

## Annex E. Definitions of Drivers indicators (Policies, Systems & Financing)

Indicator	Definition	Criteria for ranking
<b>Legislative policies</b>		
Family planning for adolescents without spousal or parental consent	Laws or regulations allow adolescents (married or unmarried) to access contraception without parental or spousal consent.	<p>Yes = legislation is available that allows adolescents to access contraception without parental or spousal consent.</p> <p>Partial = legislation is available that allows either married adolescents to access contraception without spousal consent or allows unmarried adolescents to access contraception without parental consent.</p> <p>No = no legislation is available that allows adolescents to access contraception without parental or spousal consent.</p>
Legal status of abortion	Legal grounds under which abortion is allowed	<p>Abortion allowed on the following grounds:</p> <p>I = to save a woman's life.</p> <p>II = to preserve physical health and above.</p> <p>III = to preserve mental health and above.</p> <p>IV = for economic and social reason and the above.</p> <p>V = on request and above.</p> <p>R = in case of rape or incest.</p> <p>F = in case of foetal impairment.</p> <p>— = data are not available</p>
Maternity protection (Convention 183)	Country has ratified International Labour Organization Convention 183 or has passed national legislation that is in compliance with the three key provisions of the convention (14 weeks of maternity leave, paid at 66% of previous earnings by social security or general revenue)	<p>Yes = International Labour Organization Convention 183 ratified (maternity leave of at least 14 weeks with cash benefits of previous earnings paid by social security or public funds).</p> <p>Partial = International Labour Organization Convention 183 not ratified but previous maternity convention ratified (maternity leave of at least 12 weeks with cash benefits of previous earnings paid by social security or public funds).</p> <p>No = no ratification of any maternal protection convention.</p>
International Code of Marketing of Breastmilk Substitutes	National policy has been adopted on all provisions stipulated in International Code of Marketing of Breastmilk Substitutes.	<p>Yes = all provisions stipulated in International Code of Marketing of Breastmilk Substitutes adopted in legislation.</p> <p>Partial = voluntary agreements or some provisions stipulated in International Code of Marketing of Breastmilk Substitutes adopted in legislation.</p> <p>No = no legislation and no voluntary agreements adopted in relation to the International Code of Marketing of Breastmilk Substitutes.</p>

Indicator	Definition	Criteria for ranking
Legislation on food fortification (wheat, rice, maize)	National status of legislation on food fortification of wheat, rice or maize	<p>Mandatory = the country has legal documentation that has the effect of mandating fortification of the food vehicle in question with one or more priority micronutrients.</p> <p>Voluntary = The country has legal documentation indicating standardized fortification levels of the food vehicle in question (that is, fortification standard = yes) but does not have legal documentation that has the effect of mandating fortification (that is, mandatory fortification = no)</p>
<b>Governance</b>		
Costed national implementation plan(s) for maternal, newborn and child health	National plan for scaling up maternal, newborn and child health interventions is available and costed.	<p>Yes = costed plan or plans to scale up maternal, newborn and child health interventions available at the national level.</p> <p>Partial = costed plan available for either maternal and newborn health or child health.</p> <p>No = no costed implementation plan for maternal, newborn and child health available.</p>
Maternal death review	National policies or protocols to track maternal deaths according to seven possible components	<p>Maternal death surveillance and response survey results tracking the following seven components:</p> <ul style="list-style-type: none"> <li>• A national policy to notify all maternal deaths.</li> <li>• A national policy to review all maternal deaths.</li> <li>• A national maternal death review committee.</li> <li>• A subnational maternal death review committee.</li> <li>• Both national and subnational maternal death review committees in large countries.</li> <li>• At least biannual meetings of the national maternal death review committee.</li> <li>• An annual national Maternal Death Surveillance and Response report to disseminate findings and recommendations.</li> </ul> <p>A checkmark = yes, and an X = no</p>
Civil society involvement in review of national maternal newborn and child health programmes	<ul style="list-style-type: none"> <li>• Is there a national policy or strategy to ensure engagement of civil society organization representatives in national level planning of maternal, newborn, child and adolescent health programmes?</li> <li>• Is there a national policy or strategy to ensure engagement of civil society organization representatives in periodic review of national programmes for maternal, newborn,</li> </ul>	<p>Yes = civil society is involved in review of all maternal, newborn, and child health programmes</p> <p>Partial = civil society is involved in review of some components of maternal, newborn and child health programmes</p> <p>No = civil society is not engaged in the review of maternal, newborn and child health programmes</p>

Indicator	Definition	Criteria for ranking
	child and adolescent health	
<b>Financing</b>		
Total expenditure on health, per capita	The sum of public and private health expenditures as a ratio of total population (current US \$)	Numerical
General government expenditure on health, per capita	Health expenditures incurred by central, state/regional and local government authorities, excluding social security schemes. Included are nonmarket, nonprofit institutions that are controlled and mainly financed by government units	Numerical
Out-of-pocket expenditure as % of total expenditure on health	Level of out-of-pocket expenditure expressed as a percentage of total expenditure on health	Numerical
General government expenditure on health as % of total government expenditure	Level of general government expenditure on health expressed as a percentage of total expenditure on health	Numerical
Official development assistance to reproductive, maternal, newborn and child health (total and per capita)	Official development assistance to reproductive, maternal, newborn and child health using the Muskoka method	Numerical
<b>Service delivery</b>		
Reproductive lifesaving commodities in essential medicines list	Emergency contraceptives, implants and female condoms are in the essential medicines list	Number of the three listed commodities that are included in the essential medicines list
Maternal lifesaving commodities in essential medicines list	Oxytocin, misoprostol and magnesium sulfate are in the essential medicines list	Number of the three listed commodities that are included in the essential medicines list
Newborn lifesaving commodities in essential medicines list	Injectable antibiotics, antenatal corticosteroids, chlorhexidine and resuscitation equipment are in the essential medicines list	Number of the four listed commodities that are included in the essential medicines list

Indicator	Definition	Criteria for ranking
Child lifesaving commodities in essential medicines list	Amoxicillin, oral rehydration salts and zinc are in the essential medicines list	Number of the three listed commodities that are included in the essential medicines list
National availability of functional emergency obstetric care facilities (% of recommended minimum)	The recommended minimum emergency obstetric care facilities is defined as at least five emergency obstetric care facilities per 500,000 people, including one comprehensive and four basic emergency obstetric care facilities. The breakdown of comprehensive and basic by population and geographic area is not included in the <i>Countdown</i> [indicators?].	<p>Expressed as a percentage</p> <p>Numerator: Number of obstetric care facilities that provided emergency obstetric care signal functions in the last three months</p> <p>Denominator: Per 500,000 population</p> <p>This value is than compared to the recommended minimum to derive the percentage value</p>
Density of skilled health professionals	Proportion of physicians, nurses and midwives who are available per 10,000 population	<p>Expressed as a percentage</p> <p>Numerator: number of health workers (physicians, nurses and midwives)</p> <p>Denominator: 10,000 population</p>
Midwives authorized for specific tasks	Midwifery personnel are authorized to deliver basic emergency obstetric and newborn care	<p>Number of the seven lifesaving interventions tasks authorized:</p> <ul style="list-style-type: none"> <li>• Parenteral antibiotics.</li> <li>• Parenteral oxytocin.</li> <li>• Parental anticonvulsants.</li> <li>• Manual removal of placenta.</li> <li>• Removal of retained products of conception.</li> <li>• Assisted vaginal delivery.</li> <li>• Newborn resuscitation.</li> </ul>