

Tracking intervention coverage for maternal, newborn and child survival



The last few years have seen enormous and welcome developments in global public health and nutrition. There is growing recognition, increasingly backed by resources, that achieving the health-related Millennium Development Goals will demand radical changes to the scale and scope of effective strategies. The *Countdown to 2015*, a movement of governments, individuals and institutions, is responding to these calls for change.

In 2003 the Bellagio Lancet Child Survival Series helped raise global awareness of more than 10 million deaths occurring each year in children under age five, mainly from preventable conditions that rarely affect children in wealthy countries.¹ In 2005 a second Lancet series focused on the approximately 4 million annual deaths among newborns.² Later series focused on maternal survival³ and broader issues of child development in developing countries,⁴ sexual and reproductive health,⁵ maternal and child health and nutrition⁶ and health systems.⁷ Finally, a special issue of the Lancet on “Women Deliver” highlighted the importance of the continuum of care for maternal, newborn and child health.⁸

A common theme in these Lancet series was the call for a systematic mechanism to track progress in achieving high, sustainable and equitable coverage with interventions proven to reduce maternal, newborn and child mortality – ‘coverage’ being defined as the proportion of those needing an intervention who receive it.⁹ The response to this call is reflected broadly in global efforts to track progress towards the Millennium Development Goals (box 1.1), and is the specific focus of the *Countdown to 2015*.

Supported through contributions of time and money and governed by a Core Group, the *Countdown* aims to stimulate country action by tracking coverage for interventions needed to attain Millennium Development Goals 4 and 5, together with parts of Millennium Development Goals 1, 6 and 7. The *Countdown* tracks coverage within populations targeted by specific interventions and usually measures coverage at the population level (rather than in health facilities, for example). Through the *Countdown*, national and international policy makers, programme implementers, development and media partners and researchers are working together to:

- Summarise, synthesise and disseminate the best and most recent information on country-level progress towards high, sustained and equitable coverage with health interventions to save women and children.
- Take stock of progress in maternal, newborn and child survival.
- Call on governments, development partners and the broader community to be accountable if rates of progress are not satisfactory.
- Identify knowledge gaps that are hindering progress.
- Propose new actions to achieve the health-related Millennium Development Goals, in particular Millennium Development Goals 4 and 5.

The *Countdown* has planned a series of conferences to be held every two to three years until 2015. Focusing attention on national coverage levels for high-impact interventions in countries with the highest burden

The Millennium Development Goals

- Goal 1: Eradicate extreme poverty and hunger.
- Goal 2: Achieve universal primary education.
- Goal 3: Promote gender equality and empower women.
- Goal 4: Reduce child mortality.
- Goal 5: Improve maternal health.
- Goal 6: Combat HIV/AIDS, malaria and other diseases.
- Goal 7: Ensure environmental sustainability.
- Goal 8: Develop a global partnership for development.

Box 1.1. The Millennium Development Goals

of maternal and child mortality, the *Countdown* conferences will catalyse greater action and increase accountability for country and partner commitment to the Millennium Development Goals – in particular, to rapid reductions in maternal and child mortality.¹⁰ In addition, *Countdown* publications report on major determinants of coverage, including policies, health system performance measures and financial flows to maternal, newborn and child health.

The first international *Countdown* conference, focusing on child survival, was hosted in London in December 2005 by 12 organisations.¹¹ Coverage reports were available for 60 countries, accounting for 94 per cent of child deaths worldwide.¹² More information on the conference and the 2005 report can be found online (<http://www.countdown2015mnch.org/>).

Success for the *Countdown*, however, will be measured by country-level results. In 2006 Senegal was the first country to hold a national *Countdown* conference, bringing together government leaders, private and public partners and the research community to review progress in child survival.

The second international *Countdown* conference is scheduled for 17–19 April 2008 in Cape Town, South Africa. Covering maternal, newborn and child survival, it will be held in tandem with an Inter-Parliamentary Union meeting, providing government leaders with opportunities for greater involvement in efforts to save women's and children's lives.

Participants in the 2005 international *Countdown* conference had already recognized the importance of working within a broader continuum of care – one that “promotes care for mothers and children from pre-pregnancy to delivery, the immediate postnatal period, and early childhood, recognising that safe childbirth is critical to the health of both the woman and the newborn child.”¹³ Such a continuum should also link service provision across various settings, from households to community-based care to primary care services to hospitals. The *Countdown* has explicitly adopted a continuum of care approach. In this report it tracks coverage across the continuum for the first time.

The *Countdown* has always made nutrition central to its efforts. Improving coverage for proven maternal and child nutrition interventions will contribute to Millennium Development Goal 1.¹⁴ At this time, however, only child nutritional status and nutrition interventions are tracked through the *Countdown*.

The *Countdown* also recognises the importance of reproductive health services. The target added to

Millennium Development Goal 5 to achieve universal access to reproductive health is an indication of its importance to maternal and newborn survival. Contraceptive prevalence and unmet need are tracked in the present *Countdown* cycle, and in the next cycle of technical work the Core Group will thoroughly review this area. The 2008 report is complimented by a corresponding Lancet special series on the major findings of the *Countdown*.

Countdown Principles

The activities of the *Countdown* are guided by four principles:

1. Focus on coverage
2. Build on existing goals and monitoring efforts
3. Promote effective interventions
4. Maintain a country orientation

Box 1.2. The *Countdown* principles

Countdown principles

1. Focus on coverage

Timely data on intervention coverage are essential for good programme management. Governments and their partners need up-to-date information on whether their programmes are reaching targeted groups. Such coverage information must be supplemented, of course, with measures of intervention quality and effectiveness.

For interventions proven to reduce mortality, coverage is a useful indicator of progress. Increases in coverage show that policies and delivery strategies are reaching women and children. Failures to increase coverage – assuming that resources have been adequate and that planning has been good – are a cause for urgent concern. District, regional and national managers and their partners should address low coverage rates by examining how interventions are delivered and removing bottlenecks or revising service delivery plans.

This report, which provides the best and most recent information on country-level progress in achieving intervention coverage, is a central part of the *Countdown* effort. It offers a basis for documenting accomplishments and revitalising efforts where needed.

2. Build on existing goals and monitoring efforts

The *Countdown* aims to sharpen and reinforce efforts already under way to support countries in meeting their commitments to global goals, and to further the effective use of information collected through existing monitoring mechanisms. *Countdown* indicators and measurement approaches build on efforts started in the 1990s to monitor progress towards the World Summit for Children goals, which evolved into monitoring strategies for the Millennium Development Goals.¹⁵

Emphasis on measuring progress towards international goals and targets has rapidly increased the availability of intervention coverage data. Today's maternal and child survival indicators reflect a united effort to define and measure indicators consistently, permitting the assessment of trends over time. In some cases, however – notably the definition and measurement of indicators for oral rehydration therapy to prevent diarrhoea dehydration¹⁶ – changing public health recommendations made changes in definition and measurement unavoidable.

Tracking through the *Countdown* complements and promotes country-level monitoring of maternal, newborn and child health programmes. Country-level monitoring focuses on ensuring that policies, plans and resources are in place and that programmes and strategies are implemented fully and adequately; key outcomes for assessing programme implementation include access, quality, coverage and equity. Methods and indicators for monitoring purposes must provide timely information and must reflect country-level needs and decisions. The *Countdown* aims to build on country-level data, attracting attention and resources for addressing service delivery barriers and to further speed up progress towards the health-related Millennium Development Goals.

The *Countdown* complements country-level monitoring efforts by focusing on indicators that are closer to impact and that can be measured in ways that permit cross-country comparisons and the estimation of global trends. Coverage indicators meet these criteria, as do many indicators of the impact of programme activities on the nutrition and health status of women, newborns and children. Efforts to identify and define indicators of policies, financial flows and human resources that are sufficiently valid and reliable for global monitoring began in 2005 and are continuing.

The coverage information presented by the *Countdown* in this report required no new data collection. But the information on policies, health systems and financial flows – here and in future *Countdown* reports –

combines existing data with those collected specifically for the *Countdown*. The primary purpose of this report is to bring available data on the priority countries together in one place to facilitate evidence-based review and planning efforts designed to accelerate country-level actions in maternal, newborn and child health.

3. Promote effective interventions

The *Countdown* monitors coverage for interventions and approaches feasible for universal implementation in poor countries and with proven effectiveness in improving maternal and child survival and nutrition. (The next chapter describes how the *Countdown* selects these interventions and approaches and explains the coverage indicators used.)

4. Maintain a country orientation

The *Countdown* aims to help countries and their development partners achieve the Millennium Development Goals and the World Fit for Children goals and targets.¹⁷ While the *Countdown* will not and should not supplant governments and their partners in their roles as policy makers and service providers, its role extends beyond monitoring – making public health science a basis for public health action. By bringing together diverse individuals with complementary experience, *Countdown* participants hope to spark and support new insights and concrete directions for improving the health and survival of women and children. So far the *Countdown* has not taken strong follow-up action in countries, but is a central element of the work scheduled to begin immediately after the April Conference.



Links to other monitoring efforts

As part of a much larger effort to track progress towards the Millennium Development Goals, the *Countdown* aims to complement the work of others – not replace it. Annex A lists resources and initiatives related to Millennium Development Goal monitoring for mothers, newborns and children at the international level. Box 1.3 highlights the *Countdown*'s added value compared with other international monitoring efforts.

How the *Countdown* Adds Value

- By maintaining a country focus. Individual country profiles offer selected information about demographic and epidemiological contexts and key coverage determinants.
- By tracking progress in 68 priority countries. Sharing the highest burden of maternal and child mortality, these countries represented more than 97 per cent of all such deaths (deaths in children under 5 in 2006, and maternal deaths in 2005).
- By maintaining continuity through 2015. The *Countdown* will continue reporting on progress through 2015, the target date for achieving the Millennium Development Goals.
- By remaining a supra-institutional effort. The *Countdown* brings together representatives from United Nations agencies, civil society, governments, and the donor and development communities.
- By promoting country-level action. The *Countdown* presents information needed to assess progress and to speed up country-level actions in pursuit of Millennium Development Goals 4 and 5, together with parts of Millennium Development Goals 1, 6 and 7.

Box 1.3. How the *Countdown* adds value compared with other Millennium Development Goal Monitoring efforts

Country-level program monitoring

Country-level programme monitoring is the most important part of monitoring progress towards the Millennium Development Goals. The *Countdown* seeks to enhance such monitoring whenever possible. Yet countries bear the main responsibility for interpreting the *Countdown* results and using them to improve programming. (Quality monitoring and service provision monitoring are the responsibility of governments and their partners and are not addressed here.)

The *Countdown* as an evolving effort

The *Countdown* is a process, and will continue to expand and improve over time to address additional elements of the continuum of care. For example, although family planning is included as an essential intervention in the 2008 report, special health risks, vulnerabilities and barriers to access for adolescents are not addressed explicitly, nor is the full range of potential interventions to address undernutrition. We

present this report recognising its limitations, and accept the need to expand the range of interventions that can be tracked effectively in each *Countdown* cycle while preserving the quality of the effort, especially as new evidence about the impact of interventions becomes available

Overview of this report

This report is intended to help policy makers and their partners assess progress and prioritise actions to reduce maternal, newborn and child mortality. Almost all the data presented here can be found elsewhere. The *Countdown* adds value by collecting in one place the basic information needed to decide whether maternal and child mortality reductions can be expected in countries with the highest ratios/rates or numbers of such deaths. It adds further value by creating a context – the *Countdown* conferences – that can make policy makers, development agencies and donors more likely to notice challenges to progress and to respond to them with sound decisions.

Chapter 2 explains how and why the Countdown priority countries were selected, and summarises the selection of Countdown indicators and the data sources and methods used to track progress.

Chapter 3 summarises the findings of the 2008 Report. Specific note is taken of countries with demonstrated progress in raising coverage levels, and areas where intensified effort is needed within and across the priority countries. This preliminary discussion provides a starting point for more in-depth review, discussion and action planning that will take place at the Countdown conference scheduled for April 2008 in Cape Town, South Africa and subsequent regional- and country-level Countdown conferences.

Chapter 4 introduces the individual country profiles. These profiles represent the basic information to be analysed at Countdown conferences, and evidence for assessing progress since the first Countdown Report in 2005. Each profile presents the most recent available information on selected demographic measures of maternal, newborn and child survival and nutritional status, coverage rates for priority interventions, and selected indicators of equity, policy support, human resources and financial flows.

Because the *Countdown* is an ongoing process that represents an informal affiliation of individuals and agencies committed to accelerating progress toward the health MDGs, we encourage readers to engage with this material critically and to make suggestions about how its utility in promoting and guiding

action can be improved. Comments, critiques and suggestions can be proposed through communication with any of the many *Countdown* co-sponsors, or sent directly to www.countdown2015mnch.org.



Notes

- ¹ Black, Morris and Bryce 2003; Jones, Steketee, Black and others 2003; Bryce, Arifeen, Pariyo, and others 2003; Victora, Wagstaff, Armstrong-Schellenberg and others 2003; The Bellagio Study Group on Child Survival 2003.
- ² Lawn, Cousens and Zupan 2005; Darmstadt, Bhutto, Cousens and others 2005; Knippenberg, Lawn, Darmstadt and others 2005; Martines, Paul, Bhutta and others 2005.
- ³ Ronsmans and Graham 2006; Campbell and Graham 2006.
- ⁴ Grantham-McGregor, Cheung, Cueto and others 2007; Walker, Wachs, Gardner and others 2007; Engle, Black, Behrman and others 2007.
- ⁵ Glasier, Gülmezoglu, Schmid and others 2006; Wellings, Collumbien, Slaymaker and others 2006; Cleland, Bernstein, Ezeh and others 2006; Cleland, Bernstein, Ezeh and others 2006; Grimes, Benson, Singh and others 2006; Low, Broutet, Adu-Sarkodie and others 2006.
- ⁶ Black, Allen, Bhutta and others 2008; Victora, Adair, Fall and others 2008; Bhutta, Ahmed, Black and others 2008; Bryce, Coitinho, Darnton-Hill and others 2008; Morris, Cogill and Uauy 2008.
- ⁷ Haines and Victora 2004; Gwatkin, Bhuiya and Victora 2004; Palmer, Mueller, Gilson and others 2004; Hongoro and McPake 2004; Victora, Hanson, Bryce and others 2004; Lavis, Posada, Haines and others 2004.
- ⁸ Starrs 2007; Kerber, de Graft-Johnson, Bhutta and others 2007; Freedman, Graham, Brazier and others 2007.
- ⁹ Bryce, Arifeen, Pariyo and others 2003, p. 1068.
- ¹⁰ Bryce, Terreri, Victora and others 2006.
- ¹¹ The hosting organisations were the London School of Hygiene & Tropical Medicine, the Bellagio Child Survival Group, UNICEF, World Health Organization, Lancet, Save the Children, United States Agency for International Development (USAID), USAID's Basic Support for Institutionalizing Child Survival (BASICS), the UK's Department for International Development (DFID), the World Bank, the International Paediatric Association and the Partnership for Maternal, Newborn and Child Health.
- ¹² Bryce, Terreri, Victora and others 2006.
- ¹³ Tinker, ten Hoop-Bender, Azfar and others 2005, p. 823.
- ¹⁴ World Bank 2006.
- ¹⁵ The World Summit for Children goals can be found at UNICEF's website (<http://www.unicef.org/wsc/>). Committed to by heads of state and government in 2002, they cover vital areas of children's well-being and development and serve as stepping stones towards the Millennium Development Goals (UNICEF 2007b).
- ¹⁶ Victora, Bryce, Fontaine and others 2000.
- ¹⁷ The World Fit for Children goals and targets can be found at UNICEF's website (<http://www.unicef.org/specialsession/wffc/>).