



Countdown to 2030 2026 Country Annual Meeting Report

**Strengthening Country-Led Evidence for Policy, Equity,
and Health System Impact**

**June 29-July 3, 2026
Addis Ababa, Ethiopia**

**Countdown to 2030
2026 Country Annual Meeting
Report**

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List of Acronyms

ANC - Antenatal care

APHRC - African Population and Health Research Center

CAM - Country Annual Meeting

CD2030 - Countdown to 2030

DHS - Demographic and Health Survey

DHIS2 - District Health Information Software 2

DQA - Data quality assessment

EPHI - Ethiopian Public Health Institute

FASTR - Frequent Assessments and Systems Tools for Resilience

GFF - Global Financing Facility

HMIS - Health Management Information System

IPD - Inpatient Department

MADM - Mean Absolute Distance from the Mean

MAGE - Monitoring and Action for Gender and Equity

MNH - Maternal and Newborn Health

MoH - Ministry of Health

OPD - Outpatient Department

PHC - Primary Health Care

RMNCAH-N - Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition

RHIS - Routine Health Information System

SDG - Sustainable Development Goal

UNICEF - United Nations Children's Fund

WAHO - West African Health Organization

WHO - World Health Organization

1. Background and Rationale

Countdown to 2030 for Women's, Children's, and Adolescents' Health is an international collaboration of country institutions, academic partners, United Nations agencies, regional organizations, development partners, and civil-society actors. Its central purpose is to strengthen the generation, interpretation, and use of evidence for RMNCAH-N, with particular attention to coverage, equity, quality, mortality, financing, and health-system performance.

The Countdown country collaboration model brings together Ministries of Health, public health or research institutions, national programme and monitoring teams, and technical partners. This model recognizes that sustainable evidence use depends on national institutions being able to define priority questions, access and assess their own data, apply transparent methods, interpret findings jointly, and connect the results to policy and programme decisions.

The Country Annual Meeting has become Countdown's principal technical convening in sub-Saharan Africa. CAM 2024 brought together 26 country teams and emphasized standardized methods for facility data quality assessment, denominator selection, national and subnational coverage analysis, equity, mortality, curative service use, and health-system performance. CAM 2025 expanded participation to 34 countries and strengthened the use of digital analytical tools, country chartbooks, integrated routine and survey data, and policy-relevant interpretation.

Lessons from previous meetings showed that countries benefited from the common methods and hands-on analytical model, but also needed earlier preparation, stronger support for interpretation, more robust denominator validation, and dedicated time to convert technical outputs into products that decision-makers could use. CAM 2026 was therefore designed as a longer process extending from pre-meeting data preparation through in-person analysis and post-meeting follow-up.

The 2026 theme, "Strengthening Country-Led Evidence for Policy, Equity, and Health System Impact," reflected this transition. The meeting sought to move beyond the production of charts toward reproducible national analytical systems, stronger institutional partnerships, and practical pathways from data to action.

2. Objectives

The CAM 2026 process aimed to strengthen country analytical capacity and evidence use through the following objectives:

- » Provide training and technical support in the use of Countdown methods, tools, and the Countdown Data Suite.

- » Produce and refine high-quality national and subnational chartbooks, full analytical reports, and synthesis products covering key RMNCAH-N and PHC statistics.
- » Strengthen multi-country learning on facility data quality, denominator selection, coverage trends, inequalities, institutional mortality, curative service utilization, PHC, health-system inputs, private-sector contribution, and gender.
- » Promote triangulation of routine facility data with household surveys, population estimates, mortality evidence, and other relevant data sources.
- » Strengthen country interpretation of findings and translation into policy messages, briefing materials, and dissemination plans.
- » Reinforce collaboration between Ministries of Health, national public health and research institutions, regional organizations, and technical partners.

3. Participation, Hosts, and Partnerships

3.1 Hosts and Conveners

CAM 2026 was hosted by the Federal Ministry of Health of Ethiopia and EPHI. Their leadership, technical engagement, and logistical support were central to the successful organization of the meeting. Countdown to 2030 and APHRC coordinated the technical programme and country collaboration process, working closely with GFF, WHO, UNICEF, WAHO, the Gates Foundation, and collaborating academic and technical institutions.



Participants of the 2026 Country Annual Meeting pose for a group photo.

3.2. Participating Countries

Country teams from the following 36 countries participated in CAM 2026:

- » **West Africa:** Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo.
- » **Central Africa:** Cameroon, Central African Republic, Chad, and the Democratic Republic of the Congo.
- » **East and the Horn of Africa:** Burundi, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Tanzania, and Uganda.
- » **Southern Africa:** Angola, Eswatini, Madagascar, Malawi, Mozambique, Namibia, Zambia, and Zimbabwe.

Delegations included analysts and programme officers from Ministries of Health, representatives of public health and research institutions, DHIS2 and monitoring specialists, RMNCAH-N programme staff, Countdown Fellows, and technical partners. This mix was essential to linking analytical rigor with programme knowledge, institutional ownership, and policy relevance.

3.3 Opening Ceremony and Partner Participation

Dr Cheikh Mbacké Faye, Director of Countdown to 2030, opened CAM 2026 by welcoming participants and expressing appreciation to the Government of Ethiopia, the Federal Ministry of Health, and the Ethiopian Public Health Institute (EPHI) for hosting the meeting. He framed CAM as a practical, country-centred working forum focused on strengthening analytical capacity and producing useful, country-owned outputs. He recognized the 36 country teams represented across West, Central, East and the Horn, and Southern Africa, as well as the facilitators, Countdown Fellows, hosts, and technical and development partners. He also highlighted the contribution of country examples in grounding the technical discussions in practical national experience.



Dr Cheikh Mbacké Faye, Director, Countdown to 2030 giving opening remarks during the 2026 Country Annual Meeting, held in Addis Ababa, Ethiopia, June 29 - July 3, 2026.

Dr Catherine Kyobutungi, Executive Director of APHRC, situated Countdown within APHRC's broader commitment to African research leadership, stronger national analytical capability, and sustained investment in existing institutions rather than parallel systems. She noted that countries are being called upon to deliver better health outcomes in an increasingly constrained global environment and emphasized that the challenge is not simply to generate more data, but to ensure that available data are timely, trusted, interpreted in context, and used to guide decisions. She highlighted Countdown's evolution into an African-led platform for country-owned evidence and accountability and underscored the stronger emphasis of CAM 2026 on data quality and denominator validation, subnational analysis, reproducible analytical tools, and the translation of findings into policy messages and action.



Dr Catherine Kyobutungi, Executive Director, APHRC, and Co-Investigator Countdown to 2030 giving opening remarks during the 2026 Country Annual Meeting, held in Addis Ababa, Ethiopia, June 29 - July 3, 2026.

Jennifer Requejo represented the Global Financing Facility and delivered opening remarks on behalf of GFF. She emphasized the importance of country-led evidence generation, strong collaboration between Ministries of Health and national public health and academic institutions, and the systematic integration of analytical findings into national planning, review, investment, and accountability processes. She reaffirmed GFF's commitment to supporting countries to move beyond the production of technical outputs toward the practical use of evidence in decision-making.

Dr Benson Droti, representing the WHO Regional Office for Africa, welcomed participants from Anglophone, Francophone, and Lusophone countries and stressed the importance of coordinated partnership in advancing health information and evidence use. He challenged participants to address the persistent situation in which countries may be data-rich but remain information-poor, emphasizing that data acquire value only when they are analysed, interpreted, communicated, and translated into policy and programme action. He also reaffirmed the engagement of WHO Headquarters and WHO-AFRO in supporting Member States and the Countdown partnership.

Dr Yves Mongbo, representing the West Africa Health Organization, brought a regional perspective to the opening session and reaffirmed WAHO's longstanding collaboration

with Countdown and APHRC. He emphasized the importance of regional learning, stronger analytical capacity within ECOWAS countries, and sustained cooperation to ensure that evidence generated through national institutions informs health policy and programme implementation across West Africa.

The Gates Foundation also contributed to the opening programme through a virtual message delivered by Pamela Rao. She highlighted CAM as an important opportunity for peer learning and commended Countdown's continued evolution toward stronger measurement of service quality, effective coverage, and health-system performance. She emphasized local ownership, mutual accountability, and the role of country-led analysis in national and global monitoring processes, while reaffirming the Foundation's support for the Countdown partnership at a time when progress toward the health-related Sustainable Development Goals remains off track.



Pamela Rao from Gates Foundation giving opening remarks virtually during the 2026 Country Annual Meeting, held in Addis Ababa, Ethiopia, June 29 - July 3, 2026. She highlighted country annual meeting as an important opportunity for peer learning and commended Countdown's continued evolution toward stronger measurement of service quality, effective coverage, and health-system performance.

Dr Messay Hailu, Director of EPHI, welcomed the delegations to Ethiopia and highlighted the importance of national institutions taking ownership of evidence generation, interpretation, and use. He emphasized the contribution of public health institutes in strengthening country analytical systems, supporting Ministries of Health, and advancing greater national and regional self-reliance in health information.

H.E. Dr Mekdes Daba, Minister of Health of Ethiopia, officially opened CAM 2026. Her remarks highlighted Ethiopia's commitment to primary health care, equity, digital health systems, and the use of timely and integrated evidence to guide policy and programme decisions. She emphasized the value of combining routine facility data, surveys, mortality information, and population estimates to strengthen national and subnational decision-making. Her presence and official opening underscored the importance of high-level political leadership in strengthening country-owned health information systems and ensuring that analysis is translated into concrete action for women, children, and adolescents.

4. Preparation and Analytical Approach

4.1 Pre-CAM Preparation

CAM 2026 placed substantially greater emphasis on work completed before the in-person meeting. From March to June 2026, country teams compiled facility, survey, mortality, population, and health-system data; worked with facilitators to clean and structure datasets; reviewed geographic identifiers; examined denominator options; and generated preliminary outputs.

Dedicated technical workstreams supported revisions to the Countdown Data Suite, facility and survey data preparation, denominator selection, coverage analysis, equity analysis, institutional mortality, curative service utilization and PHC, and data-to-action and policy translation. This preparatory model was intended to ensure that the Addis Ababa workshop focused on reviewing, interpreting, refining, and finalizing products.

4.2 Country-led Working Model

Country teams worked around national datasets and policy questions, with facilitators providing methodological guidance and troubleshooting support. Plenary sessions presented common methods and multi-country findings, while country examples demonstrated how similar issues appeared in different national contexts. Extended teamwork sessions enabled Ministries of Health and public health or research institutions to interpret results together and connect them to programme realities.

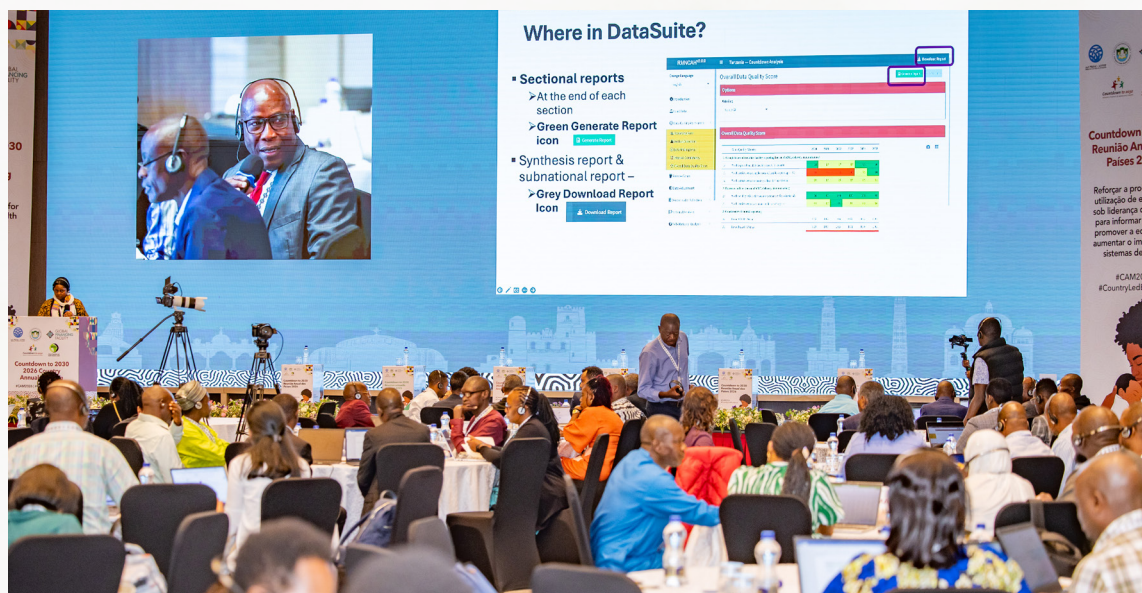


The Countdown to 2030 Nigeria country collaboration team in a group discussion working on the country national datasets and policy questions.

4.3 Countdown Data Suite

The Countdown Data Suite served as the principal analytical environment for CAM 2026. It supported standardized data extraction, cleaning, DQA, denominator assessment, national and subnational profiles, and reproducible chartbook and report generation. The meeting also demonstrated emerging functions for integrated estimation, Bayesian analysis, automated interpretation support, and artificial intelligence-assisted workflows.

Implementation experience showed both the potential and the practical requirements of the platform. Common challenges included software installation, particularly on some operating systems; incomplete or inconsistent indicator definitions; mismatched geographic names; missing administrative boundary information; irregular date formats; and the integration of data from multiple systems. These challenges reinforced the need for continued technical documentation, version control, and country-level data stewardship.



Country teams sharing their feedback on CD2030 DataSuite ,the principal analytical tool they were using for analysis and interpretation during the 2026 Country Annual Meeting.

4.4 Expected Products

Country teams were expected to advance a package of linked outputs:

- » Clean and documented analytical datasets.
- » Data quality scorecards and denominator assessments.
- » National and subnational chartbooks.
- » Full country analytical reports covering the principal CAM themes.
- » Six-page synthesis reports or posters highlighting key findings and interpretations.
- » Policy messages, briefing slides, and dissemination plans.

Products were at different stages of completion at the start of the meeting. CAM therefore used daily progress reviews and targeted facilitation to help teams address outstanding data, analysis, and interpretation issues. Finalization continued after the meeting for teams requiring additional data corrections or national validation.

5. Workshop Proceedings

5.1 Day One: Country Progress, Fellowship, Data quality, and Denominators

Following the opening ceremony, the host-country sessions presented progress in monitoring, learning, and evaluation in Ethiopia and EPHI's experience in strengthening public health intelligence. The workshop orientation then reviewed the objectives, expected outputs, country working arrangements, agenda, and use of the Countdown Data Suite.

5.1.1 Countdown Fellowship Programme

The Countdown Fellowship Programme highlighted its role in building sustained African analytical leadership within national institutions. Unlike short, stand-alone training, the fellowship combines applied research, structured mentorship, peer learning, scientific communication, and policy translation over an extended period. Fellows address questions identified by their country collaborations and produce analyses intended for national use.

Selected fellows presented work on geographic inequalities and missed care in Ethiopia, neonatal mortality patterns in Mali, the effects of insecurity on maternal and newborn services in Burkina Faso, and climate-related disruptions to childhood immunization in Mozambique. The presentations illustrated how locally led analysis can connect equity, conflict, climate, and system performance to practical policy questions.



Countdown to 2030 fellowship programme cohort 3 fellows pose for a group photo during 2026 country annual meeting where they presented their work.

5.1.2 Status of Country Datasets and Outputs

The Countdown core team reviewed the status of country datasets, analytical files, and reports. Most teams had begun using the Data Suite Extractor or standardized templates, but several continued to address data extraction, indicator mapping, geography, and interpretation issues. The review helped clarify the sequence from cleaned data to sectional outputs, full reports, and synthesis products.

5.1.3 WHO and UNICEF Technical Perspectives

WHO-AFRO presented regional tools and guidance for strengthening health information systems, including approaches to facility data analysis, health-system assessment, and communication of results. UNICEF presented global and regional monitoring frameworks relevant to women's, children's, and adolescents' health, with attention to maternal and newborn survival, child survival, routine information systems, equity, and accountability. Both organizations emphasized that global standards should support, country interpretation and use.



Dr. Benson Oti, WHO AFRO making a presentation on regional tools and guidance for strengthening health information systems during the 2026 Country Annual Meeting.

5.1.4 Facility Data Quality Assessment

The DQA sessions focused on completeness, outliers, internal consistency, and plausibility. Multi-country findings suggested that reporting completeness had generally improved, but that high completeness did not necessarily guarantee internally consistent or programmatically credible data. Country teams were encouraged to examine anomalies by indicator, form, facility, district, and time period, and document decisions made during adjustment.

Zimbabwe provided the country example. The presentation showed significant improvement in reporting completeness across the 2020-2025 period, while also identifying subnational gaps and weaknesses in consistency between related immunization indicators. The example reinforced the need to move beyond completeness alone toward more rigorous validation of relationships between indicators and across levels of the system.

5.1.5 Denominator Selection

The denominator workstream reviewed six options for estimating target populations for facility-based coverage indicators. The assessment compared national and subnational projections with United Nations population estimates, household surveys, longitudinal trends, and the frequency of implausible coverage values.

The multi-country analysis indicated that routinely used live-birth projections often performed inconsistently. Adjustments drawing on ANC1 data appeared useful for several maternal and newborn indicators, while Penta1-based adjustments were often informative for immunization. The central conclusion was not that one option should be applied everywhere, but that each country should assess available options using transparent criteria and select the most technically defensible denominator for its context.

5.2 Day Two: Coverage, equity, and Integrated Estimation

5.2.1 National Coverage Trends

Martin Kavao (APHRC) presented a multi-country synthesis of national coverage trends using routine facility and survey data. The findings showed persistent gaps across the continuum of maternal, newborn, and child health services. Antenatal care, particularly completion of recommended contacts, remained a common bottleneck, while immunization indicators were generally more stable but still showed important regional and country variation.

Mali illustrated the importance of comparing data sources rather than interpreting any source in isolation. The country presentation found stronger consistency between routine and external sources for immunization than for antenatal care. It also highlighted the influence of indicator configuration, data availability, and regional variation on national trend interpretation.

5.2.2 Subnational Inequalities

The subnational inequality session introduced standardized measures, including the mean absolute distance from the mean, to assess whether geographic inequalities were narrowing or widening over time. Maps, trend plots, and performance quadrants were used to distinguish genuine disparities from possible data anomalies and to identify areas requiring targeted programme attention.

Mozambique presented trends in geographic inequalities in Penta3 coverage. The discussion showed that national progress can coexist with persistent or widening gaps between provinces and districts. Participants emphasized the need to interpret geographic patterns alongside service availability, population estimates, reporting quality, local shocks, and programme implementation.



Dr Nelson from Mozambique presenting trends in geographic inequalities in Penta3 coverage during the 2026 Country Annual Meeting.

5.2.3 Survey-based Inequalities

The Pelotas International Center for Equity in Health (ICEH) presented survey-based inequalities by residence, household wealth, and women's education. The session focused on zero-dose children and a composite measure of mothers and newborns receiving none of the selected essential interventions. Across countries, education and wealth inequalities were often larger than simple urban-rural differences, reinforcing the need for multiple equity dimensions.

Ethiopia's country example showed substantial long-term gains in reproductive, maternal, and child health service coverage, alongside persistent inequalities by wealth, education, residence, and region. The discussion emphasized the need to look beyond average expansion and to target underserved regions and poor urban and rural populations.

5.2.3 Bayesian Integration of Facility and Survey Data

Leontine Alkema, University Massachusetts presented Bayesian approaches for integrating facility and survey data. The session demonstrated how statistical models can combine complementary sources, account for uncertainty, and generate more coherent annual trends. Participants discussed the value of these methods for filling gaps between surveys while maintaining transparency about assumptions and uncertainty.



Prof. Leontine Alkema, University of Massachusetts presenting Bayesian approaches for integrating facility and survey data during the 2026 Country Annual Meeting.

5.3 Day Three: Institutional Mortality, FASTR, and Curative Service Utilization

5.3.1 Institutional Maternal and Perinatal Mortality

Dessalegn Melesse (U. Manitoba) led the multi-country synthesis on institutional maternal mortality, stillbirths, and neonatal deaths before discharge. The session examined levels, trends, subnational patterns, and indicators of reporting completeness. It highlighted persistent under-reporting of maternal and early neonatal deaths and the risk of misclassification between stillbirths and early neonatal deaths.

Kenya provided the country example, comparing institutional and population-level mortality evidence and examining inequalities and data quality. The discussion

emphasized that facility mortality indicators are important for quality-of-care monitoring but should not be interpreted as direct population mortality estimates without careful consideration of facility delivery coverage, referral patterns, case mix, reporting completeness, and linkage to maternal and perinatal death surveillance and response systems.

5.3.2 GFF FASTR

The GFF FASTR session presented rapid-cycle approaches, applications, and tools for monitoring PHC and RMNCAH-N performance, particularly during shocks or reform periods. FASTR combines routine facility data with rapid surveys and automated analytical functions to support more frequent review and adaptive management.

FASTR is designed for frequent, customized monitoring of priority indicators and disruptions, while Countdown provides a broader standardized annual framework covering trends, equity, denominators, institutional mortality, and health-system performance. The meeting concluded that the approaches are complementary and that analytical skills developed through either platform can reinforce country capacity.

5.3.3 Curative Service Utilization among Children

The multi-country synthesis led by Sophia Kagoye (University of Manitoba) examined outpatient and inpatient service utilization among children under five. The analysis found that curative-service data often had weaker completeness and plausibility than preventive-service data. In many settings, low outpatient contacts or unusual outpatient-to-inpatient ratios could reflect underuse, under-reporting, differences in indicator definitions, or incomplete private-sector reporting.



Dr. Sophia Kagoye, University of Manitoba presenting multi-country synthesis where she examined outpatient and inpatient service utilization among children under five during the 2026 Country Annual Meeting.

Burkina Faso presented the country example. The analysis showed how insecurity, facility closures, population displacement, workforce constraints, and differences in local implementation affected reporting and service utilization across regions. The presentation demonstrated the importance of interpreting trends in relation to conflict and local context.

5.4 Day Four: Health systems, private-sector contribution, and data-to-action

5.4.1 Health-System Indicators and Private-Sector Contribution

The health-system synthesis examined facility density, bed availability, workforce, service utilization, financing, and the contribution of private and non-governmental providers. The discussion highlighted substantial cross-country and subnational variation, as well as the difficulty of assessing system performance when data from private providers are incomplete.

Uganda presented a subnational analysis of health-system strength and outcomes. The country example showed that infrastructure alone did not explain service use or outcomes; workforce distribution, efficiency, private and NGO participation, and quality of care were also central. The session concluded that future system-performance analyses should more systematically integrate quality, readiness, and financial protection.

5.4.2 Data-to-Action and Policy Communication

The Data-to-Action stream focused on defining the decision problem, identifying the intended user, selecting the most relevant evidence, developing concise messages, and choosing the appropriate communication product and policy window. Teams reviewed examples of briefing slides, dissemination products, and country evidence-use cases from previous Countdown work.

The session also examined the role of artificial intelligence. Participants agreed that AI can accelerate data processing, pattern identification, and the preparation of draft narratives, but cannot replace human judgment, contextual knowledge, validation, or accountability. Analysts and programme teams remain responsible for defining questions, checking results, and determining whether suggested interpretations are credible and useful.



Assane Diouf, Senior Communications Officer, APHRC sharing examples country evidence-use cases from previous Countdown work during the 2026 Country Annual Meeting.

5.4.3 Gender-Responsive Interpretation

The MAGE contribution demonstrated how gender-responsive analysis can move beyond sex-disaggregated indicators to examine autonomy, discrimination, provider practices, service readiness, and unequal access to resources. Country teams were encouraged to identify how gender and intersecting inequalities shape both service use and quality of care and to reflect these dimensions in policy messages.

5.4.4 Finalization of Country Products

Country teams used the remainder of day four to finalize chartbooks, reports, interpretations, policy messages, and six-page synthesis posters. Selected teams presented preliminary findings for peer review. Facilitators focused on consistency between figures and narratives, appropriate caveats, clarity of key messages, and the distinction between data-quality issues and programme-performance findings.

5.5 Day Five: Reflection, Dissemination Planning, Awards, and Closing

5.5.1 Panel on Progress and Institutional Partnerships

Ties Boerma, Benson Droti, and Cheikh Faye reflected on progress in DQA and analysis and on partnerships between Ministries of Health and national public health or research institutions. The panel noted that country teams had made visible progress in data preparation, denominator review, integrated analysis, and interpretation. It also emphasized that the most sustainable results emerged where ministries and national institutions worked as a single team, combining policy questions, programme knowledge, analytical rigor, and institutional continuity.

The panel also identified continuing challenges: variable readiness across countries, denominator uncertainty, incomplete routine and private-sector data, limited time for interpretation, and the risk that products would not be used after the meeting. The principal forward-looking message was that DQA, analysis, and data use should become routine institutional functions.



From left, Prof. Ties Boerma, Dr. Benson Droti, and Dr. Cheikh Faye on a panel discussion reflecting on progress in data quality assessment and analysis and on partnerships between Ministries of Health and national public health or research institutions. during the 2026 Country Annual Meeting.

5.5.2 Country Dissemination Plans

The GFF and Countdown communication teams introduced a dissemination-planning template. Country teams identified priority findings, target audiences, policy windows, communication products, responsible institutions, timelines, barriers, and support needs. The plenary discussion highlighted opportunities to link CAM outputs to annual health-sector reviews, RMNCAH-N programme reviews, GFF investment-case processes, district planning, partner coordination, and national research and policy forums.

5.5.3 Poster Competition and Awards

Country synthesis posters were displayed and reviewed against agreed criteria covering analytical quality, interpretation, clarity, policy relevance, and visual communication. Burkina Faso, Uganda, and Tanzania were recognized for their posters. The exhibition also provided an important peer-learning opportunity, allowing teams to compare findings, communication approaches, and possible follow-up actions.



Representatives from Burkina Faso, Uganda and Tanzania the winners of the Research Poster Award during the 2026 Country Annual Meeting. The winning posters stood out for their ability to communicate complex evidence in a clear, engaging, and impactful way.

5.5.4 Closing Reflections

The closing plenary brought together APHRC, GFF, WHO, UNICEF, WAHO, the Gates Foundation, the Government of Ethiopia, EPHI, facilitators, and country representatives. Participants expressed appreciation to the hosts and organizing teams and reaffirmed the value of the African-led, country-owned Countdown platform.

The closing messages stressed that the real value of CAM 2026 would be demonstrated through completed and validated products, sustained institutional collaboration, national dissemination, and evidence use. Partners committed to continue technical engagement within available resources and to support countries in connecting CAM outputs to national and regional processes.

6. Key Outputs and Outcomes

6.1 Country Analytical Products

Country teams substantially advanced a common package of datasets and analytical products. Progress varied by country, reflecting differences in data availability, extraction, geography, software setup, and institutional readiness. By the end of the meeting, most teams had completed or substantially advanced the principal analytical sections and synthesis products, while a smaller number required additional post-CAM technical support and national validation.

The main products included:

- » Cleaned and documented routine facility datasets covering the 2020-2025 period where data were available.
- » DQA scorecards addressing completeness, outliers, consistency, and plausibility.
- » Country-specific denominator assessments and selected denominator approaches.
- » National and subnational coverage and equity profiles.
- » Institutional mortality analyses and interpretation notes.
- » Curative service utilization and PHC analyses.
- » Health-system and private-sector profiles.
- » Full analytical reports, chartbooks, and six-page synthesis reports or posters.
- » Draft policy messages, briefing materials, and dissemination plans.

6.2 Strengthened Analytical Capacity

The hands-on design strengthened country capacity in data extraction, cleaning, DQA, denominator review, integration of routine and survey evidence, national and subnational analysis, mortality interpretation, system-performance assessment, visualization, and policy communication. The use of common tools and methods also improved comparability and enabled peer support across countries.

6.3 Stronger Institutional Partnerships

CAM 2026 reinforced collaboration between Ministries of Health and national public health or research institutions. These partnerships are essential because ministries bring policy authority, programme priorities, and system knowledge, while research and public health institutions provide analytical depth, continuity, and quality assurance. Their joint interpretation increases both the credibility and the likelihood of uptake of country products.

6.4 Expanded Regional Learning

The participation of 36 countries created a strong platform for South-South learning across Anglophone, Francophone, and Lusophone settings. Country examples demonstrated that similar indicators may reflect different realities and that

methodological solutions need to be interpreted in context. Regional organizations and technical partners helped connect country experience to wider standards and policy discussions.

6.5 Progress Toward Data Use

The dedicated Data-to-Action stream and dissemination-planning sessions represented an important shift from previous meetings. Teams left with clearer priority messages, intended audiences, and pathways for national use. These plans require follow-up, but they provide a practical basis for integrating CAM outputs into policy dialogue and routine review processes.

7. Lessons Learned

Early preparation is essential: Countries that completed extraction, cleaning, geography matching, and preliminary outputs before arrival were able to devote more time to interpretation and policy discussion. Preparation should remain a core component of future CAM processes.

Data completeness is necessary but insufficient: High reporting completeness can coexist with outliers, inconsistencies, implausible relationships, and weak mortality reporting. DQA should systematically cover completeness, internal consistency, external comparison, and contextual plausibility.

Denominator selection must be country-specific: No single denominator option performed best in every setting or for every indicator. Countries need documented criteria, comparison with external sources, and regular review as data systems and population estimates change.

Integrated evidence produces stronger interpretation: Routine facility data provide timeliness and local detail, while surveys and population estimates support external validation and equity analysis. Mortality, system, programme, and contextual information are also needed to explain trends.

Interpretation remains a major bottleneck: Automated outputs can accelerate analysis, but they do not automatically produce credible explanations or policy messages. Country teams require protected time, programme participation, peer review, and facilitation focused specifically on interpretation.

Technology should strengthen, not substitute for, institutions: The Countdown Data Suite and AI-assisted functions can improve reproducibility and efficiency. Their value depends on documentation, local ownership, data governance, validation, and the ability of national institutions to maintain and use them.

Ministry-institution partnerships are the foundation of sustainability: The strongest teams combined ministry leadership and programme knowledge with the analytical capacity and continuity of public health or research institutions. Future support should continue to invest in these institutional relationships.

Data-to-action requires deliberate follow-up: Dissemination plans are only a starting point. Uptake depends on alignment with policy calendars, leadership engagement, appropriate products, clear responsibilities, resources, and continued technical support.

8. Follow-up Actions

The following actions are recommended for completion after CAM 2026:

- 1. Finalize country datasets and products:** Country teams and facilitators should resolve outstanding extraction, indicator, geography, denominator, and interpretation issues and complete the agreed chartbooks, full reports, and synthesis products.
- 2. Complete technical review:** The Countdown core team and workstream leads should conduct structured review of country outputs, check consistency between data and interpretation, and return consolidated feedback.
- 3. Conduct country validation:** Ministries of Health and national public health or research institutions should jointly validate findings with relevant programmes, monitoring units, statistical offices, and partners before wider dissemination.
- 4. Implement dissemination plans:** Countries should adapt synthesis reports into policy briefs, briefing slides, dashboards, or other formats suited to priority audiences and link dissemination to national review and planning processes.
- 5. Share products with partners appropriately:** Countdown should compile the CAM products and share relevant outputs with GFF and other partners, subject to country agreement and the status of technical review. Full country reports should remain country-owned and should not be treated as externally approved products until validated.
- 6. Continue mentorship and peer learning:** Follow-up webinars, targeted clinics, and country-to-country exchange should address common challenges in DQA, denominators, interpretation, mortality, PHC, private-sector data, and communication.
- 7. Refine the Countdown Data Suite:** Technical teams should address installation and usability issues, improve documentation, strengthen geography management, and continue transparent development of integrated estimation and AI-assisted functions.
- 8. Develop multi-country products:** Workstreams should prepare synthesis reports, methods papers, and scientific manuscripts using validated country data and agreed authorship and data-governance processes.
- 9. Document evidence-use cases:** Countdown and partners should monitor how CAM outputs are used in national reviews, plans, budgets, investment cases, and programme decisions, and use these lessons to improve future support. **Prepare for the next phase of Countdown:** The CAM 2026 lessons should inform the design of future country support, including sustainable financing, institutionalization of annual analysis, and stronger regional collaboration.

9. Acknowledgments

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10. Annexes

Annex 1: Final CAM 2026 agenda.

Annex 2: List of the 36 participating countries.

Annex 3: Countdown Fellowship presentations and poster abstracts.

Annex 4: Country analytical synthesis reports.

Annex 5: Country specific dissemination-plans

