



## Countdown to 2015: key messages for 2010

- The *Countdown* report for 2010 contains good news—many countries are making progress, reducing mortality and increasing coverage of effective health interventions at an accelerating pace.
- But the news is not all good. Many *Countdown* countries are still off track for achieving Millennium Development Goals 4 (reduce child mortality) and 5 (improve maternal health), and are not increasing coverage of key health interventions quickly enough.
- *Countdown* countries in Sub-Saharan Africa are especially far behind, although a few have shown improvements.
- The vast majority of maternal and child deaths are preventable, but unacceptably large numbers of women, newborns and children are still dying each year in *Countdown* countries, where at least 95% of all maternal and child deaths occur. A growing proportion of child deaths occur in the first four weeks of life.
- Poorly functioning health infrastructure, inadequate numbers of health workers, slow adoption of evidence-based health policies and insufficient focus on quality of care are holding back progress in many countries.
- Skilled care at birth, including emergency care for mothers and newborns, is critical to achieving Millennium Development Goals 4 and 5: about 2 million lives a year are lost to complications occurring during labour and childbirth.
- Pneumonia and diarrhoea remain the largest killers of children after the newborn period. Undernutrition contributes to more than one-third of child deaths.
- Some *Countdown* countries are doing better at reaching the most disadvantaged women and children, but profound inequities in coverage and health outcomes—both between and within countries—must be confronted and overcome.
- Countries should aggressively pursue policies to make health services available and affordable for all, by making services free at the point of delivery and exploring innovative financing strategies.
- Funding is increasing for maternal and child health, but at too slow a pace, and funding for family planning has declined.
- Millennium Development Goals 4 and 5 are still achievable by 2015—but only a dramatic acceleration of political commitment and financial investment can make it happen.



# Countdown headlines for 2010: saving the lives of the world's women, newborns and children



## *Survival status*

Millennium Development Goal 4—reduce child mortality

- Good news: 19 of the 68 *Countdown* countries are on track to achieve Millennium Development Goal (MDG) 4.
  - 17 countries have reduced child mortality by at least half.
  - 47 countries have accelerated their progress on child mortality since 2000.
- Much work remains: 49 *Countdown* countries are not on track to achieve MDG4.
  - 12 countries (including some currently on track) have seen their progress slow since 2000.
- Death and illness:
  - Globally 8.8 million children a year die before their fifth birthday, more than 40% of them during their first four weeks of life. At least two-thirds of all child deaths are preventable.
  - Pneumonia and diarrhoea remain the largest killers of children after the newborn period.
  - Undernutrition contributes to more than 1 in 3 child deaths.

## *Millennium Development Goal 5—improve maternal health*

- Good news: new studies suggest that some progress is being made on reducing maternal mortality.
- Much work remains: both globally and in most *Countdown* countries, progress is insufficient to achieve MDG 5, particularly in Sub-Saharan Africa. Urgent action is needed to scale up proven interventions to improve reproductive and maternal health.

- Death and illness:
  - An unacceptable number of women die in pregnancy and childbirth each year. For every woman who dies, at least 20 others suffer injuries, infection and disability. Almost all maternal deaths are preventable.
  - Most maternal deaths occur during childbirth and in the immediate postnatal period, which is also when most stillbirths and newborn deaths occur.
  - The leading cause of maternal deaths remains postpartum haemorrhage, largely preventable through skilled care during childbirth.

## *Coverage gains and gaps*

- Progress is inconsistent: progress on coverage of lifesaving interventions across the continuum of care is uneven.
  - Some interventions delivered routinely through outreach or scheduled in advance (such as vaccinations and vitamin A supplementation) have achieved and sustained high coverage.
  - Interventions that must be provided in response to acute need (such as treatment of childhood illnesses and caesarean sections) show little progress.
  - Relatively new interventions that have received attention and resources, such as insecticide-treated nets and prevention of mother-to-child transmission of HIV, show rapid gains.
- Skilled care during childbirth: all women and newborns need access to a skilled attendant at birth, but overall coverage across the *Countdown* countries remains insufficient and uneven.
  - 10 countries showed coverage gains of more than 10 percentage points since 1990, and 3 countries—Burkina Faso,

Pakistan and Rwanda—had gains of more than 20 percentage points from around 2000 to around 2008.

- 11 countries have shown no progress in coverage since 1990.
- Family planning: wide disparities in coverage of family planning services across and within countries represent a missed opportunity to improve the health of women and young children.
- More information is needed: higher coverage is critical, but saving lives also depends on the quality of care. More information is needed on what care is actually provided during antenatal, childbirth and postnatal contacts.

### *Health systems and policies*

- Health workers: 53 of the 68 *Countdown* countries are experiencing acute shortages of doctors, nurses and midwives. Overcoming these shortages and addressing the unequal distribution of health workers within countries require focused investment in training, deployment and retention.
- Financial barriers to access: the high proportion of health service costs paid out of pocket in nearly all *Countdown* countries puts families at risk of financial catastrophe. Making services free at the point of delivery helps increase utilization: financing mechanisms such as pre-payment and risk pooling can help make health services available and affordable for all.
- Improving access and quality of care: investment in health information and referral systems, equipment, medical supplies and infrastructure is critical to improving access to and quality of maternal, newborn and child health services.
- Adoption of policies: evidence-based policies can save and improve women's and children's lives. Bangladesh and Nepal, for example, have shown that implementing policies to increase access to diarrhoea and pneumonia treatment in the community reduces child deaths. More progress is needed: the number of *Countdown* countries that have adopted

recommended policies for increasing access to quality care is still too low.

### *Closing the equity gap*

- Inequities in access: coverage rates are substantially higher among women and children in better-off families than in poor families.
- The poor and excluded: high national coverage levels do not always indicate progress in reaching the poorest and most vulnerable women and children. Guatemala and Zambia, for example, have similar levels of overall coverage for a subset of proven maternal, newborn and child health interventions, but more women and children from the poorest families receive these services in Zambia than in Guatemala.
- Further research needed: countries with smaller gaps between rich and poor—including Bangladesh, Brazil, Egypt, Swaziland and Zambia—may provide models for reducing inequities through greater political commitment, specific targeting of low-income groups, redirecting of human resources and other strategies.
- Service provision: disparities are larger for services provided in health facilities (such as delivery care) than for those delivered at the community level (such as vaccines).

### *Closing the funding gap*

- Financing the gap: preliminary estimates show that considerable additional funding and greater political commitment to maternal, newborn and child health are needed to achieve universal coverage of the full package of interventions in the 68 *Countdown* countries.
- Official development assistance (ODA):
  - ODA for maternal, newborn and child health increased between 2003 and 2007 but remains far below needed levels. Only 31% of all ODA for health was allocated to maternal, newborn and child health in 2007. Family planning received less funding in 2007 than in 2003.
  - ODA is not always targeted to countries with the greatest need. Achieving

MDGs 4 and 5 will require donors to improve their funding and allocation practices.

- National resources: although ODA is important, national resources are a much larger share of maternal, newborn and child health funding. Tracking government and nongovernment spending at the country level is essential so that policy-makers can allocate adequate resources for women's and children's health.

#### *Action now*

- All countries should:
  - Identify gaps in coverage and quality of care along the continuum of care for maternal, newborn and child health.
  - Improve the delivery of essential interventions and packages.
  - Identify inequities in coverage—by geographic area, ethnic group, income and the like—and initiate actions to provide universal coverage of essential interventions and packages.
  - Increase resource allocations for reproductive, maternal, newborn and

child health services, ensuring that interventions and programmes are sufficiently funded.

- Other *Countdown* partners should work together with countries to:
  - Advocate for increased funding for reproductive, maternal, newborn and child health through innovative mechanisms and ensure that funding is predictable, consistent and responsive to national needs and plans.
  - Support country efforts to improve data collection and analysis by strengthening health information and vital registration systems as well as by undertaking additional surveys to measure mortality, coverage and funding.
  - Invest in implementation research to identify effective strategies for delivering proven interventions and quantify their impact.
  - Maximize financial and technical support for large-scale implementation of priority strategies and interventions.
  - Encourage the development and use of mechanisms for holding key actors accountable for fulfilling their commitments.



# Action now for Millennium Development Goals 4 and 5



The majority of maternal, newborn and child deaths are preventable. Commitments to action are needed by governments and the international community to:

- Make every mother and child count, by registering and counting every birth and death.
- Ensure that every woman, newborn and child has access to essential health services, by overcoming financial barriers.
- Improve equity, by making services available to poor, remote and vulnerable populations.
- Ensure adequate numbers of skilled health workers in every district, by prioritizing training, distribution and retention.

## Specific actions for governments and leaders

All countries should:

- Identify inequities in coverage—by geographic area, ethnic group, income and the like—and initiate actions to provide universal coverage of essential interventions and packages.
- Identify gaps in coverage and quality of care along the continuum of care.
- Initiate actions to improve the delivery of essential interventions and packages.
- Increase resource allocations for reproductive, maternal, newborn and child health services, ensuring that interventions and programmes are sufficiently funded.

Parliamentarians should:

- Participate in national and local reviews of health MDG data to monitor progress
- Advocate for greater budgetary resources for maternal, newborn and child health and hold governments to account for meeting promised commitments.
- Review legislative frameworks to be sure evidence based policies for women's and children's health are adopted.

Countries on track to achieving their MDG4 and MDG5 targets should:

- Continue to improve coverage and maintain declines in child, newborn and maternal mortality.
- Ensure that all underserved populations are reached.
- Document and share experiences to show how effective policy changes, programme approaches and investments have helped improve maternal, newborn and child health.

Countries making progress towards achieving Millennium Development Goals 4 and 5 should:

- Identify high coverage interventions and document the approaches and investments that supported those achievements.
- Identify low coverage, but high impact, interventions in order to determine how best to provide additional attention and investment.
- Identify and overcome health system constraints and social determinants hindering high coverage.
- Broaden focus to reach underserved populations.

Countries not making progress in reaching Millennium Development Goals 4 and 5 should:

- Identify resource, health system and broader contextual constraints to high coverage.
- Develop national investment and implementation plans for scale-up of interventions proven to reduce maternal, newborn and child mortality.
- Learn from successful local programmes and global research findings
- Adopt and implement evidence-based policies.
- Utilize international expertise and resources.
- Focus on scaling up using innovative strategies.

Countries that have not adopted internationally recommended policies should:

- Review those policies in relation to their own policies and conditions.
- Act on policies that will contribute to improving reproductive, maternal, newborn and child health.

### **Specific actions for the international community**

- Increase and better target donor funding for reproductive, maternal, newborn, and child health through innovative mechanisms and ensure that funding is predictable, consistent and responsive to national needs and plans.
- Support country efforts to improve data collection and analysis by strengthening health information and vital registration systems as well as by undertaking additional surveys to

measure mortality, coverage and financial flows.

- Invest in implementation research to identify effective strategies for delivering proven interventions and quantify their impact.
- Maximize financial and technical support for large-scale implementation of priority strategies and interventions.
- Encourage the development and use of mechanisms for holding key actors accountable for fulfilling their commitments.

