

Accountability for maternal, newborn and child survival: The 2013 Update

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www.countdown2015mnch.org



Contributors

Countdown to 2015 developed this annual report, in support of the recommendations of the Commission on Information and Accountability for Women's and Children's Health and the ongoing work of the independent Expert Review Group (iERG), to help ensure accountability for commitments to the Global Strategy for Women's and Children's Health.

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Countdown to 2015 for Maternal, Newborn & Child Survival

Countdown to 2015 is a global movement of academics, governments, international agencies, professional organizations, donors, and non-governmental organizations, with *The Lancet* as a key partner. Countdown:

- Uses country-specific data to track, stimulate, and support country progress towards achieving the health-related Millennium Development Goals (MDGs), particularly MDGs 4 (reduce child mortality) and 5 (improve maternal health)
- Focuses on coverage levels and trends for interventions proven to improve reproductive, maternal, newborn, and child health, as well as critical determinants of coverage: health systems functionality, health policies, and financing
- · Examines equity in coverage across different population groups within and across Countdown countries
- Uses these data to hold countries and their international partners accountable for progress in reproductive, maternal, newborn, and child health
- · Supports country-level Countdowns to promote coverage with evidence-based interventions

Since its first set of reports and events in 2005, Countdown has achieved global impact by using available data to hold stakeholders to account for global and national action. Countdown focuses on the 75 countries where more than 95% of all maternal and child deaths occur. Information on the selection process for country inclusion in Countdown is available at **www.countdown2015mnch.org**.



About the Accountability Agenda

In September 2010, at a United Nations General Assembly summit to assess progress on the MDGs, Secretary-General Ban Ki-moon launched the Global Strategy for Women's and Children's Health, an unprecedented plan to save the lives of 16 million women and children by 2015. The Commission on Information and Accountability for Women's and Children's Health was then established to develop a framework to monitor and track commitments made to the Global Strategy. The Commission's report, *Keeping Promises, Measuring Results*, identified a set of core indicators which, taken together, enable stakeholders to track progress in reducing maternal and child mortality and increasing coverage of interventions across the continuum of care. The report also urged that all data be disaggregated by key equity dimensions. An independent Expert Review Group (iERG) was appointed by the Secretary-General in September 2011 to report annually on progress in 75 priority countries regarding implementation of the Commission's recommendations regarding reporting, oversight, and accountability. The first iERG report was published in September 2012.

a. Up-to-date information on commitments to the Global Strategy is available at www.everywomaneverychild.org.



A Time for Action – 1,000 Days and Counting

Core indicators identified by the Commission on Information and Accountability

- Maternal mortality ratio
- Under-five mortality rate, with the proportion of newborn deaths
- Children under five years of age who are stunted
- Demand for family planning satisfied (met need for contraception)
- Antenatal care coverage (at least four visits during pregnancy)
- Antiretroviral prophylaxis among HIV-positive pregnant women to prevent mother-to-child transmission of HIV and antiretroviral therapy for HIV-positive pregnant women who are treatment-eligible
- Skilled attendant at birth
- Postnatal care for mothers and babies within two days of birth
- Exclusive breastfeeding for first six months of life
- Three doses of combined diphtheria-tetanus-pertussis (DTP3) immunization coverage
- Antibiotic treatment for pneumonia

ewer than 1,000 days remain until December 31, 2015, the deadline for the Millennium Development Goals (MDGs). As this date approaches, evidence is needed urgently about country progress – and challenges preventing progress – in scaling up the health interventions that work to save women's and children's lives.

Countdown to 2015 is committed to supporting the accountability agenda by providing evidence on progress for each of the 75 countries where more than 95% of all maternal and child deaths occur. Countdown has pledged to prepare an annual report with one-page profiles - adapted from the two-page country profiles produced by Countdown on a roughly two-year cycle showcasing progress on the 11 core indicators selected by the Commission on Information and Accountability for Women's and Children's Health (see box at left). These 11 indicators encompass key elements of the reproductive, maternal, newborn, and child health (RMNCH) continuum of care.



The results in this report highlight country achievements in increasing coverage of key interventions, and identify remaining challenges many countries face in reaching all women and children with life-saving services. The key findings include:

- Across most of the Countdown countries, levels
 of maternal and child mortality have both been
 dropping over the past two decades. But in
 some countries, particularly in sub-Saharan
 Africa where fertility levels typically remain high,
 progress has been slower. These countries must
 be prioritized for collective global, regional,
 and national action.
- Child deaths are increasingly concentrated in the first month of life. Newborn deaths now account for 40% or more of all child deaths in 35 of the Countdown countries. Improving newborn survival, including reducing stillbirths, must be a major focus of policies and programs.
- Undernutrition, in a synergistic relationship with infectious diseases, contributes to almost half of all child deaths. Levels of stunting, a form of growth failure resulting from chronic undernutrition, remain unacceptably high in virtually all 75 countries.
 Nutrition must continue to be emphasized as an essential ingredient of maternal, newborn, and child survival programs.

- Wide variations in coverage for interventions addressed by the Commission indicators, both across and within Countdown countries, show the importance of equity as a core component of all health strategies. Global and national efforts must focus on reaching the poorest and other vulnerable sub-groups of the population.
- High levels of fertility and unmet need for family planning in many Countdown countries highlight the need to broaden access to contraception.
 The global community has woken up to this need, and the growing political momentum must be translated into substantially increased resources.

Significant challenges remain before us. High population growth remains a looming obstacle to progress in countries where health systems are least equipped to respond to escalations in demand, and pervasive inequities must be addressed if we are to fulfill the promise of MDGs 4 and 5 for millions of women and children.

But, ultimately, this report is about hope. The country profiles contain many success stories which show that commitment, investment, and coordinated action can result in concrete achievements that will save countless lives.

Now is the time to learn from these success stories, and to act based on the evidence. Generations of women and children are counting on us.



A snapshot of progress on the Commission indicators

This section summarizes the data presented in the 2013 country profiles, providing an overview of progress and challenges ahead across the 75 priority countries.

IMPACT INDICATORS

The Countdown profiles show promising news of reductions in maternal and child mortality.

Maternal mortality

The number of women who die each year from causes related to pregnancy or childbirth has dropped substantially - from 543,000 deaths in 1990 to around 287,000 deaths in 2010. Thirty Countdown countries achieved reductions of 50% or more in the maternal mortality ratio^b between 1990 and 2010, and three countries (Equatorial Guinea, Nepal, and Vietnam) achieved reductions of at least 75%. Over fifty countries reduced maternal mortality during 2000-2010 at a faster rate than during the previous decade, showing that the pace of progress is improving. However, the news is not all positive. Nine Countdown countries in sub-Saharan Africa - all of which have struggled with high HIV prevalence or, in the case of Somalia, with protracted civil war and instability experienced increases in maternal mortality in the past two decades. All Countdown countries need to continue efforts to increase coverage of high-quality services, including family planning, antenatal and postnatal care, and skilled delivery and emergency obstetric care. See Table 1 on page 8.

Child mortality

The global number of deaths in children under five years of age has dropped from nearly 12 million in 1990 to approximately 6.9 million in 2011. Eight Countdown countries (Bangladesh, Brazil, China, Egypt, Lao People's Democratic Republic, Liberia, Mexico, and Peru) achieved reductions of at least two-thirds in their under-five mortality rate during this time period, and 22 others achieved reductions

of at least half. In more than 50 Countdown countries, the decline in child mortality has been accelerating, with a greater annual rate of reduction in 2000-2011 than in 1990-2000. However, some Countdown countries are lagging behind. In 24 countries – all of them, except Afghanistan, in sub-Saharan Africa – the under-five mortality rate in 2011 remained above 100 deaths per 1,000 live births. It is projected that, by 2050, one in three of the world's children will be born in sub-Saharan Africa. Efforts to improve child survival in sub-Saharan Africa must not only continue – they must be intensified. See Table 2 on page 10.

Almost two-thirds of all child deaths are the result of infectious diseases (malaria, pneumonia, diarrhea, sepsis, measles, and AIDS) that could be prevented through cost-effective, available interventions.

As the global under-five mortality rate has fallen, the proportion of child deaths that occur in the neonatal period has increased. Neonatal deaths now account for 40% or more of all child deaths in 35 Countdown countries, and this percentage reached 50% or higher in 12 countries. Greater investment and attention to the newborn period, including the prevention of preterm births and stillbirths and the scale-up of effective, low-cost interventions such as antenatal corticosteroids, cord care, and kangaroo mother care, is needed if the world is to achieve MDG 4.

b. Because very few low- and middle-income countries have accurate civil registration of maternal deaths, and because household survey data sets with sample sizes adequate to measure maternal deaths – a relatively rare event – are not available for most countries, maternal mortality ratios are estimated on the basis of regression models such as the Maternal Mortality Estimation Inter-agency Group model, which includes country-level variables such as gross domestic product per capita, general fertility rate, and coverage of skilled attendant at birth.

Reducing maternal mortality: Most countries are accelerating progressCountdown countries, sorted by average annual rate of reduction 2000-2010^{†,‡}

	Maternal mortality ratio, modelled							
Country or territory	Deaths	per 100,000 l	ive births	Average annual rate of reduction (%)				
	1990	2000	2010	1990-2010	1990-2000	2000-2010		
Rwanda	910	840	340	4.9	0.9	8.7		
Afghanistan	1300	1000	460	5.1	2.2	7.9		
Botswana	140	350	160	-0.7	-9.5	7.5		
Nepal	770	360	170	7.3	7.2	7.4		
Cambodia	830	510	250	5.8	4.7	6.9		
Ethiopia	950	700	350	4.9	2.9	6.9		
Angola	1200	890	450	4.7	2.7	6.7		
India	600	390	200	5.2	4.1	6.3		
Equatorial Guinea	1200	450	240	7.9	9.6	6.2		
Yemen	610	380	200	5.3	4.6	6.0		
Malawi	1100	840	460	4.4	2.8	5.9		
Lao People's Democratic Republic	1600	870	470	5.9	5.9	5.9		
Tajikistan	94	120	65	1.8	-2.4	5.8		
Peru	200	120	67	5.2	4.9	5.6		
Vietnam	240	100	59	6.9	8.2	5.5		
Bangladesh	800	400	240	5.9	6.6	5.2		
Liberia	1200	1300	770	2.4	-0.5	5.2		
Uganda	600	530	310	3.2	1.2	5.1		
Morocco	300	170	100	5.1	5.3	4.9		
Madagascar	640	400	240	4.7	4.5	4.9		
China	120	61	37	5.9	6.8	4.9		
Mexico	92	82	50	3.0	1.1	4.8		
Eritrea	880	390	240	6.3	7.9	4.6		
Tanzania, United Republic of	870	730	460	3.2	1.7	4.6		
Ghana	580	550	350	2.6	0.5	4.5		
Guinea	1200	970	610	3.4	2.4	4.5		
Indonesia	600	340	220	4.9	5.4	4.4		
Nigeria	1100	970	630	2.6	0.9	4.3		
Benin	770	530	350	3.9	3.5	4.3		
São Tomé and Prĺncipe	150	110	70	3.8	3.6	4.1		
Egypt	230	100	66	6.0	7.9	4.1		
Azerbaijan	56	65	43	1.3	-1.5	4.0		
Myanmar	520	300	200	4.8	5.5	4.0		
Burkina Faso	700	450	300	4.1	4.3	4.0		
Niger	1200	870	590	3.6	3.3	3.9		
Togo	620	440	300	3.5	3.2	3.9		
Gambia	700	520	360	3.4	3.0	3.8		
Korea, Democratic People's Republic of	97	120	81	0.9	-2.1	3.8		
Bolivia	450	280	190		-2.1 4.5	3.7		
Mozambique	910	710	490	4.1 3.1	4.5 2.4	3.7		
Côte d'Ivoire								
	710 490	590	400	2.8	1.9	3.7		
Pakistan		380	260	3.0	2.4	3.6		
Djibouti	290	290	200	1.9	0.1	3.6		

TABLE 1 (CONTINUED)

	Maternal mortality ratio, modelled							
Country or territory	Deaths	per 100,000 li	ve births	Average annual rate of reduction (%)				
	1990	2000	2010	1990-2010	1990-2000	2000-2010		
Congo, Democratic Republic of the	930	770	540	2.7	1.8	3.6		
Brazil	120	81	56	3.5	3.5	3.5		
Sierra Leone	1300	1300	890	1.8	0.2	3.3		
Mali	1100	740	540	3.5	3.9	3.2		
Turkmenistan	82	91	67	1.0	-1.1	3.0		
Papua New Guinea	390	310	230	2.6	2.3	2.9		
Senegal	670	500	370	3.0	3.0	2.9		
Kenya	400	490	360	0.5	-2.0	2.9		
Haiti	620	460	350	2.7	2.8	2.7		
Burundi	1100	1000	800	1.5	0.4	2.6		
Solomon Islands	150	120	93	2.2	2.3	2.2		
Mauritania	760	630	510	2.0	1.9	2.1		
Guinea-Bissau	1100	970	790	1.7	1.3	2.1		
Iraq	89	78	63	1.7	1.3	2.1		
Zambia	470	540	440	0.4	-1.3	2.0		
Comoros	440	340	280	2.2	2.5	1.9		
Gabon	270	270	230	0.8	-0.1	1.7		
Sudan	1000	870	730	1.6	1.5	1.7		
Philippines	170	120	99	2.8	3.8	1.7		
Uzbekistan	59	33	28	3.7	5.7	1.6		
Kyrgyzstan	73	82	71	0.2	-1.2	1.5		
Central African Republic	930	1000	890	0.2	-0.9	1.3		
South Africa	250	330	300	-0.9	-3.0	1.1		
Zimbabwe	450	640	570	-1.2	-3.7	1.1		
Swaziland	300	360	320	-0.3	-1.7	1.1		
Lesotho	520	690	620	-0.9	-2.8	1.0		
Chad	920	1100	1100	-0.7	-2.0	0.6		
Guatemala	160	130	120	1.5	2.5	0.6		
Cameroon	670	730	690	-0.2	-0.8	0.5		
Somalia	890	1000	1000	-0.7	-1.4	0.0		
Congo	420	540	560	-1.5	-2.5	-0.4		

Source: Maternal Mortality Estimation Inter-agency Group (MMEIG) - WHO, UNICEF, UNFPA and World Bank, 2012

[†] Includes 74 countries. Disaggregated data for Sudan and South Sudan was not available for 2010. ‡ Negative value indicates an increase in the maternal mortality ratio.

TABLE 2
Reducing child mortality: Progress accelerating, but newborn deaths need action
Countdown countries, sorted by average annual rate of reduction 2000-2011[†]

	Under-five mortality rate					% of under-5	
Country or territory	Deaths per 1,000 live births		Average annual rate of reduction (%)			deaths occurring in neonatal	
	1990	2000	2011	1990-2011	1990-2000	2000-2011	period (2011)
Rwanda	156	183	54	5.1	-1.6	11.1	42%
Botswana	53	81	26	3.4	-4.3	10.4	43%
China	49	35	15	5.8	3.3	7.9	58%
Cambodia	117	102	43	4.8	1.4	7.9	46%
Brazil	58	36	16	6.3	4.9	7.5	66%
Peru	75	39	18	6.8	6.6	7.0	51%
Egypt	86	44	21	6.7	6.6	6.8	35%
Liberia	241	164	78	5.4	3.9	6.7	36%
Senegal	136	130	65	3.5	0.4	6.4	41%
Malawi	227	164	83	4.8	3.2	6.2	35%
Lao People's Democratic Republic	148	81	42	6.0	6.0	6.0	42%
Tanzania, United Republic of	158	126	68	4.0	2.2	5.7	40%
Zambia	193	154	83	4.0	2.3	5.6	37%
Mexico	49	29	16	5.4	5.2	5.6	46%
Bangladesh	139	84	46	5.3	5.0	5.5	60%
Ethiopia	198	139	77	4.5	3.6	5.3	42%
Korea, Democratic People's Republic of	45	58	33	1.4	-2.5	5.0	52%
Niger	314	216	125	4.4	3.8	5.0	28%
Nepal	135	83	48	4.9	4.8	5.0	58%
Madagascar	161	104	62	4.6	4.4	4.8	38%
Mozambique	226	172	103	3.7	2.7	4.7	35%
Indonesia	82	53	32	4.5	4.4	4.6	49%
Morocco	81	53	33	4.3	4.3	4.3	56%
Bolivia	120	81	51	4.1	3.9	4.3	45%
South Africa	62	74	47	1.4	-1.7	4.2	43%
Guatemala	78	48	30	4.5	4.8	4.2	49%
Zimbabwe	79	106	67	0.8	-2.9	4.1	46%
Uganda	178	141	90	3.3	2.4	4.1	33%
Vietnam	50	34	22	4.0	3.9	4.1	55%
Kenya	98	113	73	1.4	-1.5	4.0	39%
Kyrgyzstan	70	47	31	4.0	3.9	4.0	48%
Azerbaijan	95	69	45	3.6	3.2	3.9	42%
Philippines	57	39	25	3.8	3.8	3.9	50%
Nigeria	214	188	124	2.6	1.3	3.8	34%
Tajikistan	114	95	63	2.8	1.9	3.7	40%
Haiti	143	102	70	3.4	3.4	3.4	36%
Eritrea	138	98	68	3.4	3.4	3.4	33%
India	114	88	61	3.0	2.6	3.3	53%
Solomon Islands	42	31	22	3.1	3.2	3.1	50%
Guinea	228	175	126	2.8	2.7	3.0	33%
South Sudan	217	165	121	2.8	2.8	2.8	29%
Lesotho	88	117	86	0.1	-2.9	2.8	46%
Turkmenistan	94	71	53	2.8	2.8	2.8	44%
Afghanistan	192	136	101	3.1	3.4	2.7	40%
Myanmar	107	84	62	2.6	2.5	2.6	47%

TABLE 2 (CONTINUED)

	Under-five mortality rate						% of under-5
Country or territory	Deaths per 1,000 live births			Average annual rate of reduction (%)			deaths occurring in neonatal
	1990	2000	2011	1990-2011	1990-2000	2000-2011	period (2011)
Pakistan	122	95	72	2.5	2.5	2.5	48%
Benin	177	140	106	2.4	2.4	2.5	30%
Sierra Leone	267	241	185	1.7	1.0	2.4	27%
Yemen	126	99	77	2.4	2.4	2.4	43%
Gambia	165	130	101	2.3	2.3	2.4	36%
Equatorial Guinea	190	152	118	2.3	2.2	2.3	33%
Ghana	121	99	78	2.1	2.0	2.2	38%
Angola	243	199	158	2.1	2.0	2.1	29%
Gabon	94	82	66	1.7	1.4	2.1	39%
Comoros	122	100	79	2.0	2.0	2.1	41%
Uzbekistan	75	61	49	2.1	2.1	2.1	30%
Papua New Guinea	88	72	58	2.0	2.0	2.0	39%
Burkina Faso	208	182	146	1.7	1.4	2.0	25%
Mali	257	214	176	1.8	1.8	1.8	29%
Côte d'Ivoire	151	139	115	1.3	0.9	1.7	37%
Sudan	123	104	86	1.7	1.7	1.7	37%
Burundi	183	165	139	1.3	1.0	1.5	32%
Djibouti	122	106	90	1.5	1.4	1.5	38%
Togo	147	128	110	1.4	1.4	1.4	33%
Guinea-Bissau	210	186	161	1.3	1.2	1.3	29%
Iraq	46	43	38	0.9	0.7	1.1	54%
Chad	208	189	169	1.0	1.0	1.0	27%
Swaziland	83	114	104	-1.0	-3.2	0.9	34%
Congo	119	109	99	0.9	0.9	0.9	33%
Cameroon	145	140	127	0.6	0.4	0.8	27%
Congo, Democratic Republic of the	181	181	168	0.4	0.0	0.7	29%
Central African Republic	169	172	164	0.2	-0.2	0.5	29%
Mauritania	125	118	112	0.5	0.6	0.5	37%
São Tomé and Prĺncipe	96	93	89	0.4	0.4	0.4	34%
Somalia	180	180	180	0.0	0.0	0.0	29%

 $Source: Inter-agency\ Group\ for\ Child\ Mortality\ Estimation\ (IGME)-UNICEF, WHO, World\ Bank\ and\ UN\ Population\ Division,\ 2012$

 $[\]ensuremath{\uparrow}$ Negative value indicates an increase in the child mortality rate.

Nutrition

Undernutrition, in a synergistic relationship with infectious diseases, accounts for almost half of all child deaths.vi Poor nutrition increases a child's susceptibility to death from diseases such as pneumonia, diarrhea, and measles. It can also result in long-lasting, negative cognitive and physical consequences, including intellectual impairment and elevated risk of adult-onset cardiovascular disease and diabetes. In recent years, stunting has been singled out as the key indicator for assessing child undernutrition and its harmful immediate and long-term consequences. Stunting reflects chronic exposure to inadequate diets and infections, especially in the first two years of life. Although stunting levels have been declining globally, Africa is the only major world region where the absolute number of stunted children increased in the last decade because of continued high population growth.vii Eighty percent of the world's stunted children now live in 14 Countdown countries;viii

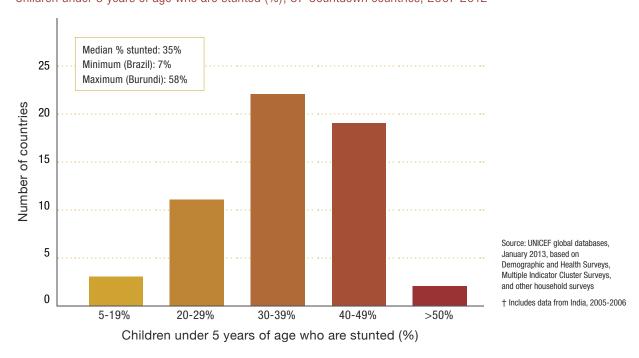
in 43 Countdown countries, approximately one-third or more of all children are stunted. Virtually all of the 57 Countdown countries with recent data show stunting levels that require urgent remedial action. See Figure 1.

There is increased understanding of the crucial importance of the 1,000-day window encompassing pregnancy and the first two years of life, when rapid physical and mental development occurs. Improving the nutritional status of women prior to and throughout pregnancy can reduce the incidence of low birth weight and other poor obstetrical outcomes. Providing optimal nutrition to children during the first two years of life can help prevent stunting. In 20 Countdown countries with data for a range of infant feeding indicators during the time period 2007-2012,° the median coverage for early initiation of breastfeeding is 53%, and the median coverage for exclusive breastfeeding up to six months of age is 48%. These low figures indicate the urgency of strengthening infant

FIGURE 1

Stunting prevalence indicates widespread undernutrition

Children under 5 years of age who are stunted (%), 57 Countdown countries, 2007-2012†



c. Countdown analysis of Demographic and Health Surveys and Multiple Indicator Cluster Surveys

and young child feeding programs and other community-based programs in many Countdown countries, to promote optimal breastfeeding and complementary feeding practices and appropriate micro-nutrient supplementation (e.g., vitamin A and zinc) up to and beyond two years of age. Antenatal, delivery, and postnatal care services also offer opportunities to counsel women, including women living with HIV, on breastfeeding and other nutritional practices.

Stunting is a condition often rooted in poverty. It reflects the harsh challenges many women face in accessing income-earning opportunities, education, and health care for themselves and their children. Children of mothers with less education, for example, are at higher risk of stunting (see Figure 2 on page 14). In all 32 Countdown countries with available data, stunting prevalence is lowest among

children of mothers with at least some secondary education and highest among children of mothers with no education.

Movements to integrate nutrition initiatives, such as the *Road Map for Scaling-Up Nutrition*, into national reproductive, maternal, newborn, and child health programs must continue to be prioritized in the Countdown countries. Addressing undernutrition and increasing the impact of nutrition-specific interventions also requires multisectoral efforts including social protection and women's empowerment initiatives, agricultural and food fortification programs, food subsidies for the poor, and water and sanitation programs. In light of rapidly rising food prices and volatile markets in recent years, the global community has a responsibility to help countries meet the growing costs of feeding their populations.

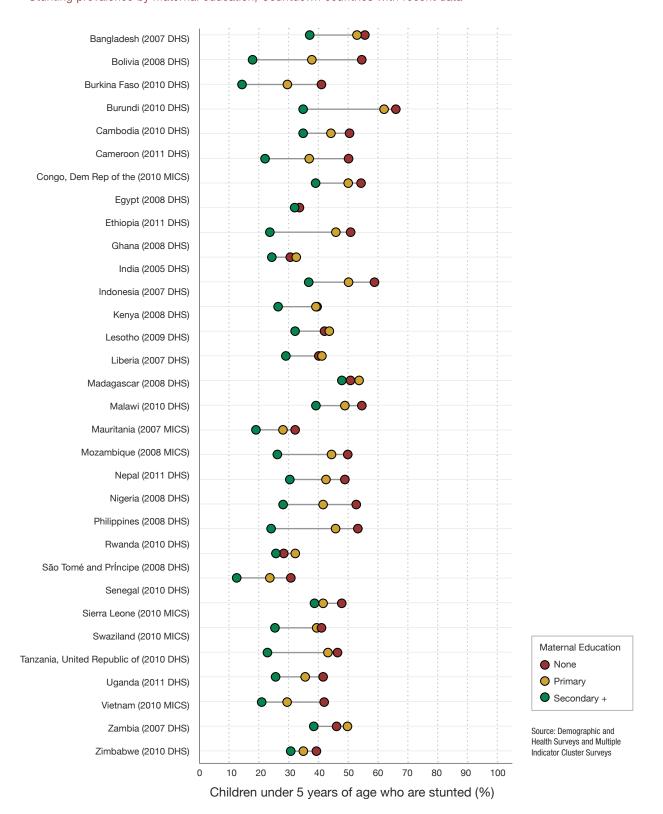


WHO /CHRISTOPHER BLACK

FIGURE 2

Stunting is lower when mothers have been educated

Stunting prevalence by maternal education, Countdown countries with recent data



INDICATORS OF INTERVENTION COVERAGE

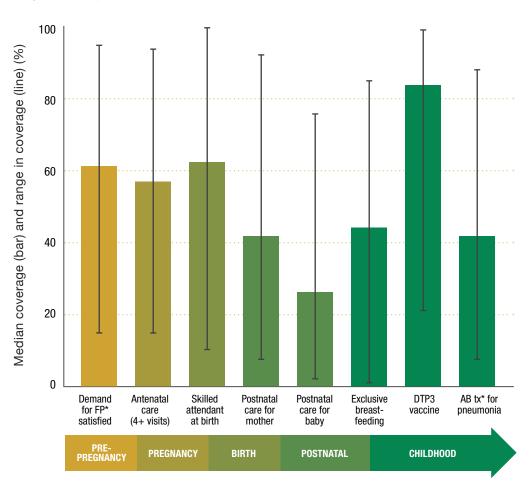
The Commission selected a set of core coverage indicators that reflect the continuum of care and have strong political and public health significance across the 75 priority countries (see box on page 4). These represent a sub-set of the indicators that Countdown tracks and uses to assess progress towards achieving the health MDGs.

Figure 3 and Table 3 show median coverage levels and the range in coverage of these indicators for Countdown countries with available data

(2007-2012). Although not selected by the Commission, data on careseeking for pneumonia is included in Table 3 to complement the information provided on antibiotic treatment, because both are needed to interpret progress in coverage of correct treatment for pneumonia. The two HIV indicators selected by the Commission are presented separately in order to highlight the latest coverage estimates in the 21 Countdown countries considered priority countries for the prevention of mother-to-child transmission of HIV (PMTCT).

FIGURE 3 Coverage varies across the continuum of care

Coverage levels for selected Commission indicators of intervention coverage,[†] median and range for priority countries with data available, 2007-2012[‡]



Sources: DTP3: WHO and UNICEF; postnatal care for mother and postnatal care for baby: Saving Newborn Lives analysis of Demographic and Health Surveys; all other indicators: UNICEF global databases, January 2013, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and other national surveys

^{*} FP = Family planning; AB tx = antibiotic treatment for pneumonia

[†] Definitions of these and other Countdown indicators are available at www.countdown2015mnch.org/about-countdown/country-selection-and-data.

 $[\]ensuremath{^{\ddagger}}$ Includes the 2005-2006 India NHFS/DHS where applicable

These results highlight noteworthy models of success - for each of the interventions, at least one country has achieved a coverage level exceeding 75%; and for five interventions, at least one country has reached over 90% coverage. The results also show wide variation in coverage across the countries, and for every intervention, there is at least one country with unacceptably low coverage. Comparison of median coverage levels similarly shows a mixed picture, with medians of above 80% for DTP3 immunization but less than 45% for postnatal care for mothers, postnatal care for babies, exclusive breastfeeding, and antibiotic treatment for pneumonia. More intensive efforts are needed to achieve universal coverage for all of these critical interventions.

Equity matters

Recognizing that progress in maternal, newborn, and child survival requires reaching all population sub-groups with essential health services, the Commission recommended monitoring its selected indicators according to key equity dimensions such as wealth, gender, age, maternal education, ethnicity,

and urban/rural residence. Each Countdown country profile includes a graph presenting coverage for a set of interventions among the poorest and richest households. Analysis of the Countdown data shows pronounced inequities in coverage for many essential interventions, with women and children from richer households much more likely to receive care than those from poorer households. This pattern is particularly evident for interventions that require a functional health system, such as skilled attendant at birth.xi Figure 4 shows coverage of skilled attendant at birth by level of maternal education in the 32 Countdown countries with available data. In all countries, coverage is substantially higher among women with secondary or higher education than for women with no education. The median absolute difference in coverage between these two groups of women across the Countdown countries is 43 percentage points, ranging from a low of 15 percentage points in São Tomé and PrÍncipe to a high of 70 percentage points in Cameroon. See page 18.

Countdown trend analyses have found that countries achieving rapid progress in intervention coverage have accomplished this primarily by

TABLE 3 A snapshot of coverage levels for select Commission indicators, priority countries with data available (2007-2012) †

Commission indicator [‡]	Number of countries with data	Median (%)	Range (%)
Demand for family planning satisfied (met need for contraception)	37	61	15-95
Antenatal care (four or more visits)	44	57	15-94
Skilled attendant at birth	57	62	10-100
Postnatal care (within two days):			
for mother	31	42	7-92
for baby	11	26	5-77
Exclusive breastfeeding (< 6 months)	49	44	3-85
DTP3 vaccine coverage	75	84	22-99
Careseeking for pneumonia	51	55	26-80
Antibiotic treatment for pneumonia	36	42	7-88

Source: UNICEF global databases, January 2013, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and other national surveys

 $[\]ensuremath{^\dagger}$ Includes the 2005-2006 India NHFS/DHS where applicable

[‡] Includes data on careseeking for pneumonia to complement the information provided on antibiotic treatment, because both are needed to interpret progress in coverage of correct treatment for pneumonia

improving coverage in the poorest wealth quintiles.xii This suggests that countries should consider equity and target vulnerable population sub-groups when they are developing strategies for scaling-up interventions and reaching national health goals. Initiatives aimed at improving the status of women, including girls' and women's access to education, should also be emphasized.

HIV indicators

The Commission selected two related HIV indicators to promote the provision of antiretroviral therapy to HIV-positive pregnant women, both for their own health and to reduce the risk of HIV transmission to their babies. These indicators are important measures of progress towards MDG 6, and the global goals of reducing AIDS-related

maternal mortality by half by 2015xiii and achieving an AIDS-free generation. Table 4 shows coverage levels of the most efficacious regimensd for the prevention of mother-to-child transmission of HIV (PMTCT) in the Countdown countries considered priority countries for the elimination of vertical transmission (excluding India and the Democratic Republic of Congo, where data are not available for 2011). The table shows wide variations in coverage levels across the countries, with five countries reaching 75% or more of those in need and four reaching less than 25% of the target population.

Global coverage of antiretroviral therapy for HIV-positive pregnant women who are treatment-eligible, for their own health, was 30% in 2011.xiii, e

TABLE 4
PMTCT coverage varies widely between countries

Estimated antiretroviral coverage for preventing mother-to-child transmission for HIV-positive pregnant women who are treatment-eligible, in 19 of the 21 Countdown countries considered priority countries for eliminating mother-to-child transmission (2011)

Country	Prevention of mother-to child transmission, most efficacious regimens,† 2011 (%)	Prevention of mother-to-child transmission, range, 2011 (%)
South Africa	>95	>95->95
Swaziland	>95	86->95
Botswana	94	83->95
Zambia	86	74->95
Ghana	75	61-90
Tanzania, United Republic of	74	65-85
Côte d'Ivoire	68	56-81
Kenya	67	59-75
Lesotho	62	55-70
Zimbabwe	54	48-62
Cameroon	53	45-62
Malawi	53	46-61
Burundi	52	43-62
Mozambique	51	43-61
Uganda	50	43-57
Ethiopia	24	20-28
Nigeria	18	15-21
Angola	16	10-24
Chad	11	8-14

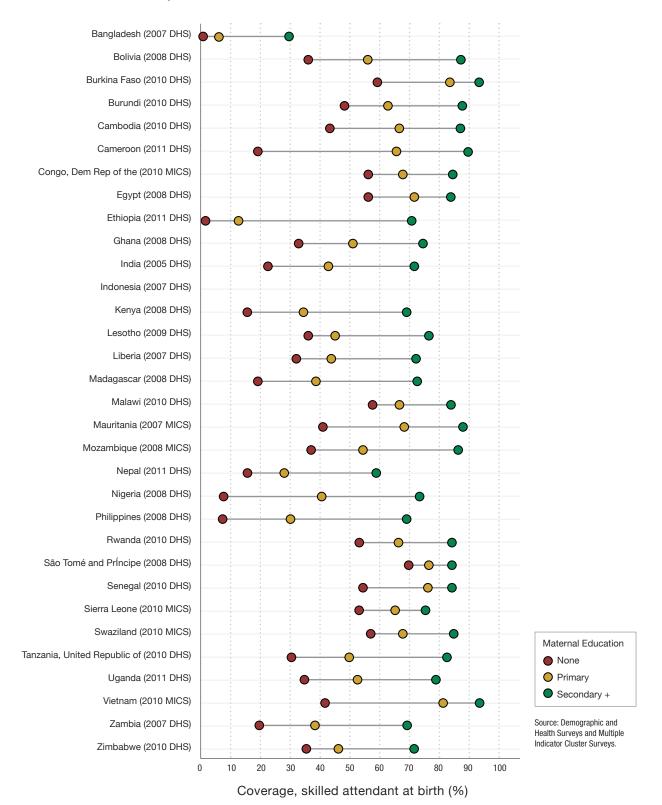
Source: UNAIDS, Report on the Global AIDS Epidemic, 2012, published via AIDSinfo

d,† Coverage data on PMTCT from 2010 and 2011 includes all regimens minus single-dose nevirapine. Data from 2005-2009 includes all regimens, including single-dose nevirapine. e. Data are currently unavailable for the Countdown countries on antiretroviral therapy for HIV-positive pregnant women who are treatment-eligible, for their own health.

FIGURE 4

Educated women are more likely to give birth with a skilled attendant

Skilled attendant at birth, by maternal education, Countdown countries with recent data





Lessons Learned: Taking Action Today and **Tomorrow**

Replicating the success of HIV interventions: *Advocacy, commitment, investment*

Figure 5 compares the annual percentage-point change in coverage for PMTCT and careseeking for pneumonia from around 2005 to around 2010, for all countries with available data. Although most countries began this approximately five-year period with low coverage levels for both interventions, gains in coverage for PMTCT were considerably greater in every country than for careseeking for pneumonia, for which some countries even experienced drops in coverage. The message is clear: coordinated advocacy plus political commitment and financial investment can bring rapid increases in coverage. The same level of attention that has been devoted to HIV-related services must be extended to other leading killers of women and children, including pneumonia and diarrhea which together account for 2 million child deaths each year (nearly 15 times the number of child deaths caused by AIDS).xv, xvi The April 2013 launch of the Global Action Plan for Pneumonia and Diarrhea, in the context of the "A Promise Renewed" initiative to end preventable child deaths, is a significant step in this direction, xviii, xviii as are rapidly expanding efforts to provide coordinated services at the community level for mothers and children without access to health facilities.xix

Meeting the demand for family planning: addressing population growth and saving lives

Reproductive health has gained political visibility in recent years, starting with the adoption of universal access to reproductive health as a second MDG 5 target in 2007 and followed by the launch in 2010 of the Global Strategy for Women's and Children's

Health, which included commitments for reproductive health services. In 2012, the Bill & Melinda Gates Foundation and the Government of the United Kingdom co-convened the Family Planning Summit in London, to catalyze political and financial commitment to address the vast unmet need for family planning in the 69 poorest countries⁹ (of which 62 are also Countdown countries). At the summit, 24 Countdown countries made commitments to improve access to family planning.

Family planning services can improve maternal mortality by reducing unintended and high-risk pregnancies and unsafe abortions. These services can also help improve newborn and child survival by lengthening inter-pregnancy intervals.**

New Countdown analyses show that the total volume of official development assistance to reproductive health (broadly defined as inclusive of maternal and newborn health services, family planning, sexual health, the treatment and prevention of sexually transmitted diseases, and the treatment and prevention of HIV) was approximately \$5579 million in 2009 and \$5637 million in 2010, a slight increase of 1%.xxi On average across the two years, more than half of this aid was directed to HIV services, and only around 7% was allocated to family planning.

The Countdown countries received approximately three-quarters of all official development assistance to reproductive health in both 2009 and 2010. Aid to the Countdown countries increased at a rate of 5.3%, from \$4066 million in 2009 to \$4284 million in 2010.

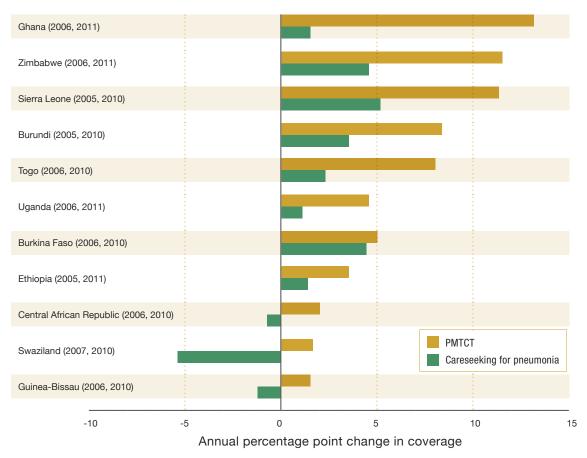
Significant additional investment in comprehensive family planning services is urgently needed, given

f. The data sources for the two indicators are different. Annual estimates for PMTCT are derived from a joint reporting process by the World Health Organization, UNICEF, and the Joint United Nations Programme on HIV/AIDS. Data for careseeking for pneumonia are from UNICEF global databases based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and other national surveys, which for some countries were not performed during the years immediately around 2005 and 2010.

g. The poorest countries are defined as those with a Gross National Income (GNI) of \$2,500 per year or less (based on the World Bank 2010 classification using the Atlas Method) – a group of 69 countries.

Rapid gains for PMTCT: Why can't we do the same for other interventions?

Annual percentage point change in coverage for careseeking for childhood pneumonia and PMTCT over about 5 years; all Countdown countries with sufficient data (around 2005 and around 2010)



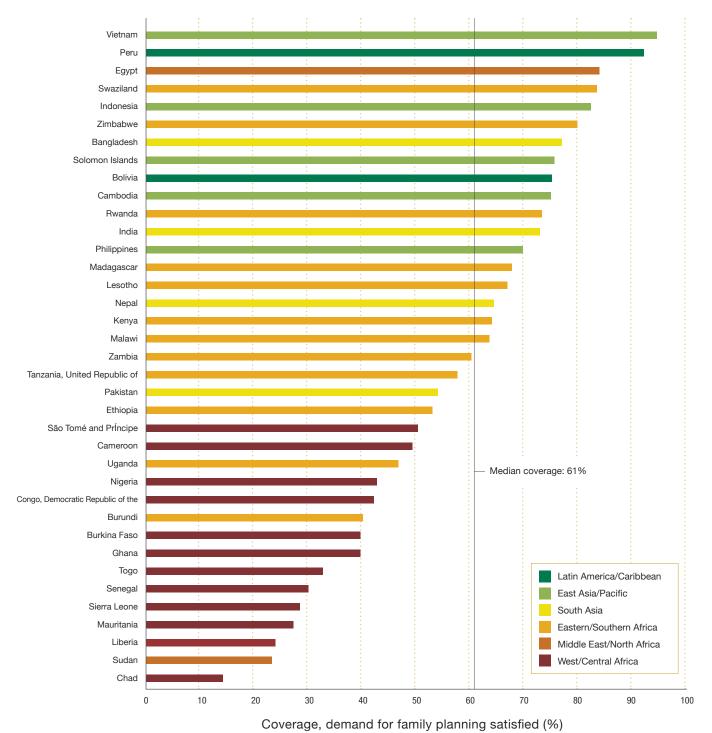
Sources: ARVs for PMTCT: UNAIDS, Report on the Global AIDS Epidemic, 2012, published via AIDSinfo; Careseeking for pneumonia: UNICEF global databases, January 2013, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and other national surveys

continued high fertility rates and high levels of unmet need in many Countdown countries. More than half of all Countdown countries have a total fertility rate of 4.0 children per woman or higher; 35 of these countries are in sub-Saharan Africa, with 21 in West and Central Africa and 14 in Eastern and Southern Africa. This concentration of high fertility is matched by generally low levels of contraceptive use in countries in sub-Saharan Africa. As shown in Figure 6, Countdown countries with the lowest coverage levels of the Commission

indicator 'demand for family planning satisfied' are clustered in West and Central Africa, while the best-performing countries tend to be in the East Asia and Pacific region and the Latin America and Caribbean region, where fertility levels have been dropping in nearly all countries. The median coverage for the 37 Countdown countries with data is 61% with a range of 15% (Chad) to 95% (Vietnam). See Figure 6 on page 22.

h. Countdown categorizes countries according to UNICEF world regions.

FIGURE 6
Action is needed to meet family planning needs, especially in Africa
Demand for family planning satisfied, 2007-2012



Source: United Nations Population Fund global database, January 2013, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys, Reproductive Health Surveys, and other national surveys

Scaling up services to save more mothers and newborns

Through several major initiatives and resolutions such as "A Promise Renewed," "Every Woman Every Child," and the UN Commission on the Status of Women's resolution on eliminating preventable maternal mortality - countries around the world have committed to reducing preventable deaths of mothers and of children under five years of age. The global percentage of child deaths occurring during the newborn period is now 43%, xxii making a focus on saving newborn lives essential to reaching this goal and achieving MDG 4. Proven, cost-effective interventions can reduce newborn deaths by three-quarters without the need for intensive care. Many of these interventions can be delivered through antenatal care, skilled delivery, and postnatal care visits, which represent major opportunities to reach mothers and their babies with lifesaving services that often bring long-lasting health and developmental benefits. Improved care at birth is also the most important strategy for reducing stillbirths.xxiii

Many Countdown countries are experiencing severe shortages of health workers, drugs, and medical supplies, and many families living in remote and disadvantaged areas continue to face barriers to accessing health care facilities. To address these issues and to increase the availability of postnatal care services for mothers and their babies, WHO and UNICEF in 2009 issued a Joint Statementxxiv recommending home visits during pregnancy and in the first week of life as a complementary strategy to facility-based services. Interventions recommended during these home visits include promotion of exclusive breastfeeding and family planning, appropriate cord and thermal care, counseling on danger signs, and treatment and referral when needed.

A recent WHO study found that over half of the 68 African and Asian countries surveyed now have a policy on home visits for newborns, and 30 countries are now implementing community-based

home visit packages for newborn care.xxx Reported national coverage of postnatal care for babies ranged from 6% to 100%, but only four countries surveyed reported coverage levels exceeding 50% for home visits within two days of birth. Improvements in the coverage and quality of postnatal care are clearly needed. This will require greater financial commitment to newborn health, more research on the optimal timing and content of services during the postnatal period, continued integration of newborn care interventions into facility-based maternity care and frontline health worker delivery platforms, strengthening linkages between frontline workers and health facilities, and monitoring of postnatal services.xxxii

The lack of available coverage data on newborn interventions makes it difficult to evaluate scale-up efforts. Only 11 Countdown countries, for example, have recent data on postnatal care for babies. An inter-agency technical working group on newborn indicators, convened by Saving Newborn Lives/ Save the Children, is actively advocating for stronger health information systems, including vital registration, to better track newborn mortality, preterm births, and stillbirths. It is also developing metrics for consistent assessment of coverage of proven interventions provided around the time of birth and in the early postnatal period. These key interventions include antenatal corticosteroids, neonatal resuscitation, drying and thermal care for the newborn, cord care, kangaroo mother care, and care-seeking and treatment for newborn sepsis.xxvii Several of these interventions are priorities for the United Nations Commission on Life-Saving Commodities, and collaborative work is underway to identify and address bottlenecks to their scale-up.

Accountability: Now is the time

Accountability requires each of us to take action. Countdown is committed to making the evidence on progress accessible to decision makers, stimulating action where it is needed by producing regular reports and country profiles. Because success depends upon country ownership and participation, Countdown is now engaging in country-level activities to catalyze change through better information.

Understanding the determinants of success: *In-depth country case studies*

In a small number of countries, Countdown is supporting intensive analysis of the determinants of progress in RMNCH and nutrition. Independent scientists, working closely with Ministries of Health, review existing data on financial inputs, policies and systems factors, program implementation, broader contextual factors, intervention coverage, and equity patterns. They examine not only the extent of progress in reducing maternal, newborn, and child mortality, but also why and how this progress was or was not achieved. Niger was the first country to undertake such a case study analysis, focusing on the dramatic reductions in under-five mortality that were documented over the past decade.xxviii Bangladesh is completing a similar effort now, focusing on maternal mortality. These and future case studies will contribute to a more refined understanding of the interplay of factors that lead to progress, identifying potential lessons that can be applied in other contexts and building national capacity for such analyses.

Using evidence to guide decision making: Country Countdowns

Countdown is also supporting a country-led process, the Country Countdown, which offers countries a set of methods and tools for making data an effective instrument of change. At the heart of the Country Countdown is the development and dissemination of sub-national profiles through a

consultative process involving all key stakeholders. The Country Countdown helps countries ensure that policy follows evidence, and that investments of health resources support interventions proven to save lives. It empowers decision makers with the information they need to set priorities, and to strengthen evidence-based programs that focus on efficiency, effectiveness, and equity. It aligns with the international and regional frameworks that have been put in place to support and monitor countries' fulfillment of their RMNCH commitments, and provides a template for objectively and consistently tracking progress and ensuring accountability.

The aim of all Countdown country-level activities is to:

- Increase public and policy attention to RMNCH, and to achievement of MDGs 4 and 5
- Focus national health strategies, investments, and programming to achieve high and equitable coverage of high-impact interventions, with emphasis on reaching the underserved
- Increase and more efficiently allocate financial resources for RMNCH
- Strengthen capacity to assess and analyze data, and to use data for evidence-based action
- Improve the quantity and quality of data, as national leaders become more aware of its importance and of current data gaps
- Foster accountability, both for committed actions and for outcomes

The global Countdown team is committed to supporting and facilitating these country-led activities by developing and disseminating tools, providing technical support as needed, and sharing relevant experiences from both the global and country levels. More information is available at www.countdown2015mnch.org/country-countdown.



The Countdown country profile: A tool for action

The Countdown country profile presents in one place the best and latest evidence to enable an assessment of a country's progress in improving RMNCH and nutrition. It provides a snapshot across the continuum of care on where success has been achieved and where gaps remain, which can inform national reviews and other prioritization processes. Above all, the country profile is a tool for *action*. It helps decision makers to identify where progress has been too slow, and where resources should be directed. It yields information on achievements that can guide policy and program development, and strengthen scale-up efforts.

Exploring the country profile is just a first step. Only our actions, informed by the evidence, can save the lives of the millions of women and children who still face the risk of preventable death. The time for action is **now**.

How to use the country profile

STEP 1: REVIEW THE DIFFERENT TYPES OF INFORMATION

The first step is to explore the range of data presented in the profile: demographic factors, mortality measures, coverage of evidence-based interventions, nutritional status measures, and measures of socioeconomic equity in coverage. Key questions to ask in reviewing the data include the following:

- Are trends in mortality and nutritional status moving in the right direction? Is the country on track to achieve the health MDGs?
- How high is coverage for the various interventions? Are trends moving in the right direction towards universal coverage? Are there gaps in coverage for specific interventions?
- How equitable is coverage? Are certain interventions particularly inaccessible for the poorest segment of the population?

EXAMPLE PROFILE Uganda DEMOGRAPHICS **Key population** characteristics These demographic indicators include proportion of newborn deaths among all under-5 mortality, a Commission indicator. MATERNAL AND NEWBORN HEALTH **Continuum of care** Gaps in coverage along the continuum of care from pre-pregnancy and childbirth through childhood up to age 5 should serve as a call to action for a country to CHILD HEALTH EQUITY prioritize these interventions. **Equity in coverage** Socio-economic inequities in coverage highlight the need for concerted efforts to improve coverage among the poorest. reloped by Countdown to report on core indicators ntified by the UN Commission on Information and countability, in support of the Global Strategy for men's and Children's Health

Impact: Under-5 child mortality rate and maternal mortality ratio

These charts display trends over time, reflecting progress towards reaching the MDG 4 and 5 targets.

Intervention coverage

These charts show most recent coverage levels and trends for selected RMNCH interventions.

Nutrition

Undernutrition in a synergistic relationship with infectious diseases accounts for almost half of all child deaths.

STEP 2: IDENTIFY OPPORTUNITIES TO ACCELERATE PROGRESS

The second step is to compare progress in different areas, focus on specific coverage gaps, and identify opportunities to address these gaps and accelerate progress in improving coverage and health outcomes. Questions to ask include the following:

- Are the coverage data consistent with the epidemiological situation? For example:
 - If stunting prevalence is high, are coverage levels low for the nutrition intervention indicators?
 Would a focus on promoting optimal breastfeeding practices help to drive progress on reducing stunting?
 - In priority countries for the elimination of mother-to-child transmission of HIV, are sufficient resources being targeted to preventing mother-to-child transmission?
 - If progress on reducing maternal mortality is lagging, and/or if newborn mortality is high, is this a reflection of low coverage of family planning, antenatal care (four or more visits), skilled attendance at birth, and postnatal care?
- Are there patterns in the coverage data that suggest clear action steps? For example, lower coverage
 for interventions involving treatment of an acute need (e.g., treatment of childhood diseases, childbirth
 services) than for interventions delivered routinely through outreach or scheduled in advance (e.g.,
 vaccinations) suggests the need for measures to strengthen health systems, such as a greater policy
 focus on the training and equitable deployment of skilled health workers to increase access to care.
- Are gaps in coverage along the continuum of care suggestive of a call to action to prioritize specific
 interventions in future planning activities? For example, is access to labor, delivery, and immediate
 postnatal care being prioritized in countries with gaps in interventions delivered around the time of birth?



Country profiles

The information in the country profiles, customized to showcase the core indicators selected by the Commission on Information and Accountability for Women's and Children's Health, is intended to help policy makers and their partners assess progress and prioritize actions to save women's and children's lives. These country profiles reflect the data that are available for each country. Most of the data for the Commission indicators come from household surveys: mainly the USAID-supported Demographic and Health Surveys and the UNICEF-supported Multiple Indicator Cluster Surveys.** More information on the data sources for the Commission indicators is available in the annexes to previous Countdown reports: www.countdown2015mnch.org/reports-and-articles.

New survey data are available for 22 countries since the publication of Countdown's 2012 Report. Coverage estimates that are missing or that are more than five years old indicate an urgent need for concerted action to increase data collection efforts so that updated evidence is available for policy and program development.

This report contains profiles for 75 countries with high burdens of maternal and/or child mortality, including the 49 lowest-income countries covered by the Global Strategy for Women's and Children's Health. Profiles are included for the following countries:

Afghanistan Gambia Nigeria Angola Ghana Pakistan

Azerbaijan Guatemala Papua New Guinea

BangladeshGuineaPeruBeninGuinea-BissauPhilippinesBoliviaHaitiRwanda

Botswana India São Tomé and Prĺncipe

Brazil Indonesia Senegal
Burkina Faso Iraq Sierra Leone
Burundi Kenya Solomon Islands

Cambodia Korea, Democratic People's Republic of Somalia Cameroon Kyrgyzstan South Africa Central African Republic Lao People's Democratic Republic South Sudan Chad Lesotho Sudan China Liberia Swaziland Comoros Madagascar **Tajikistan**

Congo Malawi Tanzania, United Republic of

Congo, Democratic Republic of the Mali Togo

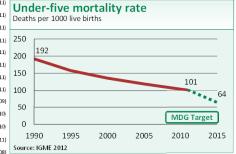
Côte d'Ivoire Mauritania Turkmenistan Djibouti Mexico Uganda Egypt Morocco Uzbekistan **Equatorial Guinea** Mozambique Vietnam Yemen Eritrea Myanmar Ethiopia Nepal Zambia Gabon Niger Zimbabwe

Afghanistan

May 2013

DEMOGRAPHICS

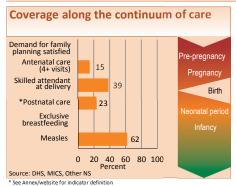


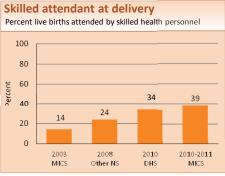


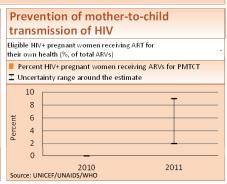


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

Socioeconomic inequities in coverage

Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth Farly initiation of breastfeeding ITN use among children <5 yrs DPT3

No Data

Measles (past 6 months) **ORT & continued** feeding Careseeking for pneumonia

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

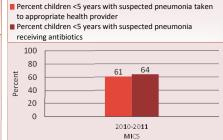
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH

Immunization Percent of children immunized against measles

- Percent of children immunized with 3 doses DTP - Percent of children immunized with 3 doses Hib





Pneumonia treatment

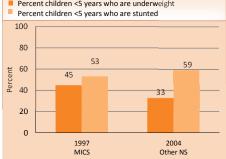
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

(2004) Early initiation of breastfeeding (within 1 hr of birth, %) Introduction of solid, semi-solid/soft foods (%) 29 Vitamin A two dose coverage (%) 100

(2011)

Underweight and stunting prevalence Percent children <5 years who are underweight



Exclusive breastfeeding

Percent infants <6 months exclusively breastfed

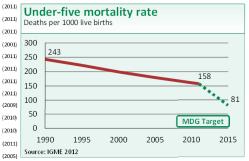
No Data

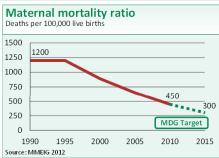
Angola

May 2013

DEMOGRAPHICS

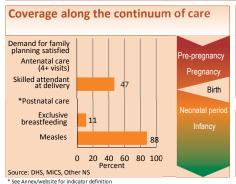


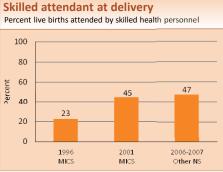


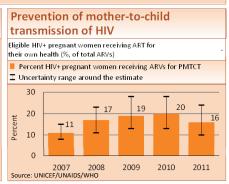


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

Socioeconomic inequities in coverage

Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding No Data ITN use among

children <5 yrs DPT3

Measles Vitamin A

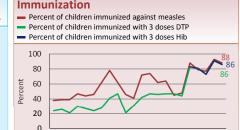
(past 6 months) ORT & continued feeding Careseeking

for pneumonia

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH



2000



■ Percent children <5 years with suspected pneumonia receiving antibiotics

No Data

NUTRITION

Source: WHO/UNICEF

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

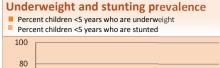
1995

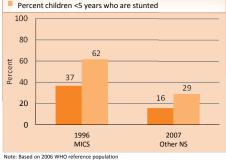
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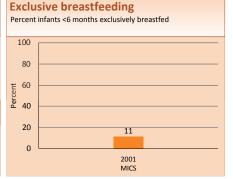
2011

(2001) Early initiation of breastfeeding (within 1 hr of birth, %) Introduction of solid, semi-solid/soft foods (%)

Vitamin A two dose coverage (%) 55 (2011)





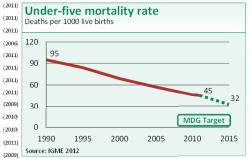


Azerbaijan

May 2013

DEMOGRAPHICS



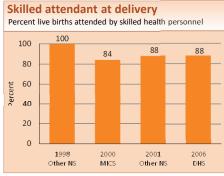


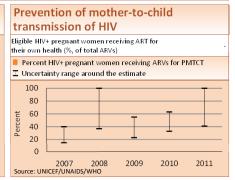


Note: MDG target calculated by Countdown to 2015.

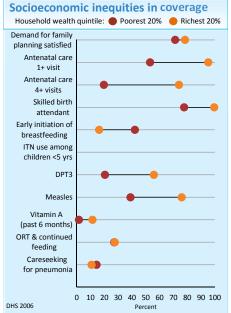
MATERNAL AND NEWBORN HEALTH







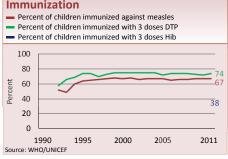
EQUITY

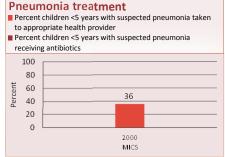


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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





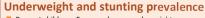
NUTRITION

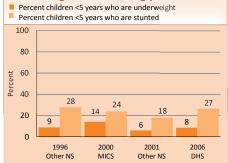
Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

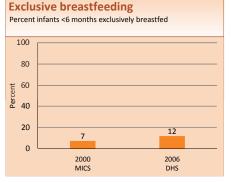
10

(2006) Early initiation of breastfeeding (within 1 hr of birth, %) 32 Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

(2006) 83 (2010) 89





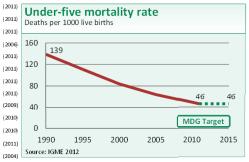


Bangladesh

May 2013

DEMOGRAPHICS

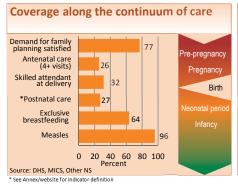


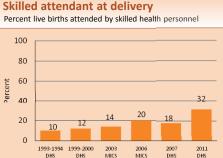


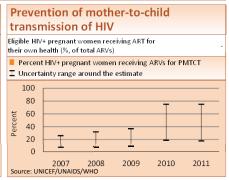


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

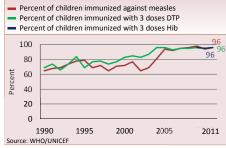
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2007 Percent

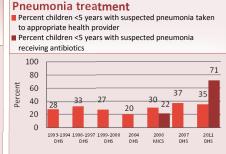
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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH

Immunization



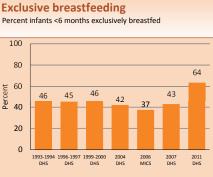


NUTRITION

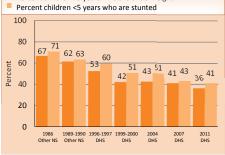
Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 16 22 Vitamin A two dose coverage (%)

(2011) Early initiation of breastfeeding (within 1 hr of birth, %) 36 Introduction of solid, semi-solid/soft foods (%) 71

(2011)



Underweight and stunting prevalence Percent children <5 years who are underweight

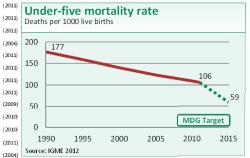


Benin

May 2013

DEMOGRAPHICS

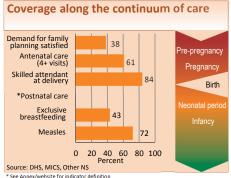


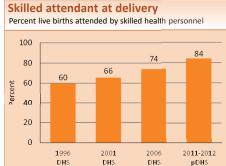


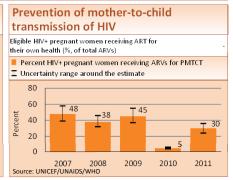


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

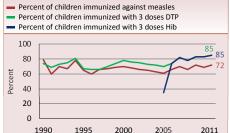
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2006 Percent

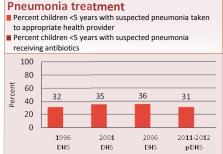
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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH

Immunization





NUTRITION

Source: WHO/UNICEF

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

8 (2006) 15

Early initiation of breastfeeding (within 1 hr of birth, %) 32 Introduction of solid, semi-solid/soft foods (%) 76 Vitamin A two dose coverage (%) 98

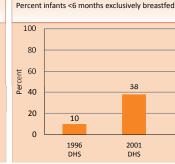
(2008)

(2011)

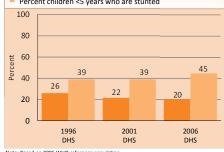
43

2006

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 100 80 60 45 39 39



Exclusive breastfeeding

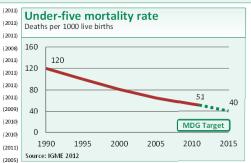


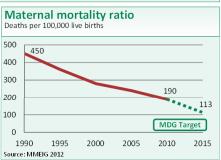
Bolivia

May 2013

DEMOGRAPHICS

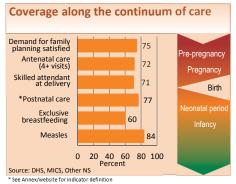




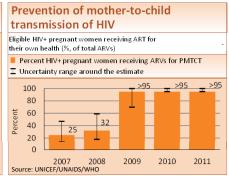


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

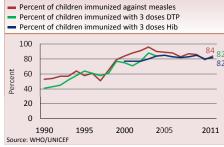
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of hreastfeeding ITN use among children <5 yrs Measles Vitamin A (past 6 months) **ORT & continued** feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2008 Percent

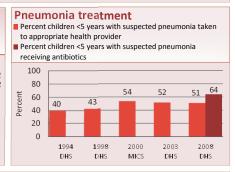
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CHILD HEALTH

Immunization





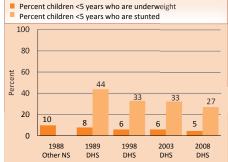
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 1

(2008) Early initiation of breastfeeding (within 1 hr of birth, %) 64 Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

83 (2011)

Underweight and stunting prevalence



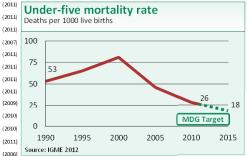


Botswana

May 2013

DEMOGRAPHICS



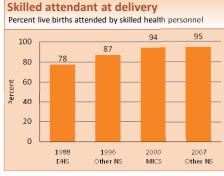


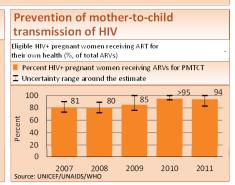


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

Socioeconomic inequities in coverage

Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs

No Data

DPT3 Measles Vitamin A (past 6 months) **ORT & continued** feeding Careseeking

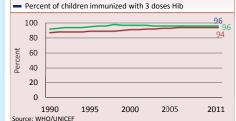
for pneumonia

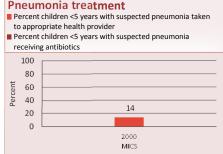
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CHILD HEALTH

Immunization Percent of children immunized against measles Percent of children immunized with 3 doses DTP





NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

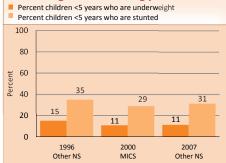
Note: Based on 2006 WHO reference population

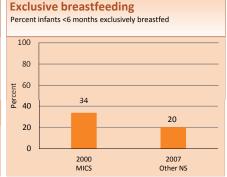
13

(2007) Early initiation of breastfeeding (within 1 hr of birth, %) 40 Introduction of solid, semi-solid/soft foods (%)

(2007) 46 Vitamin A two dose coverage (%) (2011) 75

Underweight and stunting prevalence

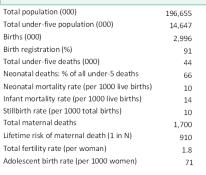


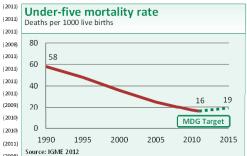


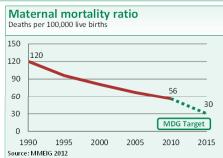
Brazil

May 2013

DEMOGRAPHICS

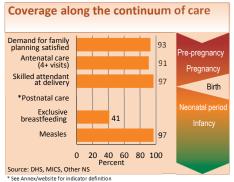


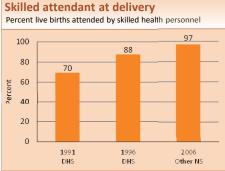


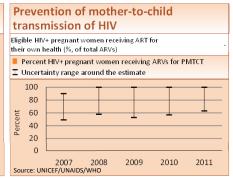


Note: MDG target calculated by Countdown to 2015.

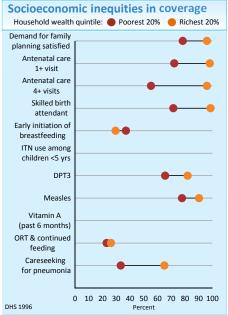
MATERNAL AND NEWBORN HEALTH







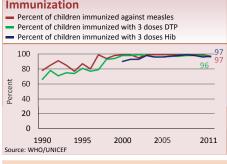
EQUITY

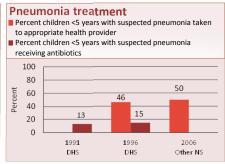


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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH



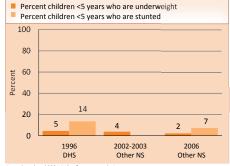


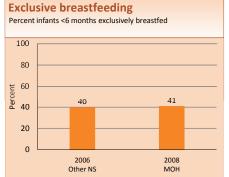
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

(2006) Early initiation of breastfeeding (within 1 hr of birth, %) 43 Introduction of solid, semi-solid/soft foods (%) 70 Vitamin A two dose coverage (%)

Underweight and stunting prevalence



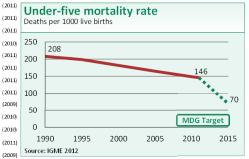


Burkina Faso

May 2013

DEMOGRAPHICS

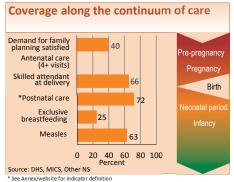


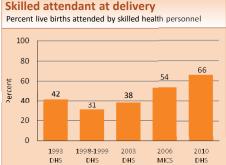


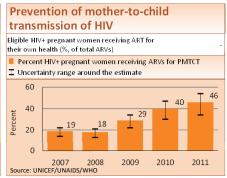


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

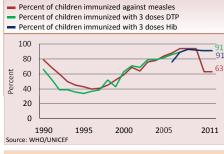
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2010 Percent

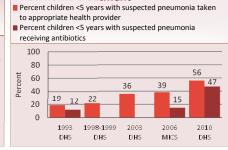
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CHILD HEALTH

Immunization





Pneumonia treatment

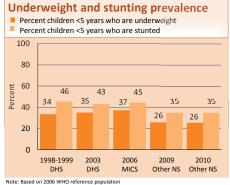
NUTRITION

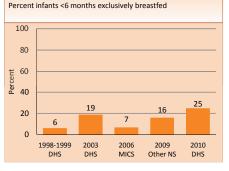
Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 11 16

(2009) Early initiation of breastfeeding (within 1 hr of birth, %) 20 Introduction of solid, semi-solid/soft foods (%) 61 (2010-2011) 87

(2011)

Vitamin A two dose coverage (%) **Exclusive breastfeeding**



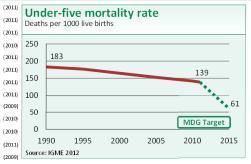


Burundi

May 2013

DEMOGRAPHICS

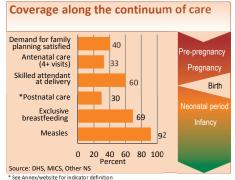




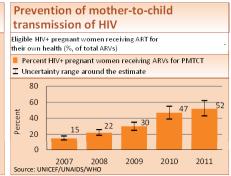


Note: MDG target calculated by Countdown to 2015.

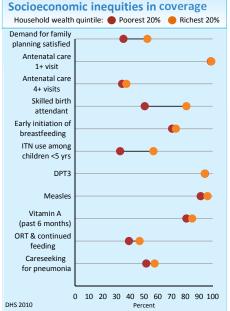
MATERNAL AND NEWBORN HEALTH







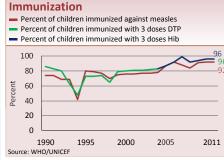
EQUITY

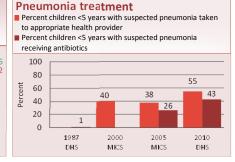


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CHILD HEALTH





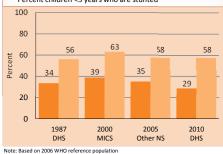
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

6 11

(2010) Early initiation of breastfeeding (within 1 hr of birth, %) Introduction of solid, semi-solid/soft foods (%) 70 Vitamin A two dose coverage (%) 83 (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight</p> Percent children <5 years who are stunted

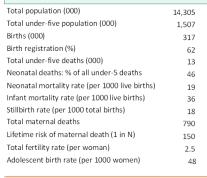


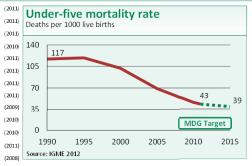
Exclusive breastfeeding Percent infants <6 months exclusively breastfed 100 80 69 62 60 45 Per 40 20 1987

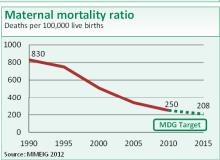
Cambodia

May 2013

DEMOGRAPHICS

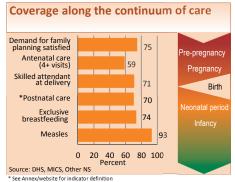


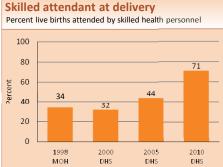


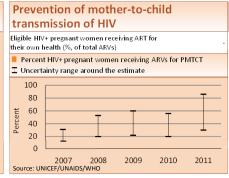


Note: MDG target calculated by Countdown to 2015.

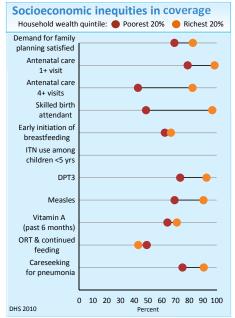
MATERNAL AND NEWBORN HEALTH







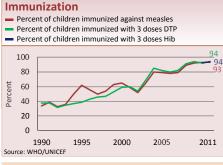
EQUITY

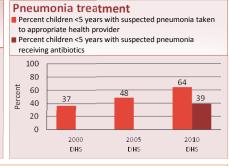


Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

11 (2010) 11 (2010)

 (2010)
 Early initiation of breastfeeding (within 1 hr of birth, %)
 65

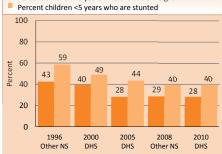
 (2010)
 Introduction of solid, semi-solid/soft foods (%)
 82

 Vitamin A two dose coverage (%)
 92

Exclusive breastfeeding

birth, %) 65 (2010) 6) 82 (2010) 92 (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight



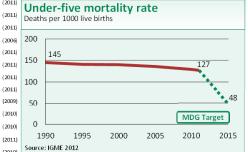


Cameroon

May 2013

DEMOGRAPHICS

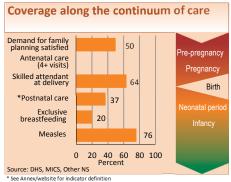


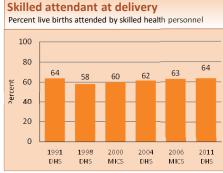


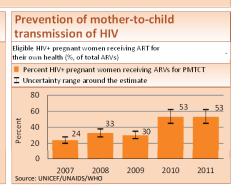


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







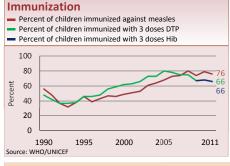
EQUITY

Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2011 Percent

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CHILD HEALTH





Pneumonia treatment

NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

Note: Based on 2006 WHO reference population

6 (2011) 11 (2006)

 (2011)
 Early initiation of breastfeeding (within 1 hr of birth, %)
 20

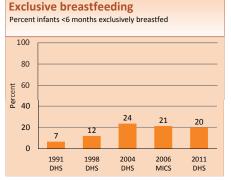
 (2006)
 Introduction of solid, semi-solid/soft foods (%)
 63

 Vitamin A two dose coverage (%)
 89

(2006)

(2010)

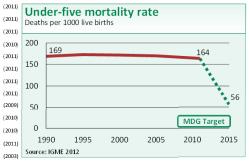
Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 60 36 38 36 40 17 18 15 15 1991 2006 2011 DHS DHS



Central African Republic

DEMOGRAPHICS

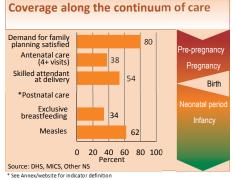


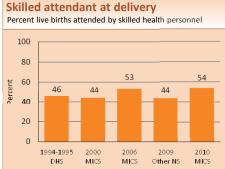


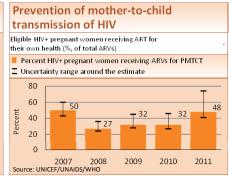


Note: MDG target calculated by Countdown to 2015

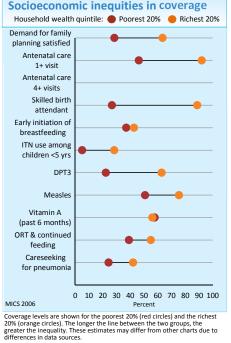
MATERNAL AND NEWBORN HEALTH





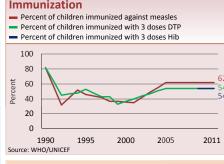


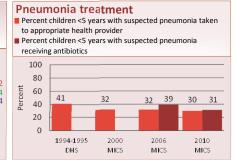
EQUITY



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CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

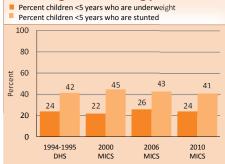
Note: Based on 2006 WHO reference population

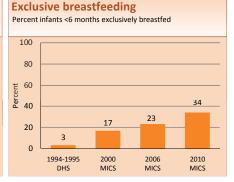
14

(2010) Early initiation of breastfeeding (within 1 hr of birth, %) 43 Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

56 0 (2011)

Underweight and stunting prevalence



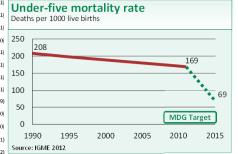


Chad

May 2013

DEMOGRAPHICS

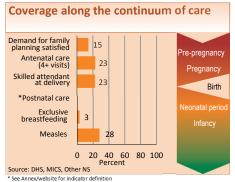


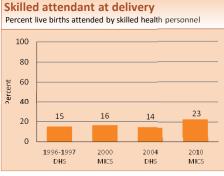


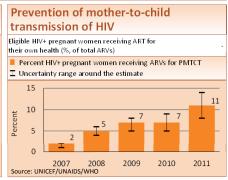


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







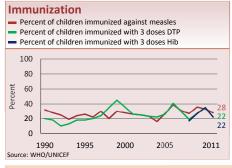
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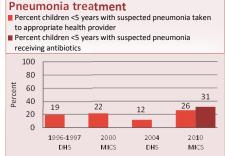
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2004 Percent

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

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CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

Note: Based on 2006 WHO reference population

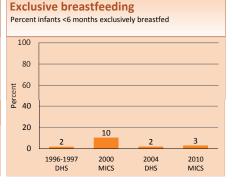
16 20

(2010) Early initiation of breastfeeding (within 1 hr of birth, %) 29 Introduction of solid, semi-solid/soft foods (%) 46 Vitamin A two dose coverage (%) 68

(2010)

(2010)

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 100 60 Per 40 30 29 1996-1997 2004 2010 DHS MICS

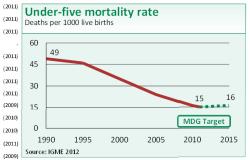


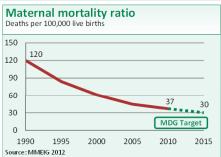
China

May 2013

DEMOGRAPHICS

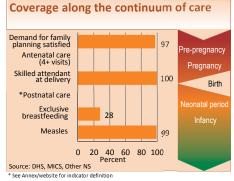


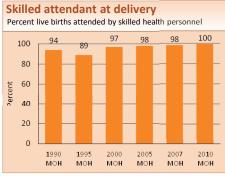




Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







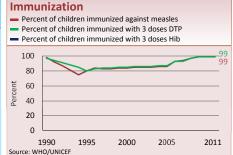
EQUITY

Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding No Data ITN use among children <5 yrs Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





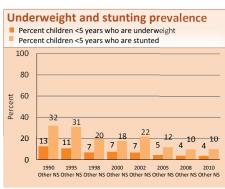
No Data

NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

- 3
- (2002) Early initiation of breastfeeding (within 1 hr of birth, %) 41 Introduction of solid, semi-solid/soft foods (%)
 - 43 Vitamin A two dose coverage (%)

(2008)



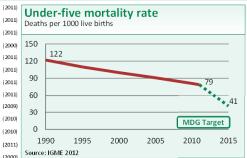


Comoros

May 2013

DEMOGRAPHICS





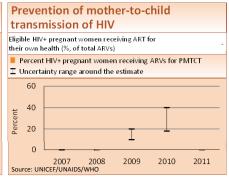


Note: MDG target calculated by Countdown to 2015.

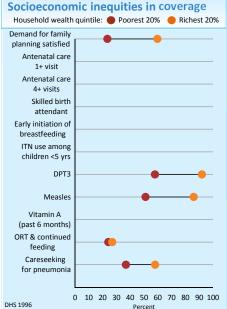
MATERNAL AND NEWBORN HEALTH







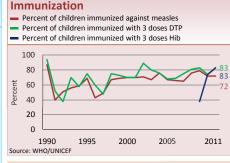
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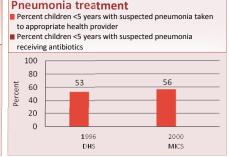


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CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

Early initiation of breastfeeding (within 1 hr of birth, %) 25 (1996) (2000) Introduction of solid, semi-solid/soft foods (%) 34 Vitamin A two dose coverage (%) 18 (2010)

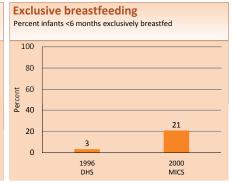
Underweight and stunting prevalence

25

Percent children <5 years who are underweight

Percent children <5 years who are stunted

No Data

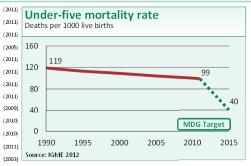


Congo

May 2013

DEMOGRAPHICS

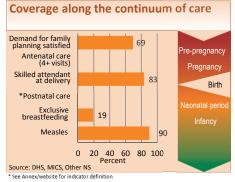


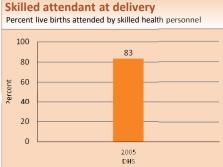


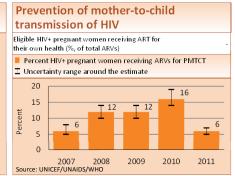


Note: MDG target calculated by Countdown to 2015.

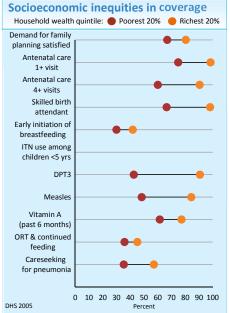
MATERNAL AND NEWBORN HEALTH







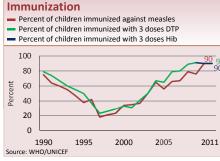
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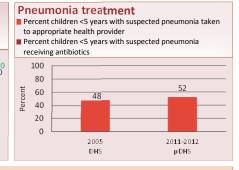


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CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

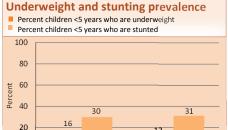
8 13

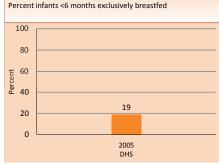
2005

(2005) Early initiation of breastfeeding (within 1 hr of birth, %) 39 Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

Exclusive breastfeeding

(2005) (2005) 78 84 (2010)





Other NS Note: Based on 2006 WHO reference population

1987

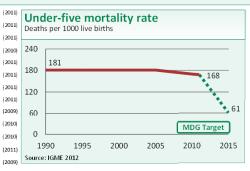
Maternal, Newborn & Child Survival

Congo, Democratic Republic of the

May 2013

DEMOGRAPHICS







Note: MDG target calculated by Countdown to 2015.

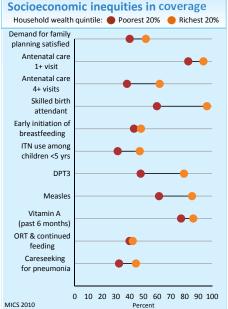
MATERNAL AND NEWBORN HEALTH







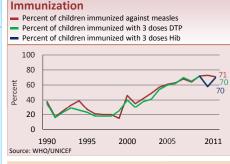
EQUITY



Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

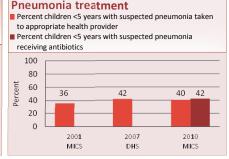
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH



9

10



(2010)

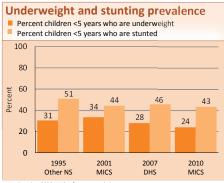
(2011)

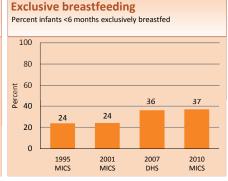
52

98

NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) (2010) Early initiation of breastfeeding (within 1 hr of birth, %) 43 (2010) Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)



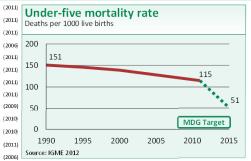


Côte d'Ivoire

May 2013

DEMOGRAPHICS

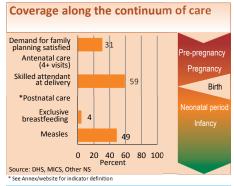


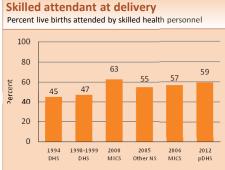


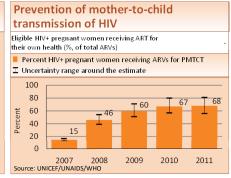


Note: MDG target calculated by Countdown to 2015.

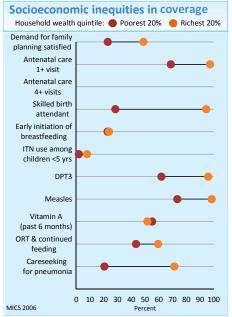
MATERNAL AND NEWBORN HEALTH







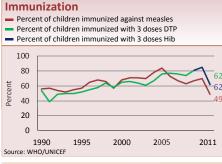
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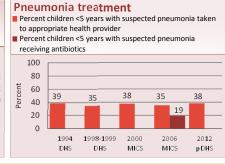


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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

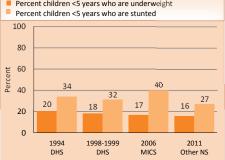
5 (2011) 17 (2006)

(2011) Early initiation of breastfeeding (within 1 hr of birth, %) 25 (2006) Introduction of solid, semi-solid/soft foods (%) 51

Vitamin A two dose coverage (%)

birth, %) 25 (2006) %) 51 (2006) 100 (2011)





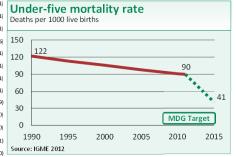


Djibouti

May 2013

DEMOGRAPHICS

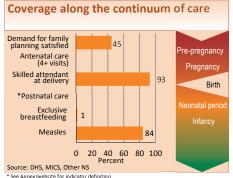


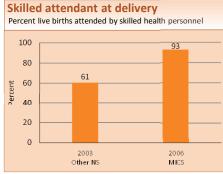


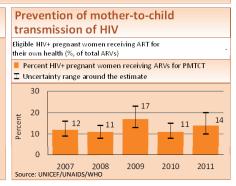


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







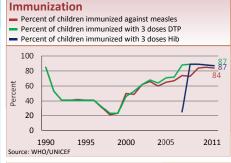
EQUITY

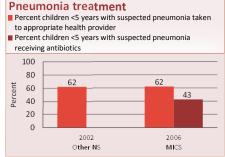
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding No Data ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia

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CHILD HEALTH



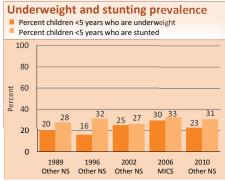


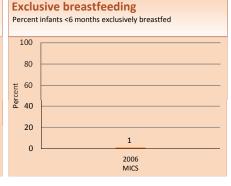
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 10 10

(2010) Early initiation of breastfeeding (within 1 hr of birth, %) 67 Introduction of solid, semi-solid/soft foods (%) 35

(2010) Vitamin A two dose coverage (%) 95 (2011)

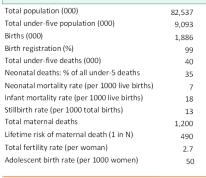


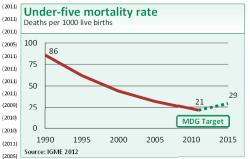


Egypt

May 2013

DEMOGRAPHICS

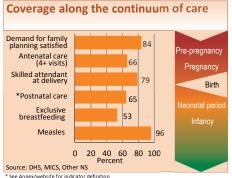




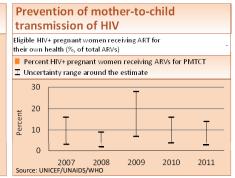


Note: MDG target calculated by Countdown to 2015.

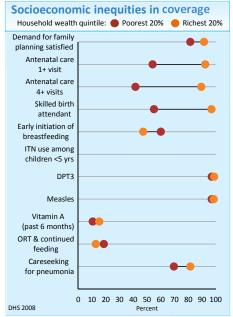
MATERNAL AND NEWBORN HEALTH







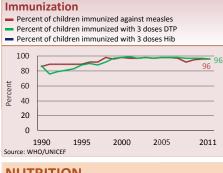
EQUITY

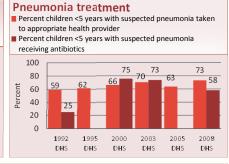


Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





NUTRITION

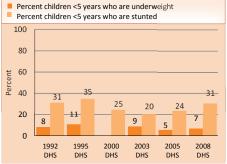
Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

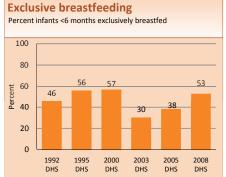
7 13

(2008) Early initiation of breastfeeding (within 1 hr of birth, %) 56 Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

(2008) 70

Underweight and stunting prevalence



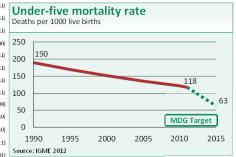


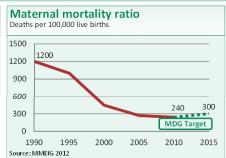
Equatorial Guinea

May 2013

DEMOGRAPHICS

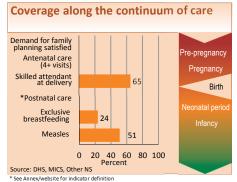






Note: MDG target calculated by Countdown to 2015.

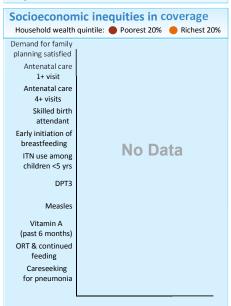
MATERNAL AND NEWBORN HEALTH







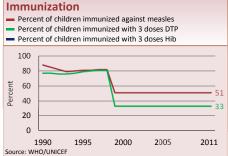
EQUITY



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CHILD HEALTH

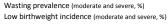




■ Percent children <5 years with suspected pneumonia receiving antibiotics

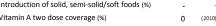
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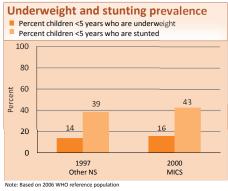
NUTRITION

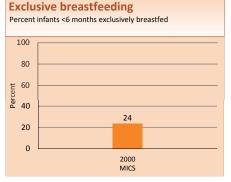




(2004) Early initiation of breastfeeding (within 1 hr of birth, %) Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)





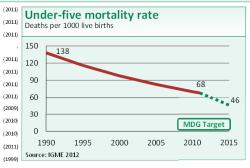


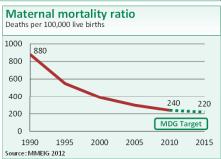
Eritrea

May 2013

DEMOGRAPHICS

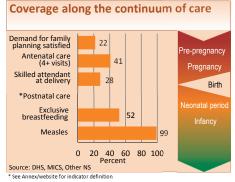




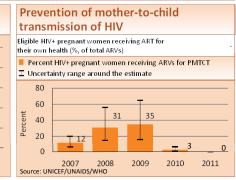


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







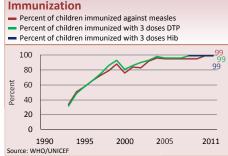
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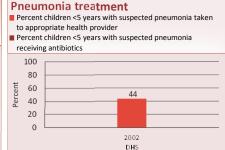
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding No Data ITN use among children <5 yrs Measles Vitamin A (past 6 months) **ORT & continued** feeding Careseeking for pneumonia

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CHILD HEALTH





NUTRITION

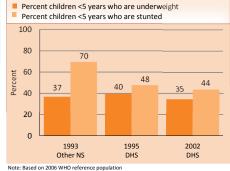
Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 15 14 Vitamin A two dose coverage (%)

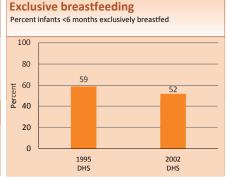
(2002) Early initiation of breastfeeding (within 1 hr of birth, %) 78 Introduction of solid, semi-solid/soft foods (%)

43 46 (2011)

(2002)

Underweight and stunting prevalence



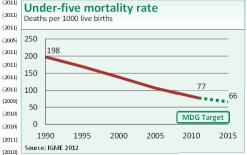


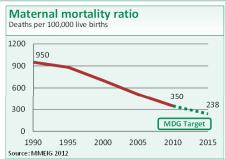
Ethiopia

May 2013

DEMOGRAPHICS

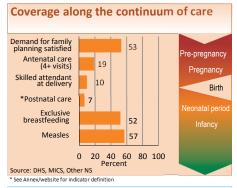


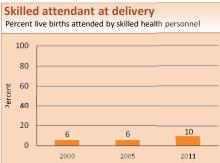


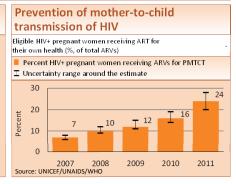


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







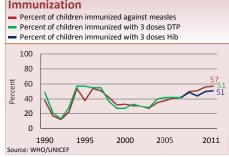
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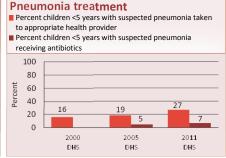
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2011 Percent

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

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CHILD HEALTH





NUTRITION

1992

Other NS Note: Based on 2006 WHO reference population

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 10 20

(2011) Early initiation of breastfeeding (within 1 hr of birth, %) 52 Introduction of solid, semi-solid/soft foods (%) 55 Vitamin A two dose coverage (%) 71

Percent infants <6 months exclusively breastfed

Exclusive breastfeeding

(2011)

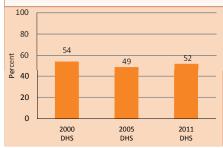
(2011)

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 100 67 60 51 42 42 Perc 40 29 20

2000

2005

2011

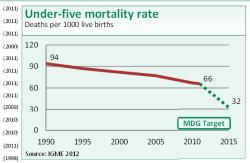


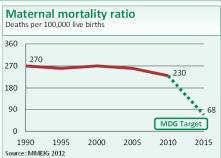
Gabon

May 2013

DEMOGRAPHICS

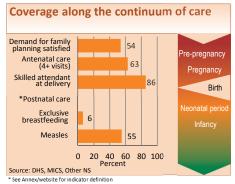


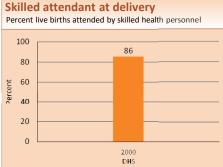


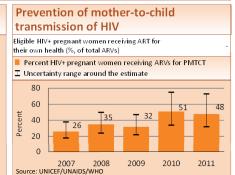


Note: MDG target calculated by Countdown to 2015.

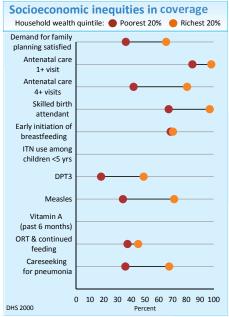
MATERNAL AND NEWBORN HEALTH







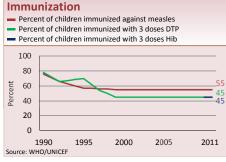
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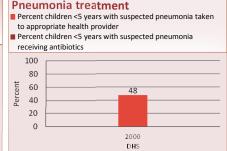


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CHILD HEALTH



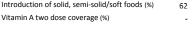


NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

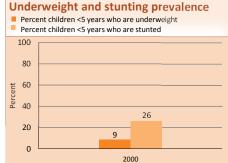
4 (2000) 14 (2000)

(2000) Early initiation of breastfeeding (within 1 hr of birth, %) 71
 (2000) Introduction of solid, semi-solid/soft foods (%) 62



(2000)



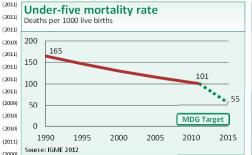


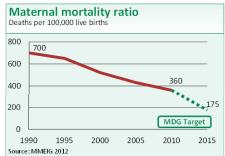
Gambia

May 2013

DEMOGRAPHICS

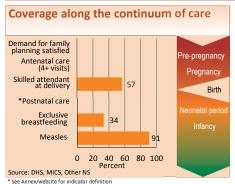


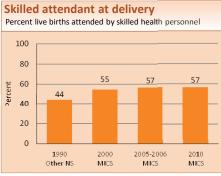


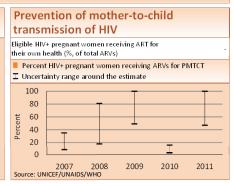


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

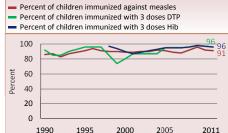
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 MICS 2005-2006 Percent

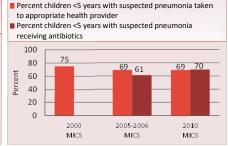
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CHILD HEALTH

Immunization





Pneumonia treatment

NUTRITION

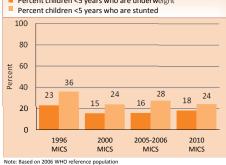
Source: WHO/UNICEF

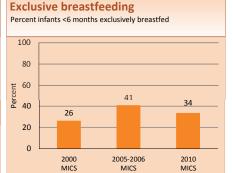
Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 10 10

(2010) Early initiation of breastfeeding (within 1 hr of birth, %) 52 Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

(2010) 34 93 (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight

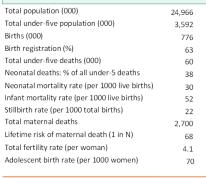


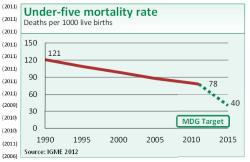


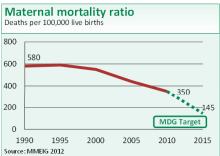
Ghana

May 2013

DEMOGRAPHICS

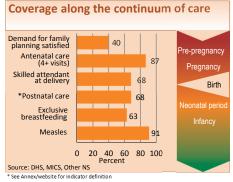


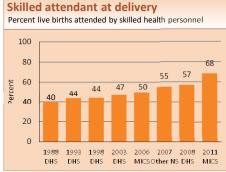


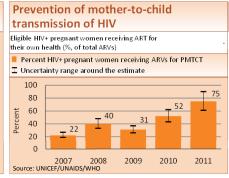


Note: MDG target calculated by Countdown to 2015.

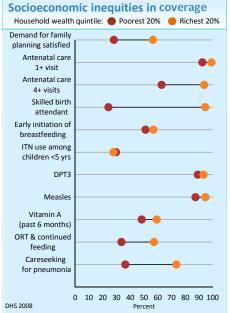
MATERNAL AND NEWBORN HEALTH







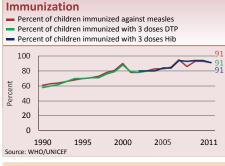
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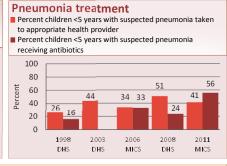


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CHILD HEALTH





NUTRITION

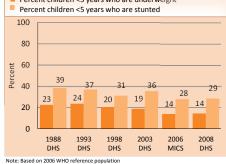
Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

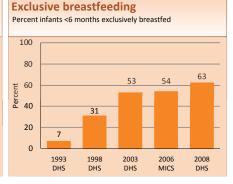
9 13

(2008) Early initiation of breastfeeding (within 1 hr of birth, %) 52 Introduction of solid, semi-solid/soft foods (%)

(2008) 76 Vitamin A two dose coverage (%) 93 (2010)

Underweight and stunting prevalence Percent children <5 years who are underweight</p>



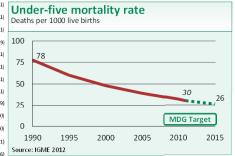


Guatemala

May 2013

DEMOGRAPHICS

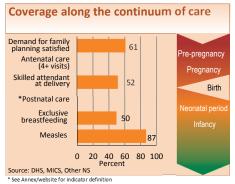


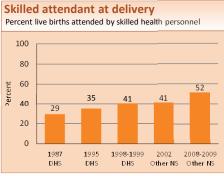


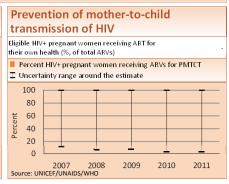


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

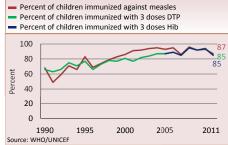
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 1998-1999 Percent

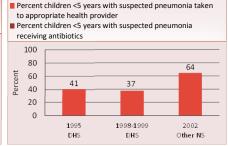
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CHILD HEALTH

Immunization





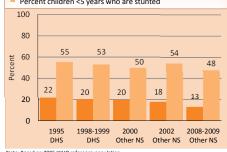
Pneumonia treatment

NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

1 (2008-2009) Early initiation of breastfeeding (within 1 hr of birth, %) 56 (2008-2009) Introduction of solid, semi-solid/soft foods (%) 71 (2008-2009) Vitamin A two dose coverage (%) 28 (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted



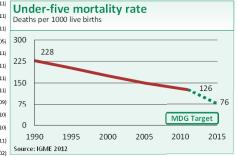
Exclusive breastfeeding Percent infants <6 months exclusively breastfed 100 60 51 50 46 Perc 40 20 1995 2002

Guinea

May 2013

DEMOGRAPHICS

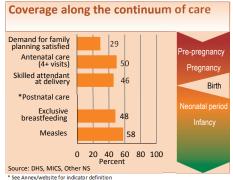


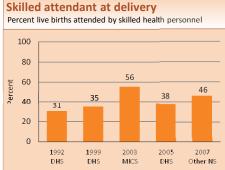


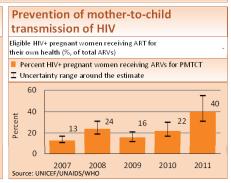


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MATERNAL AND NEWBORN HEALTH







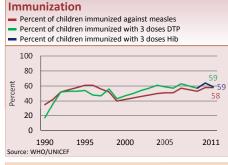
EQUITY

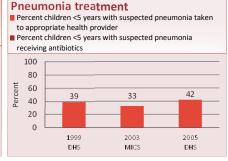
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2005 Percent

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

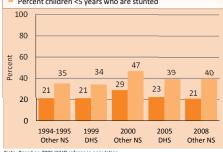
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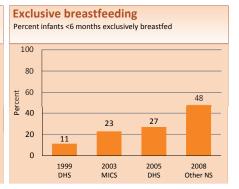
(2008) Early initiation of breastfeeding (within 1 hr of birth, %) 40 Introduction of solid, semi-solid/soft foods (%) 32 Vitamin A two dose coverage (%) 88

(2005)

(2011)

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted



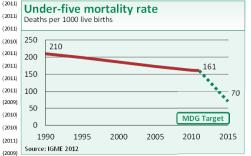


Guinea-Bissau

May 2013

DEMOGRAPHICS

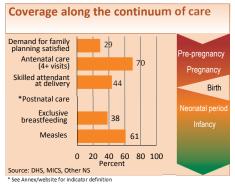


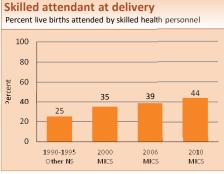


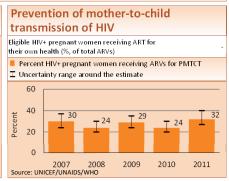


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







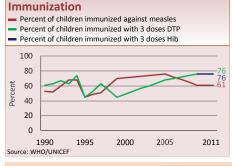
EQUITY

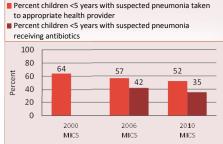
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 Percent

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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





Pneumonia treatment

NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

6 (2010) 11 (2010)

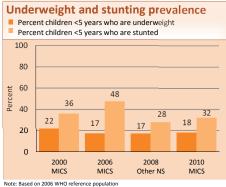
 (2010)
 Early initiation of breastfeeding (within 1 hr of birth, %)
 55

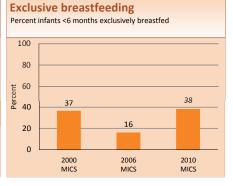
 (2010)
 Introduction of solid, semi-solid/soft foods (%)
 43

 Vitamin A two dose coverage (%)
 100

(2010)

(2011)



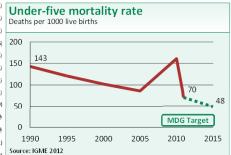


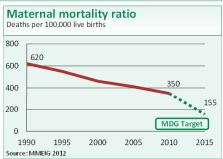
Haiti

May 2013

DEMOGRAPHICS

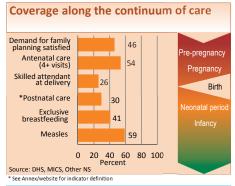




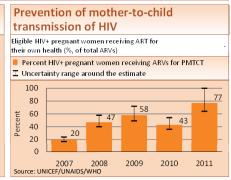


Note: MDG target calculated by Countdown to 2015.

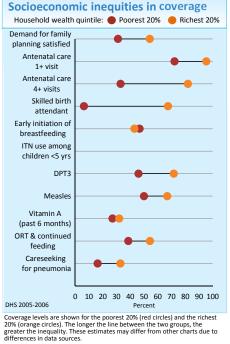
MATERNAL AND NEWBORN HEALTH





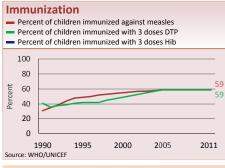


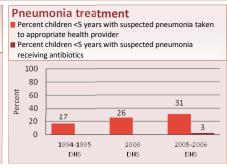
EQUITY



Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH



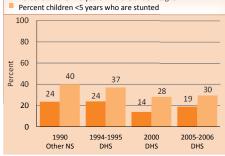


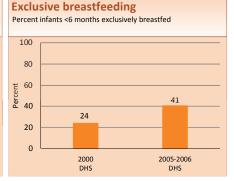
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

10 (2005-2006) Early initiation of breastfeeding (within 1 hr of birth, %) 44 (2005-2006) Introduction of solid, semi-solid/soft foods (%) 90 (2005-2006) Vitamin A two dose coverage (%) 36 (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight</p> Percent children <5 years who are stunted 100

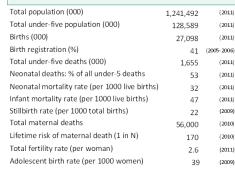


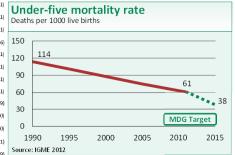


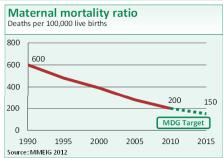
India

May 2013

DEMOGRAPHICS

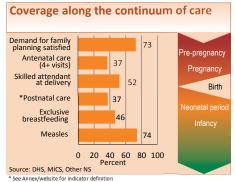


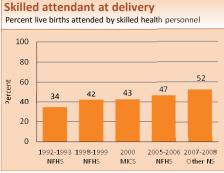




Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

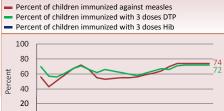
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 NFHS 2005-2006 Percent

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

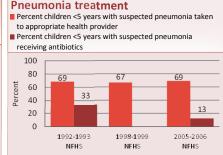
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH

Immunization



2000



NUTRITION

n

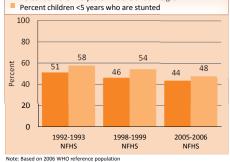
Source: WHO/UNICEF

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

1995

20 (2005-2006) Early initiation of breastfeeding (within 1 hr of birth, %) 41 (2007-2008) Introduction of solid, semi-solid/soft foods (%) 56 (2005-2006) Vitamin A two dose coverage (%) 66 (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight



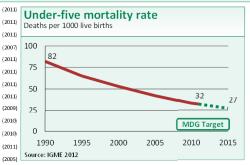
Exclusive breastfeeding Percent infants <6 months exclusively breastfed 100 60 46 Per 40 20 1992-1993 1998-1999

Indonesia

May 2013

DEMOGRAPHICS

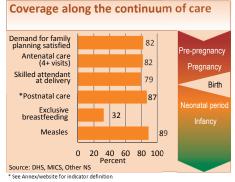


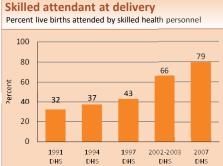


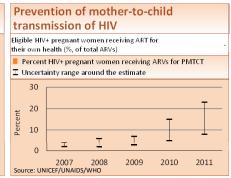


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH





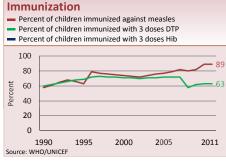


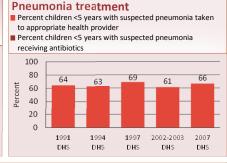
EQUITY

Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2007 Percent Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

13 (2010) E 9 (2007) I

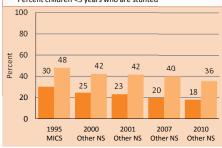
(2010) Early initiation of breastfeeding (within 1 hr of birth, %) 29 (2007) Introduction of solid, semi-solid/soft foods (%) 85

Introduction of solid, semi-solid/soft foods (%) 85
Vitamin A two dose coverage (%) 76

(2010)

(2011)





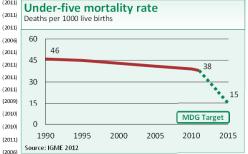


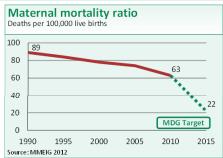
Iraq

May 2013

DEMOGRAPHICS

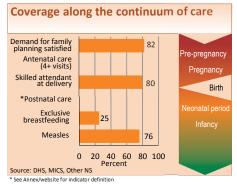


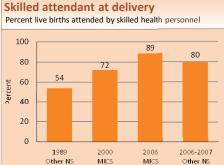




Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







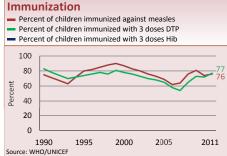
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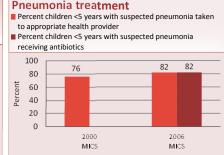
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding No Data ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia

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CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

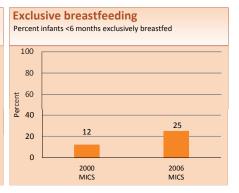
Note: Based on 2006 WHO reference population

6 (2006) 15 (2006)

(2006) Early initiation of breastfeeding (within 1 hr of birth, %) 31
(2006) Introduction of solid, semi-solid/soft foods (%) 62
Vitamin A two dose coverage (%)

(2006)

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 100 60 28 28 28 20 13 10 10 8 7 1991 2003 2004 Other NS MICS Other NS Other NS

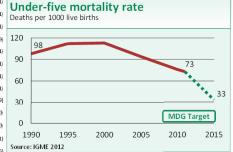


Kenya

May 2013

DEMOGRAPHICS

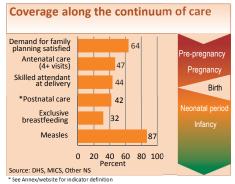


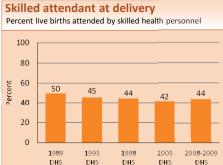


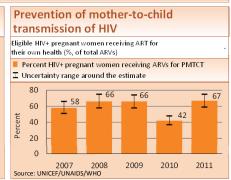


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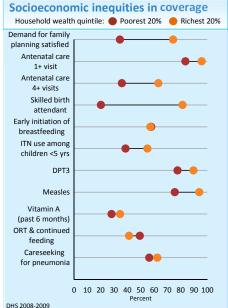
MATERNAL AND NEWBORN HEALTH







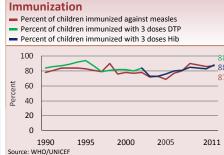
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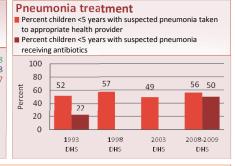


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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





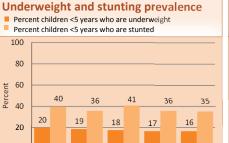
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

7 (2008-2009) Early initiation of breastfeeding (within 1 hr of birth, %) 58 (2008-2009) Introduction of solid, semi-solid/soft foods (%) 85 (2008-2009)

> 62 (2010)

Vitamin A two dose coverage (%)



2003

2008-2009



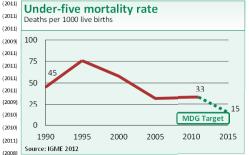
Maternal, Newborn & Child Survival

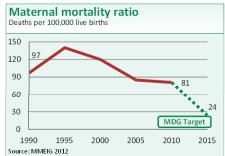
Korea, Democratic People's Republic of

May 2013

DEMOGRAPHICS

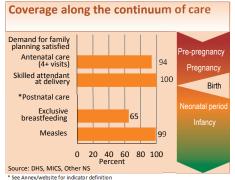


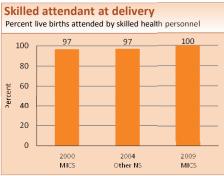




Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







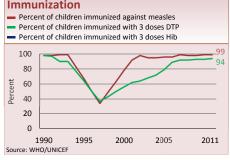
EQUITY

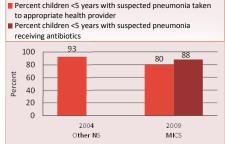
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding No Data ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia

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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





Pneumonia treatment

NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

(2009) Early initiation of breastfeeding (within 1 hr of birth, %) 18 (2009) Introduction of solid, semi-solid/soft foods (%) 31 Vitamin A two dose coverage (%) 100 (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 100 56 60 45 43 32 40 21 18 19 1998 2004

Other NS



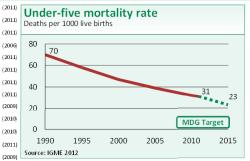
Other NS Other NS Note: Based on 2006 WHO reference population

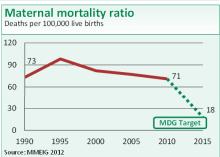
Kyrgyzstan

May 2013

DEMOGRAPHICS

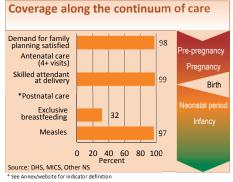


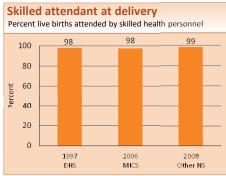


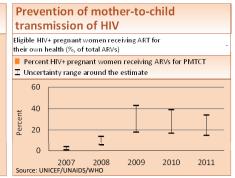


Note: MDG target calculated by Countdown to 2015.

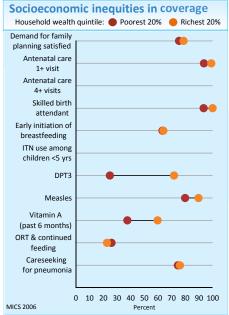
MATERNAL AND NEWBORN HEALTH







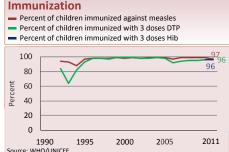
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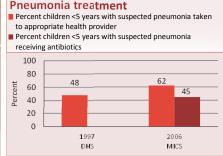


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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





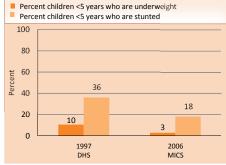
NUTRITION

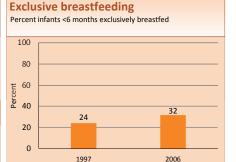
Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) (2006) Early initiation of breastfeeding (within 1 hr of birth, %) 65 Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

60 97 (2010)

Underweight and stunting prevalence

3



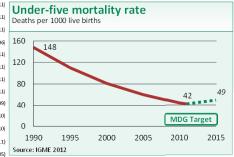


Maternal, Newborn & Child Survival Lao People's Democratic Republic

May 2013

DEMOGRAPHICS

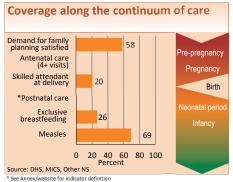


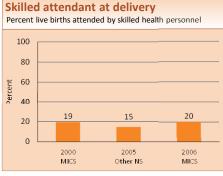


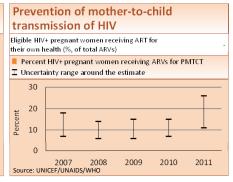


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







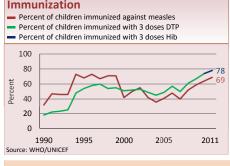
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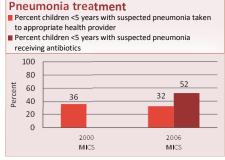
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 Percent

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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





NUTRITION

1993

Other NS

Note: Based on 2006 WHO reference population

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 11

(2006) Early initiation of breastfeeding (within 1 hr of birth, %) 30 Introduction of solid, semi-solid/soft foods (%) 41 Vitamin A two dose coverage (%) 92

(2006)

(2011)

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 60 48 48 Perc 36 40 20

Other NS

2000

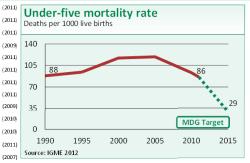


Lesotho

May 2013

DEMOGRAPHICS

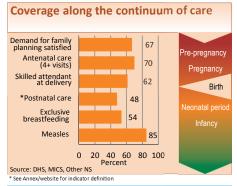


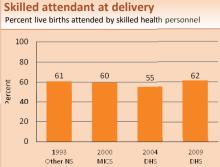


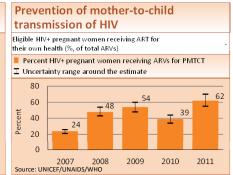


Note: MDG target calculated by Countdown to 2015.

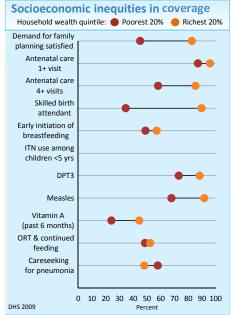
MATERNAL AND NEWBORN HEALTH







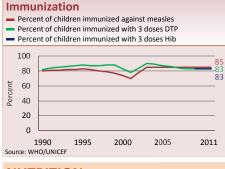
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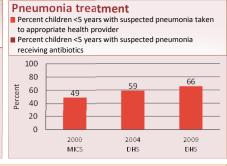


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CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

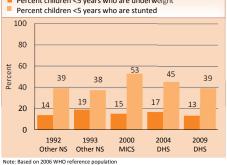
4 11

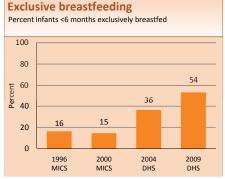
(2009) Early initiation of breastfeeding (within 1 hr of birth, %) 53 Introduction of solid, semi-solid/soft foods (%)

Vitamin A two dose coverage (%)

(2009) 68

Underweight and stunting prevalence Percent children <5 years who are underweight</p>



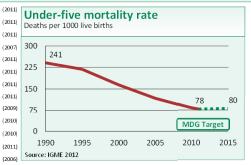


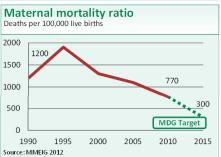
Liberia

May 2013

DEMOGRAPHICS

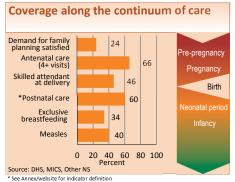




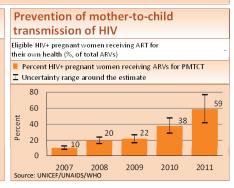


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







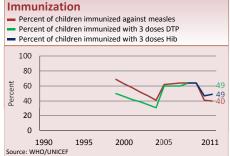
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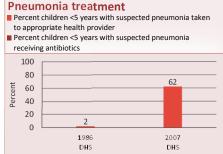
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2007 Percent

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CHILD HEALTH





NUTRITION

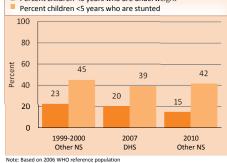
Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 3

(2010) Early initiation of breastfeeding (within 1 hr of birth, %) 44 Introduction of solid, semi-solid/soft foods (%) 51 Vitamin A two dose coverage (%) 96

(2010)

(2011)

Underweight and stunting prevalence Percent children <5 years who are underweight



Exclusive breastfeeding Percent infants <6 months exclusively breastfed

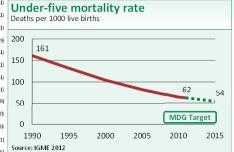


Madagascar

May 2013

DEMOGRAPHICS

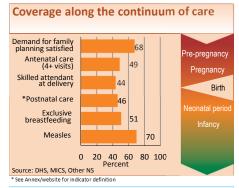


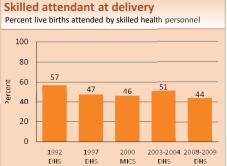


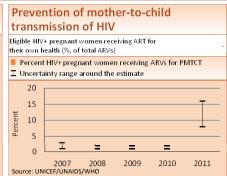


Note: MDG target calculated by Countdown to 2015.

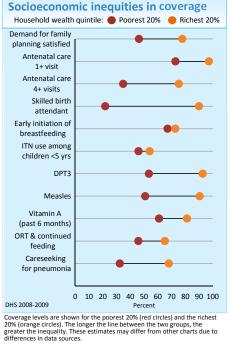
MATERNAL AND NEWBORN HEALTH





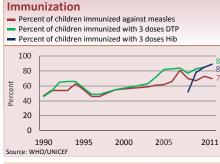


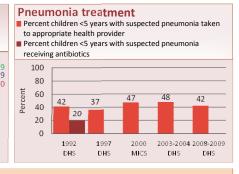
EQUITY



Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH



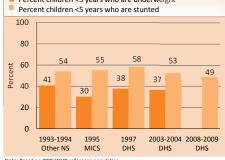


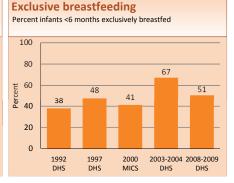
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

15 (2003-2004) Early initiation of breastfeeding (within 1 hr of birth, %) 72 (2008-2009) Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%) 91 (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight</p> Percent children <5 years who are stunted



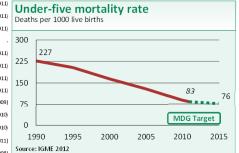


Malawi

May 2013

DEMOGRAPHICS

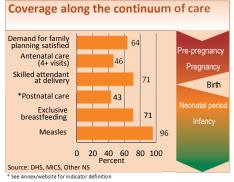




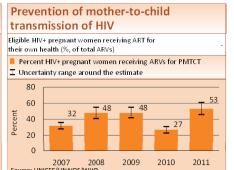


Note: MDG target calculated by Countdown to 2015

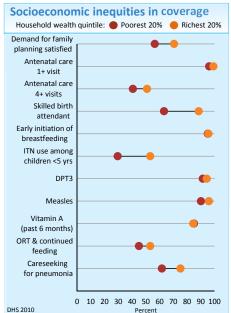
MATERNAL AND NEWBORN HEALTH







EQUITY

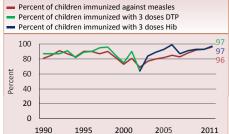


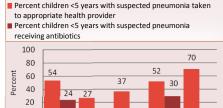
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CHILD HEALTH

Immunization





2004

DHS

2006

MICS

2010

DHS

NUTRITION

Source: WHO/UNICER

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) (2010) Early initiation of breastfeeding (within 1 hr of birth, %) 58 (2006) Introduction of solid, semi-solid/soft foods (%)

2000

DHS

Pneumonia treatment

0

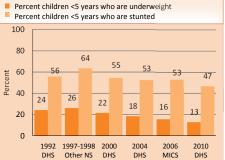
4

13

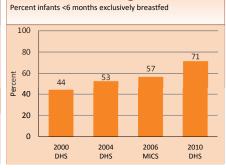
1992

DHS





Underweight and stunting prevalence

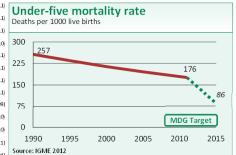


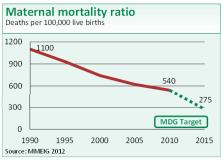
Mali

May 2013

DEMOGRAPHICS

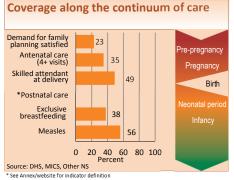


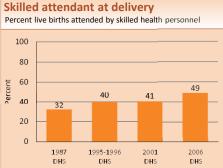


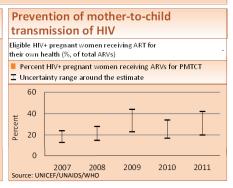


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

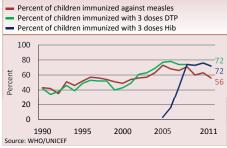
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) **ORT & continued** feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2006 Percent

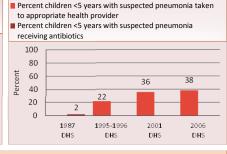
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CHILD HEALTH

Immunization





NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

(2006) Early initiation of breastfeeding (within 1 hr of birth, %) 46
(2006) Introduction of solid, semi-solid/soft foods (%) 25
Vitamin A two dose coverage (%) 96

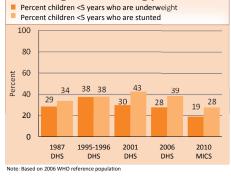
Pneumonia treatment

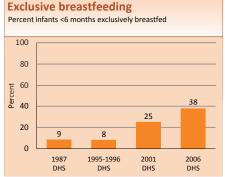
of birth, %) 46 (2006) (%) 25 (2006) 96 (2011)

Underweight and stunting prevalence

15

19



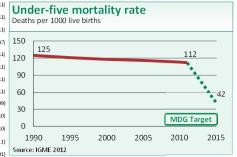


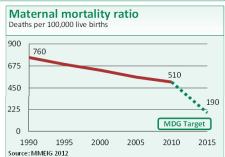
Mauritania

May 2013

DEMOGRAPHICS

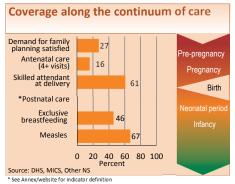


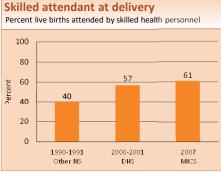


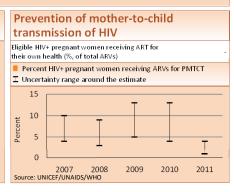


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







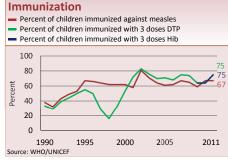
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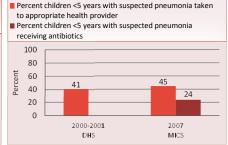
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 Percent

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CHILD HEALTH





Pneumonia treatment

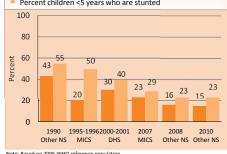
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 12

(2010) Early initiation of breastfeeding (within 1 hr of birth, %) 81 Introduction of solid, semi-solid/soft foods (%) 61 Vitamin A two dose coverage (%) 100 (2011)

(2010)

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 100



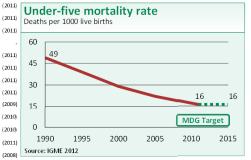
Exclusive breastfeeding Percent infants <6 months exclusively breastfed 100 60 Perc 40 20 16 20 11 2000-2001 2007 2008 2009 Other NS Other NS Other NS

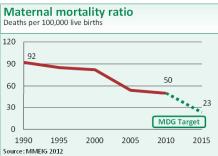
Mexico

May 2013

DEMOGRAPHICS

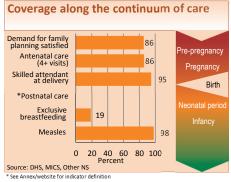


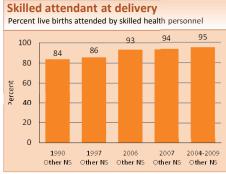


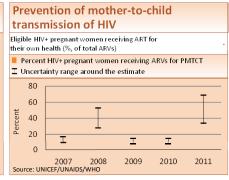


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







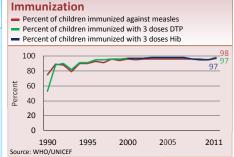
EQUITY

Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding No Data ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia

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CHILD HEALTH



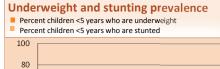


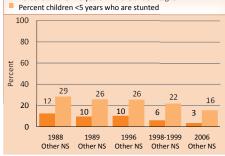
No Data

NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) Early initiation of breastfeeding (within 1 hr of birth, %) 18 Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

(2009)





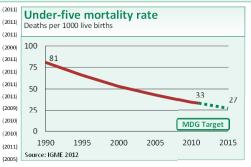


Morocco

May 2013

DEMOGRAPHICS

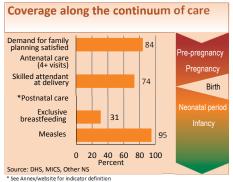




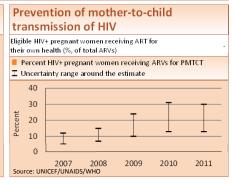


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2003-2004 Percent

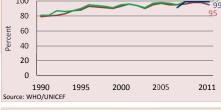
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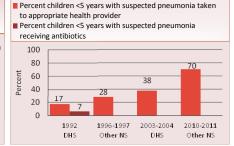
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH

Immunization







Pneumonia treatment

NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

8

2 (2010-2011) Early initiation of breastfeeding (within 1 hr of birth, %) 52 (2003-2004) Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

Exclusive breastfeeding

Percent infants <6 months exclusively breastfed

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 100 60 Perc 40 30 29 23 13

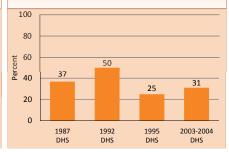
8

Other NS

10

1996-1997 2003-2004 2010-2011

3

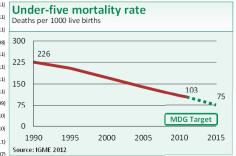


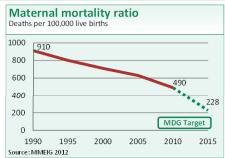
Mozambique

May 2013

DEMOGRAPHICS

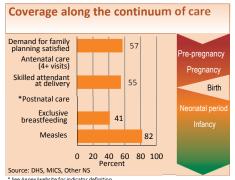


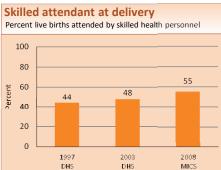


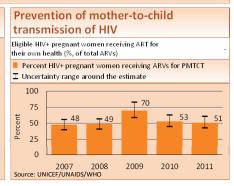


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







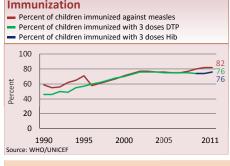
EQUITY

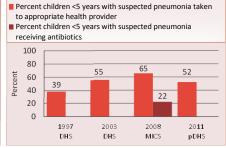
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 Percent

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





Pneumonia treatment

NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

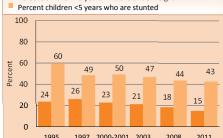
6 16

(2011) Early initiation of breastfeeding (within 1 hr of birth, %) 63 Introduction of solid, semi-solid/soft foods (%) 86 Vitamin A two dose coverage (%) 100

(2008)

(2011)





Underweight and stunting prevalence

Percent children <5 years who are underweight

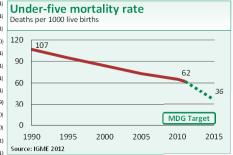
DHS Other NS Note: Based on 2006 WHO reference population

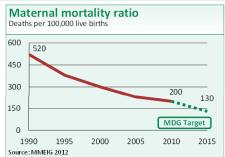
Myanmar

May 2013

DEMOGRAPHICS

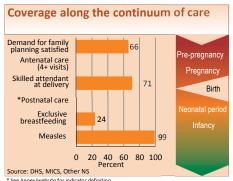


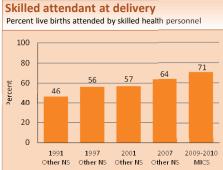


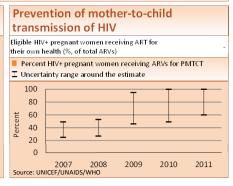


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







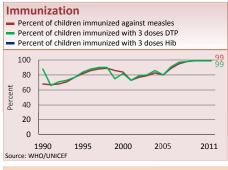
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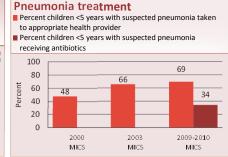
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CHILD HEALTH



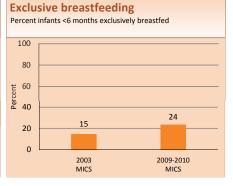


NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

8 (2009-2010) Early initiation of breastfeeding (within 1 hr of birth, %) 76 (2009-2010) Introduction of solid, semi-solid/soft foods (%) 81 (2009-2010) Vitamin A two dose coverage (%) (2011) 96

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 100 60 41 39 35 40 28 30 30 23 1995 1997 2003 Other NS Note: Based on 2006 WHO reference population

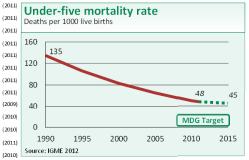


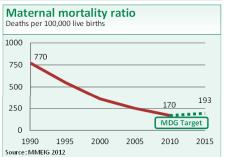
Nepal

May 2013

DEMOGRAPHICS

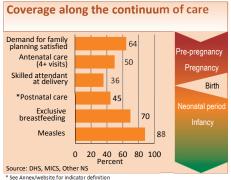


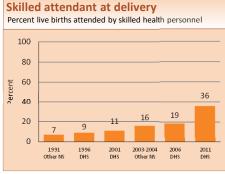


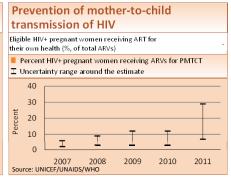


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







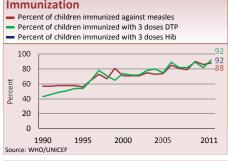
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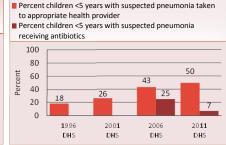
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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





Pneumonia treatment

NUTRITION

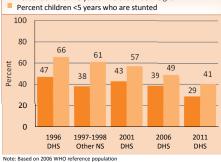
Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 11 18

(2011) Early initiation of breastfeeding (within 1 hr of birth, %) 45 Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

Exclusive breastfeeding

(2011) 66 (2011) 91

Underweight and stunting prevalence Percent children <5 years who are underweight

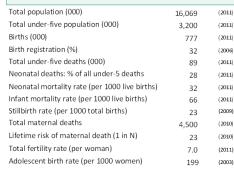


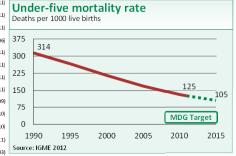


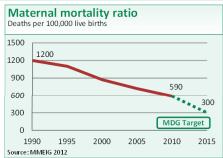
Niger

May 2013

DEMOGRAPHICS

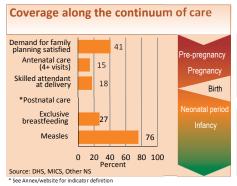


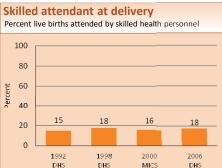


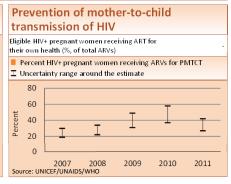


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







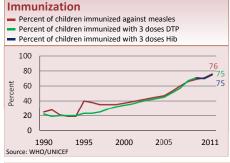
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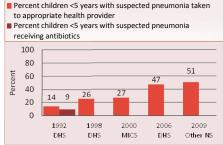
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2006 Percent

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CHILD HEALTH





Pneumonia treatment

NUTRITION

DHS

Note: Based on 2006 WHO reference population

DHS

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 12

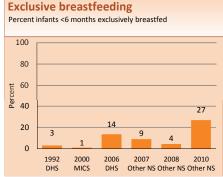
2010

Other NS Other NS

(2011) Early initiation of breastfeeding (within 1 hr of birth, %) 42 Introduction of solid, semi-solid/soft foods (%) 65 Vitamin A two dose coverage (%) 95

(2010)

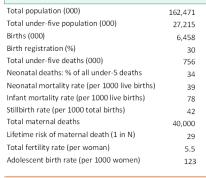
(2011)

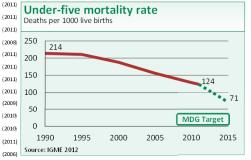


Nigeria

May 2013

DEMOGRAPHICS

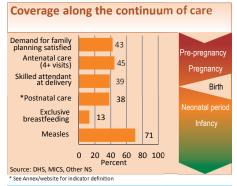


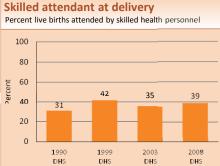


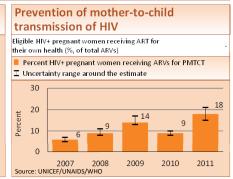


Note: MDG target calculated by Countdown to 2015.

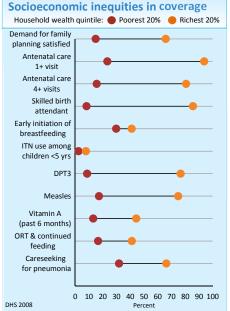
MATERNAL AND NEWBORN HEALTH







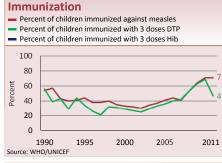
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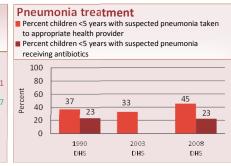


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CHILD HEALTH



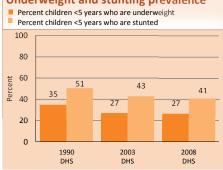


NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 14 12 Vitamin A two dose coverage (%)

(2008) Early initiation of breastfeeding (within 1 hr of birth, %) 38 Introduction of solid, semi-solid/soft foods (%) 76

Underweight and stunting prevalence





73

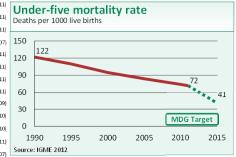
(2011)

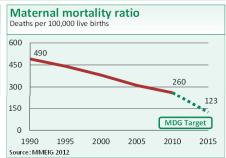
Pakistan

May 2013

DEMOGRAPHICS



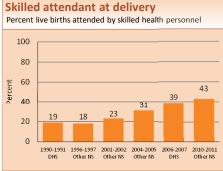


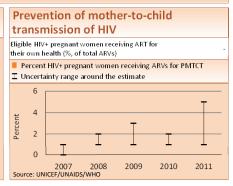


Note: MDG target calculated by Countdown to 2015.

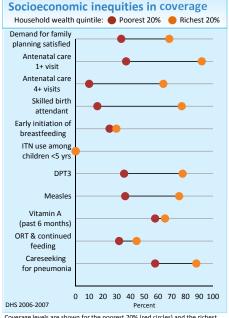
MATERNAL AND NEWBORN HEALTH







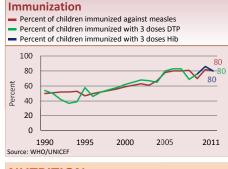
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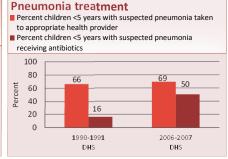


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CHILD HEALTH



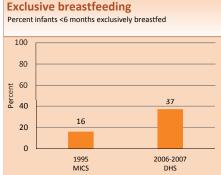


NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 15

(2011) Early initiation of breastfeeding (within 1 hr of birth, %) 29 (2006-2007) Introduction of solid, semi-solid/soft foods (%) 36 (2006-2007) Vitamin A two dose coverage (%) (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 63 55 60 44 42 44 Perc 40 31 32 1985-1987 1990-1991 2001 Other NS DHS Other NS Other NS Note: Based on 2006 WHO reference population

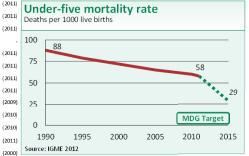


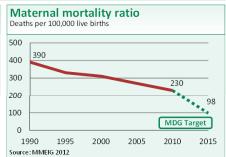
Papua New Guinea

May 2013

DEMOGRAPHICS

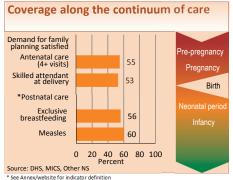


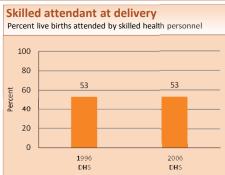


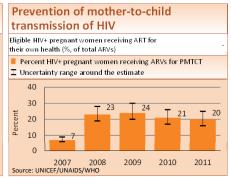


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







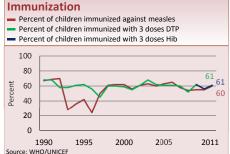
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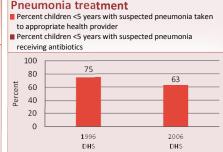
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding No Data ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia

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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





NUTRITION

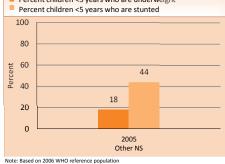
Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

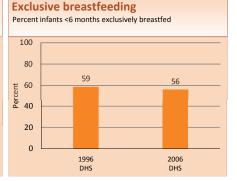
5 (2005) 11 (2005)

(2005) Early initiation of breastfeeding (within 1 hr of birth, %)
(2005) Introduction of solid, semi-solid/soft foods (%)
Vitamin A two dose coverage (%)

76 (2006) 12 (2011)





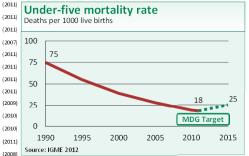


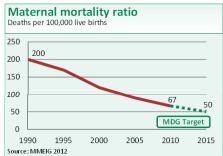
Peru

May 2013

DEMOGRAPHICS

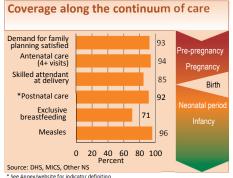




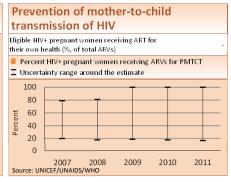


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MATERNAL AND NEWBORN HEALTH







EQUITY

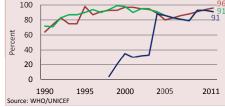
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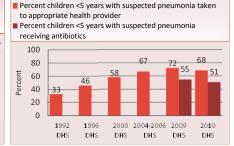
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identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH

- **Immunization**
- Percent of children immunized against measles
- Percent of children immunized with 3 doses DTP Percent of children immunized with 3 doses Hib





NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

Note: Based on 2006 WHO reference population

- 0
- (2011) Early initiation of breastfeeding (within 1 hr of birth, %) 51 Introduction of solid, semi-solid/soft foods (%) 82

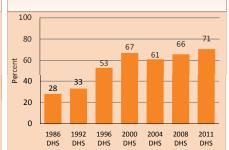
(2010)

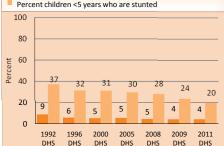
Vitamin A two dose coverage (%)

Exclusive breastfeeding

Percent infants <6 months exclusively breastfed

Pneumonia treatment



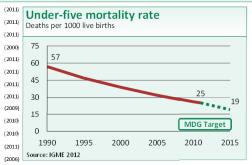


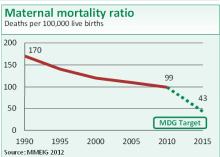
Philippines

May 2013

DEMOGRAPHICS

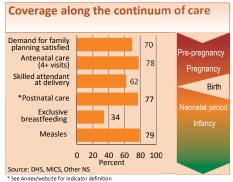




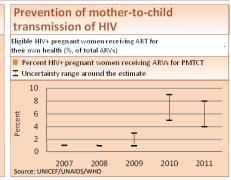


Note: MDG target calculated by Countdown to 2015.

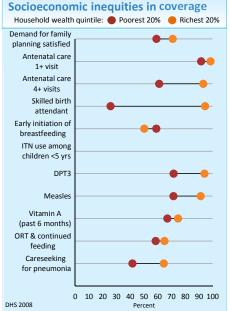
MATERNAL AND NEWBORN HEALTH







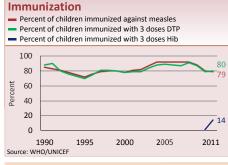
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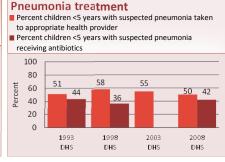


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CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

7 (2008) 21 (2008)

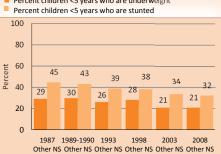
 (2008)
 Early initiation of breastfeeding (within 1 hr of birth, %)
 54

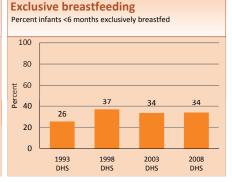
 (2008)
 Introduction of solid, semi-solid/soft foods (%)
 90

 Vitamin A two dose coverage (%)
 91

6) 90 (2008) 91 (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight



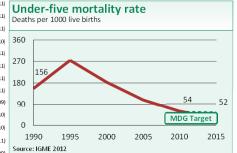


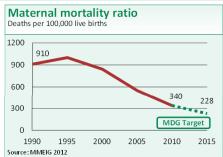
Rwanda

May 2013

DEMOGRAPHICS





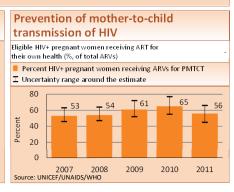


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

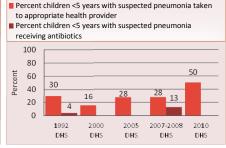
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2010 Percent

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH

Immunization Percent of children immunized against measles Percent of children immunized with 3 doses DTP - Percent of children immunized with 3 doses Hib 80 60 40 20 n 1995 2011 Source: WHO/UNICEF



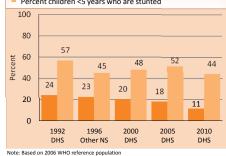
Pneumonia treatment

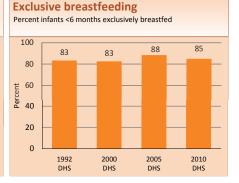
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

(2010) Early initiation of breastfeeding (within 1 hr of birth, %) 71 Introduction of solid, semi-solid/soft foods (%) 79 Vitamin A two dose coverage (%) 76 (2011)

(2010)



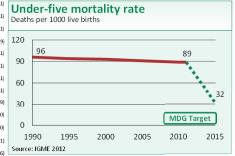


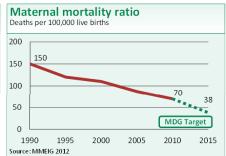
São Tomé and Príncipe

May 2013

DEMOGRAPHICS

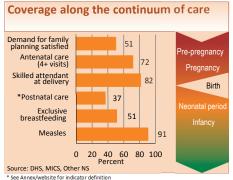


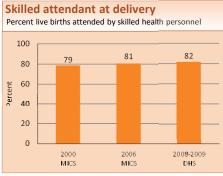


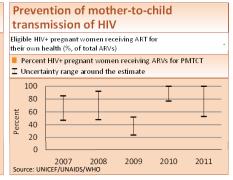


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH





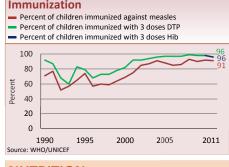


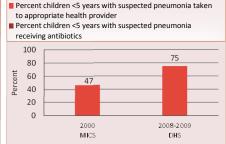
EQUITY

Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2008-2009 Percent Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH



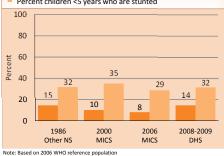


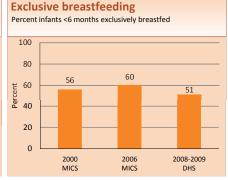
Pneumonia treatment

NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

11 (2008-2009) Early initiation of breastfeeding (within 1 hr of birth, %) 45 (2008-2009) Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%) 44 (2011)



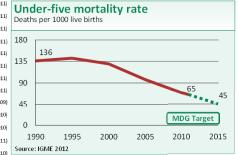


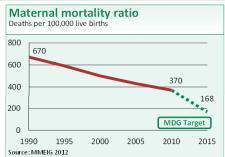
Senegal

May 2013

DEMOGRAPHICS

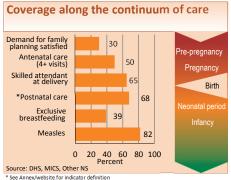




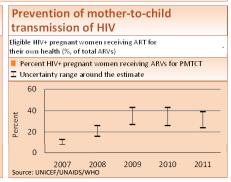


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







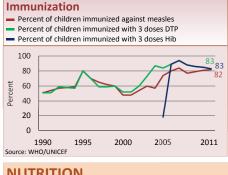
EQUITY

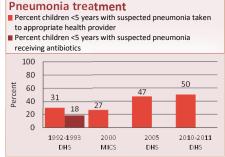
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2010-2011 Percent

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CHILD HEALTH

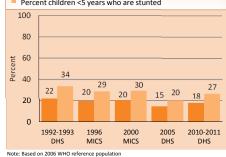


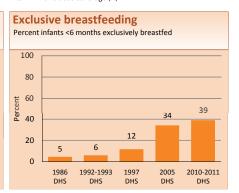


NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

10 (2010-2011) Early initiation of breastfeeding (within 1 hr of birth, %) 23 (2005) 19 (2010-2011) Introduction of solid, semi-solid/soft foods (%) 61 (2010-2011) Vitamin A two dose coverage (%)

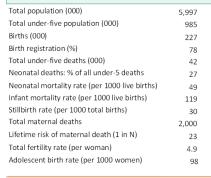


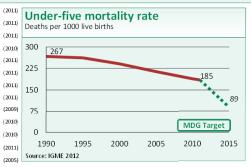


Sierra Leone

May 2013

DEMOGRAPHICS

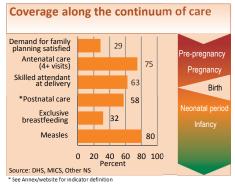


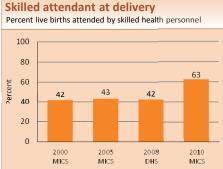


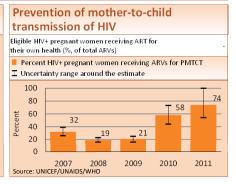


Note: MDG target calculated by Countdown to 2015.

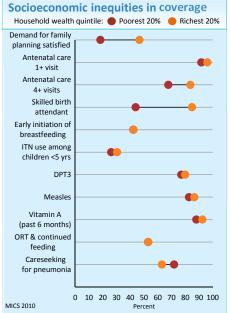
MATERNAL AND NEWBORN HEALTH







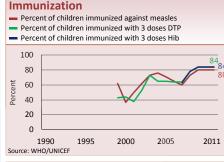
EQUITY

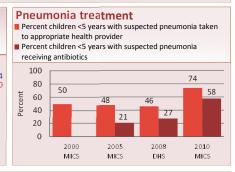


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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

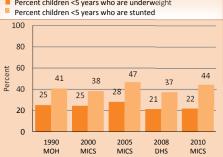
Note: Based on 2006 WHO reference population

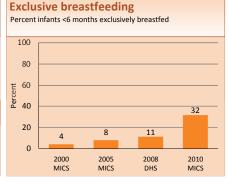
9 11

(2010) Early initiation of breastfeeding (within 1 hr of birth, %) 45 Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

(2010) 25 99 (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight</p>



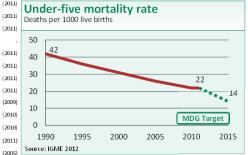


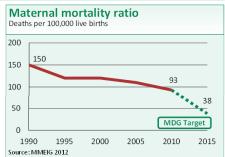
Solomon Islands

May 2013

DEMOGRAPHICS

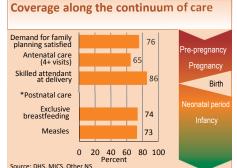






Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

Careseeking

for pneumonia

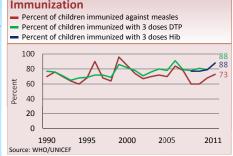
Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding No Data ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding

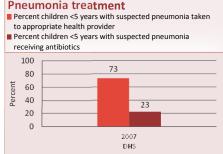
Socioeconomic inequities in coverage

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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





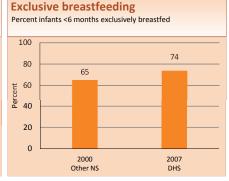
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 13

(2007) Early initiation of breastfeeding (within 1 hr of birth, %) 75 Introduction of solid, semi-solid/soft foods (%) 81 Vitamin A two dose coverage (%)

(2007)

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 100 60 34 33 40 16 12 2007 1989

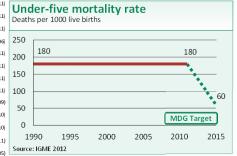


Somalia

May 2013

DEMOGRAPHICS

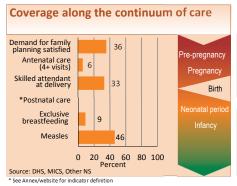


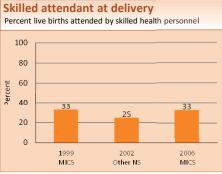


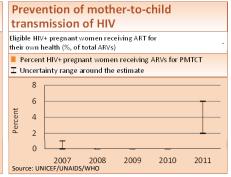


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







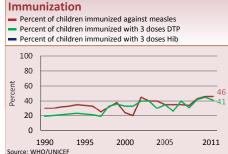
EQUITY

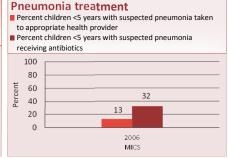
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) **ORT & continued** feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 MICS 2006 Percent

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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

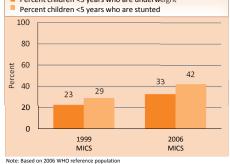
13 (2006)

(2006) Early initiation of breastfeeding (within 1 hr of birth, %) 26 (2008)

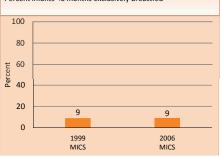
- Introduction of solid, semi-solid/soft foods (%) 16 (2008)

Vitamin A two dose coverage (%) 12 (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight



Exclusive breastfeeding Percent infants <6 months exclusively breastfed

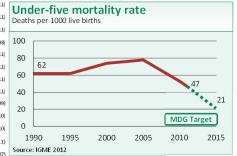


South Africa

May 2013

DEMOGRAPHICS

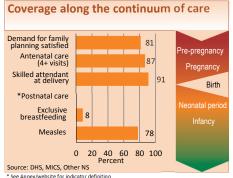




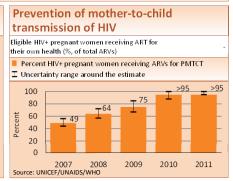


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

ORT & continued

feeding

Careseeking

for pneumonia

Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding No Data ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months)

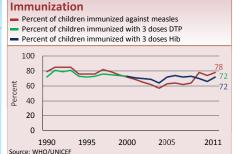
Socioeconomic inequities in coverage

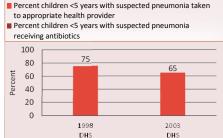
Household wealth quintile: Poorest 20% Richest 20%

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





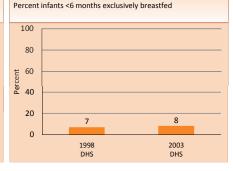
Pneumonia treatment

NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

(2003) Early initiation of breastfeeding (within 1 hr of birth, %) 61 (2003) Introduction of solid, semi-solid/soft foods (%) 49 Vitamin A two dose coverage (%) 44 (2011)

Exclusive breastfeeding



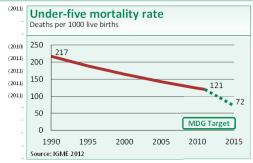


South Sudan

May 2013

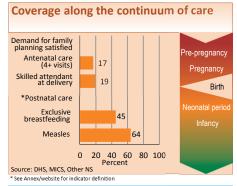
DEMOGRAPHICS



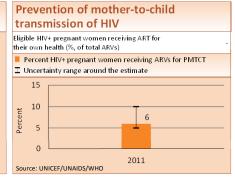




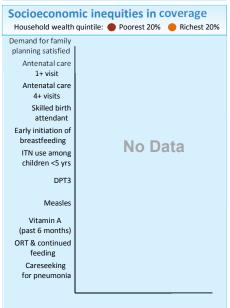
MATERNAL AND NEWBORN HEALTH







EQUITY

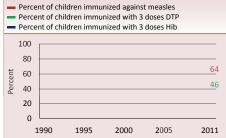


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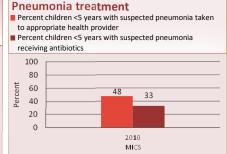
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH

Immunization



23

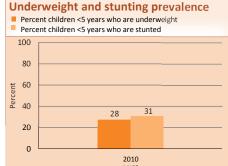


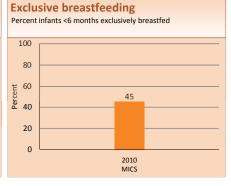
NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

Note: Based on 2006 WHO reference population

(2010) Early initiation of breastfeeding (within 1 hr of birth, %)
Introduction of solid, semi-solid/soft foods (%)
Vitamin A two dose coverage (%)



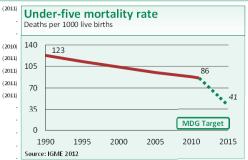


Sudan

May 2013

DEMOGRAPHICS

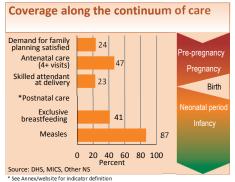




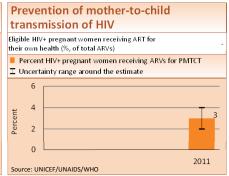


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

Socioeconomic inequities in coverage

Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued

feeding

Careseeking

for pneumonia

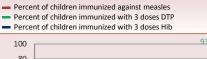
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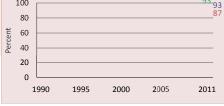
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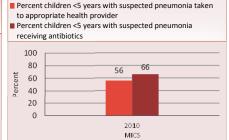
Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH

Immunization





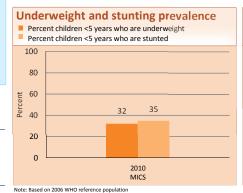


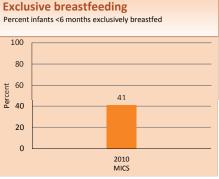
Pneumonia treatment

NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 16

(2010) Early initiation of breastfeeding (within 1 hr of birth, %) Introduction of solid, semi-solid/soft foods (%) 51 Vitamin A two dose coverage (%)



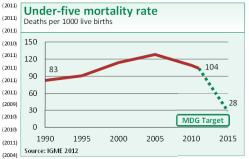


Swaziland

May 2013

DEMOGRAPHICS

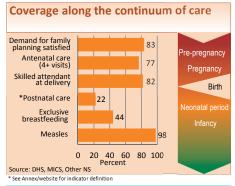


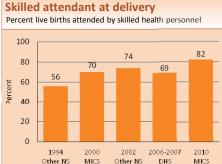


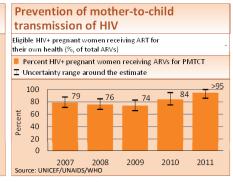


Note: MDG target calculated by Countdown to 2015.

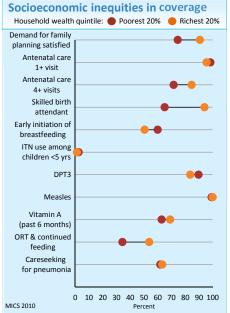
MATERNAL AND NEWBORN HEALTH







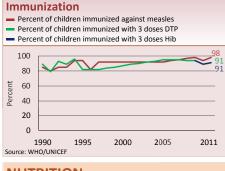
EQUITY

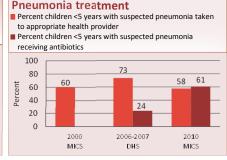


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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH



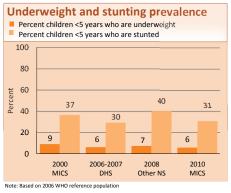


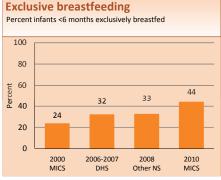
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) (2010) Early initiation of breastfeeding (within 1 hr of birth, %) 55 Introduction of solid, semi-solid/soft foods (%)

1

(2010) (2010) 66 Vitamin A two dose coverage (%) 41 (2011)



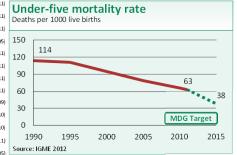


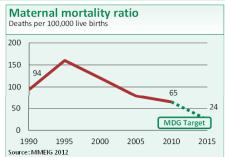
Tajikistan

May 2013

DEMOGRAPHICS

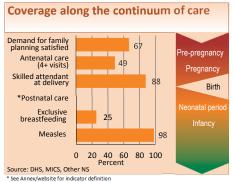


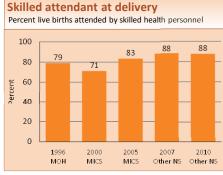


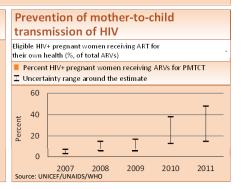


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







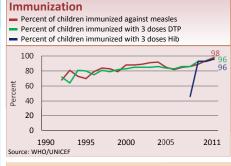
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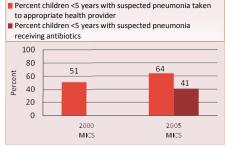
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 Percent

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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH





Pneumonia treatment

NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 10

(2007) Early initiation of breastfeeding (within 1 hr of birth, %) 57 Introduction of solid, semi-solid/soft foods (%) 15 Vitamin A two dose coverage (%) 99

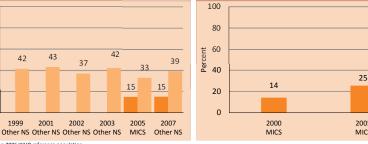
(2009)

(2011)

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 60 43 39

2002

2003



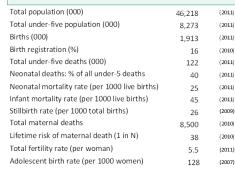
Exclusive breastfeeding

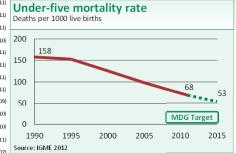
Percent infants <6 months exclusively breastfed

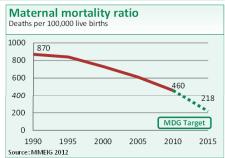
Tanzania, United Republic of

May 2013

DEMOGRAPHICS

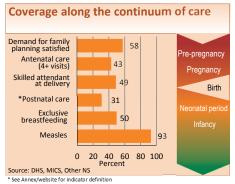


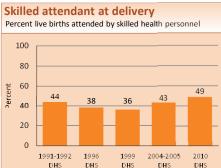


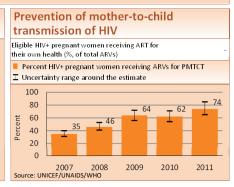


Note: MDG target calculated by Countdown to 2015.

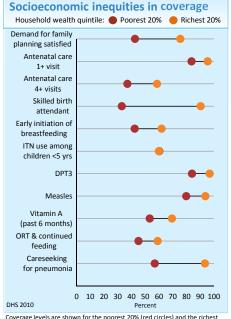
MATERNAL AND NEWBORN HEALTH







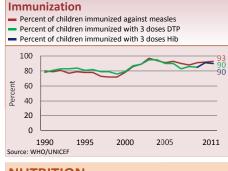
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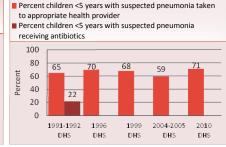


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CHILD HEALTH





Pneumonia treatment

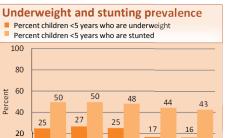
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

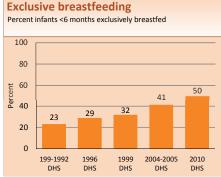
- (2010) Early initiation of breastfeeding (within 1 hr of birth, %) 49 Introduction of solid, semi-solid/soft foods (%) 92 Vitamin A two dose coverage (%) 97

(2010)

(2011)



2004-2005



1991-1992 Note: Based on 2006 WHO reference population

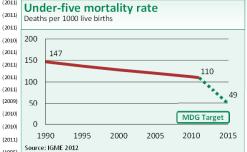
DHS

Togo

May 2013

DEMOGRAPHICS

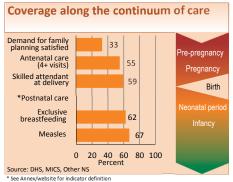


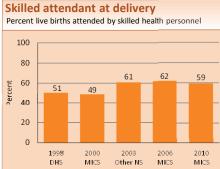


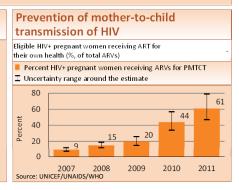


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







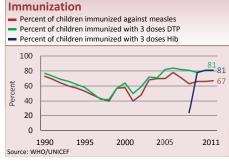
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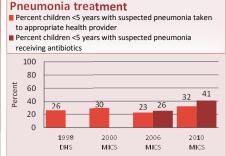
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 Percent

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CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

5 (2010) 11 (2010)

 (2010)
 Early initiation of breastfeeding (within 1 hr of birth, %)
 46

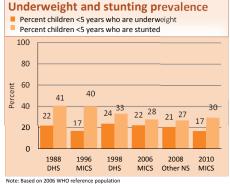
 (2010)
 Introduction of solid, semi-solid/soft foods (%)
 44

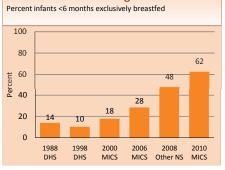
 Vitamin A two dose coverage (%)
 22

(2010)

(2011)

Exclusive breastfeeding



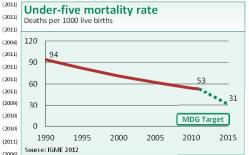


Turkmenistan

May 2013

DEMOGRAPHICS

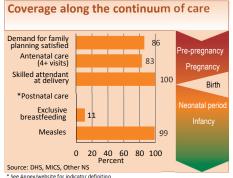


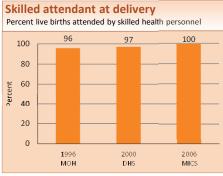




Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







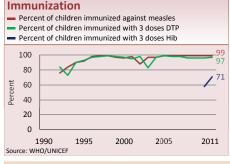
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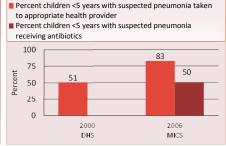
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding No Data ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia

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CHILD HEALTH





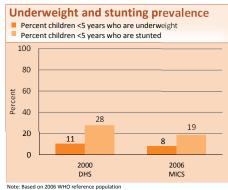
Pneumonia treatment

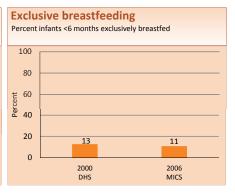
NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

(2006) Early initiation of breastfeeding (within 1 hr of birth, %) 60 Introduction of solid, semi-solid/soft foods (%) 54 Vitamin A two dose coverage (%)

(2006)



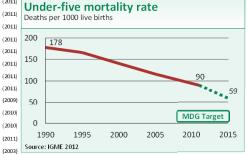


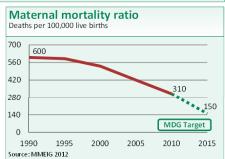
Uganda

May 2013

DEMOGRAPHICS

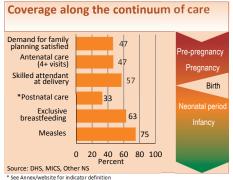




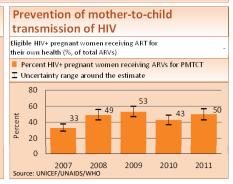


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

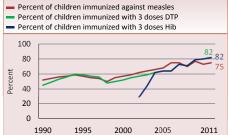
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2011 Percent

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CHILD HEALTH

Immunization





Pneumonia treatment

NUTRITION

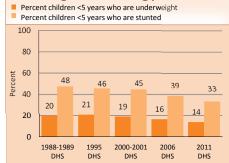
Source: WHO/UNICEF

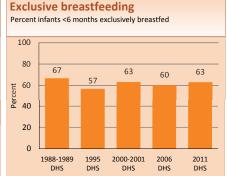
Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %) 5

(2011) Early initiation of breastfeeding (within 1 hr of birth, %) 42 Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

(2006) 75 60 (2011)

Underweight and stunting prevalence

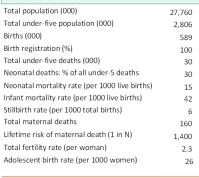


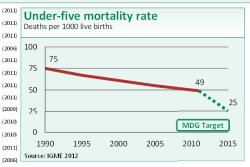


Uzbekistan

May 2013

DEMOGRAPHICS

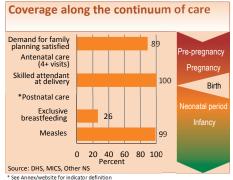


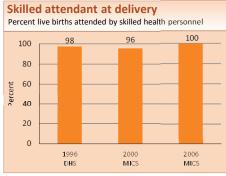


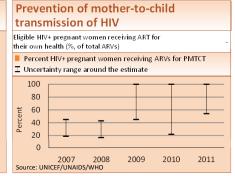


Note: MDG target calculated by Countdown to 2015.

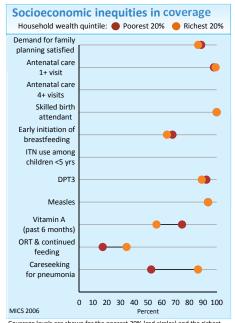
MATERNAL AND NEWBORN HEALTH







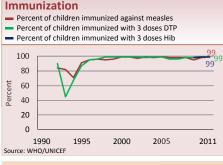
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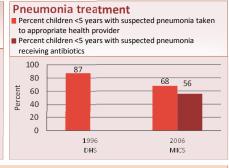


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Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

CHILD HEALTH



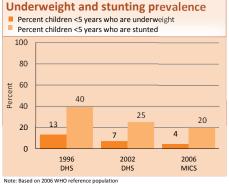


NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

(2006) Early initiation of breastfeeding (within 1 hr of birth, %) 67 4 Introduction of solid, semi-solid/soft foods (%)

(2006) (2006) Vitamin A two dose coverage (%) 95 (2011)



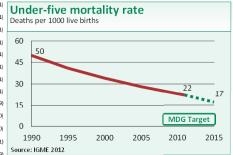


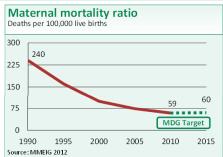
Vietnam

May 2013

DEMOGRAPHICS

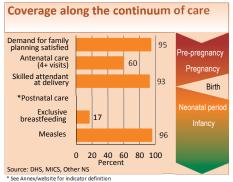


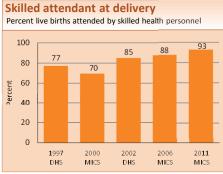


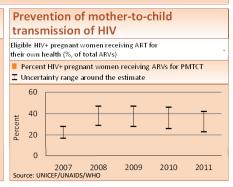


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







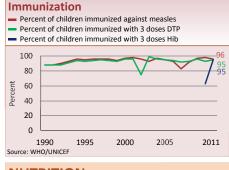
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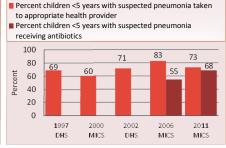
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 MICS 2011 Percent

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CHILD HEALTH





Pneumonia treatment

NUTRITION

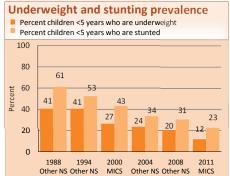
Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

Note: Based on 2006 WHO reference population

- (2011) Early initiation of breastfeeding (within 1 hr of birth, %) 40 (2011) Introduction of solid, semi-solid/soft foods (%) 50 Vitamin A two dose coverage (%) 99

(2011)

(2011)



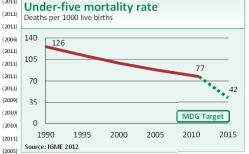


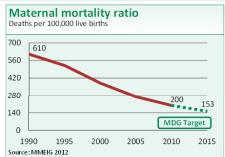
Yemen

May 2013

DEMOGRAPHICS

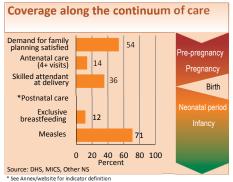


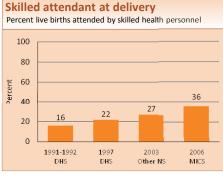


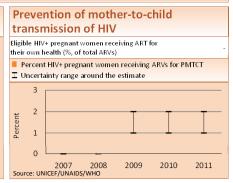


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







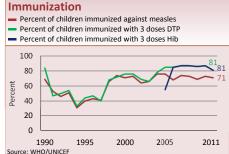
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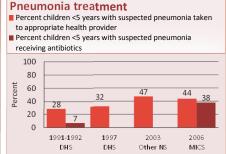
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 MICS 2006 Percent

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CHILD HEALTH





NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

Note: Based on 2006 WHO reference population

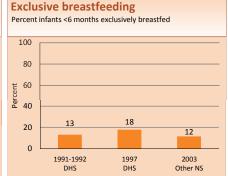
15 (2003) [[]

 (2003)
 Early initiation of breastfeeding (within 1 hr of birth, %)
 30
 (2006)

 1
 Introduction of solid, semi-solid/soft foods (%)
 76
 (2003)

 Vitamin A two dose coverage (%)
 9
 (2011)

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 100 59 58 60 50 48 43 Per 40 30 1991-1992 1997 2003 Other NS MICS Other NS

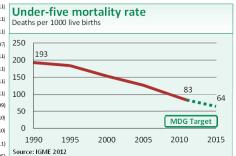


Zambia

May 2013

DEMOGRAPHICS

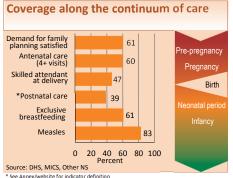


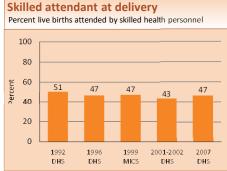


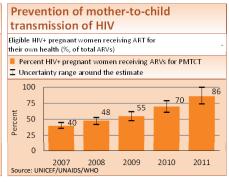


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







EQUITY

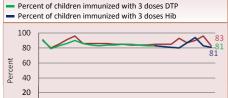
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs DPT3 Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2007 Percent

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Developed by Countdown to report on core indicators identified by the UN Commission on Information and Accountability, in support of the Global Strategy for Women's and Children's Health

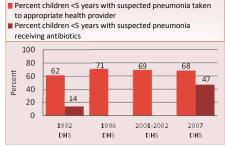
CHILD HEALTH

Immunization



2000

Percent of children immunized against measles



Pneumonia treatment

NUTRITION

n

Source: WHO/UNICEF

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

1995

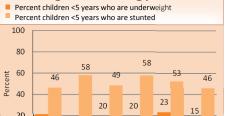
5 11

(2007) Early initiation of breastfeeding (within 1 hr of birth, %) 57 Introduction of solid, semi-solid/soft foods (%) Vitamin A two dose coverage (%)

Percent infants <6 months exclusively breastfed

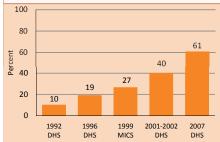


(2007)



1999 2001-2002 2007

Underweight and stunting prevalence



DHS Other NS Note: Based on 2006 WHO reference population

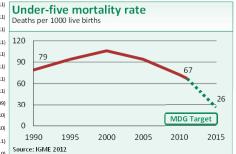
1995

Zimbabwe

May 2013

DEMOGRAPHICS



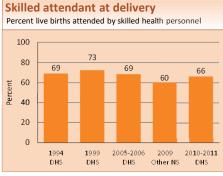


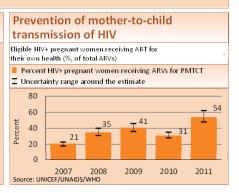


Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH







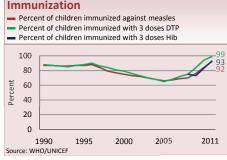
EQUITY

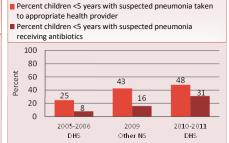
Socioeconomic inequities in coverage Household wealth quintile: Poorest 20% Richest 20% Demand for family planning satisfied Antenatal care 1+ visit Antenatal care 4+ visits Skilled birth attendant Early initiation of breastfeeding ITN use among children <5 yrs Measles Vitamin A (past 6 months) ORT & continued feeding Careseeking for pneumonia 0 10 20 30 40 50 60 70 80 90 100 DHS 2010-2011

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

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CHILD HEALTH





Pneumonia treatment

NUTRITION

Wasting prevalence (moderate and severe, %) Low birthweight incidence (moderate and severe, %)

3 (2010-2011) Early initiation of breastfeeding (within 1 hr of birth, %) 69 (2005-2006) 11 (2005-2006) Introduction of solid, semi-solid/soft foods (%) 86 (2010-2011) Vitamin A two dose coverage (%)

Exclusive breastfeeding

Percent infants <6 months exclusively breastfed

Underweight and stunting prevalence Percent children <5 years who are underweight Percent children <5 years who are stunted 100 80 60 40 20 8 12 12 10

60 40 26 22 20 10 0 1988 1994 1999 2005-2006 2010-2011 DHS Note: Based on 2006 WHO reference population

100

80

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