



# ***Countdown to 2030***

*Women's Children's & Adolescent's Health*

## **Countdown to 2030: RMNCAH Country Profiles Annexes**

Updated December 2021

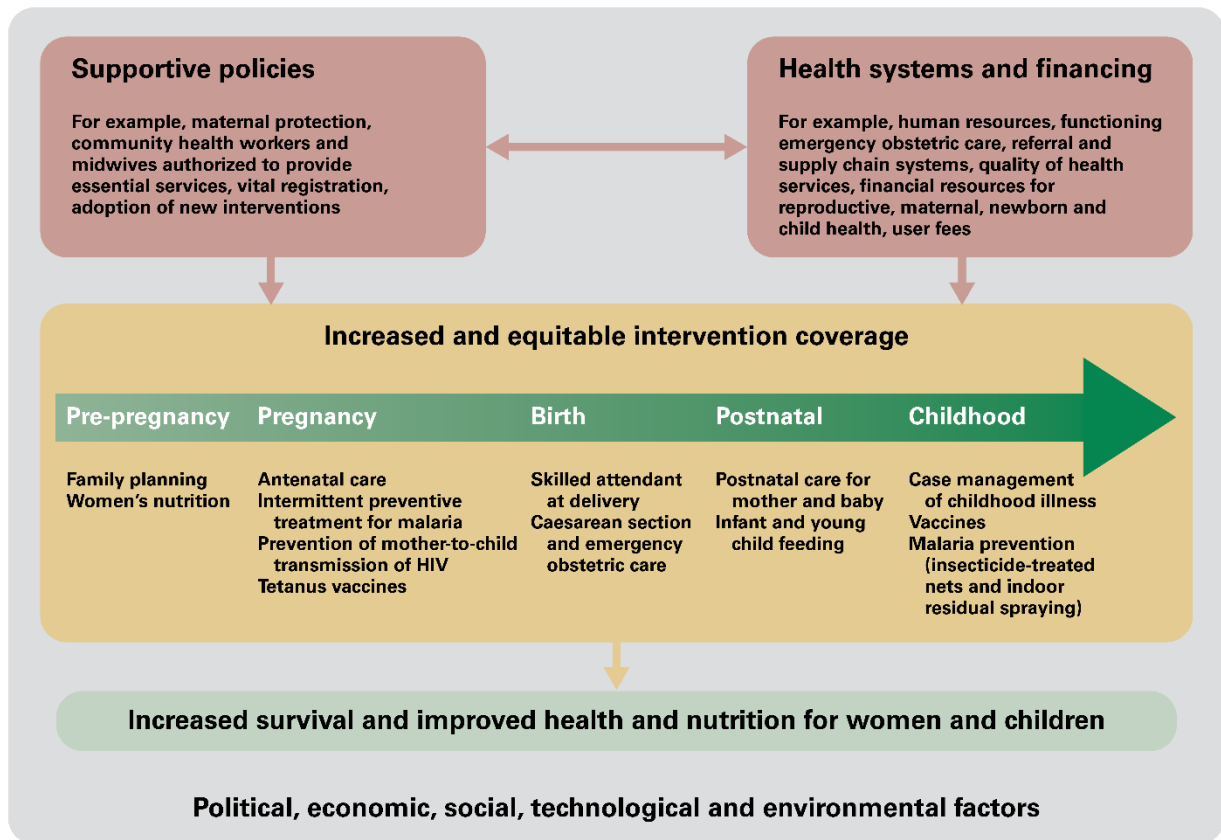
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# Annex A. Countdown to 2030 governance structure and evaluation framework

Figure A1

*Countdown to 2030* evaluation framework guiding all analyses



## Annex B. Countdown to 2030 Technical Review Process

### Technical Review Process, 2021

The 2021 review process provided an opportunity for *Countdown* to review and update the CD2030 indicator list so that it reflects the latest evidence on effective interventions for reproductive, maternal, newborn, child, adolescent health and nutrition. The process took advantage of the recent extensive indicator consultations for developing the Sustainable Development Goal framework; the Monitoring Framework for the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016–2030); and other initiatives and efforts (such as the Every Newborn Action Plan, Ending Preventable Maternal Mortality, the Global Nutrition Report, the Lancet Commission on Adolescent Health, Family Planning 2020, the World Health Organization list of 100 core indicators, and Primary Health Care Performance Initiative).

The technical review process for 2021 took place in two phases. The first involved selecting the demographic and coverage indicators and revising the list of stratifiers used for the equity analyses. The second involved selecting the indicators for determinants and drivers of coverage (the health systems, policies and financing indicators), which depended on the coverage and demographic indicators since the two sets of indicators should be linked on the same causal pathway.

Both phases involved the following general steps:

- Mapping indicators (creating separate files for demographic, coverage, and determinants and drivers indicators that show indicator lists by major global initiatives and how they overlap).
- Creating a matrix with details for each indicator such as numerator, denominator and data sources.
- Ranking and organizing the indicators into three tiers. In general, tier 1 indicators are included on the three-page country profiles, tier 2 indicators are complementary or additional to tier 1 indicators and are reported on the *Countdown* website in the interactive dashboard version of the country profiles, and tier 3 indicators capture information about proven interventions but lack readily available data or are still under development or aspirational.
- Consulting with technical working group members and additional content area experts (such as experts working on water, sanitation and hygiene; nutrition; HIV; and malaria) on the matrix and tiered ranking of the indicators.
- Soliciting feedback from the broader group of *Countdown* partners. All organizations involved in the 2020 report were invited to provide comments on the indicator lists and to submit proposals for changes to existing indicators or to add indicators.
- Finalizing the list through consensus in the working groups and in the Technical Review Group.

The full list of indicators in tiers 1, 2 and 3 are available on the *Countdown* website.

The universe of Countdown 2030 countries was determined by countries classified as low and middle income as per the [World Bank income classifications in June of 2021](#).

## Technical Review Process, 2019

For the 2019 profiles, we retained the indicator list that was used for the 2017 profiles except for some updates to the drivers indicators included on page 2 of the profiles. We updated the policy indicators on the Countdown profiles because WHO launched a new policy survey designed around monitoring progress towards the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) in 2018. Decisions on which policy indicators to include on the Countdown 2019 country profiles were made through a consultative process within the Drivers technical working group in close collaboration with the WHO colleagues responsible for the development, collection and analysis of the policy survey data.

We expanded the list of countries for which we developed country profiles to include the 81 Countdown countries selected on the basis of mortality burden plus all additional low- and middle-income countries according to the World Bank Income Classification.

## Technical Review Process, 2016-17

*Countdown to 2030* builds on *Countdown to 2015's* 12 years of monitoring experience and aims to provide the best and most recent scientific evidence on country-level progress towards improving women's, children's and adolescents' health.<sup>1</sup> It also aims to improve the use of national data to accelerate attention, accountability and action for scaling up coverage of priority reproductive, maternal, newborn, child, adolescent health and nutrition interventions.

*Countdown* adds value to global and country accountability efforts by forging a clear, evidence-based consensus on priority interventions for reproductive, maternal, newborn, child, adolescent health and nutrition and on key coverage determinants. This consensus is achieved through a rigorous annual technical review process that enables *Countdown* to re-assess its indicator list in response to changes in the evidence base on effective interventions and changes in country priorities; examine the range of equity analyses (including stratifiers); ensure its monitoring efforts are harmonized with other major global, regional and country accountability initiatives; and review its priority country list based on country progress and global and country targets and goals.

## *Universe of Countdown 2030 Countries*

*Countdown's* technical review process for the 2020–21 reporting year resulted in updates to the list of priority countries, the indicator list and equity analyses based on the [World Bank classification of low-](#)

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<sup>1</sup>Countdown's focus on adolescents is currently centered on reproductive and maternal health of adolescent girls.

[and middle-income countries.](#)

**Table B1. Countdown country groupings for 2021 based on World Bank Low- and Middle-Income Countries**

Afghanistan	Angola	Albania	Argentina	Armenia
American Samoa	Azerbaijan	Burundi	Benin	Burkina Faso
Bangladesh	Bulgaria	Bosnia and Herzegovina	Belarus	Belize
Bolivia	Brazil	Bhutan	Botswana	Central African Republic
China	Côte d'Ivoire	Cameroon	Congo, Dem. Rep.	Congo, Rep.
Colombia	Comoros	Cabo Verde	Costa Rica	Cuba
Djibouti	Dominica	Dominican Republic	Algeria	Ecuador
Egypt, Arab Rep.	Eritrea	Ethiopia	Fiji	Micronesia, Fed. Sts.
Gabon	Georgia	Ghana	Guinea	Gambia, The
Guinea-Bissau	Equatorial Guinea	Grenada	Guatemala	Guyana
Honduras	Haiti	Indonesia	India	Iran, Islamic Rep.
Iraq	Jamaica	Jordan	Kazakhstan	Kenya
Kyrgyz Republic	Cambodia	Kiribati	Lao PDR	Lebanon
Liberia	Libya	St. Lucia	Sri Lanka	Lesotho
Morocco	Moldova	Madagascar	Maldives	Mexico
Marshall Islands	North Macedonia	Mali	Myanmar	Montenegro
Mongolia	Mozambique	Mauritania	Mauritius	Malawi
Malaysia	Namibia	Niger	Nigeria	Nicaragua
Nepal	Pakistan	Panama	Peru	Philippines
Papua New Guinea	Korea, Dem. People's Rep.	Paraguay	West Bank and Gaza	Romania
Russian Federation	Rwanda	Sudan	Senegal	Solomon Islands
Sierra Leone	El Salvador	Somalia	Serbia	South Sudan
São Tomé and Príncipe	Suriname	Eswatini	Syrian Arab Republic	Chad
Togo	Thailand	Tajikistan	Turkmenistan	Timor-Leste
Tonga	Tunisia	Turkey	Tuvalu	Tanzania

Uganda	Ukraine	Uzbekistan	St. Vincent and the Grenadines	Vietnam
Vanuatu	Samoa	Kosovo	Yemen, Rep.	South Africa
Zambia	Zimbabwe			

The final list of *Countdown to 2030* priority countries includes the 137 countries. For each of these countries *Countdown* will regularly produce three-page profiles that include an agreed upon core set of indicators as well as equity-specific profiles and regular reports that summarize data across the Countdown countries.

### *Interventions and indicators*

*Countdown's* selection of priority interventions and indicators is guided by the summary impact model presented in annex A. *Countdown's* main focus is coverage—the proportion of individuals needing a service or intervention who actually receive it. All the interventions that *Countdown* tracks are scientifically proven to improve health and survival among mothers, newborns, children or adolescents. Coverage of service contact indicators such as antenatal and postnatal care, childbirth and family planning services also need to be tracked because they provide the basic platform for delivery of multiple effective interventions. Ideally, *Countdown* will be able to track more of the actual content of care received during these service contacts as data become more available and as measurement improves. *Countdown*, through its coverage technical working group, is focusing on improving measures of effective coverage, which take into consideration the quality and content of care. The indicators selected for *Countdown's* global monitoring activities (that is, country profiles and global reports) are valid, reliable, comparable across countries and time, nationally representative and useful for policymakers and programme managers.

### *Equity analyses*

Decisions on the scope of the equity technical working group included:

- Stratification of indicators by:
  - Wealth quintiles.
  - Woman's education.
  - Woman's age (current, at child's birth).
  - Urban–rural residence.
  - Region of the country.
  - Sex of child (relevant outcomes).

- New stratifiers being examined and used for specific analyses:
  - Ethnicity.
  - Religion.
  - Double stratification—wealth quintiles x urban–rural residence.
  - Wealth deciles.

The equity technical working group disaggregates the following indicators using the stratifiers listed above:

- Coverage indicators.
- Nutritional status.
- Mortality (neonatal, infant and under-five).
- Fertility (total and adolescent).

The equity technical working group is expanding its analyses to include:

- The new Sustainable Development Goal indicators related to reproductive, maternal, newborn, child and adolescent health and nutrition.
- Contraceptive use and family planning coverage with modern methods for sexually active women.

### *Data sources and analysis*

Household surveys, notably Demographic and Health Surveys and Multiple Indicator Cluster Surveys, are the primary source of data for the coverage indicators. The estimates for the coverage indicators are based on analyses of statistics from the United Nations Children’s Fund’s global databases and the World Health Organization’s Global Health Observatory. The estimates for the disaggregated coverage indicators are based on analyses by the University of Pelotas International Centre for Equity in Health. Only datapoints from 2010 and onwards are displayed in the Countdown profiles for all indicators, excluding demographic indicators, where all datapoints from 2000 onwards are displayed.

*Countdown* uses mortality and cause of death estimates from UN interagency groups and academic collaborations for its analyses. It relies on World Health Organization global databases on policies, health workforce and financing indicators for many of the analyses related to drivers. Data on availability of emergency obstetric care are from the United Nations Population Fund and the Averting Maternal Death and Disability programme, and data on the legal status of abortion are from WHO’s Global Abortion Policies Database for 2021. Analyses of official development assistance were conducted by the London School of Hygiene and Tropical Medicine based on data from the Organisation for Economic Co-operation and Development Creditor Reporting System database. More comprehensive information on



the data source per indicator is included in Annex C.

## Annex C. Country profile indicators and data sources

Table C1. Country profile indicators and data sources

Indicator	Label on Profile	Data source	Global database
<b>Demographics and contextual factors</b>			
<i>Demographics</i>			
Total population	Total population (000)	World Population Prospects, United Nations Population Division 2019	World Population Prospects, United Nations Population Division 2019
Total under-5 population	Total under-5 population (000)	World Population Prospects, United Nations Population Division 2019	World Population Prospects, United Nations Population Division 2019
Total adolescent (10–19) population	Total adolescent (10–19) population (000)	World Population Prospects, United Nations Population Division 2019	World Population Prospects, United Nations Population Division 2019
Births	Total Births (000)	World Population Prospects, United Nations Population Division 2019	World Population Prospects, United Nations Population Division 2019
Total fertility rate	Total fertility rate (births per woman)	World Population Prospects, United Nations Population Division 2019	World Population Prospects, United Nations Population Division 2019
Adolescent (15–19) birth rate ( <i>SDG 3.7.2</i> )	Adolescent (15-19 years) birth rate (birth per 1000 girls)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys, civil registration systems and censuses	SDG Global Database, United Nations Population Division, United Nations Population Fund July 2019
Birth registration	Birth registration (%)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national household surveys, censuses and vital registration systems	United Nations Children’s Fund (UNICEF) Global Databases, July 2021
Urban Population	Urban population (%)	World Population Prospects, United Nations Population Division 2019	World Population Prospects, United Nations Population Division 2019
<i>Mortality</i>			
Total maternal deaths	Total Maternal deaths	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children’s Fund, United Nations Population Fund, World Bank) 2019	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children’s Fund, United Nations Population Fund, World Bank) 2019
Lifetime risk of maternal death	Lifetime risk of maternal death	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children’s Fund, United Nations Population Fund, World Bank) 2019	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children’s Fund, United Nations Population Fund, World Bank) 2019

Indicator	Label on Profile	Data source	Global database
Maternal mortality ratio ( <i>SDG 3.1.1</i> )	Maternal mortality ratio (per 100,000 live births)	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank) 2019	SDG Global Database, July 2021
Causes of maternal deaths	Cause of maternal deaths (regional)	Maternal and Child Epidemiology Estimation, 2014	Maternal and Child Epidemiology Estimation, 2014
Stillbirth rate	Stillbirth rate (per 1000 total births)	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group) 2020	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group) 2020
Neonatal deaths, as % of all under-5 deaths	Neonatal deaths, as % of all <5	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group) 2020	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group) 2020
Total under-5 deaths	Total Under 5 deaths	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group) 2020	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group) 2020
Adolescent (10–19) mortality rate	Adolescent (10–19) mortality rate	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group) 2020	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group) 2020
Neonatal mortality rate ( <i>SDG 3.2.2</i> )	Neonatal & Under-5 Mortality Rate	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group) 2020	SDG Global Database, July 2021
Under-5 mortality rate ( <i>SDG 3.2.1</i> )	Under 5 mortality rate (per 1000 live births)	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group) 2020	SDG Global Database, July 2021
Causes of neonatal deaths	Newborn, Child, & Adolescent Causes of Death – Neonatal	World Health Organization, Maternal and Child Epidemiology Estimation	World Health Organization, Maternal and Child Epidemiology Estimation

Indicator	Label on Profile	Data source	Global database
Causes of under-5 deaths	Newborn, Child, & Adolescent Causes of Death – Under-five	World Health Organization, Maternal and Child Epidemiology Estimation 2021	World Health Organization, Maternal and Child Epidemiology Estimation 2021
Cause of adolescent deaths	Newborn, Child, & Adolescent Causes of Death – Adolescent	World Health Organization, Maternal and Child Epidemiology Estimation 2021	World Health Organization, Maternal and Child Epidemiology Estimation 2021
<i>Contextual</i>			
Early childhood development index	Early childhood development index (%)	Multiple Indicator Cluster Survey (MICS), Division of Data, Analytics, Planning and Monitoring, United Nations Children’s Fund (UNICEF) 2021	Multiple Indicator Cluster Survey (MICS), Division of Data, Analytics, Planning and Monitoring, United Nations Children’s Fund (UNICEF) 2021
Heidelberg Conflict Barometer	Heidelberg Conflict Barometer (intensity 1-5)	Correlates of War Project Database, Uppsala Conflict Data Program Database, Working Group for Research on the Causes of War, Conflict Simulation Model, Heidelberg Institute for International Conflict Research, 2020	Heidelberg Institute for International Conflict Research, 2020
Completion rate (upper secondary education, female) (SDG 4.1.2)	Completion rate (upper secondary education, female) (%)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national household surveys	SDG Global Database, UNESCO Institute of Statistics Global Database, 2021; United Nations Children’s Fund (UNICEF) Global Databases, July 2021
<b>Continuum of care</b>			
Demand for family planning satisfied with modern methods, aged 15-49 (SDG 3.7.1)	Demand for family planning satisfied with modern methods  or  DSPS(MM)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey and other national surveys	SDG Global Database, July 2021
Antenatal care (four or more visits), aged 15-49	Antenatal care (4+ visits)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey and other national surveys	United Nations Children’s Fund (UNICEF) Global Databases, July 2021
Pregnant women living with HIV receiving antiretroviral therapy	Treatment of pregnant women living with HIV with ART	Country reporting through the Global AIDS Response Progress Report and Universal Access joint reporting process by the World Health Organization, the United Nations Children’s Fund and the Joint United Nations Programme on HIV/AIDS and Joint United Nations Programme on HIV/AIDS Spectrum estimates	Joint United Nations Programme on HIV/AIDS, July 2021

Indicator	Label on Profile	Data source	Global database
Neonatal tetanus protection	Neonatal tetanus protection	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage	United Nations Children's Fund and World Health Organization, July 2021
Skilled birth attendant, women aged 15–49 ( <i>SDG 3.1.2</i> )	Skilled birth attendant	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national sources	SDG Global Database, July 2021
Postnatal care for mothers	Postnatal care for mothers	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Postnatal care for babies	Postnatal care for babies	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Early initiation of breastfeeding	Early initiation of breastfeeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Exclusive breastfeeding	Exclusive breastfeeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Continued breastfeeding (one year)	Continued breastfeeding (year 1)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Immunized with three doses of diphtheria–tetanus–pertussis	Immunization – DTP3	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage, July 2021	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage, July 2021
Immunized against measles (first dose vaccine coverage)	Immunization – Measles	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage, July 2021	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage, July 2021
Immunized against rotavirus	Immunization – rotavirus	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage, July 2021	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage, July 2021
Vitamin A supplementation, full coverage	Vitamin A supplementation, full coverage	United Nations Children's Fund from administrative sources	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Careseeking for symptoms of pneumonia	Careseeking for symptoms of ARI	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021

<b>Indicator</b>	<b>Label on Profile</b>	<b>Data source</b>	<b>Global database</b>
Diarrhoea treatment: oral rehydration salts	Diarrhoea treatment: ORS	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Population using basic drinking water services	Population using at least basic drinking-water services	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2020	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2020
Population using basic sanitation services	Population using at least basic sanitation services	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2020	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2020
<b>Maternal and newborn health</b>			
<i>Pregnancy and delivery care</i>			
Antenatal care (four or more visits), women aged 15–49	Antenatal care (4+ visits)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Skilled birth attendant, women aged 15–49	Skilled birth attendant	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national sources	United Nations Children's Fund and World Health Organization, February 2021
Timing of first antenatal visit, women aged 15-49	Timing of first antenatal visit, women aged 15-49	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national sources	United Nations Children's Fund and World Health Organization, February 2021
<i>Adolescent health</i>			
Demand for family planning satisfied, modern methods (ages 15–17, 18–19)	DFPS(MM)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil
Antenatal care (four or more visits) (ages 15–17, 18–19)	Antenatal care (4+ visits)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil
Skilled birth attendant (ages 15–17, 18–19)	Skilled birth attendant	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil

<b>Indicator</b>	<b>Label on Profile</b>	<b>Data source</b>	<b>Global database</b>
Pregnant women living with HIV receiving antiretroviral therapy	Treatment of pregnant women living with HIV with ART	Country reporting through the Global AIDS Response Progress Report and Universal Access joint reporting process by the World Health Organization, the United Nations Children's Fund and the Joint United Nations Programme on HIV/AIDS and Joint United Nations Programme on HIV/AIDS Spectrum estimates	Joint United Nations Programme on HIV/AIDS, July 2021
Intermittent preventive treatment for malaria during pregnancy, three or more	Intermittent preventive treatment for malaria during pregnancy 3+	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Institutional delivery (public, private, total)	Institutional delivery (public, private, total)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Caesarean section rate (urban, rural, total)	Caesarean section rate (urban, rural, total)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
<i>Essential nutrition indicators</i>			
Anemia in women aged 15–49	Prevalence of anemia in women aged 15–49	World Health Organization, 2017	World Health Organization, 2017
Women of reproductive age, short stature	Women of reproductive age, short stature	Demographic and Health Surveys	Demographic and Health Surveys, as of July 2021
Women (20+) with low body mass index (<18.5)	Women (20+) with BMI (<18.5, % underweight)	NCD Risk Factor Collaboration, 2017	NCD Risk Factor Collaboration, 2017
Women (20+) with body mass index 25–30 (overweight)	Women (20+) with BMI 25–30 (% overweight)	NCD Risk Factor Collaboration, 2017	NCD Risk Factor Collaboration, 2017
Women (20+) with body mass index >30 (obese)	Women (20+) with body mass index >30 (% obese)	NCD Risk Factor Collaboration, 2017	NCD Risk Factor Collaboration, 2017
Adolescent BMI ages 10-19, with low body mass index (<18.5)	Adolescent BMI ages 10-19, underweight; Girls, Boys	NCD Risk Factor Collaboration, Lancet 2020	NCD Risk Factor Collaboration, Lancet 2020
Adolescent BMI ages 10-19, with body mass index 25 + (overweight)	Adolescent BMI ages 10-19, overweight; Girls, Boys	NCD Risk Factor Collaboration, Lancet 2020	NCD Risk Factor Collaboration, Lancet 2020
BMI for children ages 5-9 with low body mass index (<18.5)	Child BMI (age 5-9) Underweight; Boys, Girls,	National population-based surveys	NCD Risk Factor Collaboration Database, Lancet 2020

<b>Indicator</b>	<b>Label on Profile</b>	<b>Data source</b>	<b>Global database</b>
BMI for children ages 5-9 with body mass index 25+ (overweight)	Child BMI (age 5-9) Overweight; Boys, Girls,	National population-based surveys	NCD Risk Factor Collaboration Database, Lancet 2020
Iron/folic acid supplementation during pregnancy	Iron and folic acid supplementation for pregnant women	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Low birth weight prevalence	Low birth weight prevalence (%)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and routine reporting	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Vitamin A supplementation, full coverage	Vitamin A supplementation, full coverage	United Nations Children's Fund from administrative sources	United Nations Children's Fund, July 2021
Minimum dietary diversity among 6–23 month olds	Minimum dietary diversity (age 6-23 months)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Baby weighed at birth	Baby weighed at birth	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
<i>Child nutritional status</i>			
Children under-5 who are stunted	Percent children under 5 with moderate Stunting	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and surveillance systems	United Nations Children's Fund, World Health Organization and World Bank Group joint child malnutrition estimates country dataset, May 2021
Children under-5 who are wasted	Percent children under 5 with moderate Wasting	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and surveillance systems	United Nations Children's Fund, World Health Organization and World Bank Group joint child malnutrition estimates country dataset, May 2021
Children under-5 who are overweight or obese	Percent children under 5 with moderate Overweight	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and surveillance systems	United Nations Children's Fund, World Health Organization and World Bank Group joint child malnutrition estimates country dataset, May 2021
<i>Breastfeeding practices</i>			
Early initiation of breastfeeding	Early initiation of breastfeeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Exclusive breastfeeding	Exclusive breastfeeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Continued breastfeeding (one year)	Continued breastfeeding (one year)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021



Indicator	Label on Profile	Data source	Global database
<b>Child health</b>			
<i>Immunization</i>			
Immunized with three doses diphtheria–tetanus–pertussis <i>(Note: this is one of the four vaccinations required for SDG Indicator 3.b.1 full vaccination coverage)</i>	Percent of children immunized with 3 doses of DTP3	World Health Organization/United Nations Children’s Fund Estimates of National Immunization Coverage, July 2021	World Health Organization/United Nations Children’s Fund Estimates of National Immunization Coverage, July 2021
Immunized with three doses pneumococcal conjugate vaccine	Percent of children immunized with 3 doses of PCV	World Health Organization/United Nations Children’s Fund Estimates of National Immunization Coverage, July 2021	World Health Organization/United Nations Children’s Fund Estimates of National Immunization Coverage, July 2021
Immunized against rotavirus	Percent of children immunized against rotavirus	World Health Organization/United Nations Children’s Fund Estimates of National Immunization Coverage, July 2021	World Health Organization/United Nations Children’s Fund Estimates of National Immunization Coverage, July 2021
Immunized against measles <i>(Note: this is one of the four vaccinations required for SDG Indicator 3.b.1 full vaccination coverage)</i>	Percent of children immunized against measles	World Health Organization/United Nations Children’s Fund Estimates of National Immunization Coverage, July 2021	World Health Organization/United Nations Children’s Fund Estimates of National Immunization Coverage, July 2021
Full vaccination coverage (immunized for BCG, Polio3, DTP3, Measles) <i>Note: this indicator appears as four separate indicators rather than one composite indicator</i>	Full vaccination coverage (immunized for BCG, Polio3, DTP3, Measles)	World Health Organization/United Nations Children’s Fund Estimates of National Immunization Coverage, July 2021	World Health Organization/United Nations Children’s Fund Estimates of National Immunization Coverage, July 2021
Immunized against HPV	Immunized against HPV	World Health Organization/United Nations Children’s Fund Estimates of National Immunization Coverage, July 2021	World Health Organization/United Nations Children’s Fund Estimates of National Immunization Coverage, July 2021
<i>Pneumonia treatment</i>			
Careseeking for ARI Symptoms	Careseeking for ARI Symptoms: Percent of children under 5 years with symptoms of acute respiratory infection taken to appropriate health provider	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children’s Fund (UNICEF) Global Databases, July 2021
<i>Diarrhoeal disease treatment</i>			

<b>Indicator</b>	<b>Label on Profile</b>	<b>Data source</b>	<b>Global database</b>
Children <5 years with diarrhoea treated with oral rehydration salts	Percent of children under 5 years with diarrhoea - diarrhoea treatment: with ORS	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Children <5 years with diarrhoea treated with oral rehydration salts and zinc	Percent of children under 5 years with diarrhoea - diarrhoea treatment: with ORS + zinc	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
<i>Additional Child Health Indicators</i>			
Careseeking for children with fever	Careseeking for fever	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Malaria diagnostics in children <5 years	Malaria diagnostics in children under-five	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Number of children not vaccinated with DTP1	Number of children not vaccinated with DTP1	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
Malaria prevention in children under-5—sleeping under insecticide-treated nets	Children under 5 sleeping under ITNs	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund (UNICEF) Global Databases, July 2021
<i>Environmental</i>			
Population using basic drinking-water services	Drinking water services	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2020	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2020
Population using basic sanitation services	Sanitation	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2020	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2020
Population with basic handwashing facilities at home	Handwashing facilities with soap and water	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2020	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2020
<i>Equity by Wealth Quintile</i>			
Demand for family planning satisfied with modern methods	Demand for family planning satisfied with modern methods	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021

<b>Indicator</b>	<b>Label on Profile</b>	<b>Data source</b>	<b>Global database</b>
Neonatal tetanus protection	Neonatal tetanus protection	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Antenatal care (four or more visits)	Antenatal care (4+ visits)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Skilled birth attendant	Skilled attendant at delivery	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Postnatal care for mothers	Postnatal care for mothers	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Postnatal care for babies	Postnatal care for babies	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Early initiation of breastfeeding	Early initiation of breastfeeding	Multiple Indicator Cluster Surveys and Demographic and Health Surveys, other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Exclusive breastfeeding	Exclusive breastfeeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Continued breastfeeding (one year)	Continued breastfeeding (year 1)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Immunized against rotavirus	Immunization - Rota	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Immunized with three doses diphtheria–tetanus–pertussis	Immunization – DTP3	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021

<b>Indicator</b>	<b>Label on Profile</b>	<b>Data source</b>	<b>Global database</b>
Immunized against measles	Immunization - Measles	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Careseeking for symptoms of pneumonia	Careseeking for symptoms of pneumonia	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Oral rehydration salts treatment of diarrhoea	Diarrhoea treatment: ORS	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Under five mortality	Under five mortality	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Stunting for children under five	Stunting for children under five	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
Composite Coverage Index (CCI)	Composite Coverage Index (CCI)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July 2021
<b>Policies, systems, and financing</b>			
<i>Legislative policies</i>	<i>Legislative policies</i>		
Legal age limit for adolescents to provide consent, for contraceptive services (unmarried/married, without parental or legal guardian/spousal consent)	Legal Age Limits exists for adolescents to access family planning with spousal or parental consent	WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey 2018–2019	Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA); Department of Sexual and Reproductive Health and Research (SRH)
Legal status of abortion	Legal status of abortion	Global Abortion Policies Database, as of July 2021	WHO Global Abortion Policies Database, as of July 2021
Maternity protection (Convention 183)	Maternity protection (Convention 183)	International Labour Organization - NORMLEX Information System on International Labour Standards, August 2021	International Labour Organization - NORMLEX Information System on International Labour Standards, August 2021

<b>Indicator</b>	<b>Label on Profile</b>	<b>Data source</b>	<b>Global database</b>
International code of marketing of breastmilk substitutes	International code of marketing of breastmilk substitutes	World Health Organization, UNICEF, IBFAN. Marketing of breast-milk substitutes: National Implementation of the international code. Status Report 2020. Geneva: World Health Organization; 2020.	World Health Organization, UNICEF, IBFAN. Marketing of breast-milk substitutes: National Implementation of the international code. Status Report 2020. Geneva: World Health Organization; 2020.
Legislation on food fortification—wheat, rice and maize	Legislation on food fortification—wheat, rice and maize	Food Fortification Initiative and Global Alliance for Improved Nutrition	Global Fortification Data Exchange, July 2021
<i>Governance</i>			
Costed national implementation plans for maternal, newborn and child health available	Costed national implementation plans for maternal, newborn and child health available	WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey 2018–2019	Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA); Department of Sexual and Reproductive Health and Research (SRH)
Maternal death review	Maternal death review	WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey 2018–2019	Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA); Department of Sexual and Reproductive Health and Research (SRH)
Civil society involvement in review of national maternal, newborn and child health programmes	Civil society involvement in review of national maternal, newborn and child health programmes	WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey 2018–2019	Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA); Department of Sexual and Reproductive Health and Research (SRH)
<i>Financing</i>			
Total expenditure on health, per capita	Per Capita Total Expenditure on Health	World Health Organization	Global Health Expenditure Database, August 2020
Government expenditure on health, per capita	Government expenditure on health per capita	World Health Organization	Global Health Expenditure Database, August 2020
Out of pocket expenditure as % of total expenditure on health	Out of pocket expenditure as % of total expenditure on health	World Health Organization	Global Health Expenditure Database, August 2020
General government expenditure on health as % of total government expenditure	General government expenditure on health as % of total government expenditure	World Health Organization	Global Health Expenditure Database, August 2020
Official development assistance to reproductive,	ODA+ flows to RMNCH per capita	Organisation for Economic Co-operation and Development's Development Assistance Committee	London School of Health and Tropical Medicine, July 2021

<b>Indicator</b>	<b>Label on Profile</b>	<b>Data source</b>	<b>Global database</b>
maternal, newborn and child health, total and per capita			
Official development assistance to maternal, newborn health (total and per birth)	ODA+ to MNH per birth	Organisation for Economic Co-operation and Development's Development Assistance Committee	London School of Health and Tropical Medicine, July 2021
Official development assistance to child health (total and per child under age five)	ODA+ to CH per child U5	Organisation for Economic Co-operation and Development's Development Assistance Committee	London School of Health and Tropical Medicine, July 2021
Official development assistance to reproductive health (total and per woman of reproductive age)	ODA+ to RH per woman of reproductive age	Organisation for Economic Co-operation and Development's Development Assistance Committee	London School of Health and Tropical Medicine, July 2021
Official development assistance to other regional/unspecified receipt amount	ODA+ to RMNCH other	Organisation for Economic Co-operation and Development's Development Assistance Committee	London School of Health and Tropical Medicine, July 2021
<i>Service delivery</i>			
Density of skilled health professionals	Density of doctors, nurses, and midwives (per 10,000 population)	World Health Organization Global Health Workforce Statistics	World Health Organization Global Health Workforce Statistics, July 2021
Midwives authorized for specific tasks	Midwives authorized for specific tasks	WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey 2018–2019	Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA); Department of Sexual and Reproductive Health and Research (SRH)

## Annex D. Definitions of Countdown coverage indicators

Table D1. Definitions of *Countdown* coverage indicators

Intervention	Indicator definition	Numerator	Denominator
<b>Reproductive health</b>			
Demand for family planning satisfied with modern methods	Percentage of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods	Number of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods	Total number of women of reproductive age (15–49 years) in need of family planning
<b>Maternal and newborn health</b>			
Antenatal care (four or more visits)	Percentage of women attended four or more times during pregnancy by any provider	Number of women age 15-49 years with a live birth in the last 2 or 5 years who were attended during their last pregnancy that led to a live birth for at least four times by any provider	Total number of women age 15-49 years with a live birth in the last 2 or 5 years
Timing of first antenatal visit	Percentage of women with a birth in the last 2 or 5 years, distributed by number of months pregnant at time of first antenatal care visit for most recent birth	Numbers of women age 15-49 years who received antenatal care for their last birth, according to grouped number of months they were pregnant at time of first visit	Number of women age 15-49 years with a live birth in the last 3 or 5 years
Intermittent preventive treatment for malaria during pregnancy	Percentage of women who received intermittent preventive treatment for malaria during their last pregnancy	Number of women age 15-49 years who received three or more doses of sulfadoxine-pyrimethamine (Fansidar™), at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 or 5 years	Total number of women age 15-49 years with a live birth in the last 2 or 5 years
Treatment of pregnant women living with HIV	Percentage of pregnant women living with HIV who received antiretroviral therapy	Number of pregnant women living with HIV who are receiving lifelong antiretroviral therapy	Estimated number of pregnant women living with HIV
Iron/folic acid supplementation during pregnancy	The percentage of pregnant women who received iron-folic acid supplementation for 90 or more days	Number of pregnant women who received the recommended number of iron/folic acid tablets during last pregnancy	Total number of pregnant women with a birth in last two years
Neonatal tetanus protection	Percentage of newborns protected against tetanus	Number of live births in the year who are protected from tetanus at birth	Number of live births in the year
Skilled birth attendant	Percentage of live births attended by skilled health personnel	Number of women aged 15-49 years with a live birth in the last 2 or 5 years who were attended by skilled health personnel during their most recent live birth (typically a doctor, nurse, or midwife)	Total number of women aged 15-49 years with a live birth in the last 2 or 5 years

<b>Intervention</b>	<b>Indicator definition</b>	<b>Numerator</b>	<b>Denominator</b>
Institutional deliveries	Percentage of women (ages 15–49) who gave birth in a health facility	Number of women aged 15–49 years with a live birth in the last 2 or 5 years whose most recent live birth was delivered in a health facility	Total number of women aged 15–49 years with a live birth in the last 2 or 5 years
Caesarean section rate	Percentage of births delivered by Caesarean section	Number of women aged 15–49 years whose most recent live birth in the last 2 or 5 years was delivered by Caesarean section	Total number of women aged 15–49 years with a live birth in the last 2 or 5 years
Postnatal care for mothers	Percentage of mothers who received postnatal care within two days of childbirth	Number of women aged 15–49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the two years preceding the survey	Total number of women aged 15–49 years with a live birth in the two years preceding the survey
Postnatal care for babies	Percentage of babies who received postnatal care within two days of childbirth	Number of recent live births in the last 2 years who received a health check while in facility or at home following delivery, or a postnatal care visit within 2 days after delivery	Total number of last live births in the last 2 or 5 years
<b>Adolescent health</b>			
Demand for family planning satisfied with modern methods among adolescent women	Percentage of adolescent women (15–17 and 18–19) years who are sexually active and who have their need for family planning satisfied with modern methods	Number of adolescent women (15–17 and 18–19 years) who have their need for family planning satisfied with modern methods	Total number of adolescent women (15–17 and 18–19 years)
Antenatal care (four or more visits) among adolescents	Percentage adolescent women (15–17 and 18–19 years) with a live birth in a given time period that received antenatal care four or more times	Number of adolescent women (15–17 and 18–19 years) who attended at least four times during pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy	Total number adolescent women (15–17 and 18–19 years) who had a live birth occurring in the same period
Skilled birth attendant among adolescents	The proportion of live births to an adolescent women (15–17 and 18–19 years) in a given time period, attended by skilled health personnel	Number of adolescent women (15–17 and 18–19 years) who reported having been attended by skilled health personnel at the time of delivery	Total number of adolescent women respondents (15–17 and 18–19 years) who reported a live birth in a given time period
<b>Child health</b>			
Immunized against measles (first dose)	Percentage of surviving infants who received the first dose of measles containing vaccine	Number of surviving infants who received the first dose of measles containing vaccine by their first birthday (or as recommended in the national immunization schedule)	Total number of surviving infants
Immunized with three doses of diphtheria–tetanus–pertussis	Percentage of infants who received three doses of diphtheria–tetanus–pertussis vaccine	Number of surviving infants who received three doses of diphtheria with tetanus	Total number of surviving infants



Intervention	Indicator definition	Numerator	Denominator
		toxoid and pertussis containing vaccine	
Immunized with three doses of <i>Haemophilus influenzae</i> type B vaccine	Percentage of infants who received three doses of <i>Haemophilus influenzae</i> type B vaccine	Number of surviving infants who received three doses of <i>Haemophilus influenzae</i> type B vaccine	Total number of surviving infants
Immunized against rotavirus	Percentage of infants who received two or three doses of rotavirus vaccine (according to manufacturer's schedule)	Number of surviving infants who received the last dose of rotavirus vaccine (second or third dose depending on vaccine used)	Total number of surviving infants
Immunized with three doses of pneumococcal conjugate vaccine	Percentage of infants who received three doses of pneumococcal conjugate vaccine	Number of surviving infants who received the third dose of pneumococcal conjugate vaccine	Total number of surviving infants
HPV immunization	Percentage of girls (age range varies by country) who received the last dose of human papillomavirus (HPV) vaccine per national schedule	Number of girls (age range varies by country) who received the last dose of the HPV vaccine per national schedule	Total number of girls (age range varies by country)
Unvaccinated for DTP1	The percentage of infants who have not received a single dose of the diphtheria, tetanus toxoid and pertussis (DTP) vaccine	Number of children not receiving a first dose of diphtheria-tetanus-pertussis vaccine (DTP1)	Total number of surviving infants
Careseeking for symptoms of pneumonia	Percentage of children under age 5 with acute respiratory infection symptoms whom advice or treatment was sought from a health facility or provider	Number of children under age 5 with ARI symptoms (cough with fast breathing due to problem in the chest or problem in the chest and blocked nose) in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with ARI symptoms (cough with fast breathing due to problem in the chest or problem in the chest and blocked nose) in the last 2 weeks
Oral rehydration salts and zinc treatment of diarrhoea	Percentage of children under age five who had diarrhoea in the two weeks preceding the survey and were given ORS and Zinc	Number of children under age 5 with diarrhoea in the two weeks preceding the survey who received ORS and zinc	Total number of children under age 5 with diarrhoea in the last 2 weeks
Oral rehydration salts treatment of diarrhoea	Percentage of children under age five who had diarrhoea in the two weeks preceding the survey and were given oral rehydration salts (ORS packets or pre-packaged ORS fluids)	Number of children under age 5 with diarrhoea in the two weeks preceding the survey who received ORS	Total number of children under age 5 with diarrhoea in the two weeks preceding the survey
Careseeking for fever	Percentage of children under age 5 with fever at any time in the 2 weeks preceding the survey for whom advice or treatment was sought	Number of living children under age 5 with fever in the 2 weeks preceding the survey for whom treatment was sought from a health facility or provider	Number of living children under age 5 with fever in the 2 weeks preceding the survey
Malaria diagnostics in children under-5	Percentage of febrile children under age 5 who had a finger or heel stick for malaria testing.	Number of children under age 5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing	Total number of children under age 5 with fever in the last 2 weeks

<b>Intervention</b>	<b>Indicator definition</b>	<b>Numerator</b>	<b>Denominator</b>
Population sleeping under insecticide-treated nets or sleeping in a house sprayed by indoor residual spraying	Percentage of population sleeping under an insecticide-treated net the previous night or sleeping in a house sprayed by indoor residual spraying in the past 12 months	The number of people sleeping under an insecticide-treated net the previous night or living in a household sprayed by indoor residual spraying within the last 12 months	Population
Malaria prevention in children under-5 sleeping under insecticide-treated nets	Percentage of children under age 5 who slept under an insecticide-treated mosquito net the night prior to the survey.	Number of children under age 5 who slept under an ITN the previous night	Total number of children under age 5 who spent the previous night in the interviewed households
<b>Nutrition</b>			
Early initiation of breastfeeding	Percentage of newborns put to the breast within one hour of birth	Number of women with a live birth in the 3 or 5 years prior to the survey who put the newborn infant to the breast within one hour of birth	Total number of women with a live birth in the 3 or 5 years prior to the survey
Exclusive breastfeeding	Percentage of children aged 0–5 months who are fed exclusively with breast milk in the 24 hours prior to the survey	Number of infants ages 0–5 months who are exclusively breastfed during the previous day	Total number of infants ages 0–5 months surveyed
Continued breastfeeding (year one)	Proportion of children 12–15 months of age who are fed breast milk	Number of children 12–15 months old who received breast milk during the previous day	Total number of children 12–15 months old
Minimum dietary diversity	Proportion of children ages 6–23 months who receive foods from four or more of a total of seven standardized food groups	Number of children ages 6–23 months who received foods from four or more of a total of seven standardized food groups during the previous day	Total number of children ages 6–23 months
Vitamin A supplementation, full coverage	Percentage of children age 6–59 months reached with two doses of vitamin A supplements approximately four to six months apart in a calendar year	Number of 6- to 59-month-olds reached with one high-dose vitamin A supplement in semester 1 (January–June) or semester 2 (July–December), whichever is lower	Total number of children ages 6–59 months old in the given semester
Babies weighed at birth	Percentage of live births in the 3 or 5 years preceding the survey with a reported birth weight	Number of live births in the 3 or 5 years preceding the survey with a reported birth weight	Number of live births in the last 3 or 5 years

Intervention	Indicator definition	Numerator	Denominator
<b>Environmental: water, sanitation and hygiene</b>			
Population using basic drinking-water services	Population using drinking-water from an improved source provided collection time is not more than 30 minutes for a roundtrip including queuing; compliant with faecal and priority chemical standards	Population using drinking water from an improved source (piped water into dwelling, yard or plot; public taps or standpipes; boreholes or tube wells; protected dug wells; protected springs and rainwater) provided collection time is not more than 30 minutes for a roundtrip, including queuing; compliant with faecal and priority chemical standards	Total number of household members in households surveyed
Population using basic sanitation services	Population using a basic sanitation facility that is not shared with other households	Population using a basic sanitation facility (flush or pour-flush toilets to sewer systems, septic tanks or pit latrines, ventilated improved pit latrines, pit latrines with a slab, and composting toilets) that is not shared with other households	Total population (or households)
Population with hand washing facilities with soap and water at home	Proportion of population with a hand washing facility with soap and water in the household	Number of people with a hand washing facility with soap and water in the household	Number of people in survey sample
<b>Composite Coverage Indicator</b>			
Composite Coverage Indicator (CCI)	We present a map on the profile of each country with the composite coverage index (CCI) by region. The CCI is a simple way to summarize coverage across the maternal and child health continuum of care using a single number. It is calculated as the weighted mean of eight selected interventions demand for family planning satisfied with modern methods, antenatal care (4+ visits), skilled birth attendant, careseeking for pneumonia, ORS treatment for diarrhoea, and BCG, DTP3, and measles vaccines.	$( DFPSmo + (ANC4 + SBA)/2 + (MCV1+BCG+2*DTP3)/4 + (ORS+careseeking for pneumonia) ) / 4$	

## Annex E. Definitions of demographic indicators

**Table E1. Definitions of demographic indicators (population, birth, mortality, contextual)**

Indicator	Definition	Type
<i>Population Indicators</i>		
Total population (000)	Total population (expressed in thousands)	Numeric
Total under 5 population (000)	Total population of children under 5 (expressed in thousands)	Numeric
Total adolescent population (10-19) (000)	Total population of adolescents age 10-19 years (expressed in thousands)	Numeric
Urban population	Annual Urban Population at Mid-Year (thousands)	Numeric
<i>Birth Indicators</i>		
Total Births (000)	Number of births in a given year, both sexes combined (expressed in thousands)	Numeric
Total fertility rate (births per woman)	The average number of children a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality (expressed as number of children per woman)	Rate
Adolescent (15-19 years) birth rate (births per 1000 girls)	Number of live births per 1,000 adolescent women age 15-19	Rate
Birth registration	Percentage of children under age 5 who were registered at the moment of the survey. The numerator of this indicator includes children reported to have a birth certificate, regardless of whether or not it was seen by the interviewer, and those without a birth certificate whose mother or caregiver says the birth has been registered	Percentage
<i>Mortality Indicators</i>		
Maternal deaths	Defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes	Numeric
Lifetime risk of maternal deaths	The probability that a 15-year-old woman will die eventually from a maternal cause	Probability
Stillbirth rate (per 1000 total births)	The number of babies born with no sign of life at 28 weeks or more of gestation, per 1,000 total births.	Rate
Neonatal deaths, as % of all under five	Percentage of deaths of children under five that occur within the neonatal period (first 28 days of life)	Percentage
Under 5 deaths	Number of under-5 deaths	Numeric
Under 5 mortality rate (age 0-59 months)	Number of under-5 deaths per 1,000 live births (includes neonatal deaths)	Rate
Adolescent (10-19) mortality rate (per 100,000), by sex	Number of deaths among adolescents (10-19 years old) per 100,000 adolescent population.	Rate
Maternal Mortality Ratio	Number of maternal deaths during a given time period per 100,000 live births during the same time period	Ratio
Adolescent mortality rate (age 15-19)	Number of deaths among adolescents (15-19 years old) per 100,000 adolescent population.	Ratio
Child mortality rate (age 5-14)	Number of deaths among children (5-14 years old) per 100,000 child population.	Ratio
Child mortality rate (age 1-59 months)	Number of deaths among children (1-59 months years old) per 100,000 child population.	

Indicator	Definition	Type
Neonatal mortality rate	Number of deaths during the first 28 completed days of life per 1,000 live births	Rate
Cause of death U5	Percentage of deaths for children under five that are attributable to direct and indirect causes	Percentage
Cause of death 5-19	Percentage of deaths for children ages 5-19 that are attributable to direct and indirect causes	Percentage
Causes of maternal death (regional) bar chart	Percentage of maternal deaths that can be attributed to respective direct and indirect causes by MDG Region (see Table E2)	Percentage
<i>Contextual Indicators</i>		
Secondary completion rate, education (upper, female)	Percentage of young girls aged 3-5 years above the intended age for the last grade of secondary education who have completed that grade	Percentage
Early childhood development index	Proportion of children aged 24-59 months who are developmentally on track in health, learning and psychosocial well-being, by sex	Index
<u>Heidelberg Conflict Barometer (Conflict Indicator)</u>	Highest conflict intensity based on the Heidelberg Conflict Barometer	Index

**Table E2. MDG Region Groupings for Maternal Cause of Death**

MDG Regions
Latin America and Caribbean
North America
South Asia
Sub-Saharan Africa
Caucasus and Central Asia
Eastern Asia
Northern Africa
Oceania
Southern Asia
South-eastern Asia
Western Asia

## Annex F. Definitions of drivers indicators (policies, systems and financing)

Table F1. Definitions of drivers indicators (policies, systems and financing)

Indicator	Definition	Criteria for ranking
<b>Legislative policies</b>		
Legal age limit for family planning for adolescents without spousal or parental consent	Is there a legal age limit for adolescents (married or unmarried) to access contraception without parental or spousal consent?	<p>Yes = there a legal age limit for unmarried/married adolescents to provide consent, without parental/legal guardian/spousal consent, to the contraceptive services or emergency contraception</p> <p>No = there is not a legal age limit for unmarried/married adolescents to provide consent, without parental/legal guardian/spousal consent, to the contraceptive services or emergency contraception</p> <p>Unknown = it was reported unknown if there is a legal age limit for unmarried/married adolescents to provide consent, without parental/legal guardian/spousal consent, to the contraceptive services or emergency contraception</p> <p>No data = no reported response for this question in the WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey 2018-2019</p>
<p>Legal status of abortion</p> <p><i>Please note that there is great nuance to each legal ground of abortion than what is displayed on this profile, please see Table F2 for more detail.</i></p>	Legal grounds under which abortion is allowed	<p>Abortion allowed on the following grounds:</p> <ul style="list-style-type: none"> <li>• to save a woman’s life.</li> <li>• to preserve physical health.</li> <li>• to preserve mental health.</li> <li>• for economic and social reason</li> <li>• on request.</li> <li>• in case of rape or incest.</li> <li>• in case of foetal impairment.</li> </ul> <p>Response options:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Law varies by jurisdiction (where laws or policies vary by jurisdiction within the same country)</li> <li>• No interpretation was made (when there is no explicit reference in the source documents to the particular issue in question)</li> <li>• No data <ul style="list-style-type: none"> <li>○ Can mean no sources found; or</li> <li>○ Evidence of a source document exists but the document could not be accessed (e.g., could not be located, could not be translated, etc.)</li> </ul> </li> </ul>

Indicator	Definition	Criteria for ranking
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)	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). No = no ratification of any maternal protection convention.
International Code of Marketing of Breastmilk Substitutes	National policy has been adopted on all provisions stipulated in International Code of Marketing of Breastmilk Substitutes.	Based on a possible total of 100, all WHO Member States were classified as follows: <ul style="list-style-type: none"> <li>Substantially aligned with the Code = countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing a significant set of provisions of the Code (score of 75 - 100)</li> <li>Moderately aligned with the Code = countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing a majority of provisions of the Code (score of 50 - &lt; 75)</li> <li>Some provisions of the Code included = countries have enacted legislation or adopted regulations, decrees or other legally binding measures covering less than half of the provisions of the Code (score of &lt; 50)</li> <li>No legal measures = countries have taken no action or have implemented the Code only through voluntary agreements or other non-legal measures (includes countries that have drafted legislation but not enacted it)</li> <li>No data available</li> </ul>
Legislation on food fortification (wheat, rice, maize)	National status of legislation on food fortification of wheat, rice, or maize	Mandatory = The country has legal documentation that has the effect of mandating fortification of a food with one or more vitamins or minerals Voluntary = The country has official documentation and/or a food standard that provides guidance or regulations for fortification, but does not have such documentation that has the effect of mandating fortification No or unknown = A local expert has confirmed that the country does not have such documentation or a document has not been identified, or does not meet our inclusion criteria. No data available
<b>Governance</b>		
Costed national implementation plan(s) for maternal, newborn, child, and reproductive health	National plan for scaling up maternal, newborn and child health interventions is available and costed.	Yes = Costed plan or plans to scale up maternal, newborn, child, and reproductive health interventions available at the national level.

Indicator	Definition	Criteria for ranking
	<p>Either a maternal, newborn, child, or reproductive strategy/plan is costed for its entire duration (a plan with at least one component)</p>	<p>No = No costed implementation plan for maternal, newborn and child health available.</p> <p>Yes = Either a maternal, newborn, child, or reproductive strategy/plan is costed for its entire duration</p> <p>No = A maternal, newborn, child, and reproductive strategy/plan is NOT costed for its entire duration</p>
<p>Maternal death review</p>	<p>National policies or protocols to track maternal deaths according to seven possible components</p>	<p>Maternal death surveillance and response survey results tracking the following seven components:</p> <p>A national policy to notify all maternal deaths.</p> <p>A national policy to review all maternal deaths.</p> <p>A national maternal death review committee.</p> <p>A subnational maternal death review committee.</p> <p>Both national and subnational maternal death review committees.</p> <p>Frequency of meetings of the national maternal death review committee meetings (annual, semi-annually, quarterly, monthly)</p> <p>Response options:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> <li>• Not applicable</li> <li>• No data</li> </ul>
<p>National policy/strategy to ensure engagement of civil society organisation representatives in periodic review of national programmes for maternal, newborn, child, and adolescent health programmes</p>	<p>Is there a national policy or strategy to ensure engagement of civil society organization representatives in periodic review of national programmes for maternal, newborn, child and adolescent health?</p>	<p>Yes = civil society is involved in review of all maternal, newborn, child, and adolescent health programmes</p> <p>No = civil society is not engaged in the review of all maternal, newborn, child, and adolescent health programmes</p> <p>Unknown = civil society involvement of review of maternal, newborn, child, and adolescent health programmes is unknown</p>
<p>National coordinating body that looks at RMNCAH or its components</p>	<p>Is there a national coordinating body that looks at RMNCAH or its components?</p>	<p>Yes = there is a national coordinating body that looks at RMNCAH or its components</p> <p>No = there is no reported national coordinating body that looks at RMNCAH or its components</p> <p>No data = no data was reported on if there is a national coordinating body that looks at RMNCAH or its components</p>
<p>National human rights institution (e.g. Ombudsperson, national human rights commission/committee) mandated/authorized to</p>	<p>Is there a national human rights institution (e.g. Ombudsperson, national human rights commission/committee) mandated/authorized to consider matters related to RMNCAH</p>	<p>Yes = there is a national human rights institution (e.g. Ombudsperson, national human rights commission/committee) mandated/authorized to consider matters related to RMNCAH</p> <p>No = there is not a national human rights institution (e.g. Ombudsperson, national human rights</p>



Indicator	Definition	Criteria for ranking
consider matters related to RMNCAH		commission/committee) mandated/authorized to consider matters related to RMNCAH Unknown = it is unknown if there is a national human rights institution (e.g. Ombudsperson, national human rights commission/committee) mandated/authorized to consider matters related to RMNCAH No data = No data available

## Financing

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, non-profit 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 plus to reproductive, maternal, newborn, child health (total and per capita)	Official development assistance to reproductive, maternal, newborn, child health using the Muskoka method, includes other regional/unspecified receipt amount	Numerical (USD in millions)
Official development assistance to maternal, newborn health (total and per birth)	Official development assistance to maternal, newborn health using the Muskoka method, includes other regional/unspecified receipt amount	Numerical (USD in millions)
Official development assistance to child health (total and per child under age five)	Official development assistance to child health using the Muskoka method includes, other regional/unspecified receipt amount	Numerical (USD in millions)
Official development assistance to reproductive health (total and per woman of reproductive age)	Official development assistance to reproductive health using the Muskoka method includes, other regional/unspecified receipt amount	Numerical (USD in millions)

## Service delivery

Indicator	Definition	Criteria for ranking
Density of skilled health professionals	Proportion of doctors, nurses and midwives who are available per 10,000 population	Expressed as a ratio Numerator: number of health workers (doctors, nurses and midwives) Denominator: 10,000 population
Midwives authorized for specific tasks	Midwifery personnel are authorized to deliver basic emergency obstetric and newborn care	Number of the seven lifesaving interventions tasks authorized: <ul style="list-style-type: none"> <li>• Manual removal of placenta</li> <li>• Administration of anticonvulsants</li> <li>• Administration of oxytocics</li> <li>• Assisted instrumental delivery by vacuum extractor</li> <li>• Manual vacuum aspiration for retained products</li> <li>• Newborn resuscitation with mask</li> <li>• Parenteral administration of antibiotics</li> </ul>

**Table F2. Details on Legal Status of Abortion Indicator**

Legal status of abortion	<p>Countries can have different legal ground for abortion depending upon gestational age. For simplicity of display, if a country had responded that legal grounds for abortion of “on request” then had responded “no” for any other legal grounds, the response was displayed as a checkmark.</p> <p>The following are countries that allow abortion upon request with no requirement for justification but had responded “no” for any other legal grounds of abortion. Listed are the gestational age limits for abortion upon request with no requirement for justification:</p> <ul style="list-style-type: none"> <li>• Azerbaijan</li> <li>• Vietnam</li> </ul> <p>Additionally, each legal ground of abortion may have a gestational limit. Detailed information about each legal ground of abortion for individual countries can be found in the Global Abortion Policies Database: <a href="https://abortion-policies.srhr.org/">https://abortion-policies.srhr.org/</a></p> <p>The following article describes legal categories of abortion in greater detail: <a href="https://bmcinhealthhumrights.biomedcentral.com/articles/10.1186/s12914-018-0183-1">https://bmcinhealthhumrights.biomedcentral.com/articles/10.1186/s12914-018-0183-1</a></p>
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## Annex G. List of *Countdown* countries that contained data for at least one malaria indicator

**Table G1.**

Afghanistan	Myanmar
Angola	Namibia
Benin	Nepal

Botswana	Niger
Burkina Faso	Nigeria
Burundi	Pakistan
Cambodia	Papua New Guinea
Cameroon	Rwanda
Central African Republic	Sao Tome and Principe
Chad	Senegal
Comoros	Sierra Leone
Congo	Solomon Islands
Cote d'Ivoire	Somalia
Democratic Republic of the Congo	South Sudan
Djibouti	Sri Lanka
Equatorial Guinea	Sudan
Eritrea	Suriname
Eswatini	Tajikistan
Ethiopia	Timor-Leste
Gabon	Togo
Gambia	Uganda
Ghana	United Republic of Tanzania
Guinea	Vanuatu
Guinea-Bissau	Viet Nam
Guyana	Yemen
Haiti	Zambia
India	Zimbabwe
Indonesia	
Kenya	
Kiribati	
Lao People's Democratic Republic	
Liberia	
Madagascar	
Malawi	
Mali	
Mauritania	
Mozambique	

## **Annex H. Details on estimates produced by interagency groups used in the *Countdown* report—mortality, immunization, water and sanitation, Heidelberg Conflict barometer, early childhood development index, ODA plus**

### *Mortality*

*Countdown to 2030* relies on UN interagency estimates on child and maternal mortality that are produced for official Sustainable Development Goal reporting. These estimates are used to monitor progress at the global level because they are made comparable across countries and over time by applying standard methods to generate country, regional and global estimates. The UN mortality estimates are generated based on national data but may not always correspond precisely to the results from the most recent available data source or to country official estimates due to differences in the methods applied.

#### *Child mortality*

The child mortality estimates in this report (neonatal mortality rate, infant mortality rate, under-five mortality rate and number of under-five deaths) are based on the work of the UN Inter-agency Group for Child Mortality Estimation (UN IGME), which includes the United Nations Children’s Fund, the World Health Organization, the United Nations Population Division and the World Bank. The UN IGME estimates are the official UN estimates for measuring progress towards Millennium Development Goal 4 (reduce child mortality). The UN IGME compiles available data from all possible nationally representative sources for a country, including household surveys, censuses and vital registration systems, and uses a model to fit a regression line to the data to produce the mortality estimates. Estimates are updated every year after a detailed review of all newly available data points. The review may result in adjustments to previously reported estimates as new data become available and provide more information on past trends.

The data inputs, methods and full time series of the UN IGME estimates for all countries are available at <http://www.data.unicef.org> and [www.childmortality.org](http://www.childmortality.org).

#### *Maternal mortality*

Maternal mortality estimates for 1990–2017 are based on the work of the Maternal Mortality Estimation Inter-agency Group, which comprises the World Health Organization, the United Nations Children’s Fund, the United Nations Population Fund and the World Bank. Maternal mortality data—sparser than child mortality data—are from sources such as vital registration systems, surveys and censuses. Maternal mortality estimates from these sources are subject to serious misclassification and under-reporting. These data are therefore adjusted to account for these errors, and multilevel regression models are fit to predict levels and trends in maternal mortality between 1990 and 2017. Covariates used in the models include gross domestic product per capita, general fertility rate and

skilled birth attendance. For more information, see WHO, UNICEF, UNFPA, World Bank Group and United Nations Population Division (2019).

### *Immunization*

The immunization data published in this report are based on the work of the World Health Organization and the United Nations Children’s Fund. The estimates should not be confused with other sources of information, such as Demographic and Health Surveys, Multiple Indicator Cluster Surveys or administratively reported data from ministries of health. The World Health Organization and United Nations Children’s Fund use data reported by national immunization programmes as well as surveys and other sources to obtain estimates of national immunization coverage each year. A draft report is sent to each country for review and comment. Final reports are published in July with coverage estimates for the preceding calendar year. All new evidence, such as final survey reports received after publication, are taken into consideration during production of the following year’s estimates. For each country’s final report for 2020 as well as methods, data sources and brief description of trends, see [www.data.unicef.org](http://www.data.unicef.org) and [www.who.int/immunization/monitoring\\_surveillance/data/en/](http://www.who.int/immunization/monitoring_surveillance/data/en/).

### *Water and sanitation*

The drinking-water and sanitation coverage estimates in this report are produced by the World Health Organization–United Nations Children’s Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. The estimates are the official UN estimates for measuring progress towards the Millennium Development Goal targets for drinking-water and sanitation. They use a standard classification of what constitutes coverage. The Joint Monitoring Programme does not report the findings of the latest nationally representative household survey or census. Instead, it estimates coverage using a linear regression line that is based on coverage data from all available household sample surveys and censuses. For specific country data, see <http://www.childinfo.org> and [www.washdata.org](http://www.washdata.org).

### *Heidelberg Conflict Barometer*

The Heidelberg Conflict Barometer is produced by the Institute for Political Science of the University of Heidelberg: the Heidelberg Institute for International Conflict Research, and the research group Conflict Information System. Using the operational definitions of official war declarations, number of casualties and refugees, and mode and quality of the course of the conflict, intensity of conflict based on state units and calendar years, an index score to measure conflict intensity is calculated using a point system for each of the aspects of the conflict. Details of the full methodology can be accessed at: <https://hiik.de/hiik/methodology/?lang=en>.

### *Early Childhood Development Index*

The Early Childhood Development Index (ECDI) was developed using a module called ECD in the global Multiple Indicator Cluster Surveys (MICS) to determine whether children are developmentally on track as per the following four domains: literacy-numeracy, physical, learning, and social-emotional by asking

through asking ten age-appropriate questions for children aged 3–4. The index is calculated as the percentage of children aged 3-4 who are developmentally on track in at least three of the four domains.

### *Methods for producing estimates of aid for RMNCH using the Muskoka2 method (ODA+)*

The Muskoka2 method to track aid for RMNCH was developed as part of a collaboration between academics, donors, and other stakeholders, including Countdown to 2030 and the Partnership for Maternal Newborn & Child Health.<sup>1</sup> Muskoka2 is an algorithm applied to aid datasets maintained by the Organisation for Economic Cooperation and Development (OECD). The Muskoka2 method seeks to estimate the monetary value of aid directly contributing to improvements in RMNCH outcomes. It includes the full monetary value of aid categorised by donors as being directed towards reproductive health and family planning, and includes relevant shares of aid directed towards HIV, malaria and other infectious diseases; health systems and basic healthcare; the humanitarian and water and sanitation sectors; and general budget support. The shares of aid for HIV, malaria, tuberculosis and general budget support counted towards RMNCH vary between recipient countries and over time to account for differences in demography, epidemiology and health spending.

We applied the Muskoka2 method to the January 2021 release of the OECD's Creditor Reporting System dataset.<sup>2,3</sup> Data from all 49 bilateral (country) donors, 42 multilateral institutions, and 36 private donors who reported their disbursements to the OECD for the year 2019 are included. All disbursement data on official development assistance loans and grants and private development finance are included, while other flow types (equity investments and other official flows) are excluded.

The estimates we present of total aid for RMNCH include both aid directed toward the specific recipient country as well as relevant shares of aid directed towards regions and unspecified recipients. By contrast, the separate estimates of aid for maternal and newborn health, aid for the health of children aged 1–59 months, and aid for the reproductive health of non-pregnant women only include aid directed toward the specific recipient country and do not include any aid directed towards regional or unspecified recipients. The OECD does not consider American Samoa, Bulgaria, Romania, and the Russian Federation eligible to receive official development assistance (ODA), and so aid estimates are not applicable for these countries.

Aid estimates are presented in total and per relevant population. Estimates of the total population, number of women of reproductive age (15-49), number of live births, and number of children aged less than 5 years in 2019 are taken from World Population Prospects 2019 (medium variant). No population data are available for American Samoa, and only total population estimates are available for Dominica, the Marshall Islands, Tuvalu, and Kosovo; estimates of aid per relevant population are therefore unavailable for these countries.

1. Dingle A, Schäferhoff M, Borghi J, et al. Estimates of aid for reproductive, maternal, newborn, and child health: findings from application of the Muskoka2 method, 2002–2017. *The Lancet Global Health* 2020; **8**(3): e374-e86.
2. OECD. Creditor Reporting System. 2021. <https://stats.oecd.org/Index.aspx?DataSetCode=crs1> (accessed February 2021).
3. Pitt C, Bath D, Binyaruka P, Borghi J, Martinez-Alvarez M. Falling aid for reproductive, maternal, newborn and child health in the lead-up to the COVID-19 pandemic. *BMJ Glob Health* 2021; **6**(6).

## Annex I. List of Acronyms in Countdown2030 Profiles

Type	Acronym	Meaning
Maternal, Newborn, Child, & Adolescent Health Indicators	ANC4	Antenatal care (4+ visits)
	ART	Antiretroviral Therapy
	BMI	Body Mass Index
	CH	Child Health
	DFPS(MM)	Demand for family planning satisfied with modern methods
	DTP1	1 <sup>st</sup> Dose of Diphtheria, Tetanus, Pertussis Vaccine
	DTP3	3 <sup>rd</sup> Dose of Diphtheria, Tetanus, Pertussis Vaccine
	ITNs	Insecticide Treated Nets
	MNH	Maternal Newborn Health
	ODA	Official Development Assistance
	ORS	Oral Rehydration Solution
	PCV3	3 <sup>rd</sup> Dose of Pneumococcal conjugate vaccine
	RH	Reproductive health
	RMNCH	Reproductive, maternal, newborn, child health
SBA	Skilled Birth Attendant	
Causes of Death	ARI	Acute Respiratory Infection
	BABT	Birth Asphyxia and Birth Trauma
	IV	Interpersonal Violence
	LRI	Lower respiratory infection
	RTI	Road traffic injuries
	TB	Tuberculosis
Organizations, Working Groups, & Data Sources	DHS	Demographic and Health Surveys
	IGME	United Nations Interagency Group for Child Mortality Estimation
	MICS	Multiple indicator cluster surveys
	MMEIG	UN Maternal Mortality Estimation Interagency Group
	NS	National Survey
	UNICEF	United Nations International Children's Emergency Fund
	WB	World Bank
	WHO	World Health Organization