Countdown to 2030 Profiles Webinar

using data to improve women’s, children’s and, adolescents’ health
Webinar Reminders

• French and Spanish interpretation is available

• Please put your questions in the Q&A feature, not chat

• This session will be recorded
<table>
<thead>
<tr>
<th>Time (EST)</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00–9:05</td>
<td>Welcome and introduction</td>
<td>Ties Boerma, Countdown to 2030</td>
</tr>
<tr>
<td>9:05–9:15</td>
<td>Countdown profiles: Tools for promoting advocacy and accountability</td>
<td>Helga Fogstad, PMNCH</td>
</tr>
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<td>9:15–9:30</td>
<td>Countdown national profiles and first set of regional profiles</td>
<td>Jennifer Requejo, Countdown to 2030</td>
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<td>9:30–9:45</td>
<td>Countdown equity profiles</td>
<td>Aluisio Barros, Federal University of Pelotas</td>
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<td>9:45 – 10:00</td>
<td>Countdown early childhood development profiles</td>
<td>Claudia Cappa, UNICEF</td>
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<td>10:00–10:10</td>
<td>Global strategy profiles and links with Countdown to 2030 profiles</td>
<td>Theresa Diaz, WHO</td>
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<td>10:10–10:25</td>
<td>Q&amp;A</td>
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<td>10:25–10:30</td>
<td>Wrap up: Countdown profiles as a tool for country action</td>
<td>Cheikh Faye, APHRC</td>
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</table>
COUNTDOWN TO 2030: COUNTRY PROFILES FOR ALL LMICS

Countdown to 2030 Profiles Webinar February 9, 2023

Dr Jennifer Requejo, JHSPH, on behalf of the Countdown Profile Production Team
## TEAM MEMBERS

- **UNICEF team**: Samuel Chakwera, Dee Wang, Lauren Francis, Liliana Carvajal, Karoline Hassfurter, Benjamin Johnson

- **University of North Carolina-Chapel Hill team**: Bert Peterson, Javed Mostafa, Linda Tawfik, Mike Zhang, Allysha Choudhury, Shikha Yadav, Myka Kate Elliot, Joumana Haidar

- **North Carolina State University team**: Blanton Godfrey, Shaghayegh Rezaei-Arangdad, Ben Watson, Maryam Riahi, Bahare Riahi, Hilary Smith, Becky Koch

- **Countdown to 2030 Technical Working Group**: Representatives of Academic and Research Institutes from around the world & Multilateral Organizations
Outline

- What is the Countdown to 2030 country profile?
- How are the Countdown country profiles developed?
  
  Process and data sources

- A deeper dive into the contents of each profile page
  
  3 pages, 1 bonus page & annexes

- How can the country profiles be used?
What are the Countdown to 2030 National Profiles?

A tool that promotes data use for improving women’s, children’s and adolescents’ health

- First Countdown country profile launched in 2005 to raise the visibility of child survival.
- Profiles launched every year or every other year and expanded to cover maternal, newborn, child and adolescent survival.
- Based on the **common evaluation framework** with an emphasis on **intervention coverage**.
- Includes a range of different types of data to catalyze action and accountability.
What does the profile look like?

3 Pages + Bonus page
- 3rd page added to expand the indicators and present more action-oriented visualizations.
- Bonus page showcases causes of deaths
- On-line and printable versions

Comprehensive across the Continuum of Care
Indicators organized by:
- Type of information (demographics, coverage, equity, polices, finances)
- Continuum component (RH, MNH, CH, environmental)

Latest available data
- Each indicator shows the most recent evidence collected through standard processes and signed off on by countries

Metadata & data downloads
- Annexes on metadata and estimation methods
- Full data set and country specific data sets
**Data Sources: Global Databases and Interagency Estimates**

All sources use standardized data collection procedures or rigorous, transparent estimation processes. All data have gone through country consultation processes and are publicly available:

<table>
<thead>
<tr>
<th>Source</th>
<th>Source Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Health Survey (DHS)</td>
<td>International Labour Organization, NORMLEX information system on International Labour Standards 2022</td>
</tr>
<tr>
<td>Multiple Indicator Cluster Survey (MICS)</td>
<td>WHO Global Abortion Policies Database, as of October 2022</td>
</tr>
<tr>
<td>United Nations Interagency Group for Child Mortality Estimation (UNIGME)</td>
<td>Food Fortification Initiative. Global Progress, as of October 2022</td>
</tr>
<tr>
<td>Global AIDS Monitoring and UNAIDS 2022 estimates</td>
<td>WHO Global Health Expenditure Database, as of November 2022</td>
</tr>
<tr>
<td>WHO/UNICEF Estimates of National Immunization Coverage, July 2022</td>
<td>Organisation for Economic Co-operation and Development’s Development Assistance Committee, London School of Hygiene and Tropical Medicine, October 2022</td>
</tr>
<tr>
<td>NCD Risk Factor Collaboration Database, Lancet 2020</td>
<td>London School of Hygiene and Tropical Medicine, July 2022</td>
</tr>
</tbody>
</table>
1. The Bottom Line: Mortality
   • Maternal Mortality Ratio
   • Neonatal, Child & Adolescent Mortality Rates
   • Neonatal, Child & Adolescent Causes of Death
   • Maternal Causes of Death

2. Intervention coverage for RMNCAH
   • Continuum of Care
   • Equity
   • Composite Coverage Index and map

3. Demographics & Context
   • Population & fertility
   • Education attainment & ECDI
   • Birth registration
   • Conflict
Page 2: A focus on intervention coverage and nutrition

1. Nutrition
   • Nutritional status for women & children
   • Interventions and breastfeeding practices

2. Coverage for interventions for specific components of the continuum
   • Maternal & Newborn Health
   • Child & Adolescent Health

3. Coverage of environmental interventions
   • Drinking water, sanitation, hygiene coverage

4. Additional Equity indicators
1. Legislative policies
   • Family planning, maternity protection, international code of breastmilk substitutes, abortion
2. Governance
   • Costed plans, death review
3. Service Delivery
   • Health workforce and facilities
4. Financing
   • Government expenditures and ODA+
5. Extra Information
   • Acronyms, SDG3 targets
Causes of Maternal and Neonatal, Child & Adolescent Deaths

These charts provide information useful for interpreting the intervention coverage measures and identifying programmatic priorities.
Hovering over an element on the chart pops up key information e.g., Source of data and indicator definition are visible after hover
How to use the country profiles:
Planning, Advocacy, Accountability

All stakeholders can use the Countdown country profiles to improve women’s, children’s and adolescents’ health

• Civil society organizations and advocates can use the country profiles to highlight where progress has been unacceptably slow and where there are concerning data gaps. The profile data can help users to hold country government and partners to account for making good on their commitments to the 2030 Agenda.

• Country governments can use the country profiles as a planning tool during annual review cycles. The data can catalyze discussions around priority investments and policy and programmatic priorities.

• Academic partners and research organizations can undertake analyses on the underlying data bases to explore trends across countries and regions.
A tool that promotes data use from a regional lens

- First set of Countdown regional profiles for RMNCAH
- Provides regional aggregates for all indicators for which data are available
- Enables comparisons of progress across all countries in the region
- Supports identification of country successes and countries where more resources and attention are needed
These are the standard pages for the Regional profiles. In addition, UNICEF will work with regional offices to produce customized pages that add specific region-desired indicators. The Regional profiles maintain the same design as the Country profiles – logically grouping indicators and visuals in thematic areas. The main advantage of the Regional profiles is that they allow the user to compare indicators across countries in a region.
The Regional profiles enable the user to select either regional or country views. The **regional view** shows the regional aggregate. The **country view** displays all the underlying country data points.
The Regional profiles enable the user to compare specific indicators across countries. The image on the left displays the continuum of care with the regional median as the gray bar with the individual countries as the dots. The chart above allows you to see the difference between the richest and poorest.
Another key feature of the Regional profiles is the ability to select how many elements are displayed. In this example, you can select up to what rank of the top causes of death are displayed.
Introducing the “One-stop-shop”: Women's, children’s and adolescents’ health country profiles and dashboards

UNICEF has produced a one-stop-shop webpage that complies key resources on women’s, children’s and adolescents’ health.

The page contains:
- RMNCAH related profiles for global initiatives
- Resource section
  - Related thematic-specific dashboards
  - Information on related global and regional initiatives
  - Curated list of journal articles, blogs and briefs

- https://data.unicef.org/resources/health-country-profiles-and-dashboards/
We are grateful to the Bill & Melinda Gates Foundation for funding Countdown to 2030 for Women’s Children’s and Adolescents’ Health, and to USAID for their contributions to the profile databases.

Thank You

Dr Jennifer Harris Requejo
jharri36@jh.edu
Countdown to 2030 Profiles
Using data to improve women’s, children’s, and adolescents’ health
Webinar - 9 Feb 2023

Aluíso J D Barros
International Center for Equity in Health
Federal University of Pelotas, Brazil
International Center for Equity in Health

2023 | Team - dynamic, young, diverse backgrounds, countries, colors

Master students
PhD students
Postdocs
Tech staff
Librarian
Designer
The old guys in old photos
Mega database
122 countries
449 surveys
and counting...

Dissemination
Monitoring
Accountability

Science
Training people
Patterns and trends
Determinants
Data: the base for equity analyses

**Outcomes**
- Intervention coverage
- CCI, co-coverage
- Child mortality & nutrition
- Fertility

**Equity dimensions**
- Wealth
- Woman’s education & age
- Urban/rural, country region
- Child’s sex
- Ethnicity
- Women’s empowerment
The EQUIPLOT

The dots are the coverage for different subgroups

Here, wealth quintiles
  • Dark blue = 20% poorest
  • Golden yellow = 20% richest

In each line different
  • Time points
  • But it can be countries or interventions

Brazil from 1986 to 2013
The equity profile

4 pages

Page 1
Map
Equiplots
Infographic

Page 2
Key indicators at
- National level
- Stratified

Page 3
Key indicators
- by subnational region

Page 4
Key to interpretation
Definitions
13 indicators presented

**REPRODUCTIVE**
Demand for family planning satisfied with modern methods

**MNH**
Antenatal care (4 or more visits)
Neonatal tetanus protection
Skilled attendant at birth
Postnatal care for mothers / babies

**CHILD**
Vaccines: rotavirus, DPT3, measles
Careseeking for symptoms of pneumonia
ORS for diarrhea

**NUTRITION**
Early initiation of breastfeeding
Exclusive breastfeeding
Continued breastfeeding at 1 year
Vitamin A supplementation

**Composite coverage index**
Weighted average of
8 interventions covering
4 stages of the continuum of care

\[
\text{Composite coverage index} = \frac{mDFPS + \frac{(\text{ANC4} + \text{SBA})}{2} + \frac{(\text{MSL} + \text{BCG} + 2 \times \text{DPT3})}{4} + \frac{(\text{ORS} + \text{CAREP})}{2}}{4}
\]

Interpreted as an overall indicator of RMNCH intervention coverage
Proxy for universal health care!
Nigeria Profile

Coverage of essential RMNCH interventions

Co-coverage of essential interventions

Source: DHS 2018 (analyses based on the most recent publicly available survey)
CCI for each subnational region (admin 1 level)
Best = 64.7%
Worst = 37.8%

Equiplot for CCI at national level by quintiles
>40 perc pts difference rich - poor
Equiplot with all coverage indicators by quintiles

Wide gaps
Rich always have higher coverage
With one exception - breastfeeding
Intersection between wealth and urban rural residence

The poor in rural areas are often worse than urban poor

The rich do comparably in both areas
Urban vs rural residence

Rural women and children consistently worse than urban

Same exception for breastfeeding!
Co-coverage of essential interventions

Number of interventions received by mum/child out of 8

Tie graph

More than 50% of the rich with 6+

More than 60% of the poor with 0-2

- antenatal care (4+ visits)
- tetanus toxoid during pregnancy
- skilled attendant at delivery
- child received vitamin A supplementation
- BCG (tuberculosis) vaccination
- DPT3 (diphtheria–tetanus–pertussis) vaccination
- measles vaccination
- improved drinking water source
### Mothers & Children

32.3% received less than 3 interventions

<table>
<thead>
<tr>
<th>Description</th>
<th>Mothers &amp; children with &lt;3 interventions</th>
<th>All mothers &amp; children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belong to poorest quintile</td>
<td>42%</td>
<td>22%</td>
</tr>
<tr>
<td>Live in rural areas</td>
<td>82%</td>
<td>61%</td>
</tr>
<tr>
<td>North West region</td>
<td>53%</td>
<td>36%</td>
</tr>
<tr>
<td>Have mothers with no education</td>
<td>78%</td>
<td>46%</td>
</tr>
</tbody>
</table>

**Co-coverage Infograph**

Compares all mums and children with those with 0-2 interventions

Concentrated in Poorest 20% Rural areas Northwest region Uneducated mothers
### Table: Indicators, Wealth Quintiles, Wealth-related Equity Indicators, Woman’s education, Child’s sex, Area of residence

<table>
<thead>
<tr>
<th>Indicators</th>
<th>National</th>
<th>Wealth quintiles</th>
<th>Wealth-related equity indicators</th>
<th>Woman’s education</th>
<th>Child’s sex</th>
<th>Area of residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>Q5</td>
</tr>
<tr>
<td>Demand for family planning</td>
<td>30.4</td>
<td>14.9</td>
<td>22.2</td>
<td>28.7</td>
<td>34.5</td>
<td>39.1</td>
</tr>
<tr>
<td>Antenatal care (4 or more visits)</td>
<td>55.8</td>
<td>30.5</td>
<td>42.9</td>
<td>60.1</td>
<td>71.9</td>
<td>84.6</td>
</tr>
</tbody>
</table>

- Actual estimates by
  - National
  - Quintiles
    - + Inequality measures
  - Woman education
  - Child sex
  - Residence urban/rural
<table>
<thead>
<tr>
<th>Indicators</th>
<th>North Central</th>
<th>North East</th>
<th>North West</th>
<th>South East</th>
<th>South South</th>
<th>South West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning</td>
<td>36.6</td>
<td>20.7</td>
<td>28.7</td>
<td>22.7</td>
<td>29.3</td>
<td>37.8</td>
</tr>
<tr>
<td>satisfied with modern methods</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4 or more visits)</td>
<td>53.5</td>
<td>44.3</td>
<td>42.0</td>
<td>82.3</td>
<td>68.3</td>
<td>83.5</td>
</tr>
</tbody>
</table>
• **General explanation**

• **Detailed definitions**

• **CCI and co-coverage explained**

• **Help in interpreting the graphs**
All profiles in the CD website
https://www.countdown2030.org/equity-profiles

• 118 countries with profiles
• Latest survey for each country
• MICS and DHS
• Years: 1995 to 2020
Thank you!

• International Center for Equity in Health [www.equidade.org](http://www.equidade.org)

• Aluisio Barros [abarros@equidade.org](mailto:abarros@equidade.org)
The ECD country profiles present in one place the latest, most comprehensive information to assess country progress in improving the health, development and future prospects of young children all over the world.
Timeline

2016
Advancing Early Childhood Development from Science to Scale Lancet Series

2018
First set of ECD country profiles for 91 LMICs

2019
Updated and expanded ECD profiles for 138 LMICs

2020
Updated and expanded ECD profiles for 197 countries

2003
Countdown to 2015 for Maternal, Newborn and Child Survival

2015
Countdown to 2030 for Women’s Children’s and Adolescent’s Health

2017
Nurturing Care Framework is launched

208
MDGs adopted

Bellagio Lancet Child Survival Series

Nurturing Care Framework is launched

Updated and expanded ECD profiles for 138 LMICs

Updated and expanded ECD profiles for 197 countries

Sustainable Development Goals
Nurturing care is the framework for the country profiles

The 5 components of Nurturing Care:
- good health
- adequate nutrition
- security and safety
- early learning and responsive caregiving

Facilitating environments for the components of Nurturing Care:
- caregivers
- communities
- services, policies

Nurturing care at the heart of global goals:
The SDGs and Survive, Thrive and Transform
Indicators

- Demographics (4), threats to ECD (8)
- Outcomes/impact (6)
  - 2005-2015 trend in children at risk
  - Gender & residence differences
  - Lifetime cost of early growth deficits
  - Children developmentally on track
  - Children with functional difficulties

- 5 components of nurturing care
  - Health (4)
  - Nutrition (3)
  - Security and safety (4)
  - Early learning (4)
  - Responsive caregiving (TBD)

- Facilitating environment
  - Policies (5)
  - International conventions (4)
Data sources

- Compiled from publicly available global indicator databases
  - UNICEF-supported Multiple Indicator Cluster Surveys (MICS)
  - USAID-supported Demographic and Health Surveys (DHS)
  - Other nationally representative household surveys and censuses
  - Modelled estimates

- Country data published in high impact journals

- Technical appendix with indicator definitions + underlying Excel database
Nearing a global picture of ECD

The first ECD profiles produced for 91 low- and middle-income countries.

Profiles were updated and expanded to include 138 low- and-middle income countries.

Profiles were updated and expanded to 197 countries, including 63 high-income countries.
Available in 5 languages to facilitate uptake and use
Only around 2 in 3 children under 5 with symptoms of ARI received advice or treatment

Fewer than one third of children are attending early childhood programmes

Only 2 in 3 young children in countries with data benefit from regular early stimulation at home

Nearly half of countries do not have some form of paid paternity leave
Data Gaps

- Responsive caregiving
- Trend data
- Other key indicators:
  - Children in residential institutions, parental mental health, affordable quality day care, indoor and outdoor air pollution etc.
Accelerating Action

- ECD profiles represent a high-quality, untapped, resource for countries to address data gaps and propel action for change.

- Country investment needed in regular data collection to fill data gaps.

- Accelerated effort to collect, use & disseminate data to improve ECD before 2030.
Coming in 2023….

Updated country profiles

Regional brochure on monitoring ECD in Africa

https://nurturing-care.org/resources/country-profiles
Thank You

Claudia Cappa, UNICEF
ccappa@unicef.org

On behalf of the Early Childhood Development Countdown to 2030 Technical Working Group
The Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)

Data Visualization and Profiles

Dr. Theresa Diaz
WHO
Maternal, Newborn, Child, Adolescent Health and Ageing Department
Global Strategy Objectives

- **SURVIVE**
  End preventable deaths

- **THRIVE**
  Ensure health and well-being

- **TRANSFORM**
  Expand enabling environments

- **2015** - Launch of the 2030 Agenda for Sustainable Development
- **2016–2030** Global Strategy for Women’s, Children’s, and Adolescents’ Health (Global Strategy) WHA69.2
  - Developed to translate the agenda into concrete guidance on how to accelerate progress through a multisectoral approach
Based on technical reviews and an open consultative process, 60 indicators were selected in 2016.

They refer to priority areas in the Global Strategy and have a proven measurement track record.

The framework aimed to minimize the burden of country-to-global reporting by aligning with 34 indicators from the Sustainable Development Goals (SDGs).

An additional 26 indicators are drawn from established global initiatives for reproductive, maternal, newborn, child and adolescent health (RMNCAH) that existed in 2016 or earlier.

From the 60, 16 key indicators are selected as a minimum subset to provide a snapshot of progress on the Global Strategy.
<table>
<thead>
<tr>
<th>SURVIVE (END PREVENTABLE MORTALITY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maternal mortality ratio (SDG 3.1.1)</td>
</tr>
<tr>
<td>2. Under-5 mortality rate (SDG 3.2.1)</td>
</tr>
<tr>
<td>3. Neonatal mortality rate (SDG 3.2.2)</td>
</tr>
<tr>
<td>4. Stillbirth rate</td>
</tr>
<tr>
<td>5. Adolescent mortality rate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THRIVE (PROMOTE HEALTH AND WELLBEING)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Prevalence of stunting among children under 5 years of age (SDG 2.2.1)</td>
</tr>
<tr>
<td>7. Adolescent birth rate (10-14, 15-19) per 1000 women in that age group (SDG 3.7.2)</td>
</tr>
<tr>
<td>8. Coverage index of essential health services (index based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access) (SDG 3.8.1) (including RMNCAH: family planning [mpt need], antenatal care, skilled birth attendance, breastfeeding, immunization, childhood illnesses treatment) (SDG 3.1.2, 3.7.1, 3.8.1)</td>
</tr>
<tr>
<td>9. Out-of-pocket health expenditure as a percentage of total health expenditure</td>
</tr>
<tr>
<td>10. Current country health expenditure per capita (including specifically on RMNCAH) financed from domestic sources</td>
</tr>
<tr>
<td>11. Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education (SDG 5.6.2)</td>
</tr>
<tr>
<td>12. Proportion of population with primary reliance on clean fuels and technology (SDG 7.1.2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSFORM (EXPAND ENABLING ENVIRONMENTS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Proportion of children under 5 years of age whose births have been registered with a civil authority (SDG 16.9.1)</td>
</tr>
<tr>
<td>14. Proportion of children and young people (in schools): (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (SDG 4.1.1)</td>
</tr>
<tr>
<td>15. Proportion of ever-partnered women and girls aged 15 and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months (SDG 5.2.1) and proportion of young women and men aged 18-29 who experienced sexual violence by age 18 (SDG 16.2.3)</td>
</tr>
<tr>
<td>16. Percentage of population using safely managed sanitation services including a hand-washing facility with soap and water (SDG 6.2.1)</td>
</tr>
</tbody>
</table>
The most recently available data for all these indicators have been compiled into one space: https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/global-strategy-data, bringing together data from various sources and also highlighting gaps in data availability.
Interactive Visualizations

Country Profiles

Country Profiles

What is the difference between EWEC Global Strategy Country Profiles and Countdown 2030 Country Profiles?

The way in which visualizations are displayed:

- **Global Strategy**
  - 194 member countries, 60 indicators

- **Countdown**
  - Low- and middle-Income countries
  - Most indicators overlap Global Strategy Indicators, some visualizations with increased disaggregation

- **Both**
  - If the same indicator is presented, the same data source is used
Future Plans

- Improvements to visualizations
- Improved exportability of visualization
- Improved speed and reliability of site
Q&A
Closing
Thank you for joining!