiation of breastfeeding	Percentage of newborns put to the breast within one hour of birth	Number of women with a live birth in the X years prior to the survey who put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the X years prior to the surveyed
Exclusive breastfeeding (for first 6 months of life)*	Percentage of infants ages 0–5 months who are exclusively breastfed	Number of infants ages 0–5 months who are exclusively breastfed	Total number of infants ages 0–5 months surveyed
Introduction of solid, semi-solid and soft foods (ages 6–8 months)	Percentage of infants ages 6–8 months who receive solid, semi-solid or soft foods	Number of infants ages 6–8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants ages 6–8 months surveyed
Vitamin A supplementation	Percentage of children ages 6–59 months who received two doses of vitamin A during the calendar year	Estimated number of children ages 6–59 months who received two doses of vitamin A during the calendar year	Total number of children ages 6–59 months
Water and sanitation			
Use of improved drinking water sources	Percentage of the population using improved drinking water sources (piped on premises or other improved drinking water sources)	Number of household members using improved drinking water sources (including piped on premises, public standpipe, borehole, protected dug well, protected spring, rainwater collection)	Total number of household members
Use of improved sanitation facilities	Percentage of the population using improved sanitation facilities	Number of household members using improved sanitation facilities (including connection to a public sewer, connection to a septic system, pour-flush latrine, simple pit latrine, or a ventilated improved pit latrine)	Total number of household members

* Indicators in bold are those recommended by the Commission on Information and Accountability for Women’s and Children’s Health. The commission indicator for under-five mortality includes the proportion of neonatal deaths, also tracked by *Countdown*.

a. More details on the HIV estimates methodology can be found at www.unaids.org.

b. As used for postnatal care in the graph on coverage along the continuum of care on the first page of each country profile.

Annex E

Definitions of health policies, systems and finance indicators

Indicator	Definition	Criteria for ranking
Policy indicators		
Family planning for adolescents	Laws or regulations allow adolescents (married or unmarried) to access contraception without parental or spousal consent.	<p>Yes = legislation is available that allows adolescents to access contraception without parental or spousal consent.</p> <p>Partial = legislation is available that allows either married adolescents to access contraception without spousal consent or allows unmarried adolescents to access contraception without parental consent.</p> <p>No = no legislation is available that allows adolescents to access contraception without parental or spousal consent.</p>
Legal status of abortion	Legal grounds under which abortion is allowed.	<p>Abortion allowed on the following grounds:</p> <p>I = to save a woman's life.</p> <p>II = to preserve physical health and above.</p> <p>III = to preserve mental health and above.</p> <p>IV = for economic and social reason and the above.</p> <p>V = on request and above.</p> <p>R = in case of rape or incest.</p> <p>F = in case of foetal impairment.</p> <p>— = data are not available.</p>
Midwives authorized for specific tasks	Midwifery personnel are authorized to deliver basic emergency obstetric and newborn care.	<p>Number of the seven lifesaving interventions tasks authorized:</p> <ul style="list-style-type: none"> • Parental antibiotics. • Parenteral oxytocin. • Parental anticonvulsants. • Manual removal of placenta. • Removal of retained products of conception. • Assisted vaginal delivery. • Newborn resuscitation.
Maternity protection (Convention 183)	Country has ratified International Labour Organization Convention 183 or has passed national legislation that is in compliance with the three key provisions of the convention (14 weeks of maternity leave, paid at 66% of previous earnings by social security or general revenue)	<p>Yes = International Labour Organization Convention 183 ratified (maternity leave of at least 14 weeks with cash benefits of previous earnings paid by social security or public funds).</p> <p>Partial = International Labour Organization Convention 183 not ratified but previous maternity convention ratified (maternity leave of at least 12 weeks with cash benefits of previous earnings paid by social security or public funds).</p> <p>No = no ratification of any maternal protection convention.</p>
Maternal deaths notification	National policy has been adopted requiring health professionals to notify any maternal death to a responsible national body.	<p>Yes = national policy adopted and implemented.</p> <p>Partial = national policy adopted but no systematic implementation.</p> <p>No = no national policy adopted.</p>
Postnatal home visits in the first week after birth	National policy recommending home visits to mother and newborn in the first week after childbirth by a trained provider have been adopted and implemented.	<p>Yes = national policy or guidelines recommending postnatal home visits adopted and implemented.</p> <p>No = no national policy or guidelines on postnatal home visits adopted.</p>
Kangaroo mother care for low birthweight newborns	National policy recommends kangaroo mother care for low-birthweight newborns.	<p>Yes = national policy recommends kangaroo mother care for low-birthweight newborns.</p> <p>No = national policy does not recommend kangaroo mother care for low-birthweight newborns.</p>
Antenatal corticosteroids for preterm labour	National policy recommends antenatal corticosteroids for preterm labour.	<p>Yes = national policy recommends use of antenatal corticosteroids for preterm labour.</p> <p>No = national policy does not recommend use of antenatal corticosteroids for preterm labour.</p>
International Code of Marketing of Breastmilk Substitutes	National policy has been adopted on all provisions stipulated in International Code of Marketing of Breastmilk Substitutes.	<p>Yes = all provisions stipulated in International Code of Marketing of Breastmilk Substitutes adopted in legislation.</p> <p>Partial = voluntary agreements or some provisions stipulated in International Code of Marketing of Breastmilk Substitutes adopted in legislation.</p> <p>No = no legislation and no voluntary agreements adopted in relation to the International Code of Marketing of Breastmilk Substitutes.</p>
Community treatment of pneumonia with antibiotics	National policy or guidelines authorizing case management of pneumonia in the community by a trained provider has been adopted and implemented.	<p>Yes = national policy or guidelines adopted on the identification and treatment of pneumonia by trained providers in the community.</p> <p>No = no national policy or guidelines on the identification and treatment of pneumonia by trained providers.</p>

Indicator	Definition	Criteria for ranking
Low-osmolarity oral rehydration salts and zinc for management of diarrhoea	National policy on management of diarrhoea with low osmolality oral rehydration salts and zinc has been adopted and implemented.	Yes = national policy or guidelines adopted on use of low osmolality oral rehydration salts and zinc for management of diarrhoea. No = no national policy or guidelines adopted on use of low osmolality oral rehydration salts and zinc for management of diarrhoea
Systems indicators		
Costed national implementation plan for maternal, newborn and child health	National plan for scaling up maternal, newborn and child health interventions is available and costed.	Yes = costed plan or plans to scale up maternal, newborn and child health interventions available at the national level. Partial = costed plan available for either maternal and newborn health or child health. No = no costed implementation plan for maternal, newborn and child health available.
Reproductive lifesaving commodities in essential medicines list	Emergency contraceptives, implants and female condoms are in the essential medicines list.	Number of the three listed commodities that are included in the essential medicines list.
Maternal lifesaving commodities in essential medicines list	Oxytocin, misoprostol and magnesium sulfate are in the essential medicines list.	Number of the three listed commodities that are included in the essential medicines list.
Newborn lifesaving commodities in essential medicines list	Injectable antibiotics, antenatal corticosteroids, chlorhexidine and resuscitation equipment are in the essential medicines list.	Number of the four listed commodities that are included in the essential medicines list.
Child lifesaving commodities in essential medicines list	Amoxicillin, oral rehydration salts and zinc are in the essential medicines list.	Number of the three listed commodities that are included in the essential medicines list.
Density of health workers	Proportion of physicians, nurses and midwives who are available per 10,000 population.	Percentage
National availability of emergency obstetric care services	At least five emergency obstetric care facilities per 500,000 people, including one comprehensive and four basic emergency obstetric care facilities. (The breakdown of comprehensive and basic by population and geographic area is available in country assessment reports but not included in the Countdown.)	Availability is expressed as a percentage of the minimum acceptable number of emergency obstetric care facilities. The minimum acceptable number of emergency obstetric care facilities (comprehensive and basic) is calculated by dividing the population by 500,000 and multiplying by 5. The percentage of recommended minimum number of emergency obstetric care facilities is calculated by dividing the number of functioning emergency obstetric care facilities by the recommended number and multiplying by 100. To qualify as a fully functioning basic or comprehensive emergency obstetric care facility, a facility must provide a standard set of signal functions
Finance indicators		
Per capita total expenditure on health		Numerical
General government expenditure on health as a share of total government expenditure		Numerical
Out-of-pocket expenditure as a share of total expenditure on health		Numerical

Annex F

Technical annex for the Health Systems and Policies Technical Working Group and the Financing Technical Working Group

Health systems and policies indicators

Most of the policy indicators compiled by the *Countdown* Health Systems and Policies Technical Working Group are the result of a biannual survey implemented by the World Health Organization's Department of Maternal, Newborn, Child and Adolescent Health. Indicators are developed as a composite measure summarizing the presence and implementation of a given policy. If a policy is endorsed and implemented, the value of the indicator is marked as "Yes". If the policy is not endorsed, the value of the indicator is marked as "No". If the policy is endorsed but lacks implementation, the value of the indicator is marked as "Partial". For policies such as midwifery personnel authorized to deliver basic emergency obstetric and newborn care or reproductive, maternal, newborn and child health lifesaving commodities in essential list of medicines, the value of the indicator is the number of policy components endorsed or present in the policy document. Respondents to the survey are ministry of health officials responsible for maternal, newborn, child and adolescent health in their country. The information reported is independently validated by the World Health Organization country office and at least one other UN organization that operates in the country. Data analysis and compilation are done by the World Health Organization. Data reported are collected from the 2013–2014 survey. The legal status of abortion indicator is a result of the analysis of legal grounds under which abortion is legally allowed, as per the information reported in the United Nations Population Division policy database.

The Health Systems and Policies Technical Working Group regularly reviews the evidence base for all the systems and policy measures that *Countdown* tracks. For example, a small working group has been formed to review the signal functions related to the indicator on emergency obstetric care, including on care for newborns.

Financing indicators

The *Countdown* Financing Working Group analysed 2011 official development assistance disbursements in the Organisation for Economic Co-operation and Development's Development Assistance Committee's Creditor Reporting System aid activities database using previously implemented methods.⁵² Data were downloaded on 3 April 2014 and included 242,382 records of aid disbursement.

All records were reviewed to correct for errors in the classification of health expenditures within the database. Records were manually coded against a framework defining reproductive, maternal, newborn and child health activities. Broadly, maternal and newborn health activities were defined as those that aim to restore, improve or maintain the health of women and their newborn during pregnancy, childbirth and the postnatal period, and child health activities were defined as those that aim to restore, improve or maintain the health of children ages 1 month to 5 years. Additional activities considered as reproductive health include family planning and those related to sexual health and sexually transmitted infections, including HIV. Based on these codes, each record was given an allocation factor between 0% and 100%, representing the proportion of expenditures spent on reproductive, maternal, newborn and child health. Allocation factors were established after reviewing the literature and current financial (for example, general government expenditure on health as a percentage of total government expenditure), epidemiological (for example, percentage of a population group with HIV) and population estimates (for example, percentage of population under age 5). Official development assistance from all 27 bilateral organizations, 22 multilateral organizations and 3 global health initiatives (including the Bill and Melinda Gates Foundation) to the *Countdown's* priority countries was analysed and reported in two indicators: official development assistance to child health per child and official development assistance to maternal and neonatal health per live birth.

Comparison of results with those of the Institute for Health Metrics and Evaluation

Recent data from the Institute for Health Metrics and Evaluation report that development assistance to maternal, newborn and child health grew just under 18% in real terms between 2010 and 2011 among all recipient countries (not just the 75 *Countdown* countries), from \$5.2 billion to \$6.1 billion (in 2011 prices).

When considering official development assistance to all recipient countries (not just *Countdown* countries), *Countdown* estimates a 3% increase in real terms, from \$6.9 billion to \$7.1 billion (in 2012 prices).

These differences in estimates may reflect differences in methods used by the two resource tracking initiatives, which could explain the variation in findings (see table F1 for examples of differences). First, the Institute for Health Metrics and Evaluation estimates development assistance to health, which is defined more broadly than official development assistance to include all financial and in-kind contributions from global health channels that aim to improve health. Further, the *Countdown* analysis relies on the data reported in the Creditor Reporting System, which is restricted to donors that report to the system. The Institute for Health Metrics and Evaluation's wider range of data sources account for 67% of the data analysed (Joe Dieleman, personal communication). For *Countdown* other, non-purpose-specific funding modalities and general health systems strengthening support that can be attributed to maternal, newborn and child health are picked up through the manual coding process. The Institute for Health Metrics and Evaluation conducts an automated keyword search. The Institute for Health Metrics and Evaluation

TABLE F1

Overview of key differences in methods to resource tracking between *Countdown* and the Institute for Health Metrics and Evaluation

Methods	<i>Countdown</i>	Institute for Health Metrics and Evaluation	Expected effect on estimates
What is being tracked?	Official development assistance.	Development assistance to health.	Institute for Health Metrics and Evaluation > <i>Countdown</i>
Donors	Donors reporting to the Creditor Reporting System.	Donors reporting to the Creditor Reporting System plus nongovernmental organizations, US private foundations, and the Pan American Health Organization.	Institute for Health Metrics and Evaluation > <i>Countdown</i>
Recipient countries	75 <i>Countdown</i> priority countries and all countries receiving official development assistance captured in the Creditor Reporting System.	Low- and middle-income countries as defined by the World Bank.	Institute for Health Metrics and Evaluation > <i>Countdown</i>
Data sources	Organisation for Economic Co-operation and Development's Creditor Reporting System.	Creditor Reporting System plus donor databases, annual reports, and audited financial statements; nongovernmental organization databases; and communication with donors.	Institute for Health Metrics and Evaluation > <i>Countdown</i>
Approach to coding	Manual, line by line coding of the entire Creditor Reporting System database according to predefined methods. Includes in maternal, newborn and child health spending HIV and malaria spending that is related to maternal, newborn and child health.	Automated keyword search of the health and population sector codes. Allocates 100% of United Nations Children's Fund and United Nations Population Fund spending to maternal, newborn and child health spending and 100% of Joint United Nations Programme on HIV/AIDS spending to reproductive health spending. Health focus areas are mutually exclusive so that projects that are for maternal, newborn and child health and another health focus area get divided between the multiple health focus areas. ^a	<i>Countdown</i> > Institute for Health Metrics and Evaluation
Categorization of health focus areas	Family planning included in reproductive health.	Family planning included in maternal, newborn and child health.	Institute for Health Metrics and Evaluation > <i>Countdown</i> for MNCH
Aid modality and health systems	Allocates a share of pooled funding and health systems funding to maternal, newborn and child health.	Does not include pooled funding or health systems funding that is not explicitly earmarked for maternal, newborn and child health.	<i>Countdown</i> > Institute for Health Metrics and Evaluation
Data adjustments	Disbursements as reported in the Creditor Reporting System. No adjustments made.	For projects where the Creditor Reporting System does not report disbursement data, commitment data are adjusted to reflect disbursements.	Institute for Health Metrics and Evaluation > <i>Countdown</i>

a. The Institute for Health Metrics and Evaluation tracks a wide range of health focus areas (such as maternal, newborn and child health; HIV; and malaria). To avoid double counting, it divides projects across these areas, so a project addressing malaria in mothers and children would be divided between the maternal, newborn and child health and the malaria health focus areas. *Countdown* would include such projects as maternal, newborn and child health.

allocates certain donors' contributions, such as the United Nations Children's Fund, in full to maternal, newborn and child health, whereas *Countdown* relies on manual coding to allocate only projects with direct relevance to maternal, newborn and child health.

Technical note on box 9

The evidence used for the *Countdown* countries in box 9 on out-of-pocket financing for health came from published, publicly available sources (table F2 and figures F1 and F2). Other estimates for the *Countdown* countries may be available in the grey literature, including UN reports. The aim of box 9 is to highlight the need for improvements in the collection, analysis and dissemination of data on financial risk protection.

TABLE F2

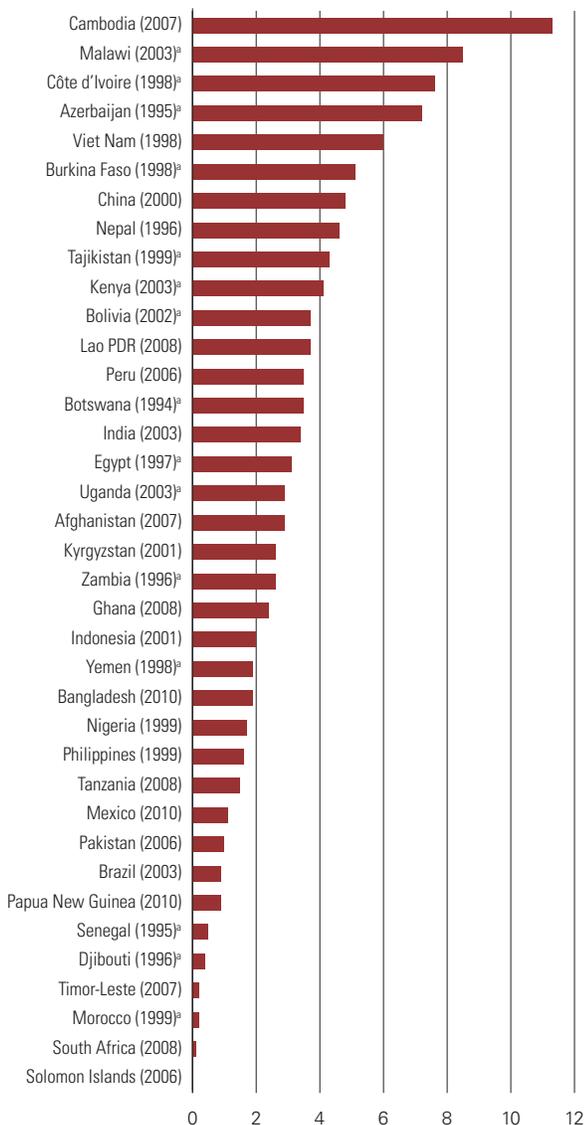
Estimates and sources of available data on catastrophic expenditure, *Countdown* countries

Reference	Indicator	Year	<i>Countdown</i> countries with data
van Doorslaer and others 2007	Share of population spending more than 40% of nonfood expenditure in a given month on direct health care payments	1994–2002	Bangladesh, China, India, Indonesia, Kyrgyzstan, Nepal, Philippines, Viet Nam
Xu and others 2007	Share of population spending more than 40% of nonsubsistence expenditure in a given month on direct health care payments	1990–2003	32 <i>Countdown</i> countries
van Doorslaer and others 2006	Share of population falling below PPP\$2.15 poverty line as a result of out-of-pocket expenditure on health in past month	1998–2001	Bangladesh, China, India, Indonesia, Kyrgyzstan, Nepal, Philippines, Viet Nam
Rannan-Eliya and others 2012	Share of population spending more than 40% of nonfood expenditure in a given month on direct health care payments	2005–2010	Bangladesh, Cambodia, Lao PDR, Pakistan, Papua New Guinea, Timor-Leste
	Share of population falling below PPP\$2.15 poverty line as a result of out-of-pocket expenditure on health in past month		
Knaul, Wong and Arreola-Ornelas 2012	Share of population spending more than 40% of nonfood expenditure in a given month on direct health care payments	2003–2010	Brazil, Mexico, Peru
Mills and others 2012	Share of population spending more than 40% of nonfood expenditure in a given month on direct health care payments	2008	Ghana, South Africa, Tanzania
Ichoku and Fonta 2009	Share of population spending more than 40% of nonfood expenditure in a given month on direct health care payments	1999	Nigeria
<i>Countdown</i> and World Bank studies (unpublished)	Share of population spending more than 40% of nonfood expenditure in a given month on direct health care payments	2007–2010	Afghanistan, Solomon Islands
	Share of population falling below PPP\$2.15 poverty line as a result of out-of-pocket expenditure on health in past month		

FIGURE F1

Households with out-of-pocket health expenditure greater than 40% of nonfood spending

Share of households spending 40% or more of nonfood expenditures on health (%)



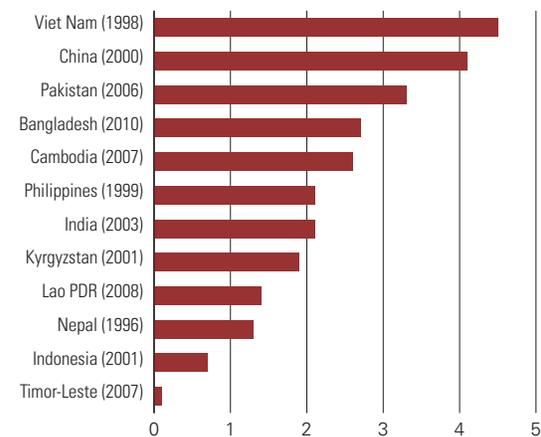
a. Estimate from Xu and others (2007) using similar but not strictly comparable definition.

Source: See table F2.

FIGURE F2

Households falling below international poverty line of PPP\$2.15 a day as a result of out-of-pocket health expenditure

Share of people falling below poverty line of PPP\$ 2.15 per day as a result of out-of-pocket payments for health care (%)



Source: See table F2.

Annex G

Countdown countries prioritized for malaria intervention coverage analysis

Table G1 organizes the *Countdown* countries according to a set of criteria related to malaria transmission risk:

- The left column includes 43 countries where at least 75% of the total population is at risk of malaria transmission and where a substantial proportion (50% or more) of malaria cases is due to *Plasmodium falciparum*. Only the countries meeting these criteria were included in the analyses for the malaria indicators in this report.
- The right column includes nine countries where 50–74% of the population is at risk of malaria transmission and where a substantial proportion (50% or more) of malaria cases is due to *Plasmodium falciparum*. When available, malaria intervention coverage data are included in the *Countdown* profiles.

TABLE G1

Countdown countries by malaria transmission risk

Countries where at least 75% of the population is at risk of malaria and where a substantial proportion (50% or more) of malaria cases is due to <i>Plasmodium falciparum</i> (N = 43)	Countries where 50–74% of the population is at risk of malaria and where a substantial proportion (50% or more) of malaria cases is due to <i>Plasmodium falciparum</i> (N = 9)	
Angola	Madagascar	Botswana
Benin	Malawi	Cambodia
Burkina Faso	Mali	Djibouti
Burundi	Mauritania	Ethiopia
Cameroon	Mozambique	Indonesia
Central African Republic	Niger	Lao People's Democratic Republic
Chad	Nigeria	Myanmar
Comoros	Papua New Guinea	Yemen
Congo	Philippines	Zimbabwe
Congo, Dem. Rep.	Rwanda	
Côte d'Ivoire	São Tomé and Príncipe	
Equatorial Guinea	Senegal	
Eritrea	Sierra Leone	
Gabon	Solomon Islands	
Gambia	Somalia	
Ghana	South Sudan	
Guinea	Sudan	
Guinea-Bissau	Tanzania, United Republic	
Haiti	Togo	
India	Uganda	
Kenya	Zambia	
Liberia		

Source: Country profiles from WHO (2013).

Annex H

Details on estimates produced by interagency groups used in the *Countdown report*—mortality, immunization, and water and sanitation

Mortality

Countdown to 2015 aims to stimulate progress towards Millennium Development Goals 4 and 5, so it relies on UN interagency estimates on child and maternal mortality that are produced for official Millennium Development Goal reporting. These estimates are used to monitor progress at the global level because they are made comparable across countries and over time by applying standard methods to generate country, regional and global estimates. The UN mortality estimates are generated based on national data but may not always correspond precisely to the results from the most recent available data source or to country official estimates due to differences in the methods applied.

Child mortality. The child mortality estimates in this report (neonatal mortality rate, infant mortality rate, under-5 mortality rate and under-5 deaths) are based on the work of the UN Inter-agency Group for Child Mortality Estimation (UN IGME), which includes the United Nations Children’s Fund, the World Health Organization, the United Nations Population Division and the World Bank. The UN IGME estimates are the official UN estimates for measuring progress towards Millennium Development Goal 4 (reduce child mortality). The UN IGME compiles available data from all possible nationally representative sources for a country, including household surveys, censuses and vital registration systems, and uses a model to fit a regression line to the data to produce the mortality estimates. Estimates are updated every year after a detailed review of all newly available data points. The review may result in adjustments to previously reported estimates as new data become available and provide more information on past trends.

The data inputs, methods and full time series of the UN IGME estimates for all countries are available at www.data.unicef.org and www.childmortality.org.

Maternal mortality. Maternal mortality estimates for 1990–2013 are based on the work of the Maternal Mortality Estimation Inter-agency Group, which comprises the World Health Organization, the United Nations Children’s Fund, the United Nations Population Fund and the World Bank. Maternal mortality data—more sparse than child mortality data—are from sources such as vital registration systems, surveys and censuses. Maternal mortality estimates from these sources are subject to serious misclassification and underreporting. These data are therefore adjusted to account for these errors, and multilevel regression models are fit to predict levels and trends in maternal mortality between 1990 and 2013. Covariates used in the models include gross domestic product per capita, general fertility rate and skilled birth attendance. For more information, see WHO and others (2014).

Immunization

The immunization data published in this report are based on the work of the World Health Organization and the United Nations Children’s Fund. The estimates should not be confused with other sources of information, such as Demographic and Health Surveys, Multiple Indicator Cluster Surveys or administratively reported data from ministries of health. The World Health Organization and United Nations Children’s Fund use data reported by national immunization programmes as well as surveys and other sources to obtain estimates of national immunization coverage each year. A draft report is sent to each country for review and comment. Final reports are published in July with coverage estimates for the preceding calendar year. All new evidence, such as final survey reports received after publication, are taken into consideration during production of the following year’s estimates. For each country’s final report for 2012 as well as methods, data sources and brief description of trends, see www.data.unicef.org.

Water and sanitation

The drinking water and sanitation coverage estimates are produced by the World Health Organization–United Nations Children’s Fund Joint Monitoring Programme for Water Supply and Sanitation. The estimates are the official UN estimates for measuring progress towards the Millennium Development Goal targets for drinking water and sanitation. They use a standard classification of what constitutes coverage.

The Joint Monitoring Programme does not report the findings of the latest nationally representative household survey or census. Instead, it estimates coverage using a linear regression line that is based on coverage data from all available household sample surveys and censuses. For specific country data, see www.childinfo.org and www.wssinfo.org.