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Countdown to 2030  
Women's, Children's & Adolescents' Health

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# Countries Annual Meeting

-Report Summary-

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# 2021



# INTRODUCTION

## o Countdown Background

The Countdown to 2030 (CD2030) is a consortium of measurement experts from global, regional, country academic institutions, in collaboration with UN agencies and World Bank. CD2030 has been tracking the progress of life-saving interventions for Reproductive, Maternal, Newborn and Child Health and Nutrition (RPMNCH+N) since 2005 (countdown2030.org).

“Last year we discussed plans for 2021 and this year the main agenda- of the country annual meeting is to note the great number of achievements for each country during the year, the challenges experienced and also plan the activities for 2022. We appreciate the dedication you have towards the implementation of the countdown work and the strong partnership made with the Ministry of Health”. Cheikh Faye, APHRC.

“Since 2020, there has been great progress and a number of achievements from the Global and Regional activities focusing on monitoring and measurement, coverage, equity and systems and country collaboration achievements” Ties Boerma.

### *The Global and Regional achievements are as below*

- I. BMJ series on equity “no one left behind”.
- II. Report on the maternal and new born health on ALIGN MNH conference.
- III. Contributed to the Global Assessment of progress towards the SDG goals in partnership with WHO and UNICEF.
- IV. Regional publications such as West Africa Nutrition Analysis and Synthesis.
- V. Countdown profiles i.e. Overall countdown profile, continuum of care, on equity profiles by Pelotas, Early Child Development profiles by UNICEF.
- VI. The countdown web portal was revamped and launched with all publications and information.
- VII. 110 publications in 2021/2022.
- VIII. Launch of two series i.e. 6-paper Supplement of BMC Reproductive Health - Adolescent and sexual reproductive health for all in sub-Saharan Africa and Health Facility Data Analysis.

### *The Global and Regional partners and the Data Analysis Centers support country collaborations. Several products have come out over the two years*

- I. Completed analytical reports to inform progress on RMNCAH and nutrition (or health sector in general with focus on RMNCAH and equity): e.g. Kenya, Uganda, Zambia, Tanzania, Pakistan.
- II. Journal publications, Uganda (2); in preparation Pakistan and Zambia (equity focus, collaboration with Pelotas), Tanzania (with financing), Liberia and Niger (linked analyses), Ghana (subnational), Tajikistan and others.
- III. Requests from MOH to the Countdown team for specific analytical contributions to reviews in e.g. Uganda, Ethiopia, Tanzania; focus on subnational performance assessment.

- IV. Analysis training workshops facilitated by the Countdown teams including DACs (equity, geospatial analyses): e.g. Kenya, Cote d'Ivoire, Ethiopia, Ghana.

**Countdown Country Collaborations Strengthens country monitoring and analytical capacity through a number of related multi country studies such as**

- I. MNH exemplars study in Africa in three countries i.e. Ethiopia, Niger and Senegal and in Asia in Bangladesh, India and Nepal and in Morocco.
- II. Multi-country study of the effects of Covid-19 pandemic on the continuation of RMNCH and other health services through eight workshops.
- III. Multi-country study on RMNCH among the poor in African cities in 10 countries.

o **The meeting objectives**



01

MNH exemplars study in Africa in three countries i.e. Ethiopia, Niger and Senegal and in Asia in Bangladesh, India and Nepal and in Morocco.



02

Multi-country study of the effects of Covid-19 pandemic on the continuation of RMNCH and other health services through eight workshops.



03

Multi-country study on RMNCH among the poor in African cities in 10 countries.

o **Attendees**

One hundred and seventy participants, with participants from the 15 CD2030 country collaboration teams, Global and Regional partners, attended it. Participants also included country representatives from the Ministry of Health officials, Global Financing Facility (GFF), UNICEF, WHO and from the Gates Ventures Exemplars in Global Health project.

o **GFF summary**

The overall GFF strategy vision helps strengthen country systems, sharpen focus on measurable outcomes, generate learning, inform improvements and strengthen accountability. GFF activities are aligned with country systems, connect to country-led processes and aim to reinforce data use at multiple levels.

**Key priorities for the next year to strengthen GFF-CD collaboration are**

“The way forward is to have more frequent dialogue – calls with GFF country teams and Countdown partners to discuss plans and priorities for the next year and share draft reports and analytic outputs” Peter Hansen, GFF.

**1**

Mainstream monitoring of essential health services.

**2**

Strengthen regular use of data from multiple sources by Country Platforms to inform policy, prioritization and program improvement.

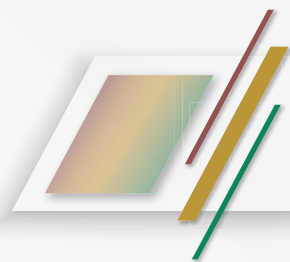
**3**

Support countries to strengthen the quality of underlying data and its analysis to ensure they can systematically track progress in RMNCAH-N coverage, equity and quality on a regular basis.

**4**

Work closely with Results Advisory Group to advance practice in three key areas, with strengthened collaboration across countdown partners:

- i. **Gender & Equity.**
- ii. **Rapid Cycle Monitoring.**
- iii. **Implementation Research and Evaluation.**



# MAJOR TAKEAWAYS

## GROUPED INTO THEMES

### I. DAC innovation sharing

#### 1. Equity:

Equity has the mission to monitor equity in health and nutrition around the world, generating a standardized set of health indicators and inequality measures.

The 3 cores concepts are analysis, dissemination, and science.

Using resources such as survey data and collaborating with 121 countries allows for the formation of standard definitions.

Currently working with data collection in regard the social construct of ethnicity.

#### 2. Health Facilities:

Has the objective of monitoring the progress and performance of health services.

This is done through analysis of health facility data and on subnational statistics.

Key activities include cross country studies, collaborations with other DACs, and the development of ways to present district performance for an enhancement of communication results.

For future goals, the team is working to increase training on the use of data tool DHIS2.

### 3. Health Financing:

Health financing has the aim to examine the trends, equity, and efficiency in health financing at the national, regional, and facility level.

Data comes from various sources such as health expenditure, health insurance coverage by region, household health and other factors.

Regions are scored with regional efficiency scores which measures financing inputs VS outputs.

The team is currently conducting a case study in Tanzania.

### 5. Geospatial:

Geospatial focuses on mapping and analysis. This helps to strengthen the analytical capacity, assessment of needs, and provides technical support.

There are 4 main tools and methods that the Geospatial utilizes. These include population distributions, spatial demographics, health metrics and access to care, as well as, mobility and migration.

Each is a method for either survey-planning, neighborhood mapping, collecting geospatial data, or tracking subnational migration.

Future priorities are to continue country support in various areas such data integration and identification of hard-to-reach groups.

### 4. Effective Coverage:

Effective Coverage's goal is to support the monitoring of coverage of interventions in RMNCAH&N with a focus on quality of care.

There is a focus on the continuum of care coverage where methods such as linking household surveys to health facility surveys or using a mother's recall of content to assess the quality coverage of care. Currently, analyses focus on family planning. ANC, PNC, Malaria Control, and improving immunization.

The team is working to finalize statistical tools and tutorials, as well as organizing workshops, finalizing publications, and continuing to support country collaborations.

### 6. Health Policy and System:

Amis to identify and understand how vulnerable groups have been addressed.

Health policy Utilizes various tools to provide an overview of policies, trace indicators across the RMNCAH continuum of care, and identify the performance of regions.

This DAC has content analyses of GFF documents as well as a tutorial on their Policy and Programme Timeline Tool, as well as a series of briefs on health policy and systems-related research approaches.



## II. Other Topical Highlights

### 1. Covid:

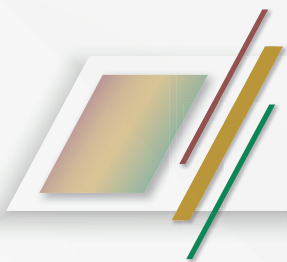
The COVID-19 Pandemic has had an impact on the use of Reproductive, Maternal, Newborn and Child Health Services in Africa. The 3 major changes were seen due to the pandemic. First, service demand decreased people fearful of infection where not seeking needing treatments. Service demanded modified an uptake in issues such as IPV or mental health cause a change in demand. Also, service supply decreased, across the board a lack of resources and personnel have become a problem during the pandemic. Assessment and adjustments have been made for better health outcomes despite COVID-19.

### 2. Urban Poor:

The place of residence is a major determinant of Reproductive, Maternal, Newborn and Child Health & Nutrition (RMNCH&N) outcomes, with rural areas lagging in Low and Middle-Income Countries. Women and children face the brunt of negative health outcomes associated with living in an urban population, over half (54%) urban population in sub-Saharan Africa live-in slums: poor living conditions including overcrowding, high poverty levels and fertility rates and poor access to health care services. The goal is to better understand the levels, trends and inequalities in MNCH in these urban cities with a focus on analysis and synthesis of issues for this population.

### 3. MNH Exemplars:

Exemplars in Global Health aims to help guide public health decision makers around the world. Exemplars are useful as a means to see what is already successful and find out why. This allows teams to adapt successful strategies in other regions around the world. Frameworks are utilized to determine health outcomes such as child mortality or postpartum survival, which are then paired with models showing factors targeted by exemplars in order to progress. Tackling issues such as use, access, and quality of care.



# FUTURE DIRECTION

1

**Continue the countdown  
collaborations beyond 2022**

2

**Improve access to analytical tools**

3

**Hold in person meetings  
where possible**

4

**Improve access to DHIS 2 data**

5

**Improve access to GFF investments  
in data and research**





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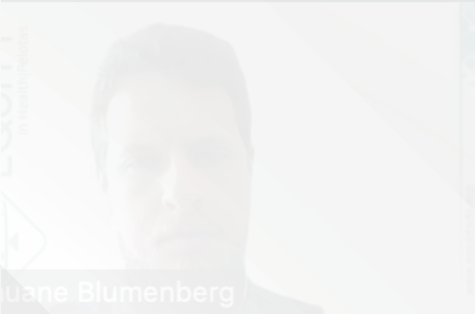
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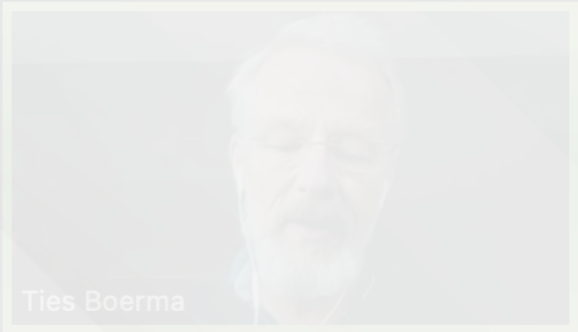
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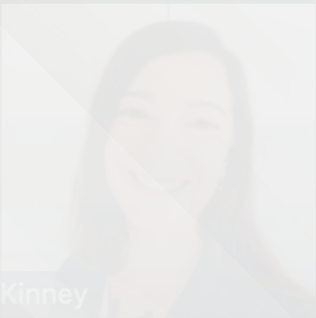


Ties Boerma



Cesar Victora

Laísa Moreira



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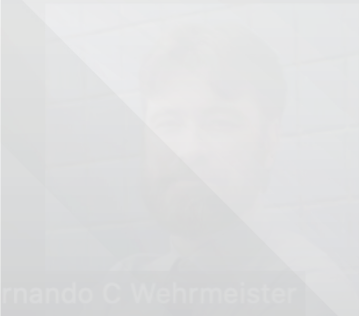
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Luisa Fernanda Arroyave

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