



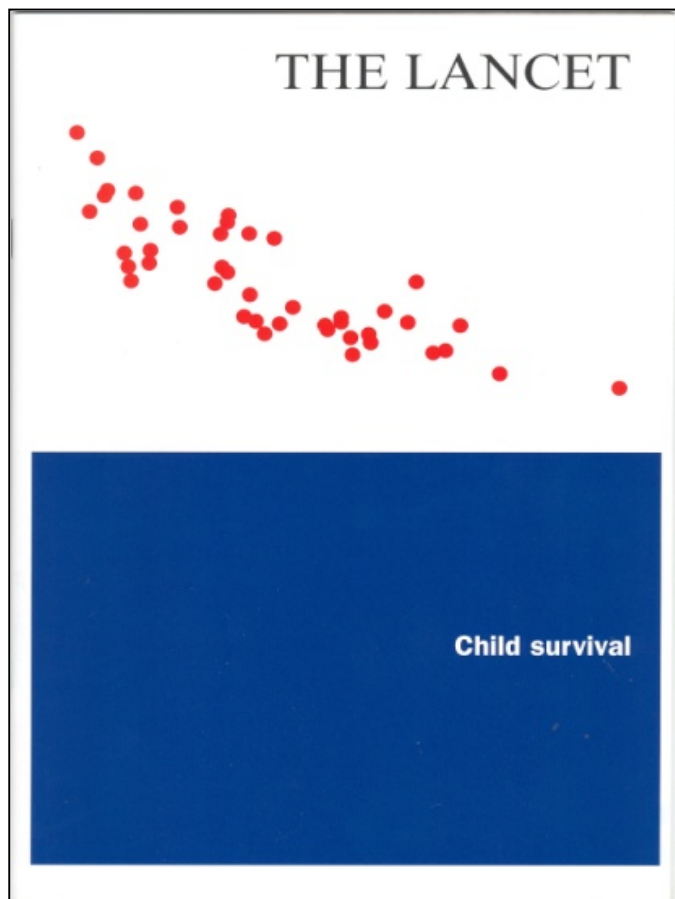
# Countdown: General Introduction and In-Depth Country Case Studies

**Pelotas, 17/06/13**



**#CD2015**

## Origins - 2003



“We commit ourselves to convening a series of meetings, every 2 years, ... to **take stock of progress** in preventing child deaths, and to hold countries and their partners **accountable.**”

# An evolution from child survival to the continuum of care



# Who is Countdown?

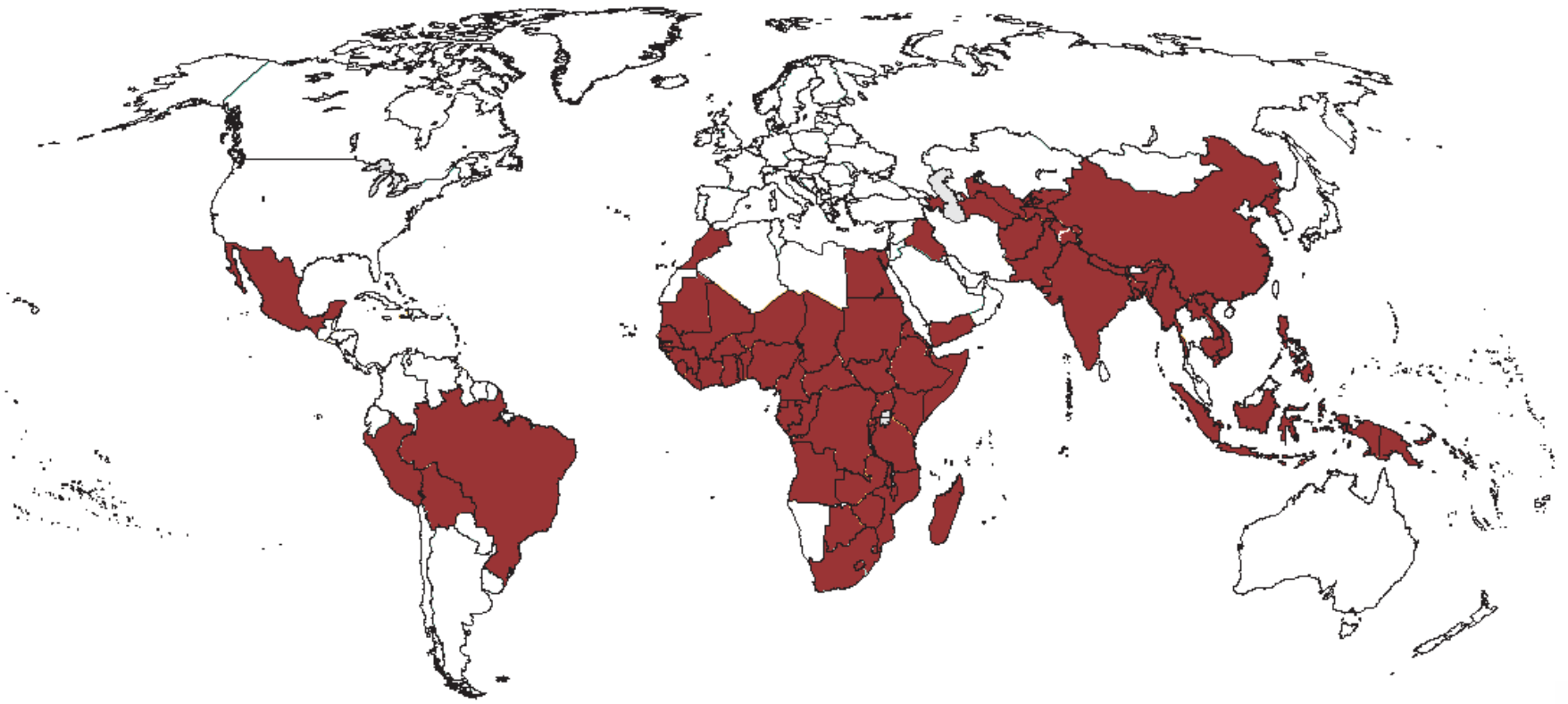
1. **Individuals:** scientists/academics, policymakers, public health workers, communications experts, teachers...
2. **Governments:** RMNCH policymakers, members of Parliament...
3. **Organizations:** NGOs, UN agencies, HCPAs, donors, medical journals...



# Where is Countdown?

75 countries that together account for > 95% of maternal and child deaths worldwide.

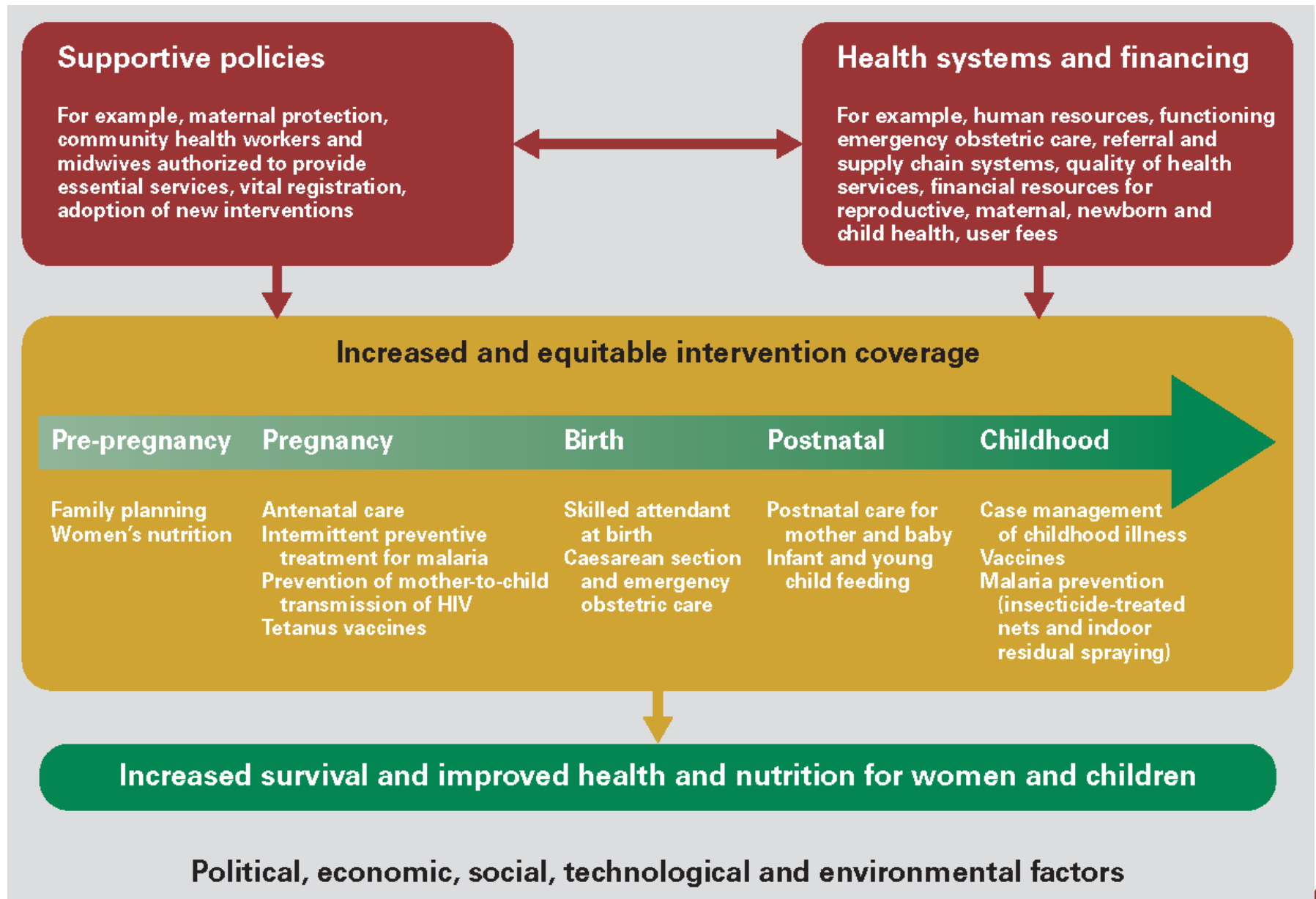
---



# Countdown Aims

- To disseminate the best and most recent information on country-level progress
- To take stock of progress and propose new actions
- To hold governments, partners and donors accountable wherever progress is lacking

# The Countdown Impact Model



# Countdown Activities

- **Analyze country-level coverage and trends** for interventions proven to reduce maternal, newborn and child mortality
- **Track indicators** for determinants of coverage (policies and health system strength; financial flows; equity)
- **Identify knowledge and data gaps** across the RMNCH continuum of care
- **Conduct research and analysis**
- **Support country-level Countdowns**
- **Produce materials, organize global conferences and develop web site** to share findings



# Four Technical Working Groups, each responsible for conducting R&A

Political, economic, social,  
technological, environmental factors

## Financial Flows

- ODA
- Domestic

## Health Systems & Policies

- Human resources
- Policies
- Health systems  
Strength

**Health System**

## Coverage

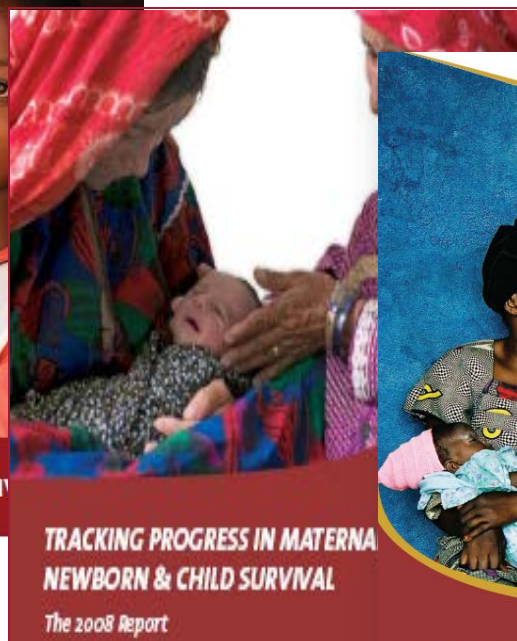
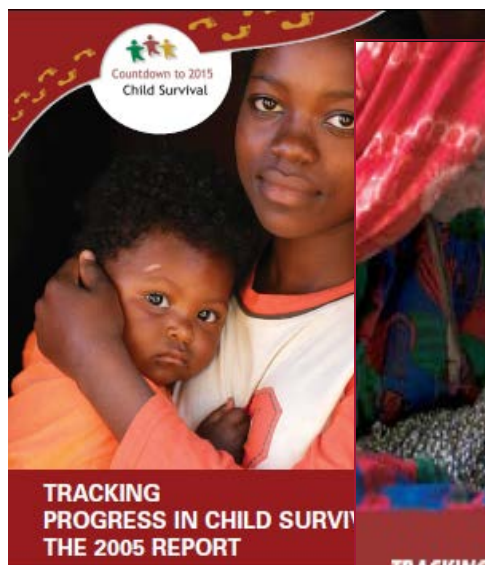
- Health  
status
- Coverage

**Family &  
Community**

## Equity

- SES
- Gender
- Geographic

# The Countdown to 2015 Reports



# Countdown products

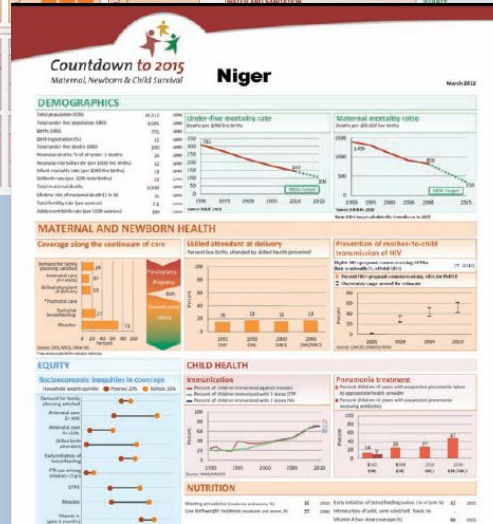
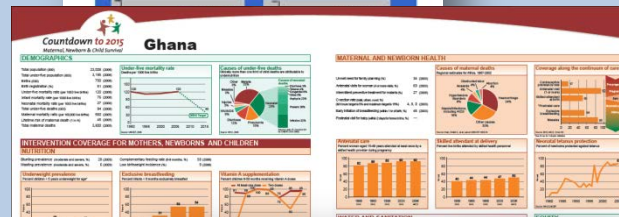
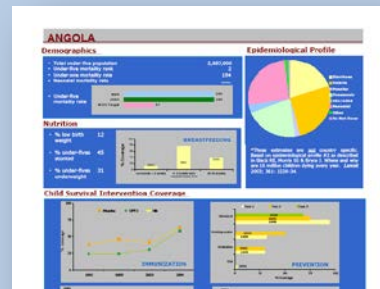
Reports & media materials

Country Profiles

Publications



Monitoring maternal, newborn and child health: understanding key progress indicators



From Technical Working Groups



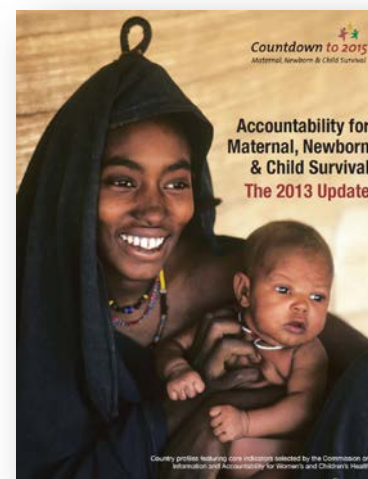
And from countries





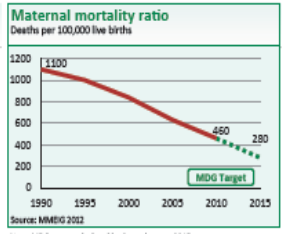
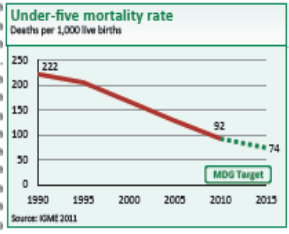
# Countdown products

- Global reports
  - “big report” every 2 years
  - “accountability report” every year
- Scientific articles
- Countdown meetings
  - Global
  - Country
- Country case studies
  - Niger
  - Others



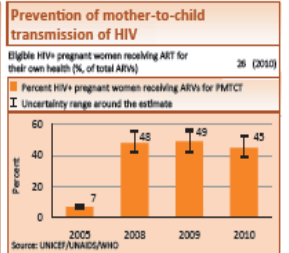
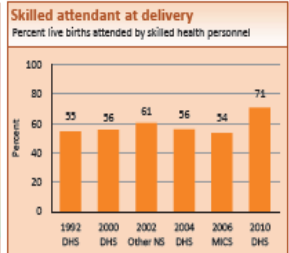
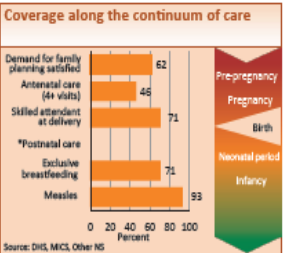
DEMOGRAPHICS

Total population (200)	14,901	(2008)
Total under-five population (200)	2,715	(2008)
Births (200)	663	(2008)
Birth registration (%)	-	(2008)
Total under-five deaths (200)	56	(2008)
Neonatal deaths: % of all under-5 deaths	32	(2008)
Neonatal mortality rate (per 1000 live births)	27	(2008)
Infant mortality rate (per 1000 live births)	58	(2008)
Stillbirth rate (per 1000 total births)	24	(2008)
Total maternal deaths	3,000	(2008)
Lifetime risk of maternal death (1 in N)	36	(2008)
Total fertility rate (per woman)	6.0	(2008)
Adolescent birth rate (per 1000 women)	177	(2008)

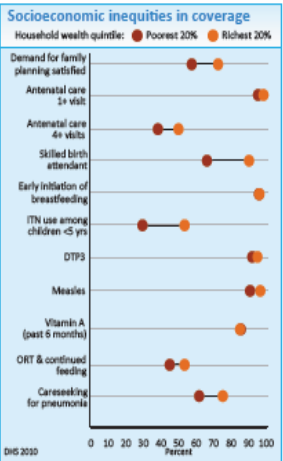


Note: MDG target calculated by Countdown to 2015

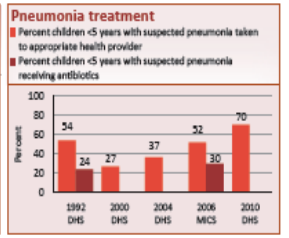
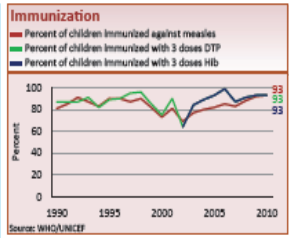
MATERNAL AND NEWBORN HEALTH



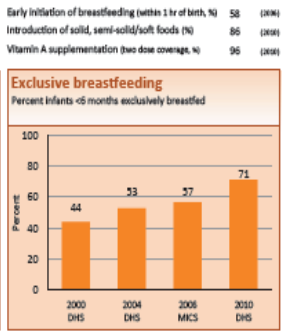
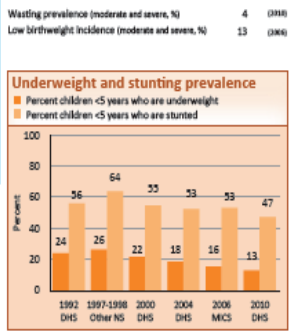
EQUITY



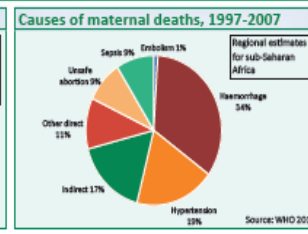
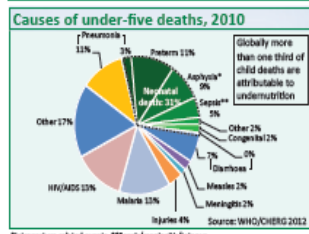
CHILD HEALTH



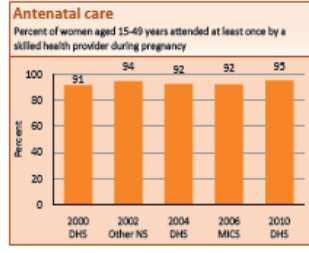
NUTRITION



DEMOGRAPHICS

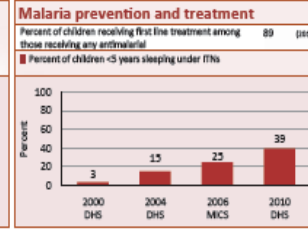
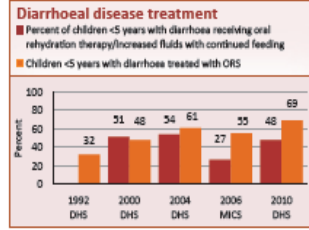


MATERNAL AND NEWBORN HEALTH

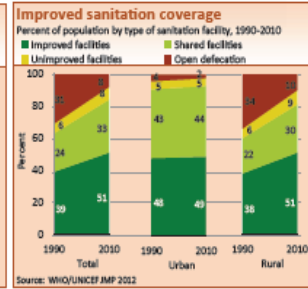
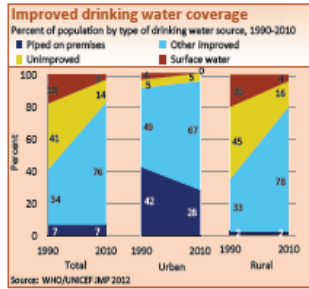


Demand for family planning satisfied (%)	62	(2008)
Antenatal care (4 or more visits, %)	46	(2008)
Malaria during pregnancy - Intermittent preventive treatment (%)	60	(2008)
C-section rate (total, urban, rural, %)	5, 8, 4	(2008)
Neonatal tetanus vaccine (%)	87	(2008)
Postnatal visit for baby (within 2 days for all births, %)	-	(2008)
Postnatal visit for mother (within 2 days for all births, %)	-	(2008)
Women with low body mass index (<18.5 kg/m², %)	7	(2008)

CHILD HEALTH



WATER AND SANITATION



POLICIES

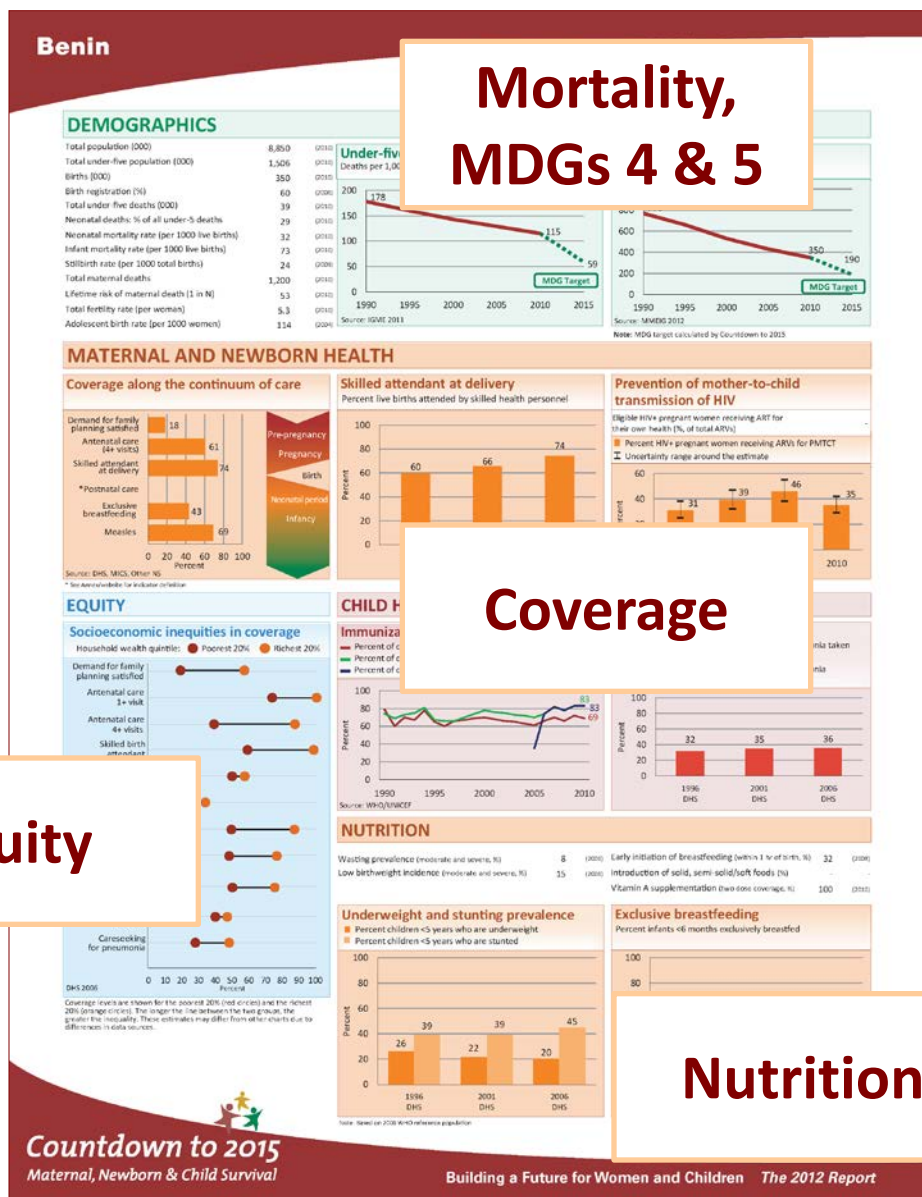
Maternity protection in accordance with Convention 183	No
Specific notification of maternal deaths	Yes
Midwifery personnel authorized to administer core set of life saving interventions	Yes
International Code of Marketing of Breastmilk Substitutes	Yes
Postnatal home visits in first week of life	Yes
Community treatment of pneumonia with antibiotics	Yes
Low osmolality ORS and zinc for management of diarrhoea	Yes
Rotavirus vaccine	Partial
Pneumococcal vaccine	Yes

SYSTEMS AND FINANCING

Costed national implementation plan(s) for maternal, newborn and child health available	Partial
Density of doctors, nurses and midwives (per 10,000 population)	3.0 (2008)
National availability of emergency obstetric care services (% of recommended minimum)	32 (2008)
Per capita total expenditure on health (USD)	56 (2008)
General government expenditure on health as % of total government expenditure (%)	14 (2008)
Out-of-pocket expenditure as % of total expenditure on health (%)	11 (2008)
Official development assistance to child health per child (USD)	24 (2008)
Official development assistance to maternal and neonatal health per live birth (USD)	78 (2008)

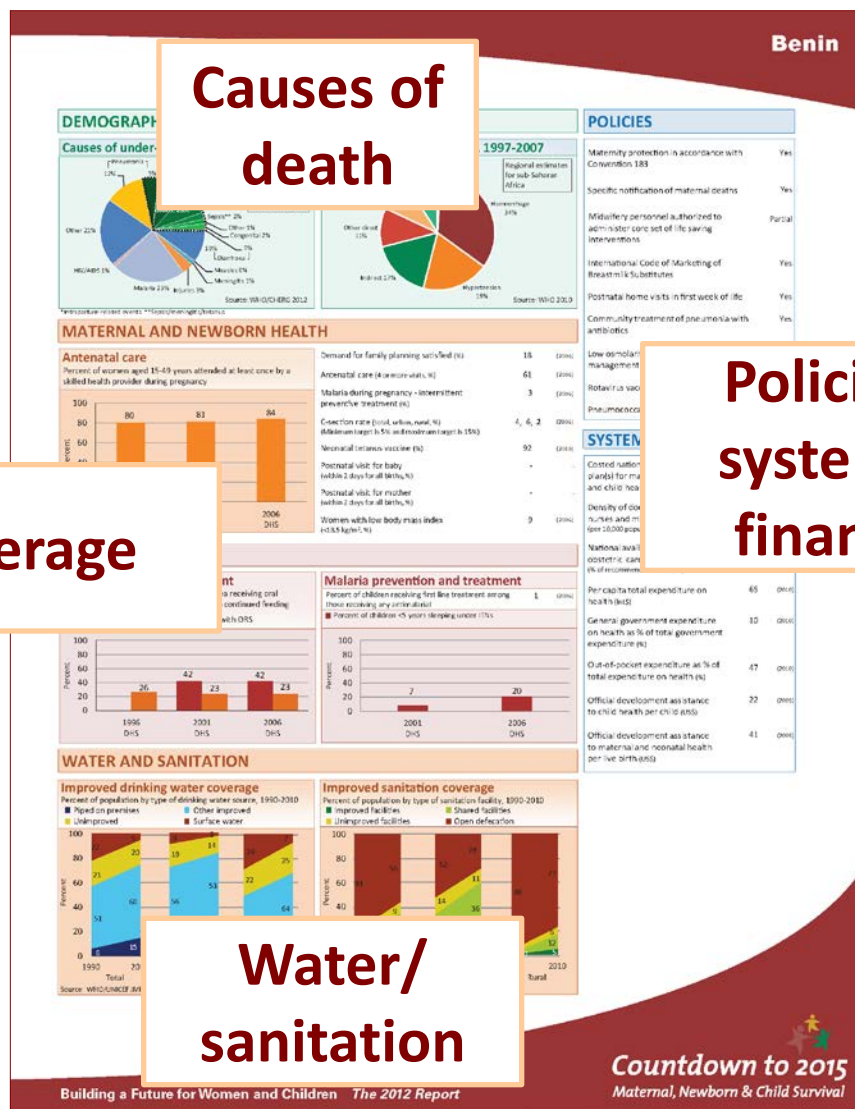
# Countdown profiles present latest data for each country

First page of country profile highlights all COIA indicators; 1-page profiles will be published annually

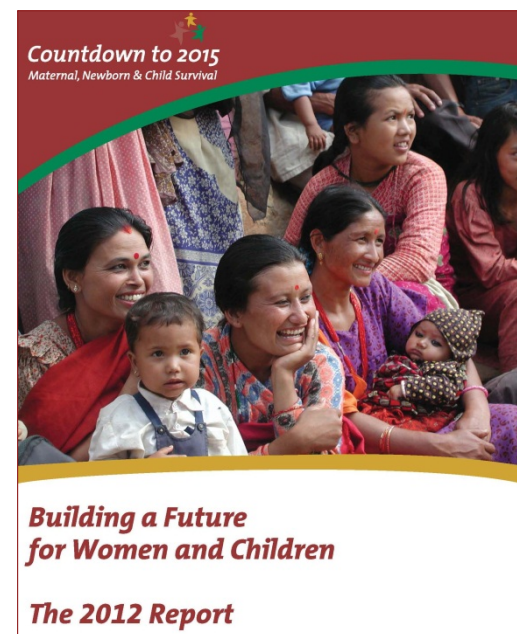




# Countdown profiles present latest data for each country



Full two-page profiles include additional indicators; full report published bi-annually



**Note: All 2012 Report data embargoed until 14 June 2012!**

# Countdown Global Events

2005 in London

2008 in Cape Town

2010 in DC

## Tracking Progress in Child Survival Countdown to 2015

The first in a series of two-yearly rolling reviews of progress in child survival as called for in the Bellagio/Lancet Child Survival series 2003.



61 country delegations!

Joint with Women Deliver

**Plenary and 4 sessions:  
Most highly rated by  
conference  
participants**





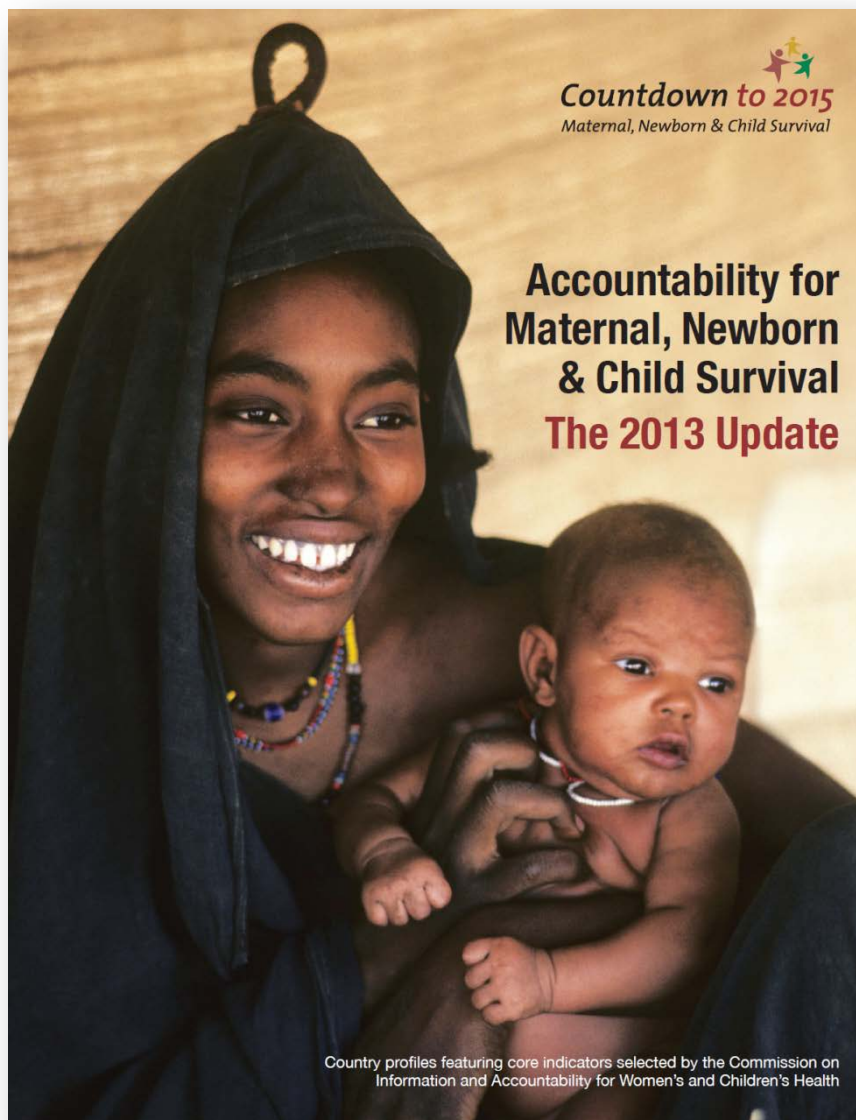
# Country Countdown Events & Products

- Senegal, 2006
  - High level engagement of key partners (Ministries of health and finance, initiated by UNICEF)
  - Strategic planning for scale-up of effective MNCH interventions
- Zambia, 2008
  - MoH initiated and convened
  - National prioritization of MNC mortality reduction
- Nigeria, January 2011
  - FMOH convened in partnership with Save the Children; launched by First Lady
  - Country report and 36 state profiles
- Niger, September 2012
  - Case study (Lancet)
  - Presentation at joint session with iERG (September 2012 in NY)
- More coming as part of accountability agenda!

# Countdown Moving Forward

## **Four streams of work to promote accountability, 2011 to 2015 and beyond**

1. Produce country profiles/report every year
2. Conduct analyses and generate new knowledge, including special reports on the priority indicators for the accountability agenda
3. Share findings through products and events
4. Support country-level Countdowns and in-depth case studies focusing on subnational data and response



# Countdown In-Depth Country Case Studies



#CD2015

# Aims

- 1) To use evidence to tell a series of stories about country progress in RMNCH
- 2) To produce generalizable lessons about scaling-up RMNCH programs

# Scope

- The set of case studies (the “portfolio”), as well as each individual case study, should aim to
  - Assess more than one outcome across the RMNCH continuum of care
  - include attention to success stories as well as areas where progress was not made, and the reasons why
- Special focus on explaining **HOW** progress was achieved

The availability of good, relevant data  
is a prerequisite for a case study.

# Case Study Content

- Assessment of coverage and impact measures
  - If possible along the continuum of care
- Complementary data on policy, health systems, financing
- Equity analyses – in particular, subnational geographic analyses

# Process

- Led by in-country institution that is independent of RMNCH program implementation
- Strong capacity-building component. Technical assistance (if needed) via Countdown Technical Working Groups
- Plans and preliminary results presented and discussed with Government and relevant stakeholders in country
- Strong links and synergies with country Countdown events



## Reduction in child mortality in Niger: a Countdown to 2015 country case study



*Agbessi Amouzou, Oumarou Habi, Khaled Bensaid, and the Niger Countdown Case Study Working Group\**

### Summary

**Background** The Millennium Development Goal 4 (MDG 4) is to reduce by two-thirds the mortality rate of children younger than 5 years, between 1990 and 2015. The 2012 Countdown profile shows that Niger has achieved far greater reductions in child mortality and gains in coverage for interventions in child survival than neighbouring countries in west Africa. Countdown therefore invited Niger to do an in-depth analysis of their child survival programme between 1998 and 2009.

**Methods** We developed new estimates of child and neonatal mortality for 1998–2009 using a 2010 household survey. We recalculated coverage indicators using eight nationally-representative surveys for that period, and documented maternal, newborn, and child health programmes and policies since 1995. We used the Lives Saved Tool (LiST) to estimate the child lives saved in 2009.

  
**Countdown to 2015**  
Maternal, Newborn & Child Survival

Published Online  
September 20, 2012  
[http://dx.doi.org/10.1016/  
S0140-6736\(12\)61376-2](http://dx.doi.org/10.1016/S0140-6736(12)61376-2)

See Online/Comment  
[http://dx.doi.org/10.1016/  
S0140-6736\(12\)61514-1](http://dx.doi.org/10.1016/S0140-6736(12)61514-1)  
and  
[http://dx.doi.org/10.1016/  
S0140-6736\(12\)61382-8](http://dx.doi.org/10.1016/S0140-6736(12)61382-8)

# CASE STUDY EXAMPLE: CHILD SURVIVAL IN NIGER





# Process – 4 Working Groups

## Mortality

- National mortality survey 2010, with full birth history
- Careful data quality assessment

## Coverage

- 8 nationally-representative household surveys, 1998-2010
- Recalculation and quality assessment of all indicators

## Program documentation

- Independent review of documents & data bases
- 40 key informant interviews
- Tracking of contextual factors

## Lives Saved Tool (*LiST*)

- Determination of consistency between *LiST* estimates and measured estimates for 2009
- Analysis of contribution of specific interventions and reductions in risk factors

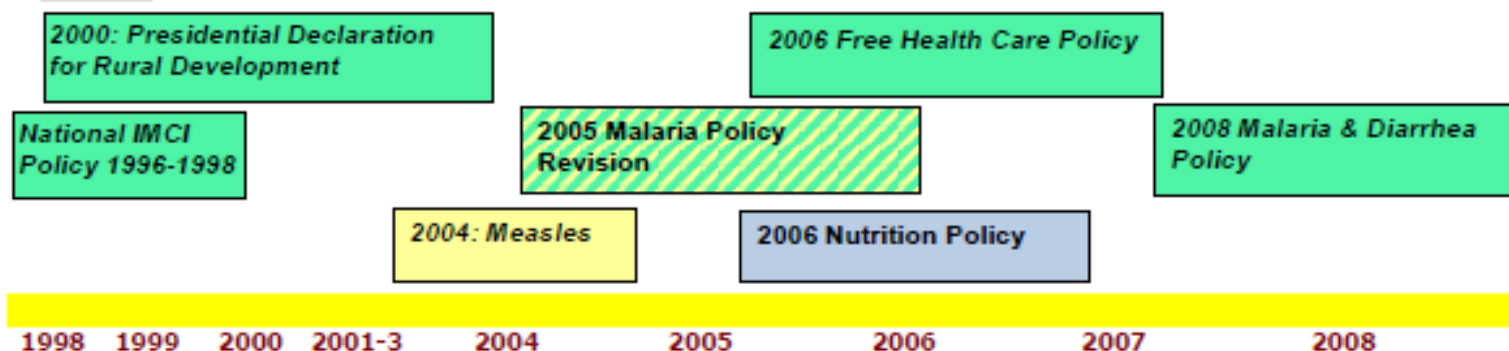


**Analysis and writing workshop  
to bring components together.**

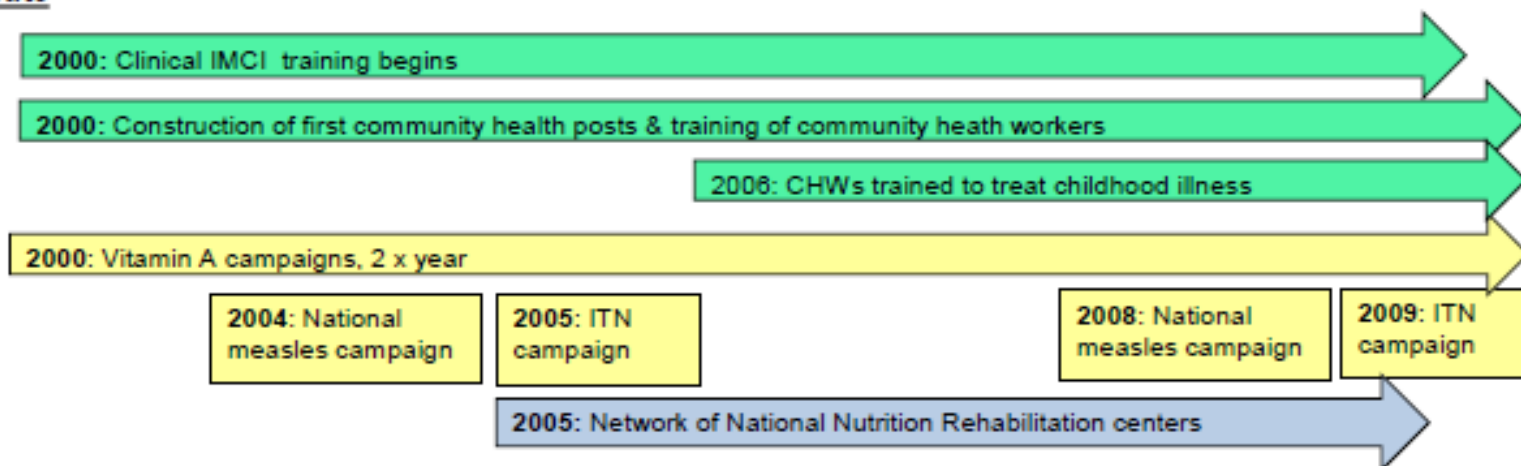


# Program Documentation: Three major child survival strategies since 2000

## Policies



## Program inputs



Increased access to primary health care

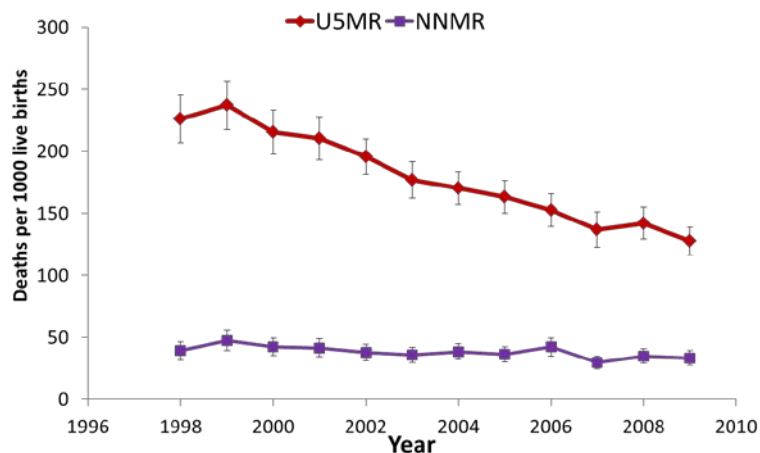
Mass campaigns

Intensified nutrition programs

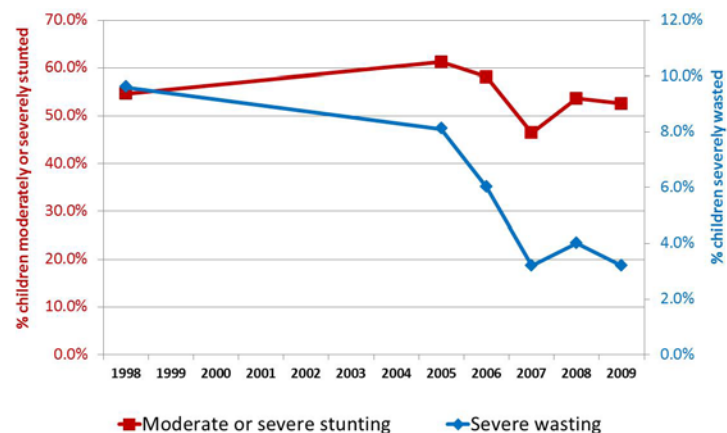


# Results

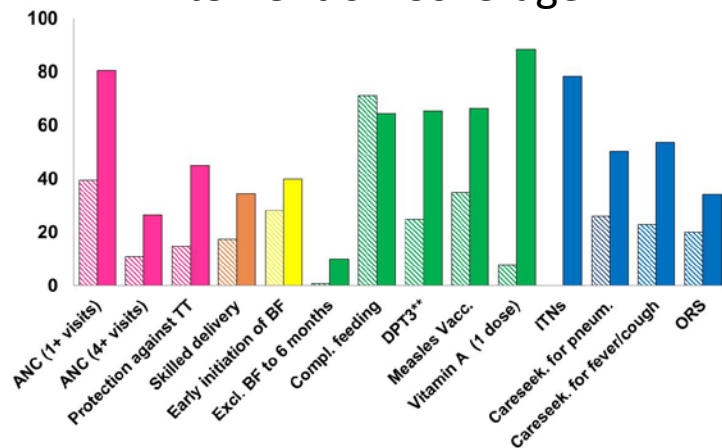
## Mortality



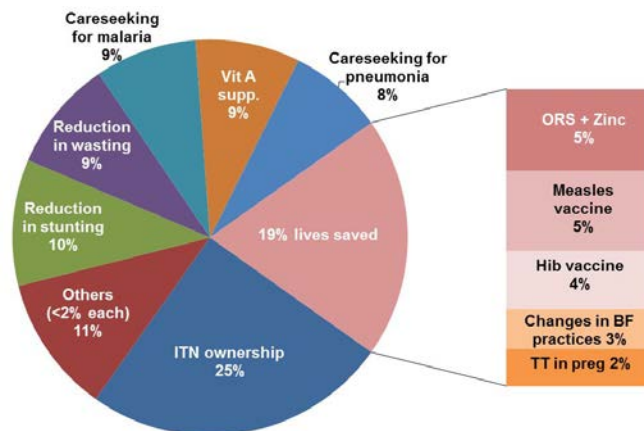
## Nutritional Status



## Intervention Coverage



## Child Lives Saved, by Intervention



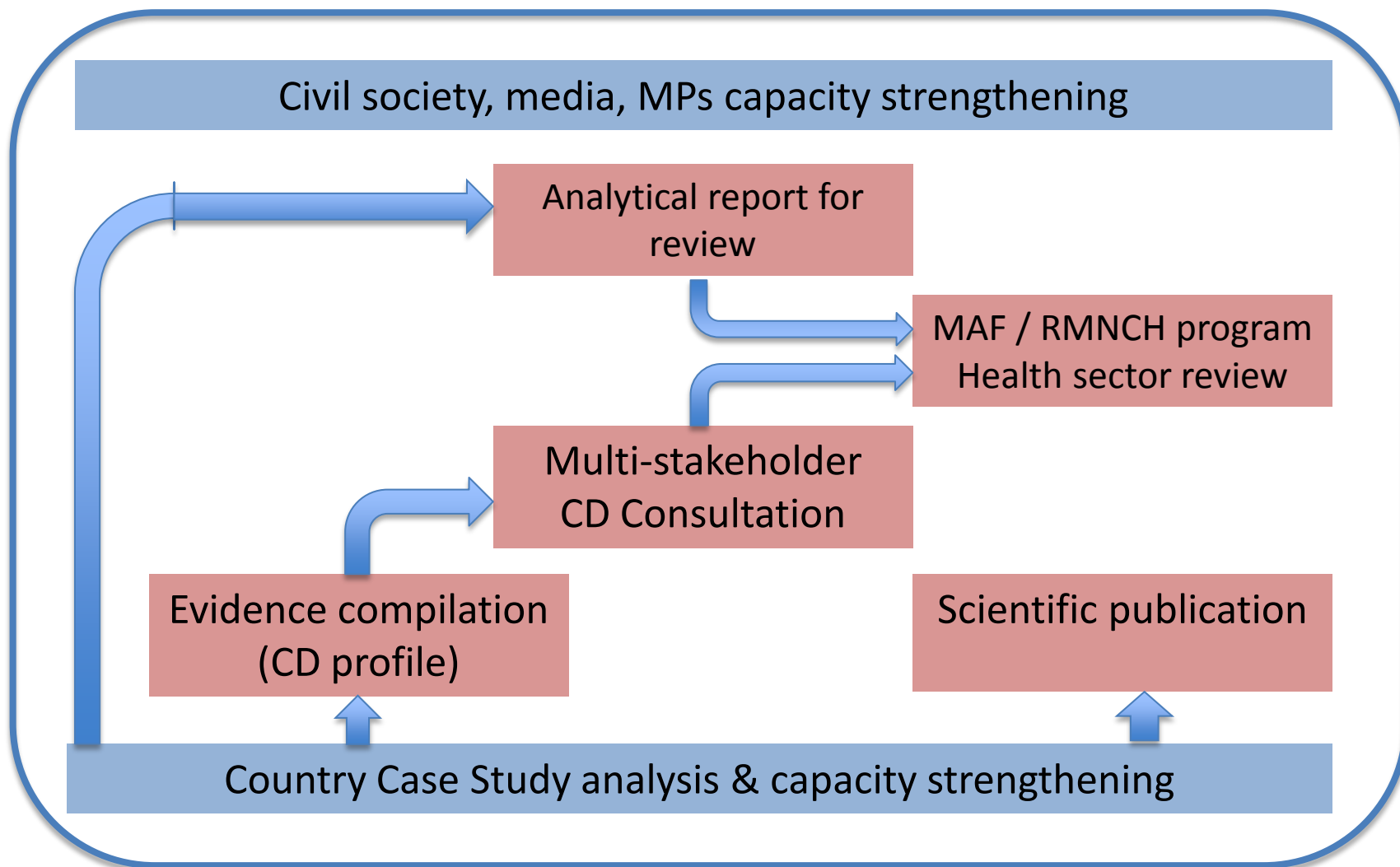


# Dissemination

- In-country workshop with MOH
- *Lancet* article with comment by Minister
- Presentation at high-level pre-UN General Assembly meeting in NYC convened by Countdown and iERG
- Media coverage and magazine article
- Presentation in high-level regional meetings
- Follow-up in 2013 iERG report



# Countdown Country Process



*Shows the potential components and their linkages as part of country Countdown  
Not all components will need to be present in the same country*

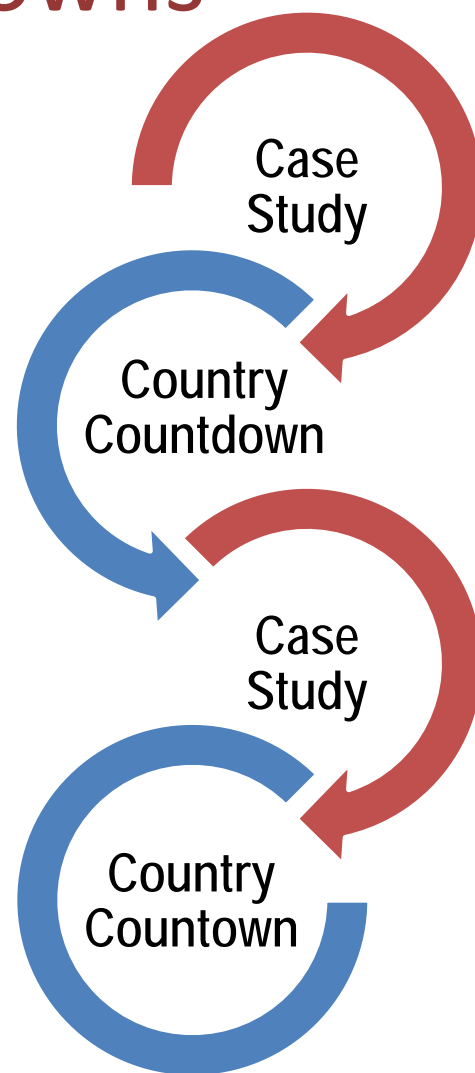
# Case Studies in 2013

- Bangladesh (started in 2012)
- Ethiopia
- Malawi
- Afghanistan/Pakistan
- Peru

**Additional case studies planned  
for 2014 and 2015**

# Links to Country Countdowns

- A case study can be useful in ***preparing for*** a country Countdown, but is not required
- Case studies can also ***follow*** a country Countdown event, to provide more in-depth understanding
- Case study proposals must include a plan for dissemination; if not a country Countdown, what?



# Obrigado!