

Measuring Coverage in Maternal, Newborn and Child Health



Produced with support from the Child Health Epidemiology Reference Group (CHERG). Financial support for CHERG is provided by The Bill & Melinda Gates Foundation through their grant to the US Fund for UNICEF.

Selecting Coverage Indicators for Global Monitoring: Challenges and Opportunities

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Outline



- Why coverage matters
- Steps in global monitoring of coverage
- Selecting sets of coverage indicators
 - Countdown to 2015
 - Commission on Accountability for Women's and Children's Health
- Recommendations

What is global monitoring of coverage?



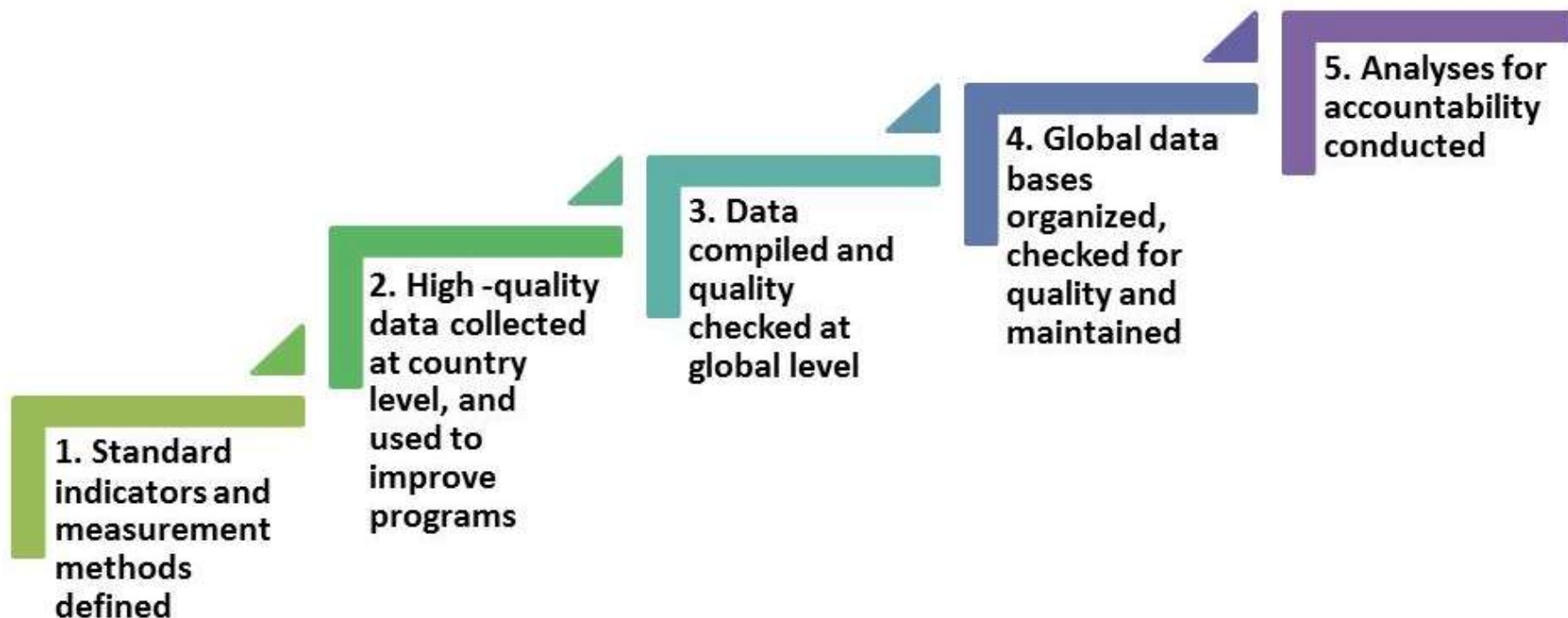
- The collection and analysis of a limited set of quantitative indicators
 - To assess progress in RMNCH within and across countries
 - To set priorities and to determine where to allocate resources

Why is coverage central to global monitoring?



- Responds rapidly to program and policy interventions; usually more rapidly than impact measures
- Provides information needed to improve existing programs and policies and develop new ones

Steps in global monitoring for coverage



Quality matters at every step!

Countdown and the Commission: Working on accountability analyses

5. Analyses for
accountability
conducted



Countdown

Commission

Aim	<ul style="list-style-type: none">⇒ Stimulate country progress toward MDGs 4 & 5⇒ Focus on coverage	<ul style="list-style-type: none">⇒ Improve accountability for women's and children's health
Organization	<ul style="list-style-type: none">⇒ Many partners with Secretariat⇒ 2005 → ???	<ul style="list-style-type: none">⇒ Selected Commissioners with time-limited role⇒ iERG oversight to 2015
Countries	75 countries with >95% of maternal and child deaths	
Products	<ul style="list-style-type: none">⇒ Periodic reports and country profiles, advocacy materials, peer-reviewed articles	<ul style="list-style-type: none">⇒ Annual reports to 2015

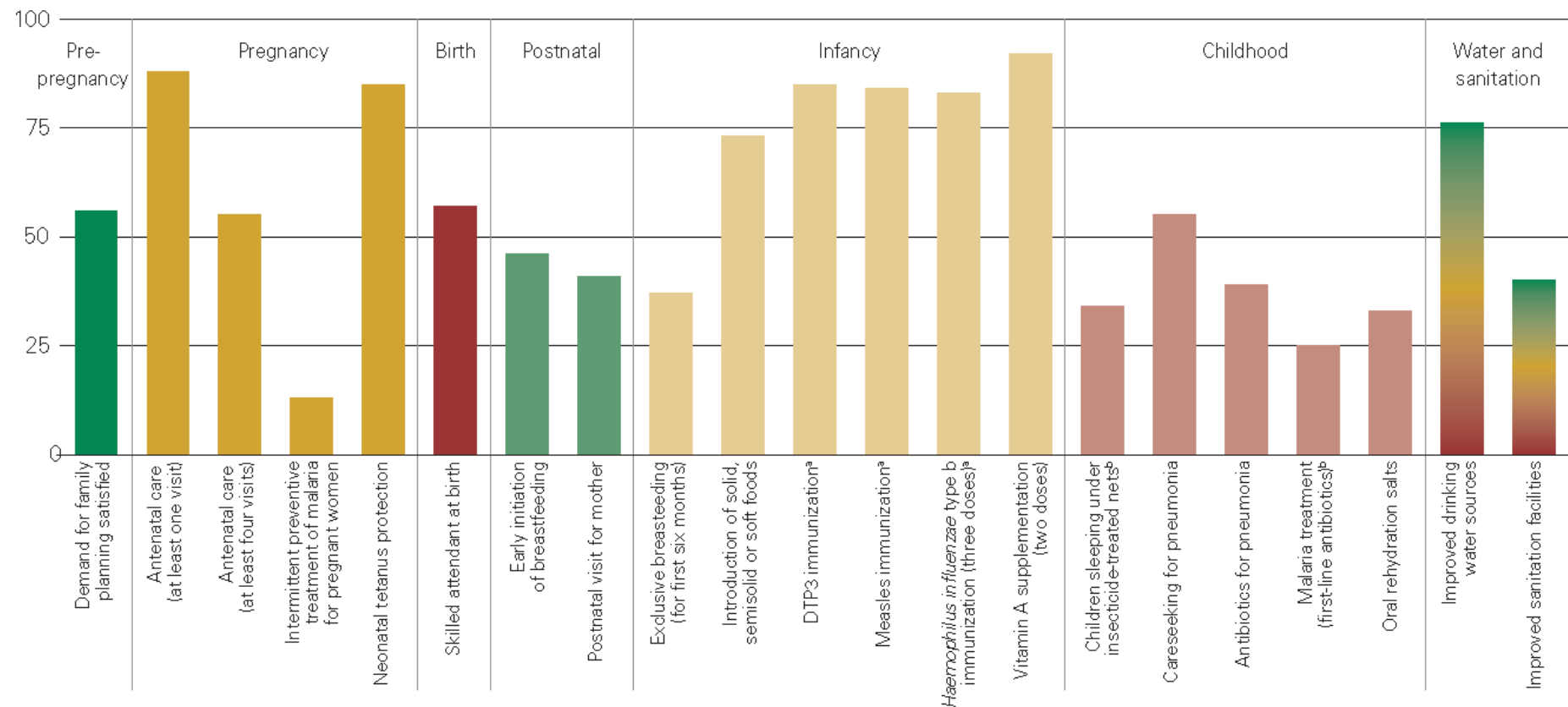
Countdown: Steps



1. Inclusive technical review process each cycle, with criteria including:
 - Evidence of effectiveness in reducing MNC mortality
 - Feasibility to deliver at scale in LMICs
2. Abstract data from UNICEF global databases, adding additional quality review
3. Develop profiles with selected indicators
4. Prepare reports and analyses to promote accountability and action

Countdown 20+ coverage indicators selected to reflect the continuum of care for RMNCH

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



Commission: Steps



1. Working Group on Accountability for Results:
 - Reviewed MDG and Countdown indicators
 - Prepared a background report recommending 11 indicators (3 impact, 8 coverage)

2. Commission report with 10 recommendations:
 - All 11 indicators considered “core”
 - Established the iERG to track progress in implementation of the recommendations

Commission coverage indicators also selected with eye to continuum of care



- Of the 8 Commission coverage indicators,
 - ***4 are identical to Countdown***
 - Demand for family planning satisfied
 - Skilled attendant at birth
 - DTP3
 - Exclusive breastfeeding
 - ***4 combine or modify Countdown indicators***
 - Antenatal care
 - PMTCT
 - ARVs for HIV+ pregnant women
 - Postnatal care

Tensions and the need for compromise!



1. Comprehensive information **versus** small set of indicators to keep the effort focused and reporting burden minimized

Example:

Countdown re-evaluates indicator set each cycle

- *Responsive to new evidence*
- *Potential loss of focus/lack of clear messaging*

Commission insists on keeping indicator set small

- *Focused effort*
- *Critical gaps (i.e., malaria and diarrhea missing)*

Tensions, cont'd

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2. What we know is important **versus** what can be measured reasonably well

Examples:

Antibiotic tx for pneumonia

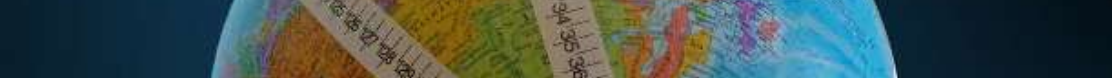
- *Commission indicator = antibiotic tx for pneumonia*
- *Countdown also tracks careseeking*

Antenatal care

- *Commission indicator “four or more visits from a **skilled** provider”...More programmatically useful....but data not currently available in the 75 countries*

Options: Collect a set of related indicators, or provide adequate documentation on how to interpret a less than ideal indicator

Tensions, cont'd

- 
3. Tracking coverage for interventions that address the highest disease burden *versus* those that are relevant to as many countries as possible

Example:

Malaria and HIV

- *Countdown tracks preventive and treatment indicators for malaria, and PMTCT and ARVs for HIV+ preg women*
- *Commission only reports on PMTCT and ARVs for HIV+ preg women*

Indicators are not selected only on the basis of technical merits

Tensions, cont'd



4. Timely data to guide decision making ***versus*** the cost and resources required to conduct frequent surveys.

Examples:

Both Countdown and iERG reports highlight data gaps and stress the importance of regular data collection.

Making noise about the lack of data on PNC for baby has resulted in increased data collection efforts

The time-frame for detecting change in indicators must be considered when deciding about increasing frequency of data collection efforts

Recommendations



1. Indicator selection processes should be guided by:
 - The technical merits of individual indicators , *plus*
 - The underlying aspirational goal
2. Indicators must be interpreted within a broader context
3. The selection process should be rigorous, transparent and involve all key stakeholders

Recommendations

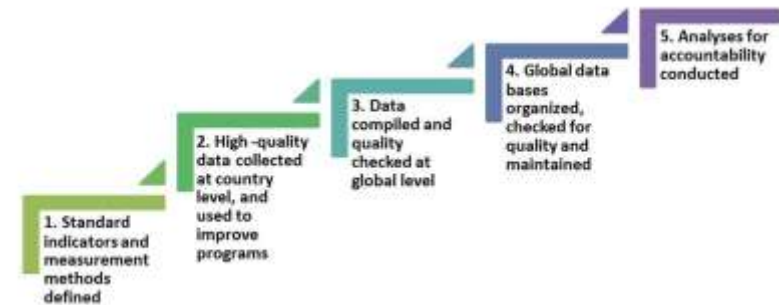


4. Strengthen/systematize/increase transparency of the processes used to select sets of indicators for global monitoring
 - Assess data availability
 - Determine feasibility of valid measurement
 - Consider program relevance and broader agenda setting function of full set

Closing thoughts



- Effective global monitoring of coverage requires *all five steps*, with *attention to quality* at each step
- Capacity must be strengthened at country level to measure, report on, and use coverage data for action



THANK YOU

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